
Form No. 1

Canadian Alcohol and Drug Survey, 2019



Statistics
Canada

Statistique
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**Canadian Alcohol and Drug Survey (CADS)
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Main

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)
1: (Added this variable to clear the validation tree error)

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?

ON-SCREEN HELP: **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:

- 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:

- Persons less than then 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.

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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.
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_HELPTEXT_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.

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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

(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

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	(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.
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_END
AOS_END	

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Household Information (HHI)

HHI_BEG

External Variables required:

HHI_Q01

Is the address at which you received your invitation to participate in this survey considered one of the following?

ON-SCREEN HELP: Is it:

- 1 A private dwelling
Help text: **e.g.**, house,
condominium, apartment
2 A business
3 Both, a private dwelling
and a business
4 An institutional collective
Help text: **e.g.**, hospitals,
correctional institutions
5 A non-institutional
collective
Help text: **e.g.**, residences for
senior citizens, hotel, motels,
school residences
6 A seasonal (or
secondary) dwelling
(Don't know, Refusal not allowed)

HHI_C02

If HHI_Q01 = 2 or HHI_Q01 = 4 or HHI_Q01 = 6, go to HHI_END.
Otherwise, go to HHI_Q02A.

Programmer:

If HHI_Q01 = radio 2, 4 or 6, go to out of scope

HHI_Q02A

What is your first and last name?

ON-SCREEN HELP: Note: Press the help button (?) for additional information.

First Name

(80 spaces)

(Don't know, Refusal not allowed)

HHI_Q02B

What is your first and last name?

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ON-SCREEN HELP: Note: Press the help button (?) for additional information.

Last name

(80 spaces)

(Don't know, Refusal not allowed)

HHI_Q05

Including yourself, how many people live in your household?

ON-SCREEN HELP: Note: Press the help button (?) for additional information, including who to include and who not to include.

*Number of people

01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20 or more

(Don't know, Refusal not allowed)

HHI_C15

If HHI_Q05 = 1, go to HHI_END.
Otherwise, go to HHI_Q15A.

HHI_Q15A

Including yourself, how many of the people living in your household are in the following age groups?

14 years and younger

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ON-SCREEN HELP: Select "0" if no one in your household falls into a category below.

00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20 or more

(Don't know, Refusal not allowed)

HHI_Q15B

Including yourself, how many of the people living in your household are in the following age groups?

15 to 19 years old

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ON-SCREEN HELP: Select "0" if no one in your household falls into a category below.

00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20 or more

(Don't know, Refusal not allowed)

HHI_Q15C

Including yourself, how many of the people living in your household are in the following age groups?

20 to 24 years old

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ON-SCREEN HELP: Select "0" if no one in your household falls into a category below.

00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20 or more

(Don't know, Refusal not allowed)

HHI_Q15D

Including yourself, how many of the people living in your household are in the following age groups?

25 years and older

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ON-SCREEN HELP: Select "0" if no one in your household falls into a category below.

00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20 or more

(Don't know, Refusal not allowed)

HHI_END

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Sex, gender, age and postal code (AGS)

AGS_BEG	External Variables required: HHI_Q15A: HHI_Q15B: HHI_Q15C: HHI_Q15D: PROXYSEX: (Gender of targeted respondent and whether the interview is being conducted by proxy)
AGS_C01	If (HHI_Q15B = 0 or HHI_Q15B = NONRESPONSE) and (HHI_Q15C = 0 or HHI_Q15C = NONRESPONSE) and (HHI_Q15D = 0 or HHI_Q15D = NONRESPONSE) and HHI_Q15A >= 1, go to AGS_END. Otherwise, go to AGS_R05.
Programmer:	<i>Flow conditions: If HHI_Q15B and HHI_Q15C and HHI_Q15D = 0 or NR and HHI_Q15A >= 1, go to out of scope. Otherwise, go to AGS_R05.</i>
AGS_Q05	The following questions are about sex at birth and gender. What was your sex at birth? <u>ON-SCREEN HELP:</u> Sex refers to sex assigned at birth. 1 Male 2 Female (Don't know, Refusal not allowed)
AGS_Q10	What is your gender ? <u>ON-SCREEN HELP:</u> 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 AGS_S10) (Don't know, Refusal not allowed) Go to AGS_C15
AGS_S10	Specify your gender <hr/> (80 spaces) (Don't know, Refusal not allowed)
AGS_C15	If (AGS_Q05 = 1 and AGS_Q10 = 2) or (AGS_Q05 = 2 and AGS_Q10 = 1) or (AGS_Q05 = 1 and AGS_Q10 = 3) or (AGS_Q05 = 2 and AGS_Q10 = 3) or (AGS_Q05 = NONRESPONSE and AGS_Q10 = 3), go to AGS_R15. Otherwise, go to AGS_Q20A.

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Programmer:

Flow condition:

If (AGS_Q05 radio 1 is selected and AGS_Q10 radio 2 is selected) or (AGS_Q05 radio 2 is selected and AGS_Q10 radio 1 is selected) or (AGS_Q05 radio 1 is selected and AGS_Q10 radio 3 is selected) or (AGS_Q05 radio 2 is selected and AGS_Q10 radio 3 is selected) or (AGS_Q05 = NR and AGS_Q10 radio 3 is selected), go to AGS_R15 (gender confirmation screen). Otherwise, go to AGS_Q20A.

AGS_R15

Please verify that all of the information is correct.

Your

Sex assigned at birth: [Male/Female/Information not provided]

Gender: [Male/Female/^AGS_S10/Information not provided]

ON-SCREEN HELP: If all the information is correct, then press the Next button.

To make changes, please press the Previous button.

AGS_Q20A

What is your date of birth?

ON-SCREEN HELP: Year

1 Year

(Don't know, Refusal not allowed)

Programmer:

Dropdown values - 2019 to 1901.

AGS_Q20B

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)

AGS_Q20C

Day

1 Day

(Don't know, Refusal not allowed)

Programmer:

Drop down list 1-31

AGS_C25A

If AGS_Q20A SUM< 15 and AGS_Q20B SUM< 15 and AGS_Q20C SUM< 15, go to AGS_END.

Otherwise, go to AGS_C25B.

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Programmer:

Flow conditions:

If calculated age from AGS_Q20A/B/C < 15, go to out of scope.

Otherwise, go to next logic.

AGS_C25B

If AGS_Q20A = NONRESPONSE or AGS_Q20B = NONRESPONSE or
AGS_Q20C = NONRESPONSE, go to AGS_Q25.
Otherwise, go to AGS_Q35.

AGS_Q25

What is your age?

ON-SCREEN HELP: * Age in years

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

(Don't know, Refusal not allowed)

AGS_C35

If AGS_Q25 < 15, go to AGS_END.
Otherwise, go to AGS_Q35.

AGS_Q35

To determine which geographic region you live in, what is your postal
code?

ON-SCREEN HELP: Postal code
Example: A9A 9A9

(80 spaces)

(Don't know, Refusal not allowed)

AGS_END

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General Health (HWB)

HWB_BEG

External Variables required:
PROXYSEX: (Gender of targeted respondent and whether the interview is being conducted by proxy)

HWB_Q05

The following questions are about health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

In general, how is your health?

ON-SCREEN HELP: Would you say:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

(Don't know, Refusal not allowed)

HWB_Q10

In general, how is your mental health?

ON-SCREEN HELP: Would you say:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

(Don't know, Refusal not allowed)

HWB_END

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Alcohol (ALC)

ALC_BEG

External Variables required:
AGS_Q05: (Sex)

ALC_R05

The following questions are about **your** alcohol consumption.

For the purpose of this survey, a **drink** means:

- 341 ml or 12 oz. of beer or cooler (bottle, can, or draft)
- 142 ml or 5 oz. of wine
- 43 ml or 1.5 oz. of liquor or spirit (straight or mixed).

Include light beer.

Exclude de-alcoholised beer or coolers (0.5% alcohol) or cocktails such as Virgin Mary or Shirley Temple.

ALC_Q05

Have you **ever** had a drink?

1 Yes

2 No

(Don't know, Refusal not allowed)

ALC_C10

If ALC_Q05 = 2 or ALC_Q05 = NONRESPONSE, go to ALC_R75.
Otherwise, go to ALC_Q10.

ALC_Q10

Not counting small sips, how old were you when you had your first alcoholic beverage?

ON-SCREEN HELP: Age in years

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

(Don't know, Refusal not allowed)

ALC_Q15

During the **past 12 months**, how often did you drink alcoholic beverages?

ON-SCREEN HELP: Was it:

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_C20

If ALC_Q15 = 8, go to ALC_R75.
Otherwise, go to ALC_Q20.

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ALC_Q20	<p>During the past 12 months, on those days when you drank alcoholic beverages, how many drinks did you usually have?</p> <p><u>ON-SCREEN HELP:</u> Exclude temporary changes in your use over the past 12 months.</p> <p>Number of drinks</p> <p> _ _ (MIN: 0) (MAX: 99) Integer</p> <p>(Don't know, Refusal not allowed)</p>
ALC_C25	<p>If AGS_Q05 = 2, go to ALC_Q25. Otherwise, go to ALC_Q30.</p>
ALC_Q25	<p>During the past 12 months, how often have you had 4 or more drinks on one occasion?</p> <p><u>ON-SCREEN HELP:</u> "On one occasion" means at the same time or within a couple of hours of each other.</p> <p>Was it:</p> <p>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)</p> <p>Go to ALC_Q35</p>
ALC_Q30	<p>During the past 12 months, how often have you had 5 or more drinks on one occasion?</p> <p><u>ON-SCREEN HELP:</u> "On one occasion" means at the same time or within a couple of hours of each other.</p> <p>Was it:</p> <p>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)</p>

ALC_Q35	<p>During the past 12 months, where did you most often have a drink?</p> <p><u>ON-SCREEN HELP:</u> Was it:</p> <p>1 In your home</p> <p>2 At someone else's home</p> <p>3 At a restaurant</p> <p>4 At a bar, nightclub or disco</p> <p>5 Other (Go to ALC_S35)</p> <p>(Don't know, Refusal not allowed)</p>
ALC_S35	<p>Specify the other location</p> <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
Programmer:	<p><i>This element is a hidden related. Will only appear if respondent selects "Other" in ALC_Q35</i></p>
ALC_Q40	<p>The last time you had a drink, where were you?</p> <p><u>ON-SCREEN HELP:</u> Was it:</p> <p>1 At a social event</p> <p>Help text: e.g., at a party, get together or family gathering</p> <p>2 At home</p> <p>Help text: e.g., during or after dinner, while watching TV</p> <p>3 At a professional event</p> <p>Help text: e.g., during or after work with colleagues or clients</p> <p>4 Other (Go to ALC_S40)</p> <p>(Don't know, Refusal not allowed)</p>
ALC_S40	<p>Specify where you were</p> <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
Programmer:	<p><i>This element is a hidden related. Will only appear if respondent selects "Other" in ALC_Q40</i></p>
ALC_Q45	<p>During the past 30 days, did you have a drink?</p> <p>1 Yes</p> <p>2 No</p> <p>(Don't know, Refusal not allowed)</p>
ALC_C50	<p>If ALC_Q45 = 2, go to ALC_R75. Otherwise, go to ALC_Q50.</p>

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ALC_Q50	<p>During the past 30 days, on those days when you drank alcoholic beverages, how many drinks did you usually have?</p> <p><u>ON-SCREEN HELP:</u> Number of drinks</p> <p> _ _ (MIN: 0) (MAX: 99) Integer</p> <p>(Don't know, Refusal not allowed)</p>												
ALC_C55A	<p>If ALC_Q25 = 8 or ALC_Q30 = 8, go to ALC_Q65. Otherwise, go to ALC_C55B.</p>												
ALC_C55B	<p>If AGS_Q05 = 2, go to ALC_Q55. Otherwise, go to ALC_Q60.</p>												
ALC_Q55	<p>During the past 30 days, how often have you had 4 or more drinks on one occasion?</p> <p><u>ON-SCREEN HELP:</u> "On one occasion" means at the same time or within a couple of hours of each other.</p> <p>Was it:</p> <table><tr><td>1</td><td>Daily or almost daily</td></tr><tr><td>2</td><td>2 to 5 times a week</td></tr><tr><td>3</td><td>Once a week</td></tr><tr><td>4</td><td>2 to 3 times in the past 30 days</td></tr><tr><td>5</td><td>Once in the past 30 days</td></tr><tr><td>6</td><td>Not in the past 30 days</td></tr></table> <p>(Don't know, Refusal not allowed)</p> <p>Go to ALC_Q65</p>	1	Daily or almost daily	2	2 to 5 times a week	3	Once a week	4	2 to 3 times in the past 30 days	5	Once in the past 30 days	6	Not in the past 30 days
1	Daily or almost daily												
2	2 to 5 times a week												
3	Once a week												
4	2 to 3 times in the past 30 days												
5	Once in the past 30 days												
6	Not in the past 30 days												
ALC_Q60	<p>During the past 30 days, how often have you had 5 or more drinks on one occasion?</p> <p><u>ON-SCREEN HELP:</u> "On one occasion" means at the same time or within a couple of hours of each other.</p> <p>Was it:</p> <table><tr><td>1</td><td>Daily or almost daily</td></tr><tr><td>2</td><td>2 to 5 times a week</td></tr><tr><td>3</td><td>Once a week</td></tr><tr><td>4</td><td>2 to 3 times in the past 30 days</td></tr><tr><td>5</td><td>Once in the past 30 days</td></tr><tr><td>6</td><td>Not in the past 30 days</td></tr></table> <p>(Don't know, Refusal not allowed)</p>	1	Daily or almost daily	2	2 to 5 times a week	3	Once a week	4	2 to 3 times in the past 30 days	5	Once in the past 30 days	6	Not in the past 30 days
1	Daily or almost daily												
2	2 to 5 times a week												
3	Once a week												
4	2 to 3 times in the past 30 days												
5	Once in the past 30 days												
6	Not in the past 30 days												
ALC_Q65	<p>During the past 7 days, did you have a drink?</p>												

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

ALC_C70

If ALC_Q65 = 2, go to ALC_R75.
Otherwise, go to ALC_R70.

