

Final Report

2015 Manitoba FASD Awareness Survey

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Executive Summary

NRG Research Group (NRG) was contracted on behalf of the Government of Manitoba to conduct a telephone survey with members of the general public within Manitoba. The primary purpose of the research was to gauge awareness and perceptions of alcohol use during pregnancy, understand people's familiarity with Fetal Alcohol Spectral Disorder (FASD), and measure awareness of Manitoba's FASD Strategy.

A total of 1,001 interviews were conducted over a 17 day period spanning from February 3-19. All surveys were completed within Manitoba to reflect the population distribution throughout the province.

FINDINGS

Overall, the majority of Manitobans recognize the consumption of alcohol during pregnancy to be harmful to an unborn baby. Women tend to be more informed in relation to health and wellness issues related to pregnancy in comparison to men. The majority of Manitobans feel that there is never a good time to consume alcohol during pregnancy and recognize there are no safe types of alcohol. Manitobans with an annual household income of \$80,000 and higher are more likely to recognize there are no safe types of alcohol when compared to Manitobans with an annual household income of less than \$80,000. Most Manitobans believe that a woman should stop drinking alcohol when trying to get pregnant; women tend to believe this more frequently in contrast to men. Manitobans who self-identified as Asian are more likely to consider some types of alcohol safe to consume during pregnancy and are also less familiar with the term FASD and are less familiar with the effects that consuming alcohol may have on a baby compared to other ethnicities.

Manitobans believe there are many reasons a woman may drink while pregnant, including, but not limited to, addiction issues, being unaware of the potential harms of alcohol, and using alcohol to cope with mental illness, stress, abuse or other challenges. Additional reasons also include habit or lifestyle choices, being unaware of the pregnancy, not caring about the impact on the baby, or being encouraged to drink by a partner/friends/family or not having a support network in place to stop consuming alcohol.

Just over half of the Manitobans surveyed believe they have met someone who has been diagnosed with a Fetal Alcohol Spectrum Disorder (FASD). Manitobans believe there are a variety of effects that alcohol consumption during pregnancy might have on a baby, including brain damage, physical disorders, mental disorders, learning disabilities, delayed development, intellectual disabilities, and attention deficit disorder/hyperactivity.

With the exception of a small percentage, Manitobans understand that alcohol use during pregnancy can lead to life-long disabilities in a child.

There is an awareness of community programs that support women in preventing alcohol use during pregnancy. Residents in Northern Manitoba are more likely to be familiar with these types of programs,

as well as those who self-identified as Aboriginal. Manitobans who self-identified as Asian are less likely to be familiar with community programs that support women in preventing alcohol use during pregnancy in comparison to other ethnicities in Manitoba.

The majority of Manitobans can recall seeing advertising or information in Manitoba about alcohol consumption during pregnancy. Recall of messages and information included: not consuming alcohol while pregnant; drinking alcohol while pregnant can harm the baby; there is no safe amount of alcohol; and the phrase, “With child-without alcohol.” Manitobans recalled seeing information in television ads, in Liquor Marts, in doctor’s offices and hospitals, on posters, on bus ads, on billboards, in public washrooms, and in the newspaper.

Woman who are currently pregnant or may become pregnant in the future are generally aware of the harmful effects of alcohol on an unborn child. Women who have received advice from their doctors about alcohol use while pregnant were told to avoid alcohol completely. However, some women were given no advice from their doctors regarding alcohol consumption while pregnant.

The majority of Manitobans felt that family and friends should be involved in encouraging a woman not to drink during pregnancy. In addition, Manitobans also felt the partner or spouse, health care providers, and the community should have some level of involvement. Of note, a small percentage felt the government should also have involvement in encouraging a woman not to drink during pregnancy.

Background, Objectives & Methodology

The survey was conducted on behalf of The Healthy Child Manitoba Office with the Manitoba Government department of Children and Youth Opportunities.

In October of 2014, NRG Research Group (NRG) was contracted by the Government of Manitoba to complete a Manitoba wide telephone survey to measure awareness and perceptions of alcohol use during pregnancy, understand people's familiarity with Fetal Alcohol Spectrum Disorder (FASD), and measure awareness of Manitoba's FASD Strategy. A total of 1,001 Manitobans participated in the research survey. All surveys were completed within Manitoba to reflect the population distribution throughout the province. The information in the survey will help Healthy Child Manitoba in obtaining the best possible outcomes for Manitoba's children, families, and communities.

A random sampling approach was used to contact households via landlines within Manitoba. A cellular phone sample was also collected to allow for a more representative overview of the population, and to help reach Manitobans under 45 years of age (who are more likely to reside in cellular-phone-only households).

