

# CITF Core Data Elements: Background (health and demographics)

Adult participants, Version 2.3, March 2022 (minor update of August 3, 2021)

Funding initiative(s): 1-4

This document describes the CITF core data elements (CDE) about adult participants' background (demographics and general health) that are collected by CITF-funded projects.

Instructions for the investigator and questionnaire designer:

The questions and responses are based on national surveys and the CDE for other CITF-funded projects. Please keep the wording of your questions as close as possible to the wording in this document to facilitate harmonization of your results with those from other CITF-funded projects. If there are questions you cannot ask of your participants, or if you must alter the wording, please discuss the changes with the CITF Data Management unit. The question number only serves as a reference within this document and may change across versions; see the most recent CITF data schema for equivalent variables across versions and suggested variable names.

Items in red are intended for the interviewer or study personnel.

Phrases in {{curly brackets}} could be replaced with data from previous questions or visits (such as last interview date) when using questionnaire software such as REDCap.

Baseline visit (or repeat cross-sectional samples)

#### **Demographics**

#	Demographics
00	Participant unique identifier: see "CITF Data Transfer
	Procedure" for guidance
01.a	Date of interview
01.b	Was the survey completed by proxy?
	NO
	If YES, change question wording as needed (e.g. "the study participant" instead of "you").

#	Demographics
01.c	Is the study participant living in a collective dwelling such as a long-term care home, dorm, or correctional facility?
	NO
01.d	Has the study participant lived in a collective dwelling since March 2020?
	NO
02.	What is your age?
	YEARS MONTHS
03.	What was your assigned sex at birth?  MALE
04.	What is your sex now?  MALE
05.	What is your gender? (How do you currently self-identify)?  MAN

#	Demographics
06.	Are you an Indigenous person originating from North America?
	NO
07.	Which of the following groups do you belong to? [SELECT ALL THAT APPLY]
	FIRST NATIONS
08.	Do you currently live on reserve?
	YES [ON-RESERVE]01 NO [OFF-RESERVE]02 PREFER NOT TO ANSWER99
09.	How would you describe your ethnicity or race?  [SELECT ALL THAT APPLY]  If you are an Indigenous person and answered YES to question 6, select any other that apply.  WHITE

#	Demographics
10.	What is the highest level of education you have completed?
	LESS THAN HIGH SCHOOL GRADUATION01
	HIGH SCHOOL GRADUATION
	OR APPRENTICESHIP TRAINING
	NON-UNIVERSITY CERTIFICATE OR DIPLOMA
	FROM A COMMUNITY COLLEGE, CEGEP04
	UNIVERSITY BACHELOR'S DEGREE05
	UNIVERSITY GRADUATE DEGREE (SUCH AS
	A MASTERS OR DOCTORATE)06
	PREFER NOT TO ANSWER99
11.	What are the first three digits of your postal code?
,	mas are one relationally argues of your postar coas.
	PREFER NOT TO ANSWER99
	FREEER NOT TO ANSWER
	If FSA is collected, 11.b-c can be derived in data cleaning.
	If REB does not allow FSA to be collected, please collect
	11.b-c.
11.b.	Province or territory
1.1	DERIVED from Q11 or entered by investigator
11.c.	Urban (00) or rural (01) (Canada Post definition: rural if second FSA character = 0, except H0)
	DERIVED from Q11 or entered by investigator
12.	How many people live in your household, including yourself?
	now many people in the in the management, including tourself.
	NUMBER
	PREFER NOT TO ANSWER99
	PREFER NOT TO ANSWER99
13.	How many bedrooms are in your household?
	NUMBER
	PREFER NOT TO ANSWER99
14.	How many bathrooms are in your household?
	NUMBER
	PREFER NOT TO ANSWER99

#	Demographics
15.*	a. Do you do either paid or unpaid work in an environment where you work in close proximity to other people?
	NO
	b. If yes, have you been working in any of the following occupations or worksites between MARCH 2020 and now? [SELECT ALL THAT APPLY]
	HOSPITAL OR HEALTH CARE FACILITY a FIRST RESPONDER (PARAMEDIC / FIREFIGHTER / POLICE OFFICER) b CHILDCARE WORKER c CORRECTIONAL OFFICER d TEACHER OR OTHER SCHOOL STAFF e TRANSIT DRIVER f FOOD SERVICE INDUSTRY g GROCERY STORE h PHARMACY i HAIRDRESSER OR BARBER j AESTHETICIAN k FLIGHT ATTENDANT 1 FACTORY WORKER n OTHER n
	(SPECIFY) PREFER NOT TO ANSWER

<sup>\*</sup> Originally, question 15 was number 24 and it was grouped with COVID-19 exposures. As the CITF CDE have been adapted to the evolving pandemic, this occupation question has been retained and grouped with the 'demographics' questions.