ALC_Q70A

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY1.DAYOFWEEK_E, ^DV_DAY1

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00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
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42	42
43	43
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45	45
46	46
47	47
48	48
49	49
50	50 or more
(Don't know, Refusal not allowed)	

ALC_Q70B

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY2.DAYOFWEEK_E, ^DV_DAY2

**Canadian Alcohol and Drug Survey (CADS)
2019 / Canadian Alcohol and Drugs Survey / EQGS**

00	0
01	1
02	2
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40	40
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42	42
43	43
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45	45
46	46
47	47
48	48
49	49
50	50 or more
(Don't know, Refusal not allowed)	

ALC_Q70C

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY3.DAYOFWEEK_E, ^DV_DAY3

**Canadian Alcohol and Drug Survey (CADS)
2019 / Canadian Alcohol and Drugs Survey / EQGS**

00	0
01	1
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41	41
42	42
43	43
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46	46
47	47
48	48
49	49
50	50 or more
(Don't know, Refusal not allowed)	

ALC_Q70D

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY4.DAYOFWEEK_E, ^DV_DAY4

**Canadian Alcohol and Drug Survey (CADS)
2019 / Canadian Alcohol and Drugs Survey / EQGS**

00	0
01	1
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05	5
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40	40
41	41
42	42
43	43
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45	45
46	46
47	47
48	48
49	49
50	50 or more
(Don't know, Refusal not allowed)	

ALC_Q70E

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY5.DAYOFWEEK_E, ^DV_DAY5

**Canadian Alcohol and Drug Survey (CADS)
2019 / Canadian Alcohol and Drugs Survey / EQGS**

00	0
01	1
02	2
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47	47
48	48
49	49
50	50 or more
(Don't know, Refusal not allowed)	

ALC_Q70F

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY6.DAYOFWEEK_E, ^DV_DAY6

**Canadian Alcohol and Drug Survey (CADS)
2019 / Canadian Alcohol and Drugs Survey / EQGS**

00	0
01	1
02	2
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04	4
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42	42
43	43
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45	45
46	46
47	47
48	48
49	49
50	50 or more
(Don't know, Refusal not allowed)	

ALC_Q70G

During the past 7 days from ^DV_DAY7 to ^DV_DAY1, how many drinks
did you have each day?
^DV_DAY7.DAYOFWEEK_E, ^DV_DAY7

**Canadian Alcohol and Drug Survey (CADS)
2019 / Canadian Alcohol and Drugs Survey / EQGS**

00	0
01	1
02	2
03	3
04	4
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49	49
50	50 or more
(Don't know, Refusal not allowed)	

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ALC_R75	<p>The following questions are about energy drinks, such as Red Bull, Rock Star or another brand.</p> <p>Energy drinks are beverages usually containing caffeine and other stimulant substances, such as guarana, taurine or L-carnitine. These drinks may be marketed as providing mental and physical stimulation.</p>
ALC_Q75	<p>During the past 12 months, have you had an energy drink?</p> <p><u>ON-SCREEN HELP:</u> Exclude coffee, tea, other naturally caffeinated beverages, and sports drinks marketed to replace water or electrolytes before or after exercise, e.g., Gatorade or Powerade.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
ALC_C80A	<p>If ALC_Q75 = 2, go to ALC_R90. Otherwise, go to ALC_C80B.</p>
ALC_C80B	<p>If ALC_Q05 = 2 or ALC_Q05 = NONRESPONSE, go to ALC_R105. Otherwise, go to ALC_C80C.</p>
ALC_C80C	<p>If ALC_Q05 = 1 and ALC_Q15 = 8, go to ALC_R90. Otherwise, go to ALC_Q80.</p>
ALC_Q80	<p>During the past 12 months, how often have you consumed an energy drink mixed with alcohol?</p> <p><u>ON-SCREEN HELP:</u> Include energy drinks pre-mixed with alcohol, or consumed at the same time as alcohol.</p> <p>Was it:</p> <p>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)</p>
ALC_C90	<p>If ALC_Q05 = 2 or ALC_Q05 = NONRESPONSE, go to ALC_R105. Otherwise, go to ALC_R90.</p>
ALC_R90	<p>The next section will ask about possible problems you might have encountered related to drinking.</p>
ALC_C90A	<p>If ALC_Q15 = 8 or ALC_Q15 = NONRESPONSE, go to ALC_Q95. Otherwise, go to ALC_R90A.</p>

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ALC_Q90A	<p>During the past 12 months, how often have you encountered the following problems related to drinking? Found that you were not able to stop drinking once you had started</p> <p>1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily (Don't know, Refusal not allowed)</p>
ALC_Q90B	<p>During the past 12 months, how often have you encountered the following problems related to drinking? Failed to do what was normally expected from you because of drinking</p> <p>1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily (Don't know, Refusal not allowed)</p>
ALC_Q90C	<p>During the past 12 months, how often have you encountered the following problems related to drinking? Needed a first drink in the morning to get yourself going after a heavy drinking session</p> <p>1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily (Don't know, Refusal not allowed)</p>
ALC_Q90D	<p>During the past 12 months, how often have you encountered the following problems related to drinking? Been unable to remember what happened the night before because you had been drinking</p> <p>1 Never 2 Less than monthly 3 Monthly 4 Weekly 5 Daily or almost daily (Don't know, Refusal not allowed)</p>
ALC_Q90E	<p>During the past 12 months, how often have you encountered the following problems related to drinking? Had a feeling of guilt or remorse after drinking</p>

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	1	Never	
	2	Less than monthly	
	3	Monthly	
	4	Weekly	
	5	Daily or almost daily	
		(Don't know, Refusal not allowed)	
ALC_C95	If ALC_Q15 = 8		
Programmer:	if true, do not display answer category 2 in ALC_Q95		
ALC_Q95	Have you or someone else ever been physically injured as a result of your drinking?		
	<u>ON-SCREEN HELP:</u> Would you say:		
	1	Yes[, but not during the last year/BLANK]	
	2	Yes, during the last year	
	3	No	
		(Don't know, Refusal not allowed)	
ALC_Q100A	Has a relative, friend, doctor or another health worker been concerned about your drinking or suggested you cut down your alcohol intake?		
	1	Yes	(Go to ALC_Q100B)
	2	No	(Go to ALC_R105)
		(Don't know, Refusal not allowed)	
ALC_Q100B	Was it in the past year?		
	1	Yes	
	2	No	
		(Don't know, Refusal not allowed)	
Programmer:	This is a hidden related question. It only appears if the respondent selects yes(1) in ALC_Q100A		
ALC_R105	The following questions are about alcohol and driving.		
ALC_Q105	In the past 12 months, have you been a passenger in a vehicle driven by someone who had 2 or more drinks of alcohol in the previous 2 hours ?		
	<u>ON-SCREEN HELP:</u> Exclude off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.		
	Would you say:		
	1	Yes	
	2	No	
	3	Don't know	
		(Don't know, Refusal not allowed)	

ALC_Q110A	<p>Do you have a driver's licence?</p> <p>1 Yes (Go to ALC_Q110B)</p> <p>2 No (Go to ALC_Q115)</p> <p>(Don't know, Refusal not allowed)</p>
ALC_Q110B	<p>What type of driver's licence do you currently have?</p> <p>1 A learner's licence or an intermediate licence</p> <p>2 A full licence</p> <p>(Don't know, Refusal not allowed)</p>
Programmer:	<p><i>This is a hidden related question. It only appears if the respondent selects yes(1) in ALC_Q110A</i></p>
ALC_Q115	<p>During the past 12 months, have you driven a vehicle such as a car, motorbike, van or truck?</p> <p><u>ON-SCREEN HELP:</u> Exclude off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.</p> <p>1 Yes</p> <p>2 No</p> <p>(Don't know, Refusal not allowed)</p>
ALC_C120A	<p>If ALC_Q115 = 2, go to ALC_END. Otherwise, go to ALC_C120B.</p>
ALC_C120B	<p>If ALC_Q05 = 2 or ALC_Q15 = 8, go to ALC_Q125A. Otherwise, go to ALC_Q120A.</p>
ALC_Q120A	<p>During the past 12 months, have you driven a vehicle after having 2 or more drinks in the previous 2 hours?</p> <p><u>ON-SCREEN HELP:</u> Exclude off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.</p> <p>1 Yes (Go to ALC_Q120B)</p> <p>2 No (Go to ALC_Q125A)</p> <p>(Don't know, Refusal not allowed)</p>
ALC_Q120B	<p>How many times?</p> <p><u>ON-SCREEN HELP:</u> Number of times</p> <p> _ _ _ (MIN: 0) (MAX: 999) Integer</p> <p>(Don't know, Refusal not allowed)</p>
Programmer:	<p><i>This is a hidden related question. It only appears if the respondent selects yes(1) in ALC_Q120A.</i></p>

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ALC_Q125A	<p>During the past 12 months, have you been in a vehicle accident or collision while you were driving?</p> <p><u>ON-SCREEN HELP:</u> Exclude off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
ALC_Q125B	<p>How many times?</p> <p><u>ON-SCREEN HELP:</u> Number of times</p> <p> _ _ (MIN: 0) (MAX: 99) Integer (Don't know, Refusal not allowed)</p>
Programmer:	<p><i>This is a hidden related question. It only appears if the respondent selects yes(1) in ALC_Q125A.</i></p>
ALC_C130	<p>If ALC_Q120A = 2 or ALC_Q125A = 2 or ALC_Q05 = 2 or ALC_Q15 = 8, go to ALC_END. Otherwise, go to ALC_Q130.</p>
ALC_Q130	<p>During the past 12 months, how many times have you been in a vehicle accident or collision with you as a driver after having 2 or more drinks in the previous 2 hours?</p> <p><u>ON-SCREEN HELP:</u> Exclude off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.</p> <p>Number of times</p> <p> _ _ (MIN: 0) (MAX: 99) Integer (Don't know, Refusal not allowed)</p>
ALC_C135	<p>If ALC_Q130 > 0, go to ALC_Q135. Otherwise, go to ALC_END.</p>
ALC_Q135	<p>During the past 12 months, how many times have you been in a vehicle accident or collision with you as a driver after having 2 or more drinks in the previous hour?</p>

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ON-SCREEN HELP: **Exclude** off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.

Number of times

|_|_|
(MIN: 0)
(MAX: 99)
Integer

(Don't know, Refusal not allowed)

ALC_END

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Pain Relievers (PR)

PR_BEG

External Variables required:

PR_R05

The next series of questions is about **your** use of various **pain relievers**.

