

# Survey of Chronic and Minor Ailment Sufferers

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PREPARED FOR: CONSUMER HEALTH PRODUCTS CANADA

Redfern Research  
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# 1 EXECUTIVE SUMMARY

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*This executive summary provides an overview of the results of a survey conducted with 1,609 Canadians who suffer from arthritis, minor acne or allergic rhinitis. The survey was conducted in early 2014.*

## 1.1 Overall Summary

Currently, chronic and minor ailment sufferers rely on a range of information sources and therapies to treat their symptoms, but the large majority practice self-care based on their experience or advice they have received in the past. Few visit a doctor or consult a pharmacist. If pharmacists were able to conduct full assessments and prescribe medications, however, many Canadians would take advantage of this service and the vast majority of those patients - approximately 90 percent - would be people who previously practiced self-care.

## 1.2 Detailed Summary

### Sources of Information and Advice

Through experience with their minor ailment, roughly one-half of all respondents have turned at some point to their friends and family or the Internet for advice. Allergic rhinitis sufferers and arthritis sufferers are even more likely to consult a pharmacist or physician, but minor acne sufferers do not usually seek advice there.

Arthritis sufferers are not only more likely than others to consult a physician, they also do so more often. Over two-thirds (68%) of arthritis sufferers who have ever seen a doctor about their arthritis had an appointment in the last six months, as compared to 48% of allergic rhinitis sufferers and 33% of minor acne sufferers. Regardless of the ailment, most chronic and minor ailment sufferers leave the physician's office with a recommendation to use either a prescription or non-prescription medication.

Significant proportions of allergic rhinitis sufferers (49%) and minor acne sufferers (39%) consulted a pharmacist about their symptoms in the last six months. Pharmacist consultations usually result in a recommendation for a medication, most often a non-prescription medication.

### Current Response to Symptoms

In response to their most recent experience, chronic and minor ailment sufferers were most likely to react by taking a non-prescription medication, with about half as many using a home remedy. Significant proportions of arthritis sufferers also report taking a prescription medication or doing some physical therapy, responses which were less

common in other groups. One-third of minor acne sufferers say they did not take any action during their most recent outbreak.

Of particular importance is the low percentage who report that they made a physician appointment in response to their most recent bout of symptoms – 15% of arthritis sufferers, 12% of allergic rhinitis sufferers and only 4% of minor acne sufferers.

The small minority of respondents who made an appointment to see a physician were motivated by unusually severe symptoms or uncertainty about the diagnosis. Offered the opportunity to explain their decision in their own words, respondents focus on these two issues.

When chronic and minor ailment sufferers decide to seek advice from a physician or pharmacist, they usually make this decision at least two or three days following onset. Pharmacist consultations peak during the second and third day, while physician appointments continue to be made steadily over time after an initial jump at the second and third day.

### **The Impact of Pharmacist Assessments**

About two-thirds of arthritis sufferers (62%) and allergic rhinitis sufferers (63%) say they are *likely* to approach a pharmacist about their ailment. Minor acne sufferers (32%) are much less likely to do so.

Interest in consulting pharmacists goes up very significantly in the context of a formal assessment which could result in a prescription. Were such assessments available to them, large percentages of arthritis sufferers (80%), minor acne sufferers (63%) and allergic rhinitis sufferers (82%) say they would be *somewhat* or *very* likely to seek one.

For chronic and minor ailment sufferers who chose to see a physician during their last experience, most would not consider a formal assessment by a pharmacist to be an adequate replacement for a physician visit. Overall, only one-third (36%) say that they would be satisfied with a pharmacist assessment alone, while 34% say they would still see a doctor and 24% say they would do *both*.

Overall, 43% of people who practiced self-care during their last episode say that they would have sought a pharmacist assessment if such assessments had been available. This ranges from a low of 35% among minor acne sufferers to a high of 45% among allergic rhinitis sufferers

These results discussed in this report lead to a clear conclusion: the largest impact of introducing pharmacist assessments for these minor ailments would be to divert many people away from self-care.

### **Trust in Pharmacists**

Provided a pharmacist's recommended action of some sort, between two-thirds and three-quarters of individuals would be likely to take his or her advice.

Almost three-quarters of chronic and minor ailment sufferers (73%) believe that a pharmacist assessment is a good alternative to seeing a physician. There can be little doubt about the wide appeal of the concept.

More than two-thirds of chronic and minor ailment sufferers would trust a pharmacist to diagnose and treat their ailment. This trust is somewhat lower among arthritis sufferers (58%). In contrast only one-quarter of chronic and minor ailment sufferers (26%) would not be comfortable relying on a pharmacist for diagnosis and treatment.

## 2 RESEARCH OBJECTIVES AND APPROACH

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### 2.1 The Research Objectives

In February 2014, Consumer Health Products Canada (CHPC) commissioned Redfern Research to undertake an on-line survey of Canadians suffering three specific ailments: arthritis, minor acne and allergic rhinitis.

### 2.2 The Research Approach

The survey was designed and analyzed by Redfern Research. Fielding was completed by Elemental Data Collection Incorporated.

Respondents were selected from the general population based on their self-identified minor ailments. Only individuals who had experienced symptoms in the previous eight weeks were surveyed.

The sample was split into three groups:

Arthritis sufferers: N=500 ( $\pm$  4.3%)<sup>1</sup>

Minor acne sufferers: N=500 ( $\pm$  4.3%)

Allergic rhinitis sufferers: N=609 ( $\pm$  4.0%)

The survey required 6 to 9 minutes to complete and included approximately 60 questions. Most questions were *closed-ended*, allowing respondents to choose from an inclusive list of responses. Other questions were *open-ended*, and allowed respondents to respond entirely in their own words. Responses to open-ended questions were coded into categories for analysis.

The questionnaire is appended to this report.

#### 2.2.1 The Overall Sample

The *total* sample in this study (1,609 minor ailment sufferers) does not necessarily reflect a meaningful discrete group within the Canadian population. It does not represent all minor ailment sufferers, for example, as it is limited to three ailments. Nonetheless, this report does make reference to this overall group, especially when examining differences related to demographic and other variables which would not be statistically reliable if examined only within each ailment group. These general findings are interesting and often informative, but it must be borne in mind that they reflect the combined views of three minor ailment groups, not necessarily all chronic and minor ailment sufferers nor the wider population.

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<sup>1</sup> The exact size of the populations in each minor ailment is not known. The confidence interval is calculated based on an assumption that each group numbers at least one million adults in Canada.

The overall sample is large enough to support regional analysis, except in the Atlantic region and the Prairie provinces. In addition, the results were examined in terms of gender, income, education, drug insurance coverage, intensity of recent symptoms, and whether the respondent has an on-going relationship with a family physician and/or pharmacist.

## 2.2.2 Weighting

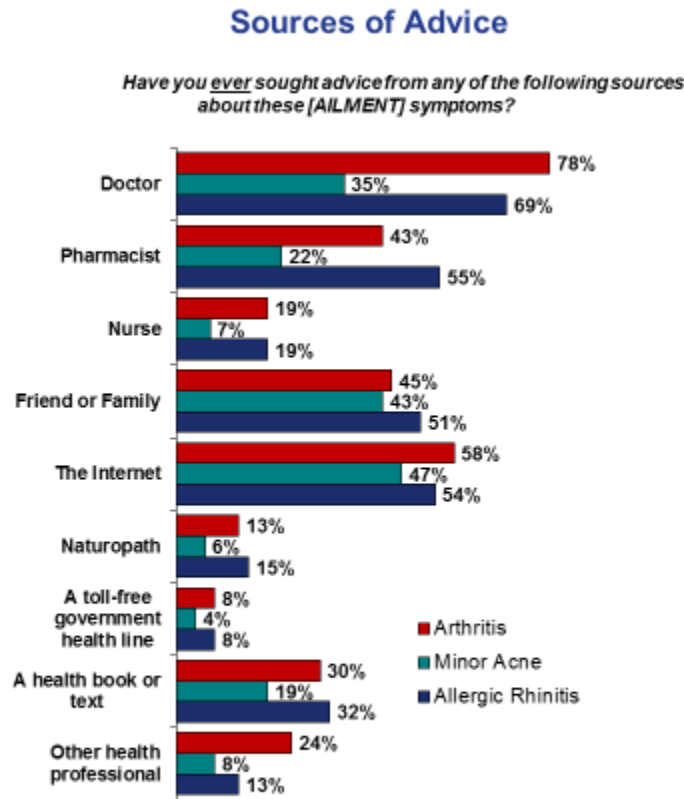
The data has been weighted to ensure an appropriate regional distribution. This weighting is based on the assumption that the distribution of these three minor ailments should be proportionate to the population. Therefore, each ailment group has been individually weighted to reflect the distribution of people in Canada according to province.