The questionnaire was designed by the Manitoba Government in consultation with NRG. The final survey instrument was 10 minutes in length and the telephone data collection was conducted out of NRG's Winnipeg call center using our CATI data collection software. The survey was completed with individuals who were 18 years of age and older. Gender quotas were set to obtain a slightly higher response rate from female respondents (52%) than male respondents (48%). Regional quotas were set for the province and also for the city of Winnipeg. The final data was weighted to ensure an accurate representation of the population of Manitoba. The table below provides an overview of the sample sizes in the four regions both weighted and unweighted. During the survey process, the non-Winnipeg regions are slightly over-sampled and weighted back to proportion. A survey of this size results in data that, in theory, is accurate +/- 3.10 percent 19 times out of 20.

| Region | Sample Size Weighted | Sample Size Unweighted |
|-------------------|----------------------|------------------------|
| Winnipeg | 567 | 601 |
| Northern Manitoba | 64 | 75 |
| Southern Manitoba | 331 | 251 |
| Brandon | 40 | 74 |

Within the tables throughout the report, the term *multiple mentions* is indicated whenever the data includes more than one answer from each respondent. In most cases, between two and four answers have been collected for the *multiple mentions* questions, depending on how much information the respondent was able to provide for each particular question.

Various question types were used during the survey: multiple choice, open ended, yes/no, true/false. The type of question being employed for a given question is presented in brackets immediately following the question itself. Note that for the multiple choice questions, only response options that were actually selected by respondents are presented in the tables. For a complete list of the survey questions, and the response options see Appendix A.

Social Economic Status Analysis

Throughout the report, reference has been made to low, medium, and high social economic status (SES). To assist with data analysis, three categories of low, medium, and high SES have been created by grouping together those with similar levels of education and income ranges. The table below shows the number of responses that fell into these three categories. A total of 711 respondents fell within one of these categories. Those who did not fit within one of the categories were not included in this analysis. Each SES category was determined by the following:

- **Low SES:** Education level of High school or less and household under \$60,000 per year
- **Medium SES:** Education level of college degree or higher and household income of under \$100,000 per year
- **High SES:** Education level of some college/university or higher and household income of \$100,000 or more and anyone with a household income of \$100,000 or more per year regardless of education

| SES | N= 712 | % |
|--------|--------|----|
| Low | 145 | 20 |
| Medium | 359 | 50 |
| High | 208 | 29 |

Demographics

The table below lists key demographic information for the respondents surveyed.

| Categories | % (N=1,001) | Categories | % (N=1,001) |
|------------------------------------|----------------|-----------------------------------|----------------|
| Gender | | Household Income | |
| Female | 52 | Under \$20,000 | 7 |
| Male | 48 | \$20,000 to just under \$40,000 | 14 |
| | | \$40,000 to just under \$60,000 | 17 |
| Age | | \$60,000 to just under \$80,000 | 13 |
| 18-24 | 9 | \$80,000 to just under \$100,000 | 10 |
| 25-34 | 20 | \$100,000 to just under \$150,000 | 13 |
| 35-44 | 17 | \$150,000 or more | 7 |
| 45-54 | 19 | Don't know/ Refused | 18 |
| 55-64 | 18 | | |
| 65+ | 17 | Ethnicity | |
| Refused | 1 | Caucasian | 69 |
| | | Aboriginal | 10 |
| Marital Status | | Chinese | 1 |
| Married (Common-Law) | 63 | Filipino | 3 |
| Widowed | 6 | Other East or South east Asian | 1 |
| Separated | 3 | Other South Asian | 2 |
| Divorced | 6 | African | 2 |
| Single | 20 | South & Central Americans | 1 |
| Other | 2 | Caribbean | 1 |
| Refused | 1 | Middle Eastern | 1 |
| | | Canadian | 1 |
| Number of years in Canada | | Other | 8 |
| Less than 5 years | 5 | | |
| 5-10 years | 2 | Manitoba Region | |
| More than 10 years | 92 | Winnipeg | 57 |
| Refused | 1 | Northern MB | 6 |
| | | South MB | 33 |
| Highest Level of Education | | Brandon | 4 |
| Less than high school | 9 | | |
| Completed high school | 21 | Winnipeg Region | |
| Some college | 6 | South West | 19 |
| Some university | 8 | North West | 26 |
| Completed a college diploma/degree | 22 | South East | 15 |
| Completed a university degree | 33 | North East | 20 |
| Other | <1 | Central | 18 |
| Refused | 1 | Unknown | 2 |

Survey Results

The following section presents the findings for this research project.

Introduction Question

When you think of public health issues related to babies, children's health and development, what public health issues should Healthy Child Manitoba currently be focussing on? (OPEN ENDED)

| Table 1: Important children's health issue (multiple mentions) | % (N=1,001) |
|--|----------------|
| Vaccinations/Immunizations | 33 |
| Nutrition/Healthy eating | 16 |
| Health care for children | 11 |
| Child poverty/Not enough food | 3 |
| Daycare accessibility/Issues | 3 |
| Child safety/Child welfare | 3 |
| Child abuse/CFS | 3 |
| Early childhood development | 3 |
| Education | 2 |
| Exercise/Physical activities | 2 |
| Parenting classes | 2 |
| Diseases/Cancer/Research | 2 |
| Fetal Alcohol Spectral Disorder (FASD) | 2 |
| Prenatal classes for mothers | 2 |
| Safe/Healthy home improvements | 2 |
| Aboriginal services/Equality | 2 |
| Other | 13 |
| Don't know/Refused | 24 |

Table 1 shows that the vaccinations/immunizations category was the top mention when respondents were asked what public health issue Healthy Child Manitoba should focus on in relation to babies and children's health and development. Nutrition/healthy eating and health care for children were also in the top mentions. Female respondents ages 35 and older were significantly more likely to mention

vaccines/immunizations in comparison to other respondents (41%). FASD was mentioned by 2% of respondents.