For the purpose of this survey, "pain relievers" are products that contain opioids such as codeine or morphine, or related drugs. Most of these products require a prescription, although some do not.

Exclude drugs such as Regular Tylenol or Extra Strength Tylenol, Aspirin, Advil, Motrin or their generic equivalents.

Include prescribed or non-prescribed drugs such as Tylenol 1, 2, 3, and 4, or 292s.

PR_Q05

Have you **ever** used any such pain relieving products?

1 Yes

2 No

(Don't know, Refusal not allowed)

PR_C10

If PR_Q05 = 2 or PR_Q05 = NONRESPONSE, go to PR_END.
Otherwise, go to PR_Q10.

PR_R10

The next questions are about **low-dose codeine** pain relieving products that are available without a prescription in most provinces.

Include drugs such as Tylenol 1, Robaxacet-8, AC&C, Mersyndol, Calmylin.

Exclude drugs such as Regular Tylenol or Extra Strength Tylenol, Aspirin, Advil, Motrin, Tylenol 2, 3, 4, 292s or their generic equivalents.

PR_Q10

During the **past 12 months**, have you used any **low-dose codeine** products?

1 Yes

2 No

(Don't know, Refusal not allowed)

PR_C15

If (PR_Q10 = 2 or PR_Q10 = NONRESPONSE)

Programmer:

If true, do not display PR_Q15B (Hidden Related Question)

PR_Q15A

Have you **ever** used any **low-dose codeine** pain relieving products for reasons **other than** pain relief?

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	1 Yes 2 No (Don't know, Refusal not allowed)
PR_Q25	During the past 12 months, have you used any oxycodone pain relieving products? <u>ON-SCREEN HELP:</u> Include Percocet, OxyNeo or Oxycontin. 1 Yes 2 No (Don't know, Refusal not allowed)
PR_Q30	During the past 12 months, have you used fantanyl ? 1 Yes 2 No (Don't know, Refusal not allowed)
PR_Q35	During the past 12 months, have you used any other opioid pain relieving products? <u>ON-SCREEN HELP:</u> Include hydromorphone, Dilaudid, Hydromorph Contin, morphine, MS Contin or Demerol. 1 Yes 2 No (Don't know, Refusal not allowed)
PR_C45	If PR_Q05 = 1 and (PR_Q20 = 2 or PR_Q20 = NONRESPONSE) and (PR_Q25 = 2 or PR_Q25 = NONRESPONSE) and (PR_Q30 = 2 or PR_Q30 = NONRESPONSE) and (PR_Q35 = 2 or PR_Q35 = NONRESPONSE), go to PR_Q55A. Otherwise, go to PR_Q45.
PR_Q45	[Excluding low-dose codeine pain relieving products, d/D]uring the past 12 months, did you take a higher dose of pain relievers than the recommended dose? 1 Yes 2 No (Don't know, Refusal not allowed)
PR_Q50	[Excluding low-dose codeine pain relieving products, d/D]uring the past 12 months, did you take pain relievers more often than recommended? 1 Yes 2 No (Don't know, Refusal not allowed)
PR_C53A	If (PR_Q20 = 2 or PR_Q20 = NONRESPONSE) and (PR_Q25 = 2 or PR_Q25 = NONRESPONSE) and (PR_Q30 = 2 or PR_Q30 = NONRESPONSE) and (PR_Q35 = 2 or PR_Q35 = NONRESPONSE)

Programmer: *If true, do not display PR_Q55B*

PR_Q53 [Excluding low-dose codeine pain relieving products, d/D]uring the past 12 months, how often have you used pain relievers?

ON-SCREEN HELP: Was it:

- 1 Once or twice
2 3 to 11 times a year
3 About once a month
4 2 or 3 times a month
5 About once or twice a
week
6 3 or 4 times a week
7 Daily or almost daily
(Don't know, Refusal not allowed)

PR_Q55A [Excluding low-dose codeine pain relieving products, h/H]ave you **ever** used pain relievers for reasons **other than** pain relief?

ON-SCREEN HELP: e.g., to help you sleep, to feel better, to improve your mood, to cope with stress, for the experience, for the feeling they caused, to feel numb or for any other reason

- 1 Yes (Go to PR_Q55B)
2 No
(Don't know, Refusal not allowed)

PR_Q55B Was it in the **past 12 months?**

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

Programmer: *This is a hidden related question. It only appears if the respondent selects yes(1) in PR_Q55A and meets the display condition in PR_C53B*

PR_C60	If PR_Q55A = 2 or PR_Q55A = NONRESPONSE, go to PR_Q75. Otherwise, go to PR_Q60.
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PR_Q60 How old were you when you tried or started using pain relievers for reasons **other than** pain relief?

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ON-SCREEN HELP: **e.g.**, to help you sleep, to feel better, to improve your mood, to cope with stress, for the experience, for the feeling they caused, to feel numb, or for any other reason

Age in years

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

(Don't know, Refusal not allowed)

PR_C70A If PR_Q55A = 1 and (PR_Q55B = 1 or PR_Q55B = NONRESPONSE), go to PR_Q70.
Otherwise, go to PR_Q75.

PR_C70B If PR_Q55A = 1 and PR_Q55B = NONRESPONSE

Programmer: *If true, do not display answer category 8 (not in the past 12 months)*

PR_Q70 During the **past 12 months**, how often have you used pain relievers for reasons **other than** pain relief?

ON-SCREEN HELP: **e.g.**, to help you sleep, to feel better, to improve your mood, to cope with stress, for the experience, for the feeling they caused, to feel numb, or for any other reason.

Was it:

- 01 Once or twice
- 02 3 to 11 times a year
- 03 About once a month
- 04 2 or 3 times a month
- 05 About once or twice a week
- 06 3 or 4 times a week
- 07 Daily or almost daily
- 08 Not in the past 12 months
- (Don't know, Refusal not allowed)

Programmer: *Display condition on answer category 8*

PR_C75A If (PR_Q20 = 2 or PR_Q20 = NONRESPONSE) and (PR_Q25 = 2 or PR_Q25 = NONRESPONSE) and (PR_Q30 = 2 or PR_Q30 = NONRESPONSE) and (PR_Q35 = 2 or PR_Q35 = NONRESPONSE)

Programmer: *If true, do not display PR_Q75*

PR_C75B If (PR_Q20 = 2 or PR_Q20 = NONRESPONSE) and (PR_Q25 = 2 or PR_Q25 = NONRESPONSE) and (PR_Q30 = 2 or PR_Q30 = NONRESPONSE) and (PR_Q35 = 2 or PR_Q35 = NONRESPONSE)

Programmer: *If true, do not display PR_Q80B*

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PR_Q75	<p>[Excluding low-dose codeine pain relieving products, d/D]uring the past 12 months, were all the pain relievers you have used prescribed to you?</p> <p><u>ON-SCREEN HELP:</u> Consider pain relievers given to you while you were admitted in hospital as being prescribed.</p> <p>Would you say:</p> <p>1 Yes, they all were prescribed</p> <p>2 Some were prescribed and others were not</p> <p>3 No, none were prescribed (Don't know, Refusal not allowed)</p>
PR_Q80A	<p>[Excluding low-dose codeine pain relieving products, d/D]id you ever tamper with a pain reliever product before taking it, for example, by crushing tablets to swallow, snort or inject?</p> <p><u>ON-SCREEN HELP:</u> Exclude reasons such as for the ease of swallowing or to take a lower dose.</p> <p>1 Yes (Go to PR_Q80B)</p> <p>2 No (Go to PR_C90A) (Don't know, Refusal not allowed)</p>
PR_Q80B	<p>Was it in the past 12 months?</p> <p>1 Yes</p> <p>2 No (Don't know, Refusal not allowed)</p>
PR_C90A	<p>If (PR_Q20 = 2 or PR_Q20 = NONRESPONSE) and (PR_Q25 = 2 or PR_Q25 = NONRESPONSE) and (PR_Q30 = 2 or PR_Q30 = NONRESPONSE) and (PR_Q35 = 2 or PR_Q35 = NONRESPONSE), go to PR_END. Otherwise, go to PR_C90B.</p>
PR_C90B	<p>If PR_Q75 = 3, go to PR_Q100. Otherwise, go to PR_Q90.</p>
PR_Q90	<p>During the past 12 months, did you give away pain relievers that were prescribed to you?</p> <p><u>ON-SCREEN HELP:</u> Exclude returning medication to the pharmacy or drug store.</p> <p>1 Yes</p> <p>2 No (Don't know, Refusal not allowed)</p>
PR_Q95	<p>During the past 12 months, did you sell pain relievers that were prescribed to you?</p>

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	1 Yes 2 No (Don't know, Refusal not allowed)
PR_C100	If PR_Q75 = 2 or PR_Q75 = 3, go to PR_Q100. Otherwise, go to PR_Q105.
PR_Q100	Where did you usually obtain pain relievers that were not prescribed to you ? <u>ON-SCREEN HELP:</u> Was it: 1 From a friend or relative 2 From a drug dealer or stranger 3 From the Internet 4 Stolen 5 From another country 6 Other (Go to PR_S100) (Don't know, Refusal not allowed)
PR_S100	Specify where you obtained them <hr/> (80 spaces) (Don't know, Refusal not allowed)
Programmer:	<i>This is a hidden related question. It only appears when respondents indicate 6 (Other) in PR_Q100.</i>
PR_C105	If PR_Q75 = 1 or PR_Q75 = 2, go to PR_Q105. Otherwise, go to PR_END.
PR_Q105	During the past 12 months, did you do any of the following to obtain a prescription for pain relievers? <u>ON-SCREEN HELP:</u> Select all that apply. Did you: 1 Persuade a doctor to obtain a prescription by exaggerating or lying about your health conditions 2 Forge a prescription 3 Go to more than one doctor for repeated prescriptions Help text: i.e. , double doctoring or doctor shopping 4 None of the above (Don't know, Refusal not allowed)
Processing:	<i>Answer category 4 is mutually exclusive</i>
PR_END	

Stimulants (STI)

External Variables required:

The next few questions are about **your** use of various **stimulants**.

Exclude over-the-counter medications.

Have you **ever** used any such stimulants?

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

This is a hidden related question. It only appears if the respondent selects yes(1) in STI_Q05A

If STI_Q05A = 2 or STI_Q05A = NONRESPONSE or (STI_Q05A = 1 and STI_Q05B = 2), go to STI_END.
Otherwise, go to STI_Q15.

If STI Q05A = 1 and STI Q05B = NONRESPONSE

If true, display answer category 8 in STI Q15

During the past 12 months, how often have you used any stimulants?

ON-SCREEN HELP: Was it:

01 Once or twice
02 3 to 11 times a year
03 About once a month
04 2 or 3 times a month
05 About once or twice a
week
06 3 or 4 times a week
07 Daily or almost daily
08 Not in the past 12 months
(Don't know, Refusal not allowed)

Answer category 8 has a display condition (STI_C15B)

If STI_Q15 = 8, go to STI_END.
Otherwise, go to STI_Q20.

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STI_Q20	<p>During the past 12 months, did you take a higher dose of stimulants than the recommended dose?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
STI_Q25	<p>During the past 12 months, did you take stimulants more often than recommended?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
STI_Q30	<p>During the past 12 months, did you use stimulants for reasons other than why they are recommended?</p> <p><u>ON-SCREEN HELP:</u> e.g., to cram for exams, to stay up all night to finish a project, to decrease your appetite, for the experience, to get high or for any other reason</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
STI_Q35	<p>During the past 12 months, were all the stimulants you have used prescribed to you?</p> <p><u>ON-SCREEN HELP:</u> Would you say:</p> <p>1 Yes, they all were prescribed 2 Some were prescribed and others were not 3 No, none were prescribed (Don't know, Refusal not allowed)</p>
STI_C40	<p>If STI_Q35 = 3, go to STI_Q50. Otherwise, go to STI_Q40.</p>
STI_Q40	<p>During the past 12 months, did you give away any stimulants that were prescribed to you?</p> <p><u>ON-SCREEN HELP:</u> Exclude returning medication to the pharmacy or drug store.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
STI_Q45	<p>During the past 12 months, did you sell any stimulants that were prescribed to you?</p>

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	1 Yes 2 No (Don't know, Refusal not allowed)
STI_C50	If STI_Q35 = 2 or STI_Q35 = 3, go to STI_Q50. Otherwise, go to STI_Q55.
STI_Q50	Where did you usually obtain stimulants that were not prescribed to you ? <u>ON-SCREEN HELP:</u> Was it: 1 From a friend or relative 2 From a drug dealer or stranger 3 From the Internet 4 Stolen 5 From another country 6 Other (Go to STI_S50) (Don't know, Refusal not allowed)
STI_S50	Specify where you obtained them <hr/> (80 spaces) (Don't know, Refusal not allowed)
Programmer:	<i>This is a hidden related question. It only appears if the respondent selects 6 (Other) in STI_Q50.</i>
STI_C55	If STI_Q35 = 1 or STI_Q35 = 2, go to STI_Q55. Otherwise, go to STI_END.
STI_Q55	During the past 12 months, did you do any of the following to obtain a prescription for stimulants? <u>ON-SCREEN HELP:</u> Select all that apply. Did you: 1 Persuade a doctor to obtain a prescription by exaggerating or lying about your health conditions 2 Forge a prescription 3 Go to more than one doctor for repeated prescriptions Help text: i.e. , double doctoring or doctor shopping 4 None of the above (Don't know, Refusal not allowed)
Programmer:	<i>Answer category 4 is mutually exclusive</i>
STI_END	

Sedatives or anti-anxiety medications (SED)

External Variables required:

The next few questions are about **your** use of various **sedatives or anti-anxiety medications**.