### Health and health behaviours

Q #	Health
26.	Do you currently smoke tobacco?
	NO
27.	How often do you smoke tobacco?  LESS THAN DAILY01  DAILY02



Q #	Health					
28.	Do you currently use e-cigarette	s (vape	;)?			
	NO	_				
29.	How often do you use e-cigarette	s (vape	;)?			
	LESS THAN DAILY	2				1
30.	Have you been diagnosed by a phy	_	with a	any of	the	
	following chronic medical condi-	tions?				
	[SELECT ALL THAT APPLY]		ı		ı	
		YES	NO	DK	PNA	
	a. Hypertension	01	0.0	98	99	
	b. Diabetes	01	0.0	98	99	
	c. Asthma	01	00	98	99	
	d. Chronic Lung Disease	01	00	98	99	
	e. Chronic Heart Disease	01	00	98	99	
	f. Chronic Kidney Disease	01	00	98	99	
	g. Liver Disease	01	0.0	98	99	
	h. Cancer	01	0.0	98	99	
	i. Chronic Blood Disorder	01	0.0	98	99	
	j. Immune Suppressed	01	0.0	98	99	
	k. Chronic Neurological	01	0.0	98	99	
	Disorder					
	1. Other	01	0.0			
	(specify)					
31.	What is your current weight?  kg [OR] lbs [CHOOSE UNITS]  PREFER NOT TO ANSWER99					
32.	What is your current height?					
	m [OR] ft _ PREFER NOT TO ANSWER		in			



Q #	Health
33.	Do you have a family physician or primary care provider?
	NO
	YES
	DON'T KNOW 98
	PREFER NOT TO ANSWER 99
34.	Do you usually get a flu shot?
	NO 00
	YES 01
	PREFER NOT TO ANSWER 99



# Follow-up visits (on same participants seen at baseline visit)

Experience has shown that repeating baseline questions, even those that are unlikely to change, is an opportunity to improve data quality; for example, it may collect information that was missed at baseline or changed form from an early version of the questionnaire.

However, if a shortened follow-up survey is *required*, the following changes may have little impact on data harmonization across centralized CITF-supported studies.

- Omit questions 2-8, and 32. In a short timeframe, sex, gender, and race/ethnicity responses, and height, in adults, are unlikely to change. Age can be derived from baseline age and interview dates.
- Preface questions 11-14 with the following screening question and omit questions 11-14 if the response is 'NO'.

#### **Demographics**

#	Demographics, follow-up visits
00	Participant unique identifier (same as baseline)
01.a	Date of interview
01.b	Was the survey completed by proxy?  NO
01.c	Is the study participant living in a collective dwelling such as a long-term care home, dorm, or correctional facility?  NO

#	Demographics, follow-up visits
01.d	Has the study participant lived in a collective dwelling
	since the last interview on {{last interview date}}?
	NO00
	YES01
	DON'T KNOW98
	PREFER NOT TO ANSWER99
02.	What is your age?
	YEARS MONTHS
03.	What was your assigned sex at birth?
	MALE01
	FEMALE02
	PREFER TO SELF-DESCRIBE03
	SPECIFY:
	PREFER NOT TO ANSWER99
04.	What is your sex now?
	MALE01
	FEMALE02
	PREFER TO SELF-DESCRIBE03
	SPECIFY:
	PREFER NOT TO ANSWER99
05.	What is your gender? (How do you currently self-identify)?
	MAN01
	WOMAN
	NON-BINARY, GENDERQUEER,
	AGENDER OR A SIMILAR IDENTITY03
	TWO-SPIRIT04
	PREFER TO SELF-DESCRIBE05 SPECIFY:
	PREFER NOT TO ANSWER99
	TREE NOT TO TRIONER
06.	Are you an Indigenous person originating from North America?
	NO 00> Q9
	YES01
	PREFER NOT TO ANSWER99
	· · · · · · · · · · · · · · · · · · ·