Table1 - Weighting	Raw Sample			Weights Applied			Weighted Sample		
	Arthritis	Minor Acne	Allergic Rhinitis	Arthritis	Minor Acne	Allergic Rhinitis	Arthritis	Minor Acne	Allergic Rhinitis
Newfoundland and Labrador	4	6	5	1.87	1.22	1.77	7	7	9
Nova Scotia	17	7	23	0.79	1.87	0.69	13	13	16
Prince Edward Island	5	2	1	0.41	1.01	2.44	2	2	2
New Brunswick	10	8	12	1.08	1.32	1.06	11	10	13
Quebec	196	183	141	0.59	0.62	0.97	116	113	137
Ontario	164	168	220	1.17	1.12	1.03	192	188	227
Manitoba	22	12	41	0.82	1.47	0.52	18	18	21
Saskatchewan	8	16	12	1.97	0.97	1.55	16	15	19
Alberta	30	31	47	1.91	1.81	1.44	57	56	67
British Columbia	44	66	103	1.48	0.97	0.75	65	63	76
Nunavut	0	0	1	1.00	1.00	0.62	0	0	1
Yukon	0	0	1	1.00	1.00	0.60	0	0	1
Northwest Territories	0	0	0	1.00	1.00	1.00	0	0	0
No answer	0	1	2	1.00	1.00	1.00	0	1	2
Total	500	500	609				497	486	591

### 3 DETAILED FINDINGS

#### 3.1 Sources of Advice

Through experience with their minor ailment, roughly one-half of all respondents have turned at some point to their friends and family or the Internet for advice. Allergic rhinitis sufferers and arthritis sufferers are even more likely to consult a pharmacist or physician, but minor acne sufferers do not usually seek advice there. Clearly, chronic and minor ailment sufferers rely on diverse sources of advice, especially arthritis sufferers who draw on more sources than the other groups.



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

People with a family doctor are more likely (75%) than people without (55%) to have consulted a physician about their ailment. Similarly, people with a regular pharmacist are more likely (56%) than others (33%) to have consulted a pharmacist. Conversely, people with family physicians are less likely than others to have consulted the Internet (61% versus 70%) or friends and family (53% versus 63%) about their minor ailment in the past.



Overall, the behaviour of chronic and minor ailment sufferers does not vary widely by region; nonetheless there are two interesting regional differences, shown in the following table. First, Quebecers are somewhat more likely to have consulted a pharmacist about their ailment. Second, consulting a health book or text is most common in British Columbia.

<b>Table 2 – Previous Actions by Region</b>						
<b>Percent who have ever taken each action.</b>	<b>Atlantic</b>	<b>Quebec</b>	<b>Ontario</b>	<b>Prairies</b>	<b>Alberta</b>	<b>BC</b>
<i>N</i>	88	310	519	89	154	178
Doctor	71%	70%	73%	73%	72%	73%
Pharmacist	40%	<b>55%</b>	48%	43%	48%	42%
Nurse	18%	20%	18%	20%	16%	14%
Friend or Family	48%	51%	56%	62%	57%	52%
The Internet	52%	62%	64%	67%	54%	67%
Naturopath	6%	15%	13%	13%	9%	19%
A toll-free government health line	6%	9%	10%	5%	3%	7%
A health book or text	24%	34%	29%	36%	32%	<b>41%</b>
Other health professional	21%	18%	16%	17%	16%	20%

## **3.2 Most Recent Consultation**

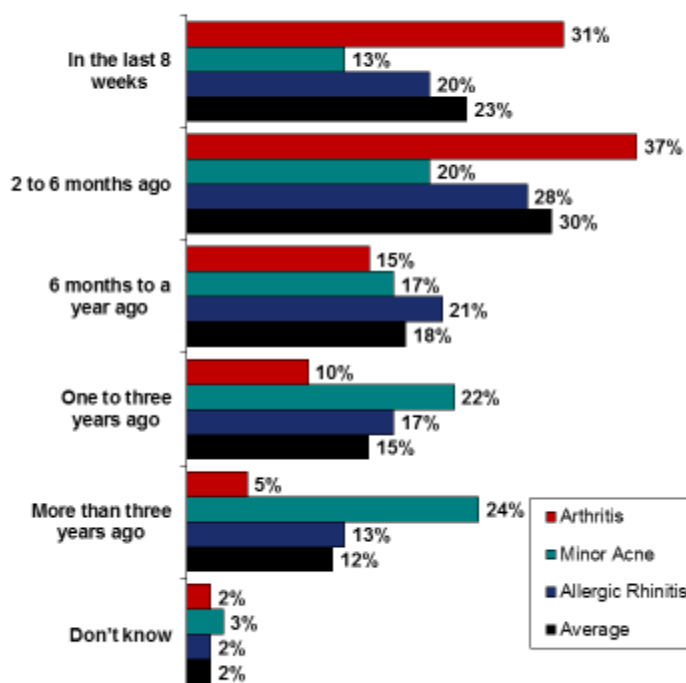
### **3.2.1 With a Physician**

Arthritis sufferers are not only more likely than others to consult a physician, they also do so more often. Over two-thirds (68%) of arthritis sufferers who have ever seen a doctor about their arthritis had an appointment in the last 6 months, as compared to 48% of allergic rhinitis sufferers and 33% of minor acne sufferers. In contrast, 46% of minor acne sufferers who have seen a physician about their acne last did so at least one year ago.

## Most Recent Doctor Consultation

- Among those who have ever consulted a physician-

When was the last time you consulted a physician about these [AILMENT] symptoms?



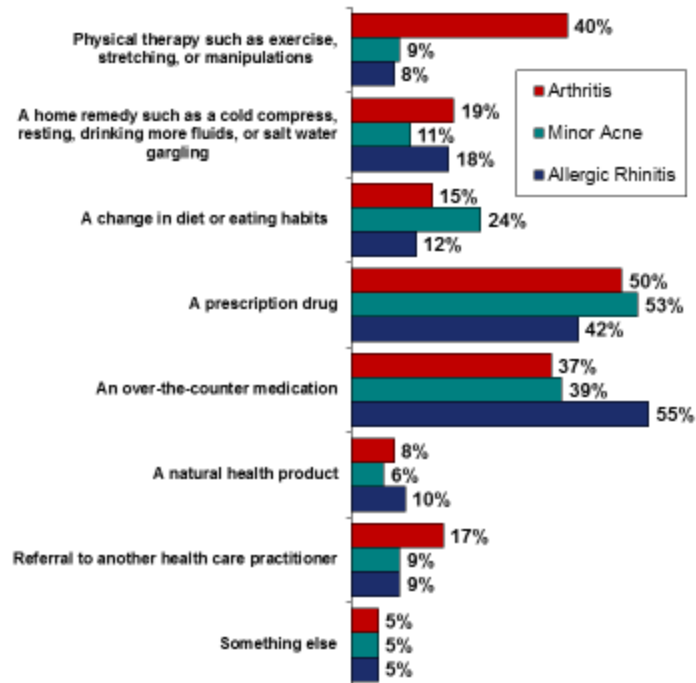
Unweighted base: 390 arthritis sufferers, 174 minor acne sufferers, 425 allergic rhinitis sufferers.

Regardless of the ailment, many chronic and minor ailment sufferers leave the physician's office with a recommendation to use either a prescription or non-prescription medication. Recalling their last visit, the majority of arthritis sufferers (59%) and allergic rhinitis sufferers (58%) report this outcome, but only 28% of minor acne sufferers (28%). Less than 20% of respondents received other advice from their physician, such as changes in diet, home remedies or natural health products. However, arthritis sufferers were markedly more likely to receive referrals (17%) and physical therapy (40%) than other groups.

Interestingly, the advice chronic and minor ailment sufferers receive from physicians is not related to whether they have a family physician. Neither is the advice they receive related to demographic factors such as education, income or gender.

## Most Recent Physician Advice - Among those who have ever consulted a physician-

When you last consulted a physician about your [AILMENT], what did he or she recommend?



Unweighted base: 390 arthritis sufferers, 174 minor acne sufferers, 425 allergic rhinitis sufferers.

People with more severe symptoms during their last episode are more likely (54%) than others (36%) to have been advised by their physician to use a prescription drug, but no more or less likely to have been advised to use an OTC.

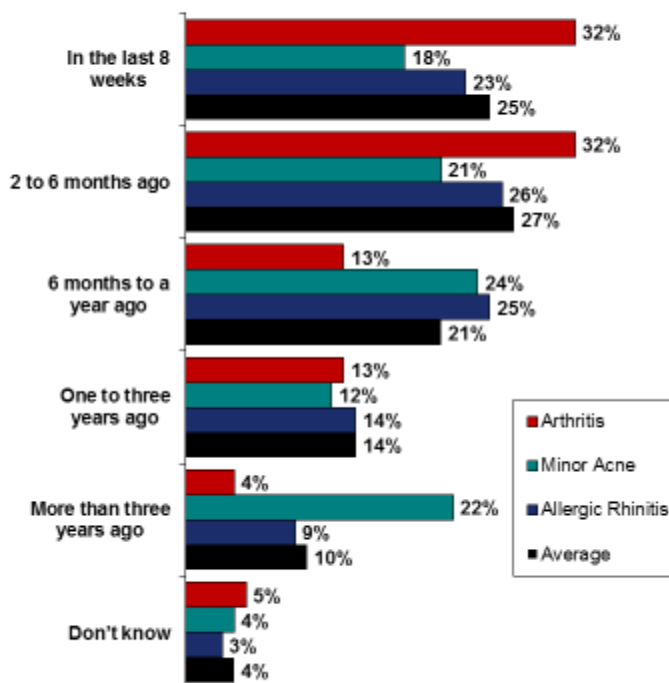
### 3.2.2 With a Pharmacist

Chronic and minor ailment sufferers who consult pharmacists do so frequently. Significant proportions of allergic rhinitis sufferers (49%) and minor acne sufferers (39%) consulted a pharmacist about their symptoms in the last six months, as well as nearly two-thirds (64%) of arthritis sufferers. As seen with physician visits, minor acne sufferers consult pharmacist the least often of the three groups.

## Most Recent Pharmacist Consultation

- Among those who have ever consulted a pharmacist -

When was the last time you consulted a pharmacist about these [AILMENT] symptoms?