Sedatives or anti-anxiety medications are sometimes prescribed to help people sleep or calm down.

Exclude over-the-counter medications.

Have you **ever** used any such sedatives or anti-anxiety medications?

1 Yes (Go to SED_Q05B)
2 No
(Don't know, Refusal not allowed)

Was it in the **past 12 months**?

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

This is a hidden related question. It only appears if the respondent selects yes(1) in SED_Q05A

If SED_Q05A = 2 or SED_Q05A = NONRESPONSE or (SED_Q05A = 1 and SED_Q05B = 2), go to SED_END.
Otherwise, go to SED_Q15.

If SED Q05A = 1 and SED Q05B = NONRESPONSE

If true, display answer category 8 in SED_Q15

During the past 12 months, how often have you used any sedatives or anti-anxiety medications?

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ON-SCREEN HELP: Was it:

- 01 Once or twice
- 02 3 to 11 times a year
- 03 About once a month
- 04 2 or 3 times a month
- 05 About once or twice a week
- 06 3 or 4 times a week
- 07 Daily or almost daily
- 08 Not in the past 12 months
(Don't know, Refusal not allowed)

Programmer: Answer category 8 has a display condition (SED_C15B)

SED_C20 If SED_Q15 = 8, go to SED_END.
Otherwise, go to SED_Q20.

SED_Q20 During the past 12 months, did you take a **higher dose** of sedatives or anti-anxiety medications than the recommended dose?

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

SED_Q25 During the past 12 months, did you take sedatives or anti-anxiety medications **more often** than recommended?

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

SED_Q30 During the past 12 months, did you use sedatives or anti-anxiety medications for reasons **other than** why they are recommended?

ON-SCREEN HELP: **e.g.**, for the experience, for the feeling they caused or to get high

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

SED_Q35 During the past 12 months, were all the sedatives or anti-anxiety medications you have used **prescribed to you**?

ON-SCREEN HELP: Would you say:

- 1 Yes, they all were prescribed
- 2 Some were prescribed and others were not
- 3 No, none were prescribed
(Don't know, Refusal not allowed)

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ON-SCREEN HELP: Select all that apply.

Did you:

1 Persuade a doctor to
obtain a prescription by
exaggerating or lying about your
health conditions

2 Forge a prescription

3 Go to more than one
doctor for repeated prescriptions

Help text: **i.e.**, double doctoring
or doctor shopping

4 None of the above
(Don't know, Refusal not allowed)

Programmer:

Answer category 4 is mutually exclusive

SED_END

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Over-the-counter medications (OTC)

OTC_BEG

External Variables required:

OTC_R05

The next question is about over-the-counter medications such as:

- anti-motion sickness or nausea medicine, **e.g.**, Gravol
- sleeping medicine, **e.g.**, Nytol
- cold or cough medicine, **e.g.**, Robitussin, Benylin, also known as robos, dex and DXM.

OTC_Q05

During the **past 12 months**, have you used or tried over-the-counter products **not for health or medical reasons**, but for the experience, the feeling they caused, to get high or numb?

1 Yes

2 No

(Don't know, Refusal not allowed)

OTC_END

Cannabis (CAN)

ALC_Q115:
ALC_Q125A:
ALC_Q105:

For the purpose of this survey, "cannabis" refers to the use of marijuana, hashish, hash oil or any other product of the cannabis plant.

Have you **ever** used or tried cannabis?

1 Yes (Go to CAN_Q05B)
2 No
(Don't know, Refusal not allowed)

Have you used it more than once?

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

This is a hidden related question. It is only seen if the respondent indicates 1 (yes) to CAN_Q05A

If CAN_Q05A = 2 or CAN_Q05A = NONRESPONSE, go to CAN_R115.
Otherwise, go to CAN_Q15.

How old were you when you first tried cannabis?

ON-SCREEN HELP: Age in years

Integer

(Don't know, Refusal not allowed)

During the **past 12 months**, have you used or tried cannabis?

1 Yes (Go to CAN_Q20B)
2 No
(Don't know, Refusal not allowed)

Was it for medical reasons, non-medical reasons, or both?

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ON-SCREEN HELP: "Medical reasons" means to treat a condition, or to reduce symptoms associated with a condition, whether diagnosed or not.

- 1 Medical reasons only
- 2 Non-medical reasons only
- 3 Both medical and non-medical reasons
(Don't know, Refusal not allowed)

Programmer: *This is a hidden related question. It is only seen if the respondent indicates 1 (yes) to CAN_Q20A*

CAN_C22A If CAN_Q05B = 2, go to CAN_R115.
Otherwise, go to CAN_C22B.

CAN_C22B If CAN_Q20A = 2, go to CAN_R115.
Otherwise, go to CAN_C22C.

CAN_C22C If CAN_Q20B = 2 or CAN_Q20B = NONRESPONSE, go to CAN_R25.
Otherwise, go to CAN_Q22.

CAN_Q22 During the past 12 months, for what **main symptom** did you use cannabis?

ON-SCREEN HELP: Was it:

- 1 Chronic pain
- 2 Acute pain
- 3 Migraine or headache
- 4 Nausea or vomiting
- 5 Lack of appetite or weight loss
- 6 Sleeping problems
- 7 Other (Go to CAN_S22)
(Don't know, Refusal not allowed)

CAN_S22 Specify other main symptom

(80 spaces)

(Don't know, Refusal not allowed)

Programmer: *This is a hidden related question. Respondents will only see it if they select 7 (Other) in CAN_Q22*

CAN_Q23 During the past 12 months, for what main **medical condition** did you use cannabis?

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ON-SCREEN HELP: Was it:

- 01 Arthritis
- 02 Depression
- 03 Multiple sclerosis
- 04 Spinal cord injury
- 05 Epilepsy
- 06 Anxiety
- 07 Post-traumatic stress disorder (PTSD)
- 08 Irritable bowel syndrome or inflammatory bowel disease
- 09 Other (Go to CAN_S23)
- 10 No medical condition (Don't know, Refusal not allowed)

CAN_S23 Specify other main reason

(80 spaces)

(Don't know, Refusal not allowed)

Programmer: *This is a hidden related question. Respondents will only see it if they select 9 (Other) in CAN_Q23.*

CAN_C25 If CAN_Q20B = 3

Programmer: *If true, Display CAN_R25. Otherwise, do not display CAN_R25*

CAN_R25 For the remaining questions on cannabis, consider both medical and non-medical use.

CAN_Q25 During the past 12 months, which of the following cannabis products have you used?

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ON-SCREEN HELP: Select all that apply.

Have you used:

01 Marijuana or herb

Help text: **i.e.**, dried flower or leaf

02 Hashish or kief

03 Cannabis oil

Help text: **Include** CBD oil.

04 Cannabis cartridges or
disposable vape pens

05 Liquid concentrate

Help text: **e.g.**, hash oil, butane
honey oil

Exclude cannabis oil, cannabis
cartridges or disposable vape
pens.

06 Solid concentrate

Help text: **e.g.**, shatter, budder,
wax

07 Edibles

Help text: **i.e.**, prepared food
products

08 Liquid

Help text: **e.g.**, in cola, tea

09 Other (Go to CAN_\$25)

(Don't know, Refusal not allowed)

CAN_\$25

Specify other cannabis products

(80 spaces)

(Don't know, Refusal not allowed)

Programmer:

*This is a hidden related question. Respondents will only see it if they select 9 (other) in
CAN_Q25.*

CAN_C30A

If CAN_Q25 = NONRESPONSE, go to CAN_Q35.
Otherwise, go to CAN_C30B.

CAN_C30B

If CAN_Q25 = 1 or CAN_Q25 = 2 or CAN_Q25 = 3 or CAN_Q25 = 4 or
CAN_Q25 = 5 or CAN_Q25 = 6 or CAN_Q25 = 7 or CAN_Q25 = 8 or
CAN_Q25 = 9

Programmer:

*Display conditions: For CAN_Q30, only display rows corresponding to products
selected in CAN_Q25*

CAN_Q30_A

During the past 12 months, how often have you used any of the
following cannabis products?
Marijuana or herb

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ON-SCREEN HELP: **i.e.**, dried flower or leaf

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_B

During the past 12 months, how often have you used any of the following cannabis products?
Hashish or kief

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_C

During the past 12 months, how often have you used any of the following cannabis products?
Cannabis oil

ON-SCREEN HELP: **Include** CBD oil.

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_D

During the past 12 months, how often have you used any of the following cannabis products?
Cannabis cartridges or disposable vape pens

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_E

During the past 12 months, how often have you used any of the following cannabis products?
Liquid concentrate

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ON-SCREEN HELP: **e.g.**, hash oil, butane honey oil

Exclude cannabis oil, cannabis cartridges or disposable vape pens.

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_F

During the past 12 months, how often have you used any of the following cannabis products?

Solid concentrate

ON-SCREEN HELP: **e.g.**, shatter, budder, wax

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_G

During the past 12 months, how often have you used any of the following cannabis products?

Edibles

ON-SCREEN HELP: **i.e.**, prepared food products

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_H

During the past 12 months, how often have you used any of the following cannabis products?

Liquid

ON-SCREEN HELP: **e.g.**, in cola, tea

- 1 Once or twice
 - 2 3 to 11 times
 - 3 Monthly
 - 4 Weekly
 - 5 Daily or almost daily
- (Don't know, Refusal not allowed)

CAN_Q30_I

During the past 12 months, how often have you used any of the following cannabis products?