#	Demographics, follow-up visits
07.	Which of the following groups do you belong to? [SELECT ALL THAT APPLY]
	FIRST NATIONS
09.	How would you describe your ethnicity or race?  [SELECT ALL THAT APPLY]  If you are an Indigenous person and answered YES to question 6, select any other that apply.  WHITE
10.	What is the highest level of education you have completed?  LESS THAN HIGH SCHOOL GRADUATION

#	Demographics, follow-up visits
11.8	<pre>If Q7 response = FIRST NATIONS (01): Do you currently live on reserve?</pre>
	YES [ON-RESERVE]
	* Data on both First Nations identity and FSA will not be provided in data access requests without proper community engagement (see CITF Data Governance Framework section ).
11.a	What are the first three digits of your postal code?
	PREFER NOT TO ANSWER99
	If FSA is collected, 11.b-c can be derived in data cleaning. If REB does not allow FSA to be collected, please collect 11.b-c.
11.b.	Province or territory DERIVED from Q11 or collected
11.c.	Urban (00) or rural (01) (Canada Post definition: rural if second FSA character = 0, except H0) DERIVED from Q11 or collected
12.	At present, how many people live in your household, including yourself?
	NUMBER
	PREFER NOT TO ANSWER99
13.	How many bedrooms are in your household?
	NUMBER
	PREFER NOT TO ANSWER99
14.	How many bathrooms are in your household?
	NUMBER
	PREFER NOT TO ANSWER99

#	Demographics, follow-up visits
15.	Since your last interview on {{last interview date}}:
	a. Do you do paid or unpaid work in an environment where you work in close proximity to other people?
	NO
	<pre>b. If yes: Have you been working in any of the following occupations or worksites? [SELECT ALL THAT APPLY]</pre>
	HOSPITAL OR HEALTH CARE FACILITY a  FIRST RESPONDER (PARAMEDIC / FIREFIGHTER / POLICE OFFICER) b  CHILDCARE WORKER c  CORRECTIONAL OFFICER d  TEACHER OR OTHER SCHOOL STAFF e  TRANSIT DRIVER f  FOOD SERVICE INDUSTRY g  GROCERY STORE h  PHARMACY i  HAIRDRESSER OR BARBER j  AESTHETICIAN k  FLIGHT ATTENDANT 1  FACTORY WORKER m  OTHER n  (SPECIFY) PREFER NOT TO ANSWER 99

### **Health and health behaviours**

Q #	Health
26.	Do you currently smoke tobacco?
	NO
27.	How often do you smoke tobacco?  LESS THAN DAILY01  DAILY02





Q #	Health						
28.	Do you currently use e-cigarettes (vape)?						
	NO 00> Q20						
	YES01						
	PREFER NOT TO ANSWER99						
29.	How often do you use e-cigarette	g (wano	1.2				
23.	low often do you use e engareete	s (vapc	. , •				
	LESS THAN DAILY0	1					
	DAILY0	2					
30.	Have you been diagnosed by a physician with any of the						
	following chronic medical conditions?						
	[SELECT ALL THAT APPLY]						
		YES	NO	DK	PNA		
	a. Hypertension	01	00	98	99		
	b. Diabetes	01	00	98	99		
	c. Asthma	01	00	98	99		
	d. Chronic Lung Disease	01	00	98	99		
	e. Chronic Heart Disease	01	00	98	99		
	f. Chronic Kidney Disease	01	00	98	99		
	g. Liver Disease	01	00	98	99		
	h. Cancer	01	00	98	99		
	i. Chronic Blood Disorder	01	00	98	99		
	j. Immune Suppressed	01	00	98	99		
	k. Chronic Neurological	01	00	98	99		
	Disorder	0.1	0.0				
	1. Other	01	00				
0.1	(specify)						
31.	What is your current weight?						
	1 [OD] 11						
	Mg [OR] lbs [CHOOSE UNITS]						
	[CHOOSE ONITS]						
	PREFER NOT TO ANSWER99						
	INDIENT NOT TO ANSWER						
32.	What is your current height?						
	. m [OR] ft		in				
	PREFER NOT TO ANSWER99						



## **CORE DATA ELEMENTS**

Adults, Background, version 2

Q #	Health
33.	Do you have a family physician or primary care provider?
	NO       00         YES       01         DON'T KNOW       98         PREFER NOT TO ANSWER       99
34.	NO