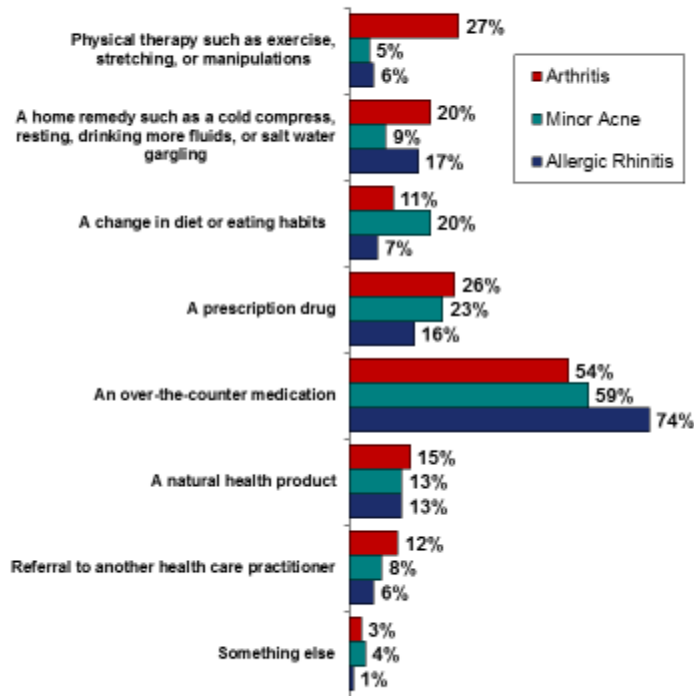
Unweighted base: 219 arthritis sufferers, 121 minor acne sufferers, 334 allergic rhinitis sufferers.

As with physicians, pharmacist consultations usually result in a recommendation for a medication, most often a non-prescription medication. This is true for more than three-quarters of arthritis sufferers (80%), minor acne sufferers (82%) and allergic rhinitis sufferers (90%). OTCs are the more common drug recommendation, especially for allergic rhinitis sufferers. Arthritis sufferers receive a wider range of advice from pharmacists than other sufferers, more likely to include physical therapy and home remedies.

As with physicians, the advice chronic and minor ailment sufferers receive from pharmacists is not related to whether they have a pharmacist they deal with regularly. Demographic factors such as education, income and gender also do not appear to affect the advice pharmacists provide. Also reflecting the advice given by physicians, people with more severe symptoms during their last episode are more likely (24%) than others (13%) to have been advised by the pharmacist to use a prescription drug.

## Most Recent Pharmacist Advice - Among those who have ever consulted a pharmacist -

*When you last consulted a pharmacist about your [AILMENT], what did he or she recommend?*



Unweighted base: 219 arthritis sufferers, 121 minor acne sufferers, 334 allergic rhinitis sufferers.

The foregoing results confirm that physicians and pharmacists are both very likely to recommend medication for these ailments, but that pharmacists are much more likely than physicians to recommend non-prescription products.

### 3.3 Most Recent Experience with Symptoms

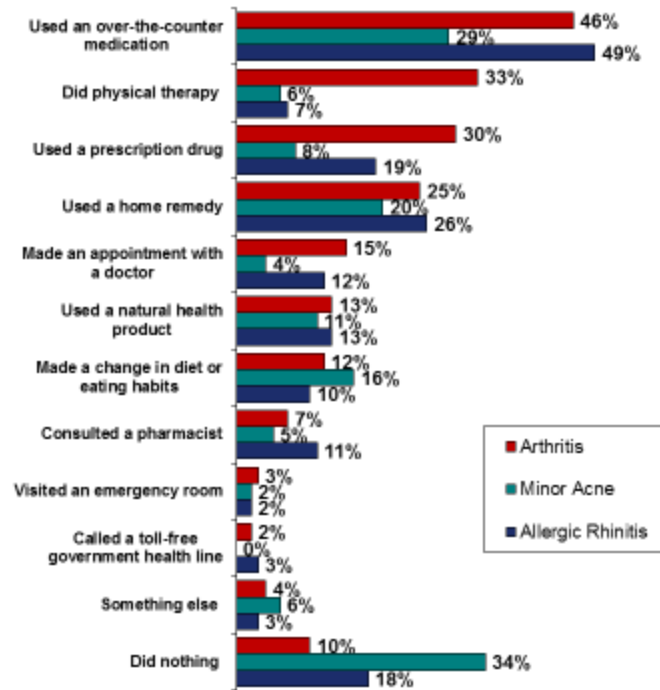
#### 3.3.1 Action Taken

In response to their most recent experience, chronic and minor ailment sufferers were most likely to react by taking a non-prescription medication, with about half as many using a home remedy. Significant proportions of arthritis sufferers also report taking a prescription medication or doing some physical therapy, responses which were less common in other groups. One-third of minor acne sufferers (34%) say they did not take any action during their most recent outbreak.

Of particular importance is the low percentage who report that they made a physician appointment in response to their most recent bout of symptoms – 15% of arthritis sufferers, 12% of allergic rhinitis sufferers and only 4% of minor acne sufferers.

## Responses to Recent Symptoms

Thinking now about the most recent time within the last 8 weeks that you experienced [AILMENT] symptoms, which of the following actions, if any, did you take in response to your symptoms?



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 608 allergic rhinitis sufferers.

People with family doctors were not more likely (11%) than people without (7%) to make an appointment to see a physician. Regionally, there are few significant differences in behaviour.

Table 3 – Most Recent Actions by Gender		
	Men	Women
<i>N</i>	746	823
Made an appointment with a doctor	12%	9%
Consulted a pharmacist	9%	7%
Did physical therapy such as exercise, stretching, or manipulations	15%	15%
Used a home remedy	19%	<b>28%</b>
Made a change in diet or eating habits	11%	14%
Used a prescription drug	21%	17%
Used an over-the-counter medication	39%	<b>45%</b>
Used a natural health product	11%	14%
Called a toll-free government health line	2%	1%
Visited an emergency room	2%	2%
Something else	4%	4%
Did nothing	22%	19%
Not sure	2%	0%

Men and women took similar actions in response to their ailment, however women are slightly more likely than men to use a home remedy or an over-the counter medication.

As the following table shows, almost all responses to minor ailments were more common among people who felt their symptoms were more severe. For example, people with more severe symptoms were four times more likely to make a doctor's appointment, twice as likely to consult a pharmacist and three times more likely to take a prescription medication.

<b>Table 4 – Most Recent Actions by Symptom Severity*</b>		
	<b>Low severity</b>	<b>High severity</b>
<i>N</i>	723	830
Made an appointment with a doctor	4%	16%
Consulted a pharmacist	5%	11%
Did physical therapy such as exercise, stretching, or manipulations	10%	19%
Used a home remedy	21%	27%
Made a change in diet or eating habits	11%	14%
Used a prescription drug	9%	28%
Used an over-the-counter medication	36%	48%
Used a natural health product	10%	15%
Called a toll-free government health line	0%	3%
Visited an emergency room	0%	4%
Something else	5%	3%
Did nothing	30%	11%

\* *Low severity* is self-rated symptoms less than 5 out of 10. *High severity* is 5 or higher.

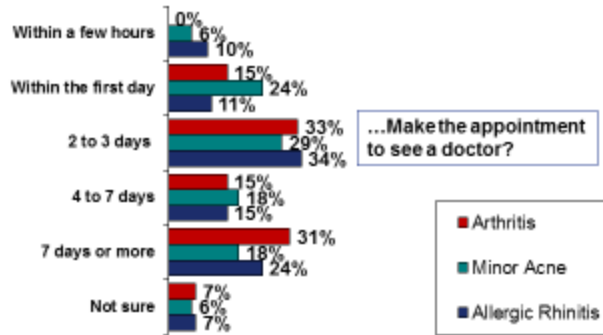
### **3.3.2 Time Lapse Before Seeking Advice**

When chronic and minor ailment sufferers decide to seek advice from a physician or pharmacist, they usually make this decision at least two or three days following onset. Pharmacist consultations peak during the second and third day, while physician appointments continue to be made steadily over time after an initial jump at the second and third day.

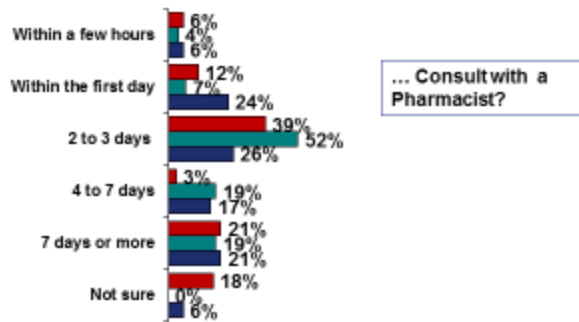
This sample of arthritis sufferers, minor acne sufferers and allergic rhinitis sufferers who saw physicians and pharmacists are not large enough to provide a reliable profile for each ailment separately.

## Time Lapse Before Seeking Advice

Thinking back, how long after you first felt the [AILMENT VARIABLE] symptoms did you ...



Unweighted base: 77 arthritis sufferers, 19 minor acne sufferers\*, 78 allergic rhinitis sufferers.



Unweighted base: 38 arthritis sufferers\*, 28 minor acne sufferers\*, 71 allergic rhinitis sufferers.

\* Small sample size

### 3.3.3 Reasons for Seeing Doctor

The small minority of respondents who made an appointment to see a physician were motivated by unusually severe symptoms or uncertainty about the diagnosis. Offered the opportunity to explain their decision in their own words, respondents focus on these two issues.