Other - [^CAN_S25/Cannabis product]

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	<div>1 Once or twice</div> <div>2 3 to 11 times</div> <div>3 Monthly</div> <div>4 Weekly</div> <div>5 Daily or almost daily</div> <div>(Don't know, Refusal not allowed)</div>
CAN_Q35	<p>In the past 12 months, which of the following methods did you use to consume cannabis?</p> <p><u>ON-SCREEN HELP:</u> Select all that apply.</p> <p>Have you:</p> <div>1 Smoked it</div> <div>Help text: e.g., joint, bong, pipe or blunt</div> <div>2 Eaten it in food</div> <div>Help text: e.g., brownies, cakes, cookies or candies</div> <div>3 Drank it</div> <div>Help text: e.g., tea, cola, alcohol or other drinks</div> <div>4 Vaporized it with a vaporizer</div> <div>Help text: i.e., non-portable</div> <div>5 Vaporized it with a vape pen or e-cigarette</div> <div>Help text: i.e., portable</div> <div>6 Dabbed it</div> <div>Help text: i.e., heated on a hot surface and the resulting vapour is then inhaled.</div> <div>Include hot knife or nail.</div> <div>7 Other (Go to CAN_S35)</div> <div>Help text: e.g., tinctures, applied directly to skin</div> <div>(Don't know, Refusal not allowed)</div>
CAN_S35	<p>Specify other methods of consumption</p> <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
Programmer:	<p><i>This is a hidden related question. Respondents will only see it if they select 7 (Other) in CAN_Q35.</i></p>
CAN_Q40	<p>During the past 12 months, where did you usually get the cannabis you used?</p>

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ON-SCREEN HELP: Was it:

- 01 From your own cultivation
- 02 From someone who's
growing it for you
- 03 From a family member or
a friend
- 04 From a dealer
- 05 From a licensed producer
for medical purposes
Help text: **i.e.**, having obtained an
authorization
- 06 From a dispensary
- 07 From a compassion club
- 08 From an online (Internet)
source other than a Health
Canada licensed producer
- 09 From a legal retailer
storefront
- 10 From a legal retailer by
mail order
- 11 From someone else you
know
- 12 Other (Go to CAN_S40)
(Don't know, Refusal not allowed)

CAN_S40 Specify other source

(80 spaces)

(Don't know, Refusal not allowed)

Programmer: *This is a hidden related question. Respondents will only see this question if they select 12 (Other) in CAN_Q40.*

CAN_Q45A During the past 12 months, when you used cannabis, how often did
you combine it with any of the following substances?
Alcohol

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45B During the past 12 months, when you used cannabis, how often did
you combine it with any of the following substances?
Tobacco, e-cigarette or vaping device

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- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45C

During the past 12 months, when you used cannabis, how often did you combine it with any of the following substances?
Prescription pain relievers

ON-SCREEN HELP: **e.g.**, Oxy, Dilaudid, morphine, Demerol, Tylenol 3, Percocet, fentanyl

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45D

During the past 12 months, when you used cannabis, how often did you combine it with any of the following substances?
Prescription stimulants

ON-SCREEN HELP: **e.g.**, Ritalin, Concerta, Adderall, Dexedrine

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45E

During the past 12 months, when you used cannabis, how often did you combine it with any of the following substances?
Prescription sedatives or anti-anxiety medications

ON-SCREEN HELP: **e.g.**, diazepam, Valium, lorazepam, Ativan, alprazolam, Xanax, clonazepam, Rivotril

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45F

During the past 12 months, when you used cannabis, how often did you combine it with any of the following substances?
Illicit opioids

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ON-SCREEN HELP: **e.g.**, heroin, non-pharmaceutical fentanyl

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45G

During the past 12 months, when you used cannabis, how often did you combine it with any of the following substances?
Illicit stimulants

ON-SCREEN HELP: **e.g.**, cocaine, crack, methamphetamine, ecstasy or MDMA

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_Q45H

During the past 12 months, when you used cannabis, how often did you combine it with any of the following substances?
Illicit hallucinogens or dissociatives

ON-SCREEN HELP: **e.g.**, LSD, magic mushrooms, ketamine, PCP

- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
- (Don't know, Refusal not allowed)

CAN_C50A

If (CAN_Q45A = 1 or CAN_Q45A = NONRESPONSE) and (CAN_Q45B = 1 or CAN_Q45B = NONRESPONSE) and (CAN_Q45C = 1 or CAN_Q45C = NONRESPONSE) and (CAN_Q45D = 1 or CAN_Q45D = NONRESPONSE) and (CAN_Q45E = 1 or CAN_Q45E = NONRESPONSE) and (CAN_Q45F = 1 or CAN_Q45F = NONRESPONSE) and (CAN_Q45G = 1 or CAN_Q45G = NONRESPONSE) and (CAN_Q45H = 1 or CAN_Q45H = NONRESPONSE), go to CAN_Q55.
Otherwise, go to CAN_R50.

CAN_C50B

If CAN_Q45A = (2 or 3 or 4 or 5) or CAN_Q45B = (2 or 3 or 4 or 5) or CAN_Q45C = (2 or 3 or 4 or 5) or CAN_Q45D = (2 or 3 or 4 or 5) or CAN_Q45E = (2 or 3 or 4 or 5) or CAN_Q45F = (2 or 3 or 4 or 5) or CAN_Q45G = (2 or 3 or 4 or 5) or CAN_Q45H = (2 or 3 or 4 or 5)

Programmer:

Display conditions for CAN_Q50: Only display categories where CAN_Q45A through H = radio 2, 3, 4 or 5.

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CAN_Q50A	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Alcohol</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50B	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Tobacco, e-cigarette or vaping device</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50C	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Prescription pain relievers</p> <p><u>ON-SCREEN HELP:</u> e.g., Oxy, Dilaudid, morphine, Demerol, Tylenol 3, Percocet, fentanyl</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50D	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Prescription stimulants</p> <p><u>ON-SCREEN HELP:</u> e.g., Ritalin, Concerta, Adderall, Dexedrine</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50E	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Prescription sedatives or anti-anxiety medications</p> <p><u>ON-SCREEN HELP:</u> e.g., diazepam, Valium, lorazepam, Ativan, alprazolam, Xanax, clonazepam, Rivotril</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50F	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Illicit opioids</p>

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	<p><u>ON-SCREEN HELP:</u> e.g., heroin, non-pharmaceutical fentanyl</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50G	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Illicit stimulants</p> <p><u>ON-SCREEN HELP:</u> e.g., cocaine, crack, methamphetamine, ecstasy or MDMA</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q50H	<p>Did you use these substances in combination with cannabis in order to get stoned or high? Illicit hallucinogens or dissociatives</p> <p><u>ON-SCREEN HELP:</u> e.g., LSD, magic mushrooms, ketamine, PCP</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
CAN_Q55	<p>During the past 12 months, have you consumed more, less or the same quantity of cannabis compared to the year before?</p> <p>1 More 2 Less 3 The same (Don't know, Refusal not allowed)</p>
CAN_Q60	<p>During the past 3 months, how often have you used cannabis?</p> <p><u>ON-SCREEN HELP:</u> Was it:</p> <p>1 Never 2 Once or twice 3 Monthly 4 Weekly 5 Daily or almost daily (Don't know, Refusal not allowed)</p>
CAN_C70A	<p>If CAN_Q60 = 1, go to CAN_R100. Otherwise, go to CAN_C70B.</p>
CAN_C70B	<p>If CAN_Q60 = 5, go to CAN_Q80. Otherwise, go to CAN_Q70.</p>
CAN_Q70	<p>During the past 30 days, how often have you used cannabis?</p>

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ON-SCREEN HELP: Was it:

- 1 Not in the past 30 days
 - 2 1 day in the past 30 days
 - 3 2 or 3 days in the past 30 days
 - 4 1 or 2 days per week
 - 5 3 or 4 days per week
 - 6 5 or 6 days per week
 - 7 Daily
- (Don't know, Refusal not allowed)

CAN_C80 If CAN_Q70 = 1, go to CAN_R100.
Otherwise, go to CAN_Q80.

CAN_Q80 In the past 30 days, how many times did you **start your day** by using cannabis?

ON-SCREEN HELP: Was it:

- 1 Not in the past 30 days
 - 2 1 day in the past 30 days
 - 3 2 or 3 days in the past 30 days
 - 4 1 or 2 days per week
 - 5 3 or 4 days per week
 - 6 5 or 6 days per week
 - 7 Daily
- (Don't know, Refusal not allowed)

CAN_C100 If CAN_Q05A = 1 and (CAN_Q05B = 1 or CAN_Q05B = NONRESPONSE),
go to CAN_R100.
Otherwise, go to CAN_R115.

CAN_R100 The next few questions are about possible problems you might have
experienced regarding your use of cannabis.

CAN_Q105A Has a friend or relative or anyone else **ever** expressed concern about
your use of cannabis?

- 1 Yes (Go to CAN_Q105B)
 - 2 No
- (Don't know, Refusal not allowed)

Go to CAN_Q110A

CAN_Q105B Was it in the **past 3 months**?

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

Programmer: *This is a hidden related question. Only respondents who answer 1 (yes) to
CAN_Q105A will see this question.*

CAN_Q110A Have you **ever** tried to control, cut down or stop using cannabis **but discovered that you were not able to do so?**

1 Yes (Go to CAN_Q110B)
2 No
(Don't know, Refusal not allowed)

Go to CAN_R112

CAN_Q110B Was it in the **past 3 months?**

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

Programmer: *This is a hidden related question. Respondents will only see this question if they respond 1 (yes) to CAN_Q110A*

CAN_Q112A During the past 3 months, how often have you experienced the following situations?
Had a strong desire or urge to use cannabis

1 Never
2 Once or twice
3 Monthly
4 Weekly
5 Daily or almost daily
(Don't know, Refusal not allowed)

CAN_Q112B During the past 3 months, how often have you experienced the following situations?
Use of cannabis led to health, social, legal or financial problems

1 Never
2 Once or twice
3 Monthly
4 Weekly
5 Daily or almost daily
(Don't know, Refusal not allowed)

CAN_Q112C During the past 3 months, how often have you experienced the following situations?
Could not do what was normally expected of you because of your use of cannabis

1 Never
2 Once or twice
3 Monthly
4 Weekly
5 Daily or almost daily
(Don't know, Refusal not allowed)

CAN_R115 The next set of questions is about cannabis use and driving.

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CAN_Q115A

During the **past 12 months**, have you been a **passenger** in a vehicle driven by someone who had been using **cannabis** in the **previous 2 hours**?

ON-SCREEN HELP: **Exclude** off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.

Would you say:

- | | | |
|---|------------|-------------------|
| 1 | Yes | (Go to CAN_Q115B) |
| 2 | No | |
| 3 | Don't know | |
- (Don't know, Refusal not allowed)

Go to CAN_C120

CAN_Q115B

Was it more than once?

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

Programmer:

This is a hidden related question. Respondents will only see it if they respond 1 (yes) in CAN_Q115A

CAN_C120

If CAN_Q115A = 2 or ALC_Q105 = 2, go to CAN_Q125A.
Otherwise, go to CAN_Q120A.

CAN_Q120A

During the past 12 months, have you been a **passenger** in a vehicle driven by someone who had been using both **alcohol and cannabis** in the **previous 2 hours**?

ON-SCREEN HELP: **Exclude** off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.

Would you say:

- | | | |
|---|------------|-------------------|
| 1 | Yes | (Go to CAN_Q120B) |
| 2 | No | |
| 3 | Don't know | |
- (Don't know, Refusal not allowed)

Go to CAN_C125A

CAN_Q120B

Was it more than once?

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

Programmer:

This is a hidden related question. Respondents will only see it if they respond yes (1) to CAN_Q120A.

CAN_C125A

If CAN_Q05A = 2 or CAN_Q05A = NONRESPONSE, go to CAN_END.
Otherwise, go to CAN_C125B.

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ON-SCREEN HELP: **Exclude** off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.

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

CAN_C140 If CAN_Q135 = 2, go to CAN_Q145.
Otherwise, go to CAN_Q140.

CAN_Q140 During the past 12 months, have you been **arrested** for a driving violation related to cannabis use?

ON-SCREEN HELP: **Exclude** off-road vehicles such as snowmobiles, ATVs, boats, planes or non-motorized vehicles such as bicycles.

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

CAN_C145 If CAN_Q05A = 2, go to CAN_END.
Otherwise, go to CAN_Q145.

CAN_Q145 Has your willingness to publicly say that you currently use cannabis or have used cannabis in the past for non-medical purposes increased because non-medical cannabis use is now legal?

ON-SCREEN HELP: Would you say:

- 1 Yes, you are more willing to do so
 - 2 No, you were already willing to do so
 - 3 No, you are not more willing to do so
- (Don't know, Refusal not allowed)

CAN_END

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Maternal experiences with cannabis and alcohol (MEX)

MEX_BEG	External Variables required: AGS_Q05: DV_AGE: AGS_Q25: CAN_Q05A: ALC_Q05:
MEX_C05	If AGS_Q05 = 2 and ((DV_AGE >= 15 or DV_AGE <= 44) or (AGS_Q25 >= 15 or AGS_Q25 <= 44)), go to MEX_R05. Otherwise, go to MEX_END.
Programmer:	<i>Entry logic: If AGS_Q05 = 2 (female) and ((age calculated from AGS_Q20A, B and C = 15-44 (this is DV_AGE)) or AGS_Q25 = 15-44), go to MEX_R05. Otherwise, go to MEX_END.</i>
MEX_R05	The next questions are about your maternal experiences.
MEX_Q05	Have you given birth during the past 5 years ? <u>ON-SCREEN HELP:</u> Include live and still births. 1 Yes 2 No (Don't know, Refusal not allowed)
MEX_C10A	If MEX_Q05 = 2, go to MEX_END. Otherwise, go to MEX_C10B.
MEX_C10B	If CAN_Q05A = 2, go to MEX_Q25. Otherwise, go to MEX_R10.
MEX_R10	The next questions are about maternal experiences related to your last pregnancy.
MEX_Q10	After you learned that you were pregnant with your last child, did you use cannabis during the pregnancy? 1 Yes 2 No (Don't know, Refusal not allowed)
MEX_Q15	Did you give your breast milk to your last child? <u>ON-SCREEN HELP:</u> Include through breastfeeding and through pumped or expressed breast milk. 1 Yes 2 No (Don't know, Refusal not allowed)
MEX_C20	If MEX_Q15 = 2 or MEX_Q15 = NONRESPONSE, go to MEX_Q25. Otherwise, go to MEX_Q20.