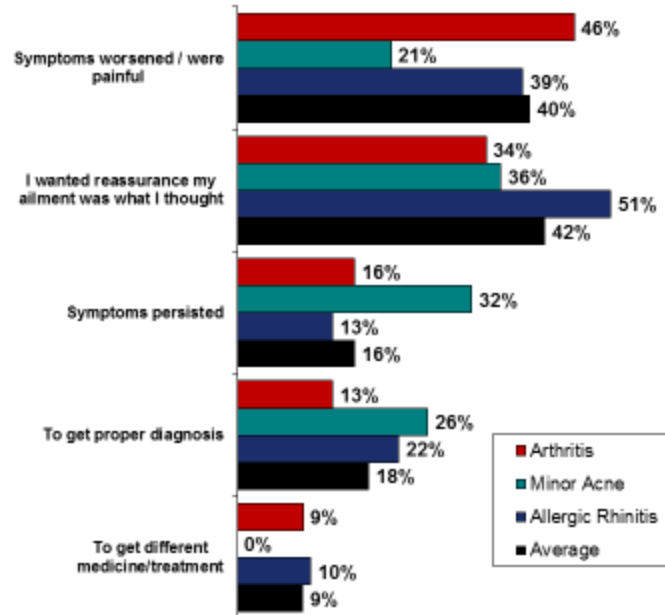
Significantly, very few say they made a physician appointment specifically to obtain a prescription or a prescription renewal. However, as shown earlier, prescriptions are a frequent outcome of physician visits.

Once again, the samples of arthritis sufferers, minor acne sufferers and allergic rhinitis sufferers who saw physicians are not large enough to provide a reliable profile of motivations for each ailment separately. Nonetheless it appears that physicians are called primarily upon to reassure patients and to provide new approaches where previous treatments are no longer adequate.



## Reasons for Seeing a Doctor (Unprompted)

*Why did you decide to make an appointment with a doctor during your most recent experience with [ailment]? (OPEN END)*

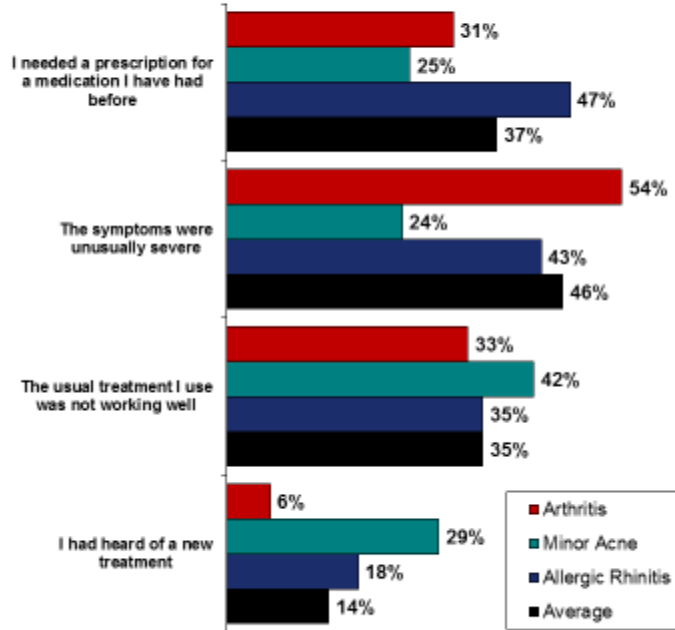


Unweighted base: 77 arthritis sufferers, 19 minor acne sufferers\*, 78 allergic rhinitis sufferers.  
\* Small sample size

Offered a list of possible reasons for making a physician appointment during their most recent experience, respondents confirm that their symptoms were unusually severe or that previous treatments were not working well. However, they are also likely to identify that they needed a prescription for a medication they had before, a motivation not mentioned in response to the earlier open-ended question. It seems likely that this prescription was more commonly an outcome of the discussion about the diagnosis and treatment options than the exclusive intent of the appointment.

## Reasons for Seeing a Doctor (Prompted list)

*Do any of the following specific reasons describe why you made the appointment to see a doctor during your most recent experience with [ailment]?*



Unweighted base: 77 arthritis sufferers, 19 minor acne sufferers, 78 allergic rhinitis sufferers.

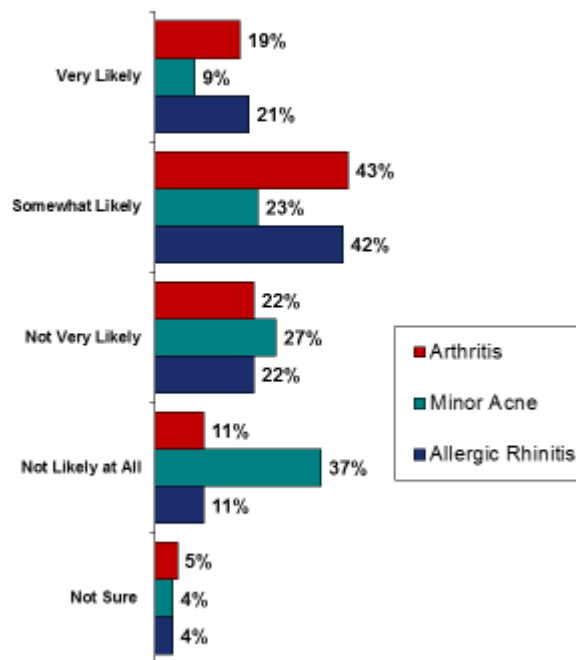
### 3.4 Pharmacist Assessment

#### 3.4.1 Likelihood of Approaching Pharmacist

As noted earlier, significant numbers of chronic and minor ailment sufferers have consulted a pharmacist about their symptoms at some point, but only 5% to 11% in each group did so during their most recent episode. In fact, about two-thirds of arthritis sufferers (62%) and allergic rhinitis sufferers (63%) say they are *likely* to approach a pharmacist about their ailment. Minor acne sufferers (32%) are much less likely to do so.

#### Likelihood of Approaching Pharmacist

When deciding how to treat your [AILMENT] how likely are you to approach a pharmacist for advice?



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

Men (56%) are slightly more likely than women (50%) to say they would approach a pharmacist for advice.

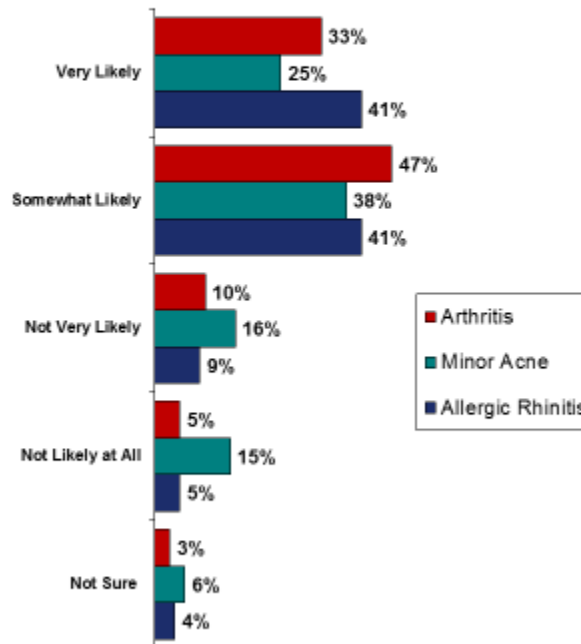
#### 3.4.2 Interest in Pharmacist Assessment Concept

Interest in consulting pharmacists goes up very significantly in the context of a formal assessment which could result in a prescription. Were such assessments available to them, large percentages of arthritis sufferers (80%), minor acne sufferers (63%) and

allergic rhinitis sufferers (82%) say they would be *somewhat* or *very* likely to seek one. This is far higher than the percentages who would normally be likely to approach a pharmacist for advice. Generally speaking, just under one-half of these individuals say they would be *very likely* to seek a formal assessment.

### Initial Reaction to Pharmacist Assessment

If a pharmacist could formally assess your [AILMENT], provide you with treatment advice, and could also prescribe medications if needed, how likely would you be to use this service?



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

It is important to note that this high level of initial interest is based solely on the description provided in the question, specifically that the pharmacist could “formally assess your [AILMENT], provide you with treatment advice, and could also prescribe medications if needed.”

As the following table shows, the reaction to pharmacist assessments is similar in all regions. Women, however, are more likely than men to say they are *very likely* to seek a formal assessment. There are no other significant differences related to income or education.

**Table 5 – Likelihood of Seeking Formal Assessment  
- Initial Reaction -**

	Atlantic	Quebec	Ontario	Prairies	Alberta	BC	Men	Women
N	88	310	519	89	154	178	746	824
Very likely	43%	38%	32%	33%	37%	27%	35%	<b>43%</b>
Somewhat likely	37%	41%	44%	38%	40%	45%	41%	37%
Not very likely	11%	11%	10%	15%	13%	13%	13%	9%
Not likely at all	5%	6%	11%	9%	7%	7%	6%	7%
Not sure	4%	4%	4%	5%	4%	8%	5%	4%

People with more severe symptoms (self-rated five or higher out of ten) are also more likely (84%) than others (68%) to say they would seek an assessment<sup>2</sup>. This is related to the fact that arthritis sufferers report the highest severity as well as higher interest in pharmacist assessments.

Interest in pharmacist assessments is not related to the type of insurance coverage for medications held by respondents.

Interest in receiving a formal assessment from a pharmacist remains strong once the concept is explained in more detail, as quoted in the following.

*Here is a little more information about the idea of pharmacist assessments. People with certain minor ailments could ask their pharmacist for a formal assessment. The pharmacist would examine the person's symptoms and make a recommendation. That recommendation might include a number of things, such as:*

- *Seeing a doctor*
- *Using an over-the-counter medication*
- *Using a natural health product*
- *Taking a prescription medication (which the pharmacist could prescribe)*
- *Using a home remedy such as a cold compress, resting and drinking more fluids, salt-water gargling, etc.*
- *Making a change in diet or eating habits*
- *Doing nothing*

*The assessment would not cost you anything. The pharmacist would be paid by the government.*

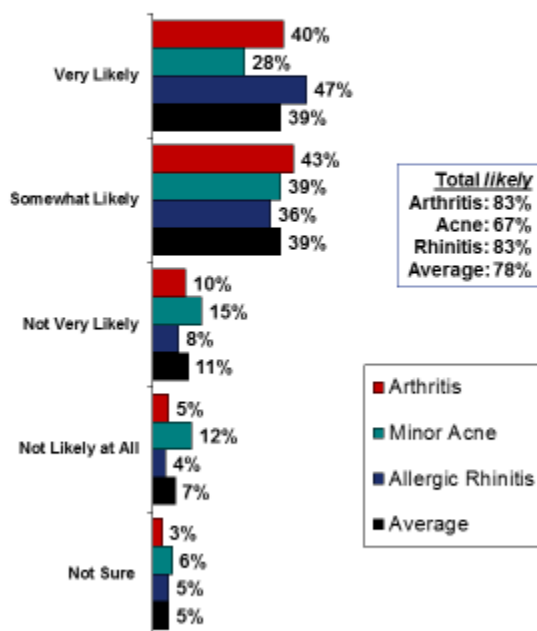
In the context of this more complete description, the overall likelihood of using a pharmacist remains largely unchanged for arthritis sufferers (83%), minor acne sufferers

<sup>2</sup> On a scale of 1 to 10 where 1 means “no symptoms” and 10 means “completely unable to function”, how would you rate your most recent experience with [AILMENT VARIABLE] symptoms?

(67%), and allergic rhinitis sufferers (78%). However, the proportion *very likely* to do so increases slightly in response to this additional information.

### Informed Interest in Pharmacist Assessment

Knowing this additional information, how likely would you be to use this pharmacist assessment service for your [AILMENT]?



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

Armed with additional information, responses remain unchanged in the regions and between men and women. Women continue to express slightly more enthusiasm. Quebec, however, shows stronger interest than others<sup>3</sup>.

Table 6 – Likelihood of Seeking Formal Assessment - Informed Reaction -								
	Atlantic	Quebec	Ontario	Prairies	Alberta	BC	Men	Women
N	88	310	519	89	154	178	746	824
Very likely	46%	<b>46%</b>	36%	36%	34%	37%	35%	<b>43%</b>
Somewhat likely	35%	36%	41%	41%	42%	37%	41%	37%
Not very likely	9%	8%	11%	13%	14%	14%	13%	9%
Not likely at all	4%	6%	8%	6%	7%	5%	6%	7%
Not sure	6%	4%	4%	5%	4%	7%	5%	4%

<sup>3</sup> The sample size in Atlantic Canada is not large enough to support similar conclusions about this region.

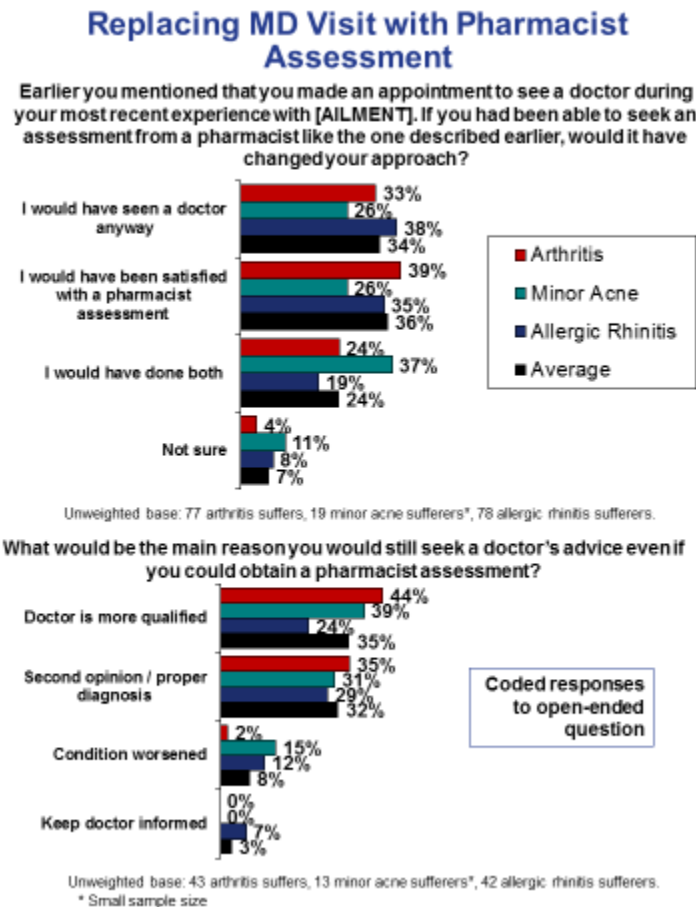
These small differences notwithstanding, reaction to the pharmacist assessment concept is otherwise the same across all the demographic groups examined.

Reflecting earlier findings, people with higher severity of symptoms are also more likely (84%) than others (71%) to seek an assessment.

Taken together, the forgoing results point to a potentially important conclusion: large majorities of people suffering from these ailments say they would avail themselves of a formal assessment from their pharmacist in the future – *far more than sought advice from a physician or pharmacist during their last episode*. The implication is that were formal assessments available, the demand would far exceed current demand and include many people who had hitherto practiced self-care for these ailments.

### 3.4.3 Impact of Pharmacist Assessment on Visits to Doctor

For chronic and minor ailment sufferers who chose to see a physician during their last experience, most would not consider a formal assessment by a pharmacist to be an adequate replacement for a physician visit. Overall, only one-third (36%) say that they would be satisfied with a pharmacist assessment alone, while 34% say they would still see a doctor and 24% say they would do *both*. Thus, pharmacist assessments for arthritis, minor acne and allergic rhinitis could not be expected to reduce physician visits for these ailments by more than one-third.

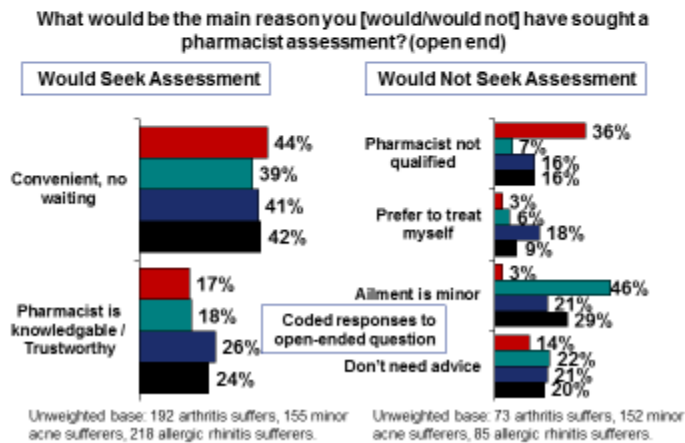
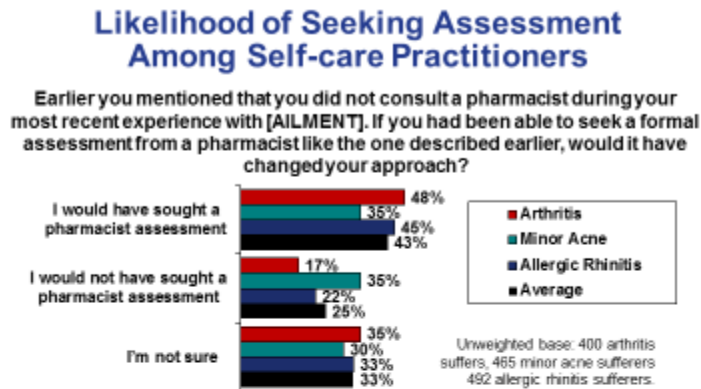


The reasons chronic and minor ailment sufferers offer for seeing a physician instead of or as well as receiving a pharmacist assessment relate to trust and reassurance. Many see the physician as more qualified to diagnose and a similar proportion would want the reassurance of a second opinion for a proper diagnosis.



### 3.4.4 Likelihood of Seeking Pharmacist Assessment Among Self-care Practitioners

As noted earlier, most chronic and minor ailment sufferers do not consult either pharmacists or physicians when their ailments flare up. Instead, they practice self-care based on their own knowledge and experience. In the context of free pharmacist assessments, however, many would change their behaviour. Overall, 43% say that they would have sought a pharmacist assessment the last time their ailment occurred if such assessments had been available. This ranges from a low of 35% among minor acne sufferers to a high of 45% among allergic rhinitis sufferers.



The primary motivation for seeking an assessment would be convenience coupled with the perceived knowledge and trustworthiness of pharmacists. Arthritis sufferers who currently practice self-care and who would not seek a pharmacist assessment are most likely to say they doubt that the pharmacist is sufficiently qualified. In contrast, minor acne sufferers are more likely to decline an assessment because they see their ailment as too minor to justify the trouble.