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MEX_Q20	During the period in which you were giving your breast milk to your last child, did you use cannabis ?
	1 Yes 2 No (Don't know, Refusal not allowed)
MEX_C25	If ALC_Q05 = 2, go to MEX_END. Otherwise, go to MEX_Q25.
MEX_Q25	After you learned that you were pregnant with your last child, how often did you drink alcohol during the pregnancy? <u>ON-SCREEN HELP:</u> Was it: 01 Never 02 Once or twice only 03 Less than once a month 04 Once a month 05 2 to 3 times a month 06 Once a week 07 2 to 3 times a week 08 4 to 6 times a week 09 Every day (Don't know, Refusal not allowed)
MEX_C30	If MEX_Q25 = 1, go to MEX_END. Otherwise, go to MEX_Q30A.
MEX_Q30A	During your last pregnancy, on the days when you drank alcoholic beverages, how many drinks did you usually have? 1 Less than a drink 2 One drink or more (Go to MEX_Q30B) (Don't know, Refusal not allowed) Go to MEX_END
MEX_Q30B	How many drinks? <u>ON-SCREEN HELP:</u> Number of drinks _ _ (MIN: 0) (MAX: 99) Integer (Don't know, Refusal not allowed)
Programmer:	<i>This is a hidden related question. It is only seen if the respondent answers 2 (One drink or more) to MEX_Q30A</i>
MEX_END	

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Cocaine (COC)

COC_BEG

External Variables required:

COC_R05

The following questions are about other drug use.

Remember that all the information you provide is strictly confidential.

COC_Q05

Have you **ever** used or tried cocaine or crack?

ON-SCREEN HELP: Cocaine or crack are also known as coke, freebase, powder, blow or snow.

1 Yes

2 No

(Don't know, Refusal not allowed)

COC_C10

If COC_Q05 = 2 or COC_Q05 = NONRESPONSE, go to COC_END.
Otherwise, go to COC_Q10.

COC_Q10

How old were you when you first tried cocaine or crack?

ON-SCREEN HELP: Age in years

|_|_|_|

(MIN: 0)

(MAX: 999)

Integer

(Don't know, Refusal not allowed)

COC_Q15A

During the **past 12 months**, have you used or tried cocaine or crack?

1 Yes

(Go to COC_Q15B)

2 No

(Don't know, Refusal not allowed)

COC_Q15B

Was it in the **past 30 days**?

1 Yes

2 No

(Don't know, Refusal not allowed)

COC_END

Programmer:

This is a hidden related question. Respondents will only see it if they select 1 (yes) in COC_Q15A.

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Amphetamines or methamphetamine (MET)

MET_BEG	External Variables required:
MET_Q05	<p>Have you ever used or tried amphetamines or methamphetamine?</p> <p><u>ON-SCREEN HELP:</u> Amphetamines or methamphetamine are also known as speed, crystal meth or ice.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
MET_C10	<p>If MET_Q05 = 2 or MET_Q05 = NONRESPONSE, go to MET_END. Otherwise, go to MET_Q10.</p>
MET_Q10	<p>How old were you when you first tried amphetamines or methamphetamine?</p> <p><u>ON-SCREEN HELP:</u> Age in years</p> <p> _ _ _ (MIN: 0) (MAX: 999) Integer</p> <p>(Don't know, Refusal not allowed)</p>
MET_Q15	<p>During the past 12 months, have you used or tried amphetamines or methamphetamine?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
MET_END	

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Ecstasy (XTC)

XTC_BEG

External Variables required:

XTC_Q05

Have you **ever** used or tried ecstasy?

ON-SCREEN HELP: Ecstasy is also known as MDMA, E, Xtc, Adam, Molly or X.

1 Yes

2 No

(Don't know, Refusal not allowed)

XTC_C10

If XTC_Q05 = 2 or XTC_Q05 = NONRESPONSE, go to XTC_END.
Otherwise, go to XTC_Q10.

XTC_Q10

How old were you when you first tried ecstasy?

ON-SCREEN HELP: Age in years

|_|_|_|

(MIN: 0)

(MAX: 999)

Integer

(Don't know, Refusal not allowed)

XTC_Q15

During the **past 12 months**, have you used or tried ecstasy?

1 Yes

2 No

(Don't know, Refusal not allowed)

XTC_END

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Hallucinogens (HAL)

HAL_BEG

External Variables required:

HAL_Q05

Have you **ever** used or tried hallucinogens?

ON-SCREEN HELP: Hallucinogens are also known as PCP, angel dust, LSD, acid, ayahuasca, magic mushrooms, shrooms, psilocybin, ketamine, mescaline, peyote, 2C or NBOMe.

1 Yes

2 No

(Don't know, Refusal not allowed)

HAL_C10

If HAL_Q05 = 2 or HAL_Q05 = NONRESPONSE, go to HAL_END.
Otherwise, go to HAL_Q10.

HAL_Q10

How old were you when you first tried hallucinogens?

ON-SCREEN HELP: Age in years

|_|_|_|

(MIN: 0)

(MAX: 999)

Integer

(Don't know, Refusal not allowed)

HAL_Q15

During the **past 12 months**, have you used or tried hallucinogens?

1 Yes

2 No

(Don't know, Refusal not allowed)

HAL_END

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Inhalants (GLU)

GLU_BEG	External Variables required:
GLU_Q05	Have you ever sniffed or huffed glue, gasoline or other solvents? 1 Yes 2 No (Don't know, Refusal not allowed)
GLU_C10	If GLU_Q05 = 2 or GLU_Q05 = NONRESPONSE, go to GLU_END. Otherwise, go to GLU_Q10.
GLU_Q10	How old were you when you first tried sniffing or huffing glue, gasoline or other solvents? <u>ON-SCREEN HELP:</u> Age in years _ _ _ (MIN: 0) (MAX: 999) Integer (Don't know, Refusal not allowed)
GLU_Q15	During the past 12 months , have you sniffed or huffed glue, gasoline or other solvents? 1 Yes 2 No (Don't know, Refusal not allowed)
GLU_END	

Heroin (HER)

External Variables required:

Have you **ever** used or tried heroin?

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

If HER_Q05 = 2 or HER_Q05 = NONRESPONSE, go to HER_END.
Otherwise, go to HER_Q10.

How old were you when you first tried heroin?

ON-SCREEN HELP: Age in years

Integer

(Don't know, Refusal not allowed)

During the **past 12 months**, have you used or tried heroin?

1 Yes (Go to HER_Q15B)
2 No
(Don't know, Refusal not allowed)

Was it in the **past 30 days**?

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

This is a hidden related question. Respondents will only see it if they select 1 (yes) in HER Q15A.

How easy would it be for you to get heroin if you wanted some **today**?

ON-SCREEN HELP: Would it be:

1 Very easy
2 Easy
3 Difficult
4 Very difficult
5 Impossible
(Don't know, Refusal not allowed)

HER_END

Spice (SPI)

External Variables required:

Have you **ever** used or tried synthetic cannabinoids?

ON-SCREEN HELP: Synthetic cannabinoids are also known as Spice, K2, science, herbal mixtures or herbal incense.

1 Yes (Go to SPI_Q05B)

2 No

(Don't know, Refusal not allowed)

Was it in the **past 12 months**?

1 Yes

2 No

(Don't know, Refusal not allowed)

This is a hidden related question. Respondents will only see it if they select 1 (yes) in SPI_Q05A.

SPI_END

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	<p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
ODS_Q15	<p>How old were you when you first tried [^ODS_S05/this other drug or substance]?</p> <p><u>ON-SCREEN HELP:</u> Age in years</p> <p> _ _ _ (MIN: 0) (MAX: 999) Integer</p> <p>(Don't know, Refusal not allowed)</p>
ODS_Q20	<p>During the past 12 months, have you used or tried [^ODS_S05/this other drug or substance]?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
ODS_C25	<p>If PR_Q15B = 1 or PR_Q45 = 1 or PR_Q50 = 1 or PR_Q55B = 1 or STI_Q20 = 1 or STI_Q25 = 1 or STI_Q30 = 1 or SED_Q20 = 1 or SED_Q25 = 1 or SED_Q30 = 1 or OTC_Q05 = 1 or CAN_Q20A = 1 or COC_Q15A = 1 or MET_Q15 = 1 or XTC_Q15 = 1 or HAL_Q15 = 1 or GLU_Q15 = 1 or HER_Q15A = 1 or SAL_Q05B = 1 or SPI_Q05B = 1 or MEP_Q05B = 1 or BZP_Q05B = 1 or KRT_Q05B = 1 or ODS_Q20 = 1, go to ODS_R25. Otherwise, go to ODS_END.</p>
Programmer:	<p><i>If PR_Q15B or PR_Q45 or PR_Q50 or PR_Q55B or STI_Q20 or STI_Q25 or STI_Q30 or SED_Q20 or SED_Q25 or SED_Q30 or OTC_Q05 or CAN_Q20A or COC_Q15A or MET_Q15 or XTC_Q15 or HAL_Q15 or GLU_Q15 or HER_Q15A or SAL_Q05B or SPI_Q05B or MEP_Q05B or BZP_Q05B or KRT_Q05B or ODS_Q20 = radio 1 (yes), go to ODS_R25. Otherwise, go to ODS_END.</i></p>
ODS_Q25	<p>The following questions are about any drugs or substances that you have used in the past 12 months. During the past 12 months, have you used a drug or substance to get high without asking or knowing what it was?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
ODS_Q30	<p>During the past 12 months, have you purchased a drug or substance to get high without asking or knowing what it was?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
ODS_Q35	<p>During the past 12 months, have you used a drug or substance to get high that was not what you thought it was?</p>

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

ODS_END

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Injectable drug use (IDU)

IDU_BEG

External Variables required:

PR_Q05:
STI_Q05A:
SED_Q05A:
OTC_Q05:
CAN_Q05A:
COC_Q05:
MET_Q05:
XTC_Q05:
HAL_Q05:
GLU_Q05:
HER_Q05:
SAL_Q05A:
SPI_Q05A:
MEP_Q05A:
BZP_Q05A:
KRT_Q05A:
ODS_Q05:

IDU_C05

If (PR_Q05 = 2 or PR_Q05 = NONRESPONSE) and (STI_Q05A = 2 or STI_Q05A = NONRESPONSE) and (SED_Q05A = 2 or SED_Q05A = NONRESPONSE) and (OTC_Q05 = 2 or OTC_Q05 = NONRESPONSE) and (CAN_Q05A = 2 or CAN_Q05A = NONRESPONSE) and (COC_Q05 = 2 or COC_Q05 = NONRESPONSE) and (MET_Q05 = 2 or MET_Q05 = NONRESPONSE) and (XTC_Q05 = 2 or XTC_Q05 = NONRESPONSE) and (HAL_Q05 = 2 or HAL_Q05 = NONRESPONSE) and (GLU_Q05 = 2 or GLU_Q05 = NONRESPONSE) and (HER_Q05 = 2 or HER_Q05 = NONRESPONSE) and (SAL_Q05A = 2 or SAL_Q05A = NONRESPONSE) and (SPI_Q05A = 2 or SPI_Q05A = NONRESPONSE) and (MEP_Q05A = 2 or MEP_Q05A = NONRESPONSE) and (BZP_Q05A = 2 or BZP_Q05A = NONRESPONSE) and (KRT_Q05A = 2 or KRT_Q05A = NONRESPONSE) and (ODS_Q05 = 2 or ODS_Q05 = NONRESPONSE), go to IDU_END. Otherwise, go to IDU_Q05A.