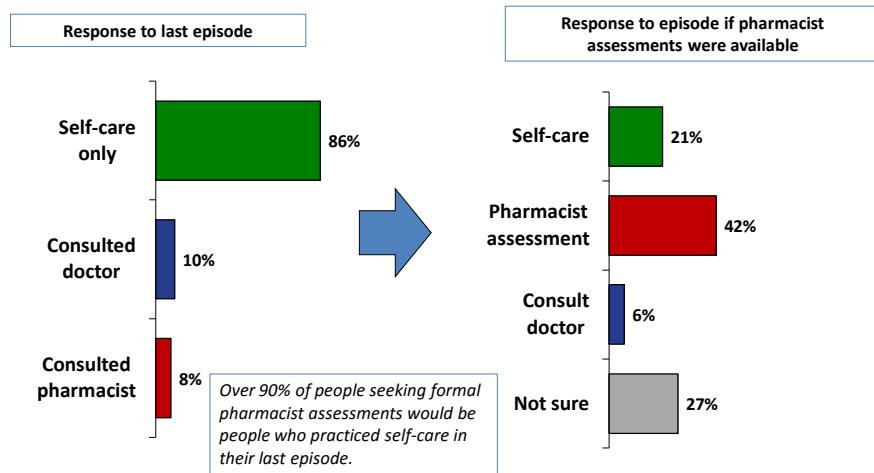
For those Canadians who practice self-care, seeking a pharmacist assessment is more common (51%) among those who have a regular pharmacist compared to those who do

not (33%). Thus, the assessments are somewhat more attractive to people who have a familiarity or trust with a particular pharmacist.

### 3.4.1 Potential impact of Pharmacist Assessments

The results discussed earlier in this report lead to a clear conclusion: the largest impact of introducing pharmacist assessments for these minor ailments would be to divert many people away from self-care. During their last episode, 86% of chronic and minor ailment sufferers practiced self-care while 14% visited a physician and/or a pharmacist. When asked to indicate their likely actions if pharmacist assessments were available, only 21% would practice self-care while 42% would opt for an assessment. Equally striking is the fact that while 10% saw a physician about their ailment during their last episode, 6% would still see a physician next time even if pharmacist assessments were available. Physician visits drop by 4 points between the two scenarios while self-care drops by 65 points. Thus, the vast majority of people seeking pharmacist assessments will be people who previously took care of themselves. Diversion from physicians would constitute a very small component of the overall population seeking pharmacist assessments.

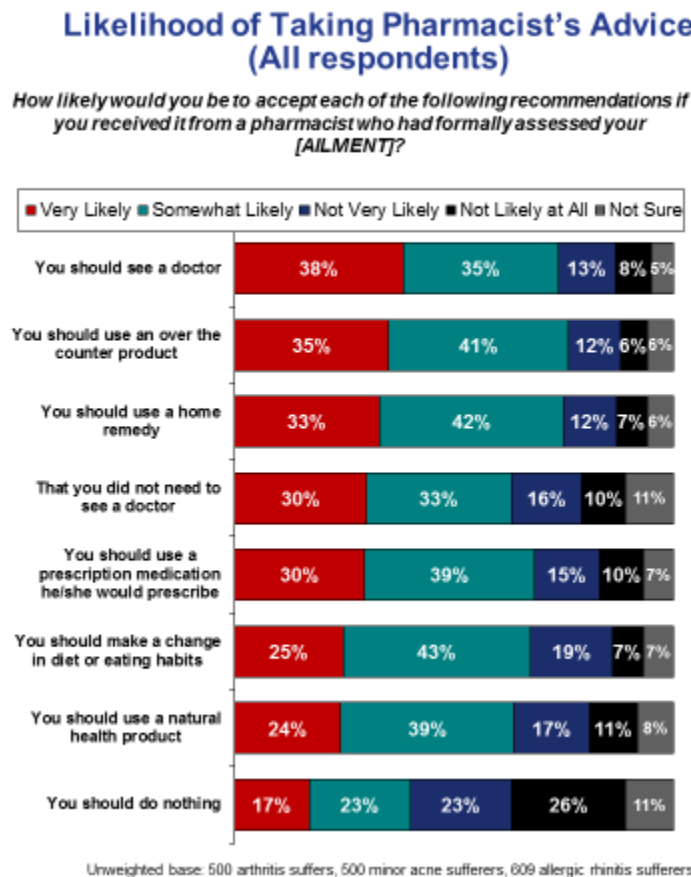
#### Impact of introducing third option



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

### 3.4.2 Likelihood of Taking Pharmacist's Advice

Provided a pharmacist recommended an action of some sort, between two-thirds and three-quarters of individuals would be likely to take his or her advice. This includes 73% who would accept advice to see a physician and 63% who would accept advice *not* to see a physician. This suggests that pharmacists may exert influence over whether patients also seek the advice of physicians following their assessment. Pharmacists have greater credibility when recommending over-the-counter medications and home remedies than when recommending prescription medications, natural health products or changes in lifestyle.



There are certain interesting differences between the three ailment groups in the extent to which they would accept a pharmacist's advice following an assessment. As the following table shows, arthritis sufferers are less likely to be *dissuaded* from seeing a physician while acne sufferers are less likely to be *persuaded* to go. Acne sufferers are also more likely than others to accept the suggestion that they do nothing.

<b>Table 7 – Percent <i>very likely</i> to accept advice from a pharmacist following an assessment by ailment</b>			
	<b>Arthritis Sufferers</b>	<b>Acne Sufferers</b>	<b>Allergic Rhinitis Sufferers</b>
<i>N</i>	500	500	609
You should see a doctor	45%	26%	43%
That you did <u>not</u> need to see a doctor	19%	39%	32%
You should use an over the counter product	33%	30%	42%
You should use a prescription medication that he or she would prescribe	32%	26%	31%
You should use a natural health product	21%	23%	29%
You should use a home remedy such as a cold compress, resting and drinking more fluids, salt-water gargling, etc.	32%	28%	39%
You should make a change in diet or eating habits	25%	26%	25%
You should do nothing	10%	25%	17%

Overall, the willingness to accept advice following an assessment is not related to demographic characteristics. That said, it is affected by gender and by existing relationships with the pharmacist. As the following table shows, men are consistently less likely than women to accept pharmacist advice, except in the case of doing nothing. Similarly, people with a regular pharmacist are more likely than people without to accept the advice stemming from an assessment, especially when it comes to seeing a doctor or using OTCs. Where the advice is negative, however (i.e. do *not* see a doctor, do *not* take action), they are slightly less likely to take the advice.

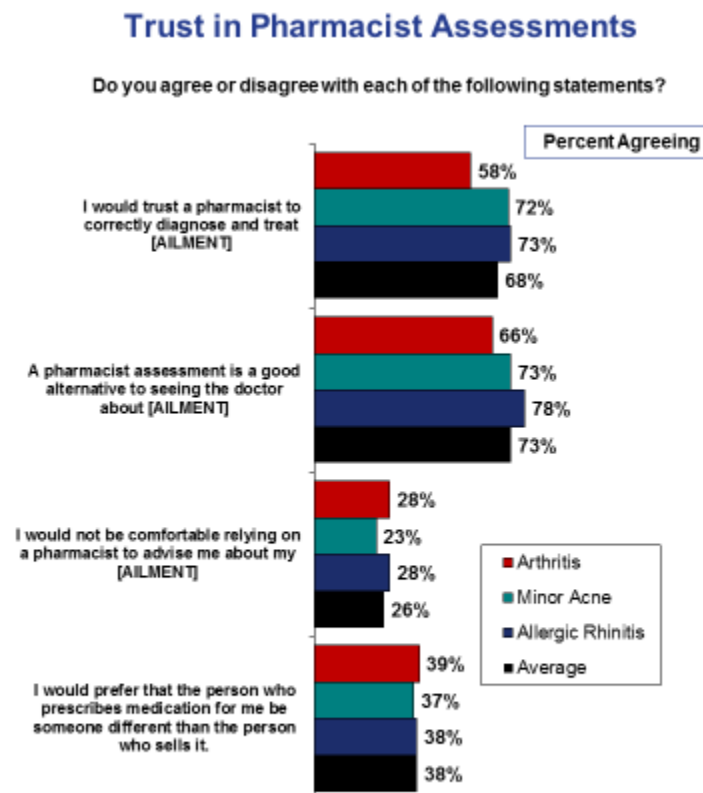
<b>Table 8 – Percent <i>very likely</i> to accept specify advice from a pharmacist following an assessment, by gender and pharmacist relationship</b>				
	<b>Men</b>	<b>Women</b>	<b>Regular Pharmacist</b>	<b>No Regular Pharmacist</b>
<i>N</i>	746	823	921	621
You should see a doctor	37%	40%	46%	27%
That you did <u>not</u> need to see a doctor	25%	34%	29%	31%
You should use an over the counter product	31%	39%	42%	27%
You should use a prescription medication that he or she would prescribe	30%	30%	36%	21%
You should use a natural health product	21%	27%	26%	22%
You should use a home remedy such as a cold compress, resting and drinking more fluids, salt-water gargling, etc.	28%	37%	35%	31%
You should make a change in diet or eating habits	21%	29%	28%	21%
You should do nothing	17%	17%	16%	20%

The willingness to accept advice – and specifically advice to use a prescription drug – is not related to drug insurance coverage. People with no coverage are not significantly less likely to accept advice that they should take a prescription drug.

Finally, people with more severe symptoms (five or more out of ten) during their last episode are generally *more* open to all pharmacist advice unless that advice is to do nothing. Once again, more severe symptoms are often reported by arthritis sufferers who are also more open to pharmacist assessments in general.