Programmer:

Entry logic:
If PR_Q05 and STI_Q05A and SED_Q05A and OTC_Q05 and CAN_Q05A and COC_Q05 and MET_Q05 and XTC_Q05 and HAL_Q05 and GLU_Q05 and HER_Q05 and SAL_Q05A and SPI_Q05A and MEP_Q05A and BZP_Q05A and KRT_Q05A = radio 2 (no) or NR and ODS_Q05 = radio 2 (no) or NR (respondent has never done any drugs), go to IDU_END.
Otherwise, go to IDU_Q05A.

IDU_Q05A

The following questions are about injectable drug use.

Include being injected by someone else.

Exclude:

- instances where you have injected someone else with a drug or drugs
- any drug that was prescribed for you to inject or received at the hospital.

Have you ever injected any drug?

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	1 Yes 2 No (Don't know, Refusal not allowed)	(Go to IDU_Q05B)
IDU_Q05B	Have you done it more than once? 1 Yes 2 No (Don't know, Refusal not allowed)	
Programmer:	<i>This is a hidden related question. Respondents will only see this question if they select 1 (yes) in IDU_Q05A.</i>	
IDU_C10	If IDU_Q05A = 2 or IDU_Q05A = NONRESPONSE, go to IDU_END. Otherwise, go to IDU_Q10.	
IDU_Q10	How old were you when you first started injecting drugs? <u>ON-SCREEN HELP:</u> Age in years _ _ _ (MIN: 0) (MAX: 999) Integer (Don't know, Refusal not allowed)	
IDU_Q15	During the past 12 months , have you injected any drug? 1 Yes 2 No (Don't know, Refusal not allowed)	
IDU_END		

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Effects of drug use (DHA)

DHA_BEG

External Variables required:

PR_Q15B:
PR_Q45:
PR_Q50:
PR_Q55B:
STI_Q20:
STI_Q25:
STI_Q30:
SED_Q20:
SED_Q25:
SED_Q30:
OTC_Q05:
CAN_Q20A:
COC_Q15A:
MET_Q15:
XTC_Q15:
HAL_Q15:
GLU_Q15:
HER_Q15A:
SAL_Q05B:
SPI_Q05B:
MEP_Q05B:
BZP_Q05B:
KRT_Q05B:
ODS_Q20:

DHA_C05

If PR_Q15B = 1 or PR_Q45 = 1 or PR_Q50 = 1 or PR_Q55B = 1 or STI_Q20 = 1 or STI_Q25 = 1 or STI_Q30 = 1 or SED_Q20 = 1 or SED_Q25 = 1 or SED_Q30 = 1 or OTC_Q05 = 1 or CAN_Q20A = 1 or COC_Q15A = 1 or MET_Q15 = 1 or XTC_Q15 = 1 or HAL_Q15 = 1 or GLU_Q15 = 1 or HER_Q15A = 1 or SAL_Q05B = 1 or SPI_Q05B = 1 or MEP_Q05B = 1 or BZP_Q05B = 1 or KRT_Q05B = 1 or ODS_Q20 = 1, go to DHA_R05.
Otherwise, go to DHA_END.

Programmer:

If PR_Q15B or PR_Q45 or PR_Q50 or PR_Q55B or STI_Q20 or STI_Q25 or STI_Q30 or SED_Q20 or SED_Q25 or SED_Q30 or OTC_Q05 or CAN_Q20A or COC_Q15A or MET_Q15 or XTC_Q15 or HAL_Q15 or GLU_Q15 or HER_Q15A or SAL_Q05B or SPI_Q05B or MEP_Q05B or BZP_Q05B or KRT_Q05B or ODS_Q20 = radio 1 (yes), go to ODS_R25. Otherwise, go to ODS_END.

DHA_R05

The following questions are about experiences you may have had as a result of **your** drug use.

Include cannabis use.

Exclude alcohol use.

DHA_Q05A

During the past 12 months, was there a time that you felt your drug use had a harmful effect on any of the following?
Your friendships or social life

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	1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q05B	During the past 12 months, was there a time that you felt your drug use had a harmful effect on any of the following? Your physical health 1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q05C	During the past 12 months, was there a time that you felt your drug use had a harmful effect on any of the following? Your mental health 1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q05D	During the past 12 months, was there a time that you felt your drug use had a harmful effect on any of the following? Your home life, family or relationship 1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q05E	During the past 12 months, was there a time that you felt your drug use had a harmful effect on any of the following? Your work, studies, or employment opportunities 1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q05F	During the past 12 months, was there a time that you felt your drug use had a harmful effect on any of the following? Your financial position 1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q10A	During the past 12 months, was there a time when you had any of the following problems because of your drug use? Legal problems 1 Yes 2 No (Don't know, Refusal not allowed)
DHA_Q10B	During the past 12 months, was there a time when you had any of the following problems because of your drug use? Housing problems

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

DHA_Q10C

During the past 12 months, was there a time when you had any of the following problems because of your drug use?
Learning difficulties

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

DHA_END

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Overdose (OD)

OD_BEG

External Variables required:

PR_Q05:
STI_Q05A:
SED_Q05A:
OTC_Q05:
CAN_Q05A:
COC_Q05:
MET_Q05:
XTC_Q05:
HAL_Q05:
GLU_Q05:
HER_Q05:
SAL_Q05A:
SPI_Q05A:
MEP_Q05A:
BZP_Q05A:
KRT_Q05A:
ODS_Q05:

OD_R05

The following questions are about **overdose**.

For the purpose of this survey, "overdose" means that someone collapses, has blue skin colour, convulsions, difficulty breathing, loses consciousness, can not be woken up, has a heart attack or dies **while using drugs**.

Exclude alcohol poisoning or excess drinking.

OD_C05

If (PR_Q05 = 2 or PR_Q05 = NONRESPONSE) and (STI_Q05A = 2 or STI_Q05A = NONRESPONSE) and (SED_Q05A = 2 or SED_Q05A = NONRESPONSE) and (OTC_Q05 = 2 or OTC_Q05 = NONRESPONSE) and (CAN_Q05A = 2 or CAN_Q05A = NONRESPONSE) and (COC_Q05 = 2 or COC_Q05 = NONRESPONSE) and (MET_Q05 = 2 or MET_Q05 = NONRESPONSE) and (XTC_Q05 = 2 or XTC_Q05 = NONRESPONSE) and (HAL_Q05 = 2 or HAL_Q05 = NONRESPONSE) and (GLU_Q05 = 2 or GLU_Q05 = NONRESPONSE) and (HER_Q05 = 2 or HER_Q05 = NONRESPONSE) and (SAL_Q05A = 2 or SAL_Q05A = NONRESPONSE) and (SPI_Q05A = 2 or SPI_Q05A = NONRESPONSE) and (MEP_Q05A = 2 or MEP_Q05A = NONRESPONSE) and (BZP_Q05A = 2 or BZP_Q05A = NONRESPONSE) and (KRT_Q05A = 2 or KRT_Q05A = NONRESPONSE) and (ODS_Q05 = 2 or ODS_Q05 = NONRESPONSE), go to OD_Q15. Otherwise, go to OD_Q05.

Programmer:

If PR_Q05 and STI_Q05A and SED_Q05A and OTC_Q05 and CAN_Q05A and COC_Q05 and MET_Q05 and XTC_Q05 and HAL_Q05 and GLU_Q05 and HER_Q05 and SAL_Q05A and SPI_Q05A and MEP_Q05A and BZP_Q05A and KRT_Q05A = radio 2 (no) or NR and ODS_Q05 = radio 2 (no) or NR (respondent has never done any drugs), go to OD_Q15. Otherwise, go to OD_Q05.

OD_Q05

Have you **ever** overdosed?

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	1 Yes 2 No (Don't know, Refusal not allowed)
OD_C10	If OD_Q05 = 2 or OD_Q05 = NONRESPONSE, go to OD_Q15. Otherwise, go to OD_Q10.
OD_Q10	<p>The last time it happened, did someone take any of the following actions to assist you?</p> <p><u>ON-SCREEN HELP:</u> Select all that apply.</p> <p>Did the person:</p> <p>1 Call for an ambulance or bring you to the hospital 2 Place you in rescue position Help text: i.e., place you on your side to avoid choking 3 Perform rescue breathing, heart massage or cardiopulmonary resuscitation (CPR) on you 4 Administer naloxone to you Help text: i.e., a drug used to treat opioid overdose 5 Provide you with another kind of assistance not already mentioned 6 You did not receive assistance 7 Don't know (Don't know, Refusal not allowed)</p>
Programmer:	<i>Please note, answer category 6 (you did not receive assistance) AND 7 (don't know) are mutually exclusive.</i>
OD_Q15	<p>Have you ever seen someone have a drug overdose?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
OD_Q20	<p>In the past 12 months, have you obtained a naloxone kit?</p> <p><u>ON-SCREEN HELP:</u> Exclude if obtained for work purposes.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
OD_C25	If OD_Q20 = 2 or OD_Q20 = NONRESPONSE, go to OD_END. Otherwise, go to OD_Q25.

What is the **main reason** you obtained a naloxone kit?

(Go to OD_S25)

Go to OD_END

Specify other main reason

(Don't know, Refusal not allowed)

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Treatment (TT)

TT_BEG

External Variables required:

ALC_Q05:
PR_Q05:
STI_Q05A:
SED_Q05A:
OTC_Q05:
CAN_Q05A:
COC_Q05:
MET_Q05:
XTC_Q05:
HAL_Q05:
GLU_Q05:
HER_Q05:
SAL_Q05A:
SPI_Q05A:
MEP_Q05A:
BZP_Q05A:
KRT_Q05A:
ODS_Q05:

TT_C05

If (ALC_Q05 = 2 or ALC_Q05 = NONRESPONSE) and (PR_Q05 = 2 or PR_Q05 = NONRESPONSE) and (STI_Q05A = 2 or STI_Q05A = NONRESPONSE) and (SED_Q05A = 2 or SED_Q05A = NONRESPONSE) and (OTC_Q05 = 2 or OTC_Q05 = NONRESPONSE) and (CAN_Q05A = 2 or CAN_Q05A = NONRESPONSE) and (COC_Q05 = 2 or COC_Q05 = NONRESPONSE) and (MET_Q05 = 2 or MET_Q05 = NONRESPONSE) and (XTC_Q05 = 2 or XTC_Q05 = NONRESPONSE) and (HAL_Q05 = 2 or HAL_Q05 = NONRESPONSE) and (GLU_Q05 = 2 or GLU_Q05 = NONRESPONSE) and (HER_Q05 = 2 or HER_Q05 = NONRESPONSE) and (SAL_Q05A = 2 or SAL_Q05A = NONRESPONSE) and (SPI_Q05A = 2 or SPI_Q05A = NONRESPONSE) and (MEP_Q05A = 2 or MEP_Q05A = NONRESPONSE) and (BZP_Q05A = 2 or BZP_Q05A = NONRESPONSE) and (KRT_Q05A = 2 or KRT_Q05A = NONRESPONSE) and (ODS_Q05 = 2 or ODS_Q05 = NONRESPONSE), go to TT_END.
Otherwise, go to TT_R05.

Programmer:

Entry logic: If ALC_Q05 and PR_Q05 and STI_Q05A and SED_Q05A and OTC_Q05 and CAN_Q05A and COC_Q05 and MET_Q05 and XTC_Q05 and HAL_Q05 and GLU_Q05 and HER_Q05 and SAL_Q05A and SPI_Q05A and MEP_Q05A and BZP_Q05A and KRT_Q05A = radio 2 (no) or NR and ODS_Q05 = radio 2 (no) or NR (respondent has never done any drugs), go to TT_END. Otherwise, go to TT_R05.

TT_R05

The following questions are about professional help, such as treatment or counselling, that you might have received for reasons related to your alcohol or drug use.

Include any treatment or counselling given by doctors, counsellors, social workers or other health professionals.

Exclude self-help support groups such as Alcoholics Anonymous (AA).

TT_Q05

Have you **ever felt that you needed** professional help for **your** alcohol or drug use?

TT_Q10A Have you **ever sought** professional help for **your** alcohol or drug use?

TT Q10B Was it in the **past 12 months**?

Programmer: *This question is a hidden related question and is only seen if the respondent answers 1 (yes) to TT_Q10A*

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

ON-SCREEN HELP: "Received professional help" means starting a professional treatment or counselling plan, no matter the length or how many sessions you actually attended.