### 3.4.3 Trust in Pharmacist Assessments

Almost three-quarters of chronic and minor ailment sufferers (73%) believe that a pharmacist assessment is a good alternative to seeing a physician. This is slightly more common among allergic rhinitis sufferers (78%) and slightly less common among arthritis sufferers (66%). There can be little doubt about the wide appeal of the concept.



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

Underlying the wide enthusiasm for pharmacist assessments among people who currently practice self-care is a strong respect for the knowledge and trustworthiness of pharmacists themselves. More than two-thirds of chronic and minor ailment sufferers would trust a pharmacist to diagnose and treat their ailment. This trust is somewhat lower among arthritis sufferers (58%).

In contrast only one-quarter of chronic and minor ailment sufferers (26%) would not be comfortable relying on a pharmacist for diagnosis and treatment.

People who rate the severity of their symptoms as 5 or lower out of 10 are less likely (21%) than people with worse symptoms (31%) to say they would not be comfortable with a pharmacist assessment of their ailment.

Most respondents do not seem uncomfortable with purchasing medications from the same individual who prescribes them. Only 38% overall would prefer that these two roles be kept separate. As the following table shows, men tend to be slightly more cautious than women about the value of formal pharmacist assessments. There are no other significant demographic differences.

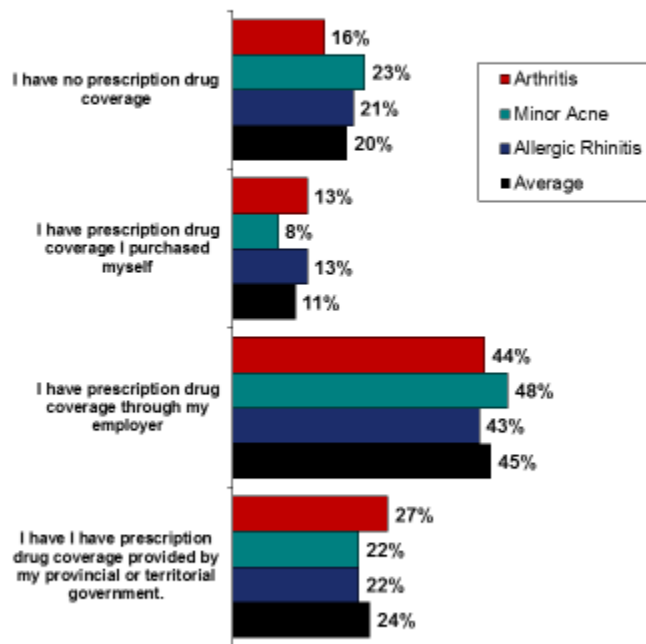
<b>Table 9 – Percent <i>agreeing</i> with each statement, by gender</b>		
	<b>Men</b>	<b>Women</b>
<i>N</i>	746	823
I would trust a pharmacist to correctly diagnose and treat [AILMENT VARIABLE]	65%	72%
A pharmacist assessment is a good alternative to seeing the doctor about [AILMENT VARIABLE]	68%	77%
I would not be comfortable relying on a pharmacist to advise me about my [AILMENT VARIABLE]	31%	22%
I would prefer that the person who prescribes medication for me be someone different than the person who sells it.	41%	35%

### 3.5 Respondent Profile

#### 3.5.1 Drug Coverage

Only one-fifth of respondents have no insurance coverage for prescription medications. Just under one-half (45%) hold insurance through their employer, while a further quarter (24%) are covered by provincial plans.

**Drug Coverage**  
Which of the following describe the health insurance coverage you have for the cost of prescription medications?



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.

As the following table shows, government drug coverage is most common in Quebec and British Columbia, while Ontario stands out as having a high percentage without any coverage. Higher income Canadians are more likely to have coverage, especially through employers.

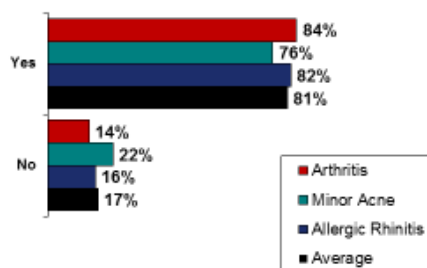
Table 10 – Drug Insurance Coverage, by Region and Income								
	Atlantic	Quebec	Ontario	Prairies	Alberta	BC	Income Under 80k	Income 80k or more
N	88	310	519	89	154	178	746	824
I have no prescription drug coverage	19%	13%	26%	24%	17%	18%	22%	13%
I have prescription drug coverage I purchased myself	11%	10%	12%	12%	18%	7%	12%	12%
I have prescription drug coverage through my employer	48%	41%	47%	44%	45%	43%	36%	66%
I have prescription drug coverage provided by my provincial or territorial government.	22%	36%	15%	20%	20%	32%	30%	9%

### 3.5.2 Relationships with Doctors and Pharmacists

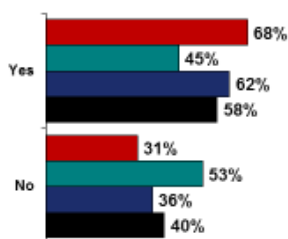
While 81% of chronic and minor ailment sufferers have a family physician, only 58% have a regular pharmacist. Although family physicians are equally common among all types of minor ailment sufferers, minor acne sufferers are less likely than other groups to have a regular pharmacist. Arthritis sufferers (68%) are most likely to have a pharmacist they deal with regularly.

#### Relationships with Doctors and pharmacists

Do you have a family doctor? (A specific doctor who you see when you have medical issues.)



Do you have a pharmacist you deal with regularly?



Unweighted base: 500 arthritis sufferers, 500 minor acne sufferers, 609 allergic rhinitis sufferers.



## 4 APPENDIX: SURVEY QUESTIONNAIRE

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### Consumer Health Products Canada FINAL Primary Questionnaire February 13 2014 On-line n = 1,500 (3 x 500)

- Section headings are not visible to respondents
- Text in square parentheses is not visible to respondents
- Text in square parentheses need not be translated.
- '==' indicates a new page in the web survey.

### Screeners

1. **Here is a list of some health conditions. For each, please indicate if you have experienced symptoms of that condition in the last two months (or 8 weeks).**  
[RANDOMIZE. THREE RESPONSES MANDATORY]

#### Answer categories

Oui

Non

Ne sais pas

- a. Arthritis – chronic pain and swelling in the joints (Quota=500)
- b. Minor acne - Temporary red spots on the skin caused by blocked pores, usually on the face or torso. (Quota=500)
- c. Allergic rhinitis – a reaction to airborne allergens causing runny nose, itching eyes. And/or sneezing. (Quota=500)

[IF NO/DON'T KNOW TO ALL IN Q1, THANK AND TERMINATE]

AILMENT VARIABLE = ITEM IN Q1 TO WHICH ANSWER Warthritis sufferers "YES". IF MORE THAN ONE "YES" IN Q1, SET AILMENT VARIABLE Barthritis sufferersED ON FOLLOWING PRIORITY:

1. Allergic rhinitis
2. Minor acne
3. Arthritis

**NOTE: The order is from least common to most common, to be determined by the incidence test.**

==

## Previous Experience

2. Thinking back over the last year, how many times have you experienced [AILMENT VARIABLE] symptoms, including the most recent experience? [RECORD NUMBER] ==
3. Have you ever sought advice from any of the following sources about these [AILMENT VARIABLE] symptoms? [RANDOMIZE. ALL RESPONSES MANDATORY] ==
- Answer categories  
Yes  
No  
Don't know
- a. Doctor
  - b. Pharmacist
  - c. Nurse
  - d. Friend or Family
  - e. The Internet
  - f. Naturopath
  - g. A toll-free government health line
  - h. A health book or text
  - i. Other health professional [ALWAYS Learthritis sufferersT]

[IF NO TO DOCTOR / PHARMACIST SKIP TO Q6] ==

[REPEAT Q4 AND Q5 FOR DOCTOR AND/OR PHARMACIST IF SPECIFIED IN Q3.]

[START CYCLE]

4. When was the last time you consulted a [PHYSICIAN/PHARMACIST] about these [AILMENT VARIABLE] symptoms? [ONE RESPONSE MANDATORY] ==
- a. In the last 8 weeks
  - b. 2 to 6 months ago
  - c. 6 months to a year ago
  - d. One to three years ago
  - e. More than 3 years ago
  - f. Never
  - g. Don't know
5. When you last consulted a [PHYSICIAN/PHARMACIST] about your [AILMENT VARIABLE], what did he or she recommend? Please see the options below. (Check all that apply.) [RANDOMIZE. AT LEarthritis sufferersT ONE RESPONSE MANDATORY] ==
- a. Physical therapy such as exercise, stretching, or manipulations
  - b. A home remedy such as a cold compress, resting, drinking more fluids, or salt water gargling
  - c. A change in diet or eating habits
  - d. A prescription drug
  - e. An over-the-counter medication
  - f. A natural health product
  - g. Referral to another health care practitioner

- h. Something else (please specify): \_\_\_\_\_ [ALWAYS Larthritis sufferersT]  
i. Don't know [ALWAYS Larthritis sufferersT]

- **Prescription Drugs** can only be obtained with a prescription from a doctor or another prescribing health professional
- **Over-the-counter Medications** include such products as pain relievers, decongestants, antacids, and ointments, and can be obtained without a prescription
- **Natural Health Products** include vitamins and minerals, herbal remedies, homeopathic medicines, and traditional medicines such as Chinese medicine.

[END CYCLE]

==

## Most Recent Experience

6. On a scale of 1 to 10 where 1 means “no symptoms” and 10 means “completely unable to function”, how would you rate your most recent experience with [AILMENT VARIABLE] symptoms?

- a. 10 – Completely unable to function
- b. 9
- c. 8
- d. 7
- e. 6
- f. 5
- g. 4
- h. 3
- i. 2
- j. 1– No symptoms
- k. Not sure

7. Thinking now about the most recent time within the last 8 weeks that you experienced [AILMENT VARIABLE] symptoms, which of the following actions, if any, did you take in response to your symptoms? (Check all that apply.) [RANDOMIZE ALL BUT Larthritis sufferersT TWO]

(This would not include any actions or medications which were already part of your normal routine.)

- a. Made an appointment with a doctor
- b. Consulted a pharmacist
- c. Did physical therapy such as exercise, stretching, or manipulations
- d. Used a home remedy, such as a cold compress, resting and drinking more fluids, salt-water gargling, etc.
- e. Made a change in diet or eating habits
- f. Used a prescription drug
- g. Used an over-the-counter medication
- h. Used a natural health product
- i. Called a toll-free government health line
- j. Visited an emergency room
- k. Something else (please specify): \_\_\_\_\_
- l. Did nothing [CANNOT BE CHECKED IN COMBINATION WITH OTHERS]
- m. Not sure [CANNOT BE CHECKED IN COMBINATION WITH OTHERS]

- **Prescription Drugs** can only be obtained with a prescription from a doctor or another prescribing health professional
- **Over-the-counter Medications** include such products as pain relievers, decongestants, antacids, and ointments, and can be obtained without a prescription
- **Natural Health Products** include vitamins and minerals, herbal remedies, homeopathic medicines, and traditional medicines such as Chinese medicine.

==

[IF MADE AN APPOINTMENT WITH A DOCTOR IN Q7 arthritis sufferersK Q8.]

8. Thinking back, how long after you first felt the [AILMENT VARIABLE] symptoms did you make the appointment to see a doctor?
- Within a few hours
  - Within the first day
  - 2 to 3 days
  - 4 to 7 days
  - 7 days or more
  - Not sure

[IF CONSULTED A PHARMACIST Q7 arthritis sufferersK Q9.]

9. Thinking back, how long after you first felt the [AILMENT VARIABLE] symptoms did you consult with a pharmacist?
- Within a few hours
  - Within the first day
  - 2 to 3 days
  - 4 to 7 days
  - 7 days or more
  - Not sure

==

## Reasons to see a doctor

[IF DOCTOR IN Q7, arthritis sufferersK Q10 and Q11, ELSE SKIP TO Q12]

10. Why did you decide to make an appointment with a doctor during your most recent experience with [ailment]? [OPEN END]
11. Do any of the following specific reasons describe why you made the appointment to see a doctor during your most recent experience with [ailment]? [RANDOMIZE]
- I needed a prescription for a medication I have had before
  - The symptoms were unusually severe
  - The usual treatment I use was not working well
  - I had heard of a new treatment
  - I wanted reassurance that my ailment was what I thought.
  - Something else \_\_\_\_\_

## Pharmacist Assessments

12. When deciding how to treat your [AILMENT VARIABLE] how likely are you to approach a pharmacist for advice?
- Very Likely
  - Somewhat Likely
  - Not Very Likely
  - Not Likely at All
  - Not Sure

13. If a pharmacist could formally assess your [AILMENT VARIABLE], provide you with treatment advice, and could also prescribe medications if needed, how likely would you be to use this service?
- Very Likely
  - Somewhat Likely
  - Not Very Likely
  - Not Likely at All
  - Not Sure [SKIP TO Q15 PREAMBLE]

14. Why would you be [likely/unlikely] to use this service from a pharmacist? [OPEN END]

Here is a little more information about the idea of pharmacist assessments. People with certain minor ailments could ask their pharmacist for a formal assessment. The pharmacist would examine the person's symptoms and make a recommendation. That recommendation might include a number of things, such as:

- Seeing a doctor
- Using an over-the-counter medication
- Using a natural health product
- Taking a prescription medication (which the pharmacist could prescribe)
- Using a home remedy such as a cold compress, resting and drinking more fluids, salt-water gargling, etc.
- Making a change in diet or eating habits
- Doing nothing

The assessment would not cost you anything. The pharmacist would be paid by the government.

15. Knowing this additional information, how likely would you be to use this pharmacist assessment service for your [AILMENT VARIABLE]?
- Very Likely
  - Somewhat Likely
  - Not Very Likely
  - Not Likely at All
  - Not Sure

[IF MADE AN APPOINTMENT WITH A DOCTOR IN Q7, arthritis sufferersK Q16, ELSE SKIP TO Q18]

16. Earlier you mentioned that you made an appointment to see a doctor during your most recent experience with [AILMENT VARIABLE] If you had been able to seek an assessment from a pharmacist like the one described earlier, would it have changed your approach?
- a. I would have seen a doctor anyway [arthritis sufferersK Q17]
  - b. I would have been satisfied with a pharmacist assessment
  - c. I would have done both [arthritis sufferersK Q17]
  - d. I'm not sure

[IF SEEN A DOCTOR ANYWAY OR BOTH IN Q16, arthritis sufferersK Q17]

17. What would be the main reason you would still seek a doctor's advice even if you could obtain a pharmacist assessment? [OPEN END]

[IF NEITHER MADE AN APPOINTMENT WITH A DOCTOR NOR CONSULTED A PHARMACIST IN Q7, arthritis sufferersK Q18 and Q19 ELSE SKIP TO Q20]

18. Earlier you mentioned that you did not consult a pharmacist during your most recent experience with [AILMENT VARIABLE]. If you had been able to seek a formal assessment from a pharmacist like the one described earlier, would it have changed your approach?
- a. I would have sought a pharmacist assessment
  - b. I would not have sought a pharmacist assessment
  - c. I'm not sure [SKIP TO Q20]

19. What would be the main reason you [would/would not] have sought a pharmacist assessment? [OPEN END]

20. How likely would you be to accept the each of the following recommendations if you received it from a pharmacist who had formally assessed your [AILMENT VARIABLE]?

Answer Categories

Very Likely

Somewhat Likely

Not Very Likely

Not Likely at All

Not Sure

- a. You should see a doctor
- b. That you did not need to see a doctor
- c. You should use an over the counter product
- d. You should use a prescription medication that he or she would prescribe
- e. You should use a natural health product
- f. You should use a home remedy such as a cold compress, resting and drinking more fluids, salt-water gargling, etc.
- g. You should make a change in diet or eating habits
- h. You should do nothing

21. Do you agree or disagree with each of the following statements? [RANDOMIZE]

Answer categories

Strongly Agree

Somewhat Agree

Neither Agree or Disagree

Somewhat Disagree

Strongly Disagree

Not Sure

- a. I would trust a pharmacist to correctly diagnose and treat [AILMENT VARIABLE]
- b. A pharmacist assessment is a good alternative to seeing the doctor about [AILMENT VARIABLE]
- c. I would not be comfortable relying on a pharmacist to advise me about my [AILMENT VARIABLE]
- d. I would prefer that the person who prescribes medication for me be someone different than the person who sells it.

## Demographic Questions

22. Which of the following describe the health insurance coverage you have for the cost prescription medications?

- a. I have no prescription drug coverage
- b. I have prescription drug coverage I purchased myself
- c. I have prescription drug coverage through my employer
- d. I have I have prescription drug coverage provided by my provincial or territorial government.

23. Do you have a family doctor? (A specific doctor who you see when you have medical issues.)

- a. Yes
- b. No
- c. Not Sure

24. Do you have a pharmacist you deal with regularly? ==

- a. Yes
- b. No
- c. Not Sure

25. And thinking about your most recent experience with [AILMENT VARIABLE], how many days ago did it start?

- a. Less than two weeks ago
- b. Between two and four weeks ago
- c. Between four and eight weeks ago
- d. Don't recall / Not sure

26. Are you... ? [SHOW LIST. ONE CHOICE.]
- a. Male
  - b. Female
  - c. Prefer not to answer
27. Into which of the following groups does your total annual household income fall, before taxes? [SHOW LIST. ONE CHOICE.]
- a. Under \$20,000
  - b. \$20,000 to just under \$40,000
  - c. \$40,000 to just under \$60,000
  - d. \$60,000 to just under \$80,000
  - e. \$80,000 to just under \$100,000
  - f. \$100,000 to just under \$150,000
  - g. \$150,000 or more
  - h. Don't know
  - i. Prefer not to answer
- ==
28. What is the highest level of education that you have completed? [SHOW LIST. ONE CHOICE.]
- a. Elementary School
  - b. High School
  - c. Trade or Vocational School
  - d. Apprenticeship
  - e. College
  - f. Undergraduate Degree
  - g. Graduate Degree or higher
  - h. Don't know
  - i. Prefer not to answer
29. Are there any children currently living in your home under the age of 18? [SHOW LIST. ONE CHOICE.]
- a. Yes, one
  - b. Yes, more than one
  - c. No
  - d. Prefer not to answer
- ==
30. What province or territory do you live in? [SHOW LIST. ONE CHOICE.]
- a. Newfoundland and Labrador
  - b. Nova Scotia
  - c. Prince Edward Island
  - d. New Brunswick
  - e. Quebec
  - f. Ontario
  - g. Manitoba



- h. Saskatchewan
- i. Alberta
- j. British Columbia
- k. Nunavut
- l. Yukon
- m. Northwest Territories
- n. Prefer not to answer

31. What are the first three digits of your postal code? XXX

**[Thank and terminate]**