Exclude:

- 1 Yes (Go to TT_Q25B)
2 No
(Don't know, Refusal not allowed)

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ON-SCREEN HELP: Number of times

|_|_|
(MIN: 0)
(MAX: 99)
Integer

(Don't know, Refusal not allowed)

Programmer:

This is a hidden related question. It is only seen if the respondent selects 1 (yes) to TT_Q25A

TT_C30A

If (TT_Q05 = 1 or TT_Q10A = 1 or TT_Q20 = 1) and TT_Q25A = 2, go to TT_Q60A.
Otherwise, go to TT_C30B.

TT_C30B

If TT_Q25A = 1, go to TT_Q30.
Otherwise, go to TT_END.

TT_Q30

During the **past 12 months**, have you **received** professional help for **your** alcohol or drug use?

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

TT_C35

If TT_Q30 = 2, go to TT_END.
Otherwise, go to TT_Q35.

TT_Q35

During the past 12 months, for which **issue** did you receive professional help?

ON-SCREEN HELP: Was it:

1 For an alcohol issue only
2 For a drug issue only
3 For both alcohol and
 drug issues
(Don't know, Refusal not allowed)

TT_Q40

During the past 12 months, when you received professional help for your [alcohol issue/drug issue/alcohol and drug issues/alcohol or drug issue], was it as an inpatient, an outpatient or both?

1 An inpatient
Help text: **i.e.**, stayed overnight
2 An outpatient
Help text: **i.e.**, did not stay
 overnight
3 Both
(Don't know, Refusal not allowed)

TT_Q45A

For the treatment you received in the past 12 months, how long did you have to wait to begin treatment or receive professional help?
Number of days, weeks, months or years

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

(Don't know, Refusal not allowed)

TT_Q45B

For the treatment you received in the past 12 months, how long did you have to wait to begin treatment or receive professional help?
Unit of time (days, weeks, months or years)

- 1 Days
- 2 Weeks
- 3 Months
- 4 Years

(Don't know, Refusal not allowed)

TT_Q50

How helpful was the treatment or professional help that you received in the past 12 months?

ON-SCREEN HELP: Would you say:

- 1 Very helpful
- 2 Somewhat helpful
- 3 Somewhat unhelpful
- 4 Not at all helpful

(Don't know, Refusal not allowed)

TT_C55

If TT_Q50 = 1 or TT_Q50 = 2 or TT_Q50 = NONRESPONSE, go to TT_END.
Otherwise, go to TT_Q55.

TT_Q55

What was the **main reason** why the treatment or professional help was not helpful?

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ON-SCREEN HELP: Was it:

01 Because you were not
able to attend the sessions
regularly

Help text: **e.g.**, transportation was
difficult, family obligations

02 Because you were too
busy

03 Because you did not
want to change your habits

Help text: **e.g.**, not fully
committed, lack of will power or
self-discipline

04 Because the treatment
was not long enough, you would
have needed more sessions

05 Because you could not
afford to continue the treatment

Help text: **e.g.**, too costly,
financial constraints

06 Because you did not
believe it was important or that
you needed it

07 Because you did not trust
or connect with the counselor or
health professional providing
treatment

08 Other (Go to TT_S55)
(Don't know, Refusal not allowed)

Null go to TT_R60

Go to TT_R60

TT_S55

ON-SCREEN HELP: Specify.

(80 spaces)

(Don't know, Refusal not allowed)

TT_Q60A

Each of the following statements describes potential obstacles to
receiving professional help for your alcohol or drug use.

Indicate to what extent you agree or disagree with each of the
following statements.

The waiting list was too long

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- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- (Don't know, Refusal not allowed)

TT_Q60B

Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.

Indicate to what extent you agree or disagree with each of the following statements.

The type of treatment desired was not available

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- (Don't know, Refusal not allowed)

TT_Q60C

Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.

Indicate to what extent you agree or disagree with each of the following statements.

The treatment was not covered by insurance

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- (Don't know, Refusal not allowed)

TT_Q60D

Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.

Indicate to what extent you agree or disagree with each of the following statements.

Transportation was difficult

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- (Don't know, Refusal not allowed)

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TT_Q60E	<p>Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.</p> <p>Indicate to what extent you agree or disagree with each of the following statements. You had personal or family responsibilities</p> <p>1 Strongly agree 2 Agree 3 Neither agree nor disagree 4 Disagree 5 Strongly disagree (Don't know, Refusal not allowed)</p>
TT_Q60F	<p>Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.</p> <p>Indicate to what extent you agree or disagree with each of the following statements. You were too busy</p> <p>1 Strongly agree 2 Agree 3 Neither agree nor disagree 4 Disagree 5 Strongly disagree (Don't know, Refusal not allowed)</p>
TT_Q60G	<p>Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.</p> <p>Indicate to what extent you agree or disagree with each of the following statements. You felt you did not need treatment</p> <p>1 Strongly agree 2 Agree 3 Neither agree nor disagree 4 Disagree 5 Strongly disagree (Don't know, Refusal not allowed)</p>
TT_Q60H	<p>Each of the following statements describes potential obstacles to receiving professional help for your alcohol or drug use.</p> <p>Indicate to what extent you agree or disagree with each of the following statements. You had language or cultural difficulties</p>

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- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- (Don't know, Refusal not allowed)

TT_END

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Cigarette, e-cigarettes or vaping devices use (SS)

SS_BEG	External Variables required:
SS_R05	<p>The following questions are about your cigarette smoking.</p> <p>Include cigarettes that are bought ready-made as well as cigarettes that you make yourself.</p> <p>Exclude e-cigarettes, vaping devices and other tobacco products.</p>
SS_Q05	<p>Have you smoked at least 100 cigarettes in your life?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
SS_Q10	<p>At the present time, do you smoke cigarettes daily, occasionally or not at all?</p> <p>1 Daily 2 Occasionally 3 Not at all (Don't know, Refusal not allowed)</p>
SS_C15	<p>If SS_Q10 = 1, go to SS_Q20. Otherwise, go to SS_Q15.</p>
SS_Q15	<p>During the past 30 days, did you smoke any cigarettes?</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
SS_Q20	<p>Have you ever used or tried an e-cigarette or vaping device?</p> <p><u>ON-SCREEN HELP</u>: Exclude devices containing cannabis.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
SS_C25	<p>If SS_Q20 = 2 or SS_Q20 = NONRESPONSE, go to SS_END. Otherwise, go to SS_Q25.</p>
SS_Q25	<p>In the past 30 days, did you use an e-cigarette or vaping device every day?</p> <p><u>ON-SCREEN HELP</u>: Exclude devices containing cannabis.</p> <p>1 Yes 2 No (Don't know, Refusal not allowed)</p>
SS_END	

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Demographics (DEM)

DEM_BEG	External Variables required:
DEM_R05	The following questions ask for general information about you and your household that will be used to better understand the survey results.
DEM_Q05	<p>What is your marital status?</p> <p><u>ON-SCREEN HELP</u>: Is it:</p> <p>1 Married</p> <p>2 Living common-law</p> <p>Help text: Two people who live together as a couple but who are not legally married to each other.</p> <p>3 Never married (not living common law)</p> <p>4 Separated (not living common law)</p> <p>5 Divorced (not living common law)</p> <p>6 Widowed (not living common law)</p> <p>(Don't know, Refusal not allowed)</p>
DEM_Q10	<p>What is your sexual orientation?</p> <p>1 Heterosexual</p> <p>2 Homosexual</p> <p>3 Bisexual</p> <p>4 Or please specify (Go to DEM_S10)</p> <p>(Don't know, Refusal not allowed)</p> <p>Null go to DEM_Q15</p> <p>Go to DEM_Q15</p>
DEM_S10	<p>Specify your sexual orientation</p> <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
DEM_Q15	<p>Are you an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?</p>

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ON-SCREEN HELP: **Note:** First Nations (North American Indian) includes Status and Non-Status Indians.

Would you say:

- 1 No, not an aboriginal person
- 2 Yes, First Nations (North American Indian)
- 3 Yes, Métis
- 4 Yes, Inuk (Inuit)
- (Don't know, Refusal not allowed)

Programmer: Answer category 1 (No, not an Aboriginal person) is mutually exclusive.

DEM_Q20 What is **the highest** certificate, diploma or degree that you have completed?

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
- 3 Trade certificate or diploma
- 4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma, degree above the bachelor's level
- (Don't know, Refusal not allowed)

DEM_Q25 Are you **currently** attending a school, college, CEGEP or university?

ON-SCREEN HELP: Report only attendance for courses that can be used as credits towards a certificate, diploma or degree. Distance learning for credit is included.

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

DEM_C27 If DEM_Q25 = 2, go to DEM_Q30.
Otherwise, go to DEM_Q27.

DEM_Q27 What type of educational institution are you attending?

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ON-SCREEN HELP: Select all that apply.

- 1 Elementary, junior high school or high school
 - 2 Trade school, college, CEGEP or other non-university institution
 - 3 University
- (Don't know, Refusal not allowed)

DEM_R30 Many of the following questions concern your activities last week.

Last week is from Sunday to Saturday.

DEM_Q30 Last week, did you work at a job or business?

ON-SCREEN HELP: Select 'Yes' if you worked at least one hour:

- for pay (wages, salary, etc.)
- in self-employment.

Select 'No' if you:

- were away from work for the entire week for a reason such as vacation, illness, work schedule or layoff
- did not have a job or business.

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

DEM_C35 If DEM_Q30 = 2, go to DEM_Q35.
Otherwise, go to DEM_Q45.

DEM_Q35 Last week, did you have a job or business from which you were absent?

ON-SCREEN HELP: Select 'Yes' if you:

- were away from work for the entire week for a reason such as vacation, illness, parental leave or work schedule
- were self-employed with a business, but no work was available.

Select 'No' if you:

- did not have a job or business
- had a casual job, but no work was available.

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

DEM_C40 If DEM_Q35 = 1, go to DEM_Q40.
Otherwise, go to DEM_Q45.

DEM_Q40 What was the main reason you were absent from work last week?

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ON-SCREEN HELP: Select 'Employee' if you worked:

- for pay (wages, salary, tips or commissions)

Select 'Self-employed' if you worked:

- for your own business, farm or professional practice
- as an independent contractor, painter, babysitter, etc.

1 Employee
2 Self-employed
3 Working in a family
business without pay
(Don't know, Refusal not allowed)

DEM_R47 The next question is about total **household** income.

DEM_Q47 What is your best estimate of your total household income received by all household members, from all sources, before taxes and deductions, during the year ending December 31, ^REFYEAR?

ON-SCREEN HELP: Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, social assistance, child benefits and other income such as child support, spousal support (alimony) and rental income.

Capital gains **should not** be included in the household income.

Rounded to the nearest **CAN\$**

|_|_|_|_|_|_|_|_|_|
(MIN: -99,999,999)
(MAX: 99,999,999)
Integer

(Don't know, Refusal not allowed)

DEM_C50 If DEM_Q47 = NONRESPONSE, go to DEM_Q50A.
Otherwise, go to DEM_END.

DEM_Q50A In which of the following groups did your total household income fall for the year ending December 31, 2018?

ON-SCREEN HELP: Was it:

1 Less than \$50,000, (Go to DEM_Q50B)
including income loss
2 \$50,000 or more (Go to DEM_Q50C)
(Don't know, Refusal not allowed)

Null go to DEM_END

Go to DEM_END

DEM_Q50B Was it:

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- 1 Less than \$5,000
- 2 \$5,000 to less than \$10,000
- 3 \$10,000 to less than \$15,000
- 4 \$15,000 to less than \$20,000
- 5 \$20,000 to less than \$30,000
- 6 \$30,000 to less than \$40,000
- 7 \$40,000 to less than \$50,000
- (Don't know, Refusal not allowed)

Null go to DEM_END

Go to DEM_END

Programmer:

This is a hidden related question. Respondents only see it if they selected 1 (less than \$50,000) to DEM_Q50A

DEM_Q50C

Was it:

- 1 \$50,000 to less than \$60,000
- 2 \$60,000 to less than \$70,000
- 3 \$70,000 to less than \$80,000
- 4 \$80,000 to less than \$90,000
- 5 \$90,000 to less than \$100,000
- 6 \$100,000 to less than \$150,000
- 7 \$150,000 and over
- (Don't know, Refusal not allowed)

Null go to DEM_END

Go to DEM_END

Programmer:

This is a hidden related question. Respondents only see it if they selected 2 (\$50,000 or more) to DEM_Q50A

DEM_END

Out of Scope (OOS)

OOS_BEG

External Variables required:

OOS_END

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