Respondents who were 18 to 34 years of age (33%) and males (30%), were significantly more likely to answer the questions with a *Don't know/Refused* response.

Healthy Pregnancy

Q1: *Thinking about healthy babies and children, what in your opinion are the most important things pregnant women can do to ensure that their baby will be born healthy? (OPEN ENDED)*

| Table 2: Ensuring baby will be born healthy (multiple mentions) | | % (N=1,001) |
|---|--|----------------|
| Eat well/Good nutrition/Vitamins | | 72 |
| Cut down/Stop alcohol use | | 63 |
| Cut down/Stop smoking | | 47 |
| Cut down/Stop drug use (marijuana, crack, heroin, etc.) | | 27 |
| Increase exercise/Physical activity | | 24 |
| Visit doctor/Health professional | | 22 |
| Take prenatal class | | 6 |
| Get rest/Sleep | | 6 |
| Stay healthy/Look after themselves | | 5 |
| Avoid stress | | 5 |
| Learn about infant care | | 2 |
| Positive mental attitude | | 2 |
| Other | | 9 |
| Don't know/Refused | | 1 |

Table 2 shows that eating well/good nutrition/vitamins, cutting down/stopping alcohol use, and cutting down/stopping smoking categories were the top three mentions respondents gave when asked to indicate the most important things pregnant women can do to ensure their baby will be born healthy. Cutting down/stopping drug use, increasing exercise/physical activity, and visiting the doctor/health professional were also top mentions. Table 2 also shows that women were significantly more likely to mention eating well/good nutrition/vitamins (80%) in comparison to men (63%).

Male respondents who were 55 years of age and older were significantly more likely to mention cutting down/stopping alcohol use (74%), in comparison to males 18 to 34 years of age (53%), females 18 to 34 years of age (50%), and females 35 to 54 years of age (64%). Overall, those who were 55 years of age

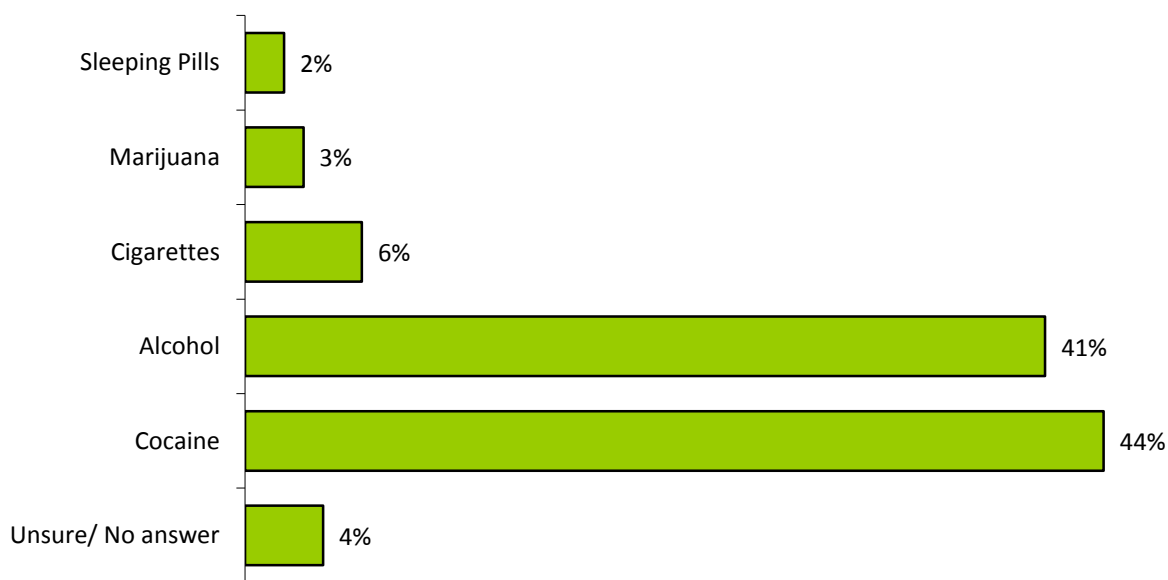
and older were more likely to mention cutting down/stopping alcohol use during pregnancy (71%) to ensure a baby is born healthy. In addition, respondents from Northern Manitoba (78%) and those who identified themselves as Caucasian (66%) and Aboriginal (68%) were significantly more likely to mention cutting down/stopping alcohol use.

Respondents with some college or university education or a university degree (76%) and those with a household income of \$80,000 or more (78%) were significantly more likely to mention eating well/good nutrition/vitamins. Women who have not had a baby within the last five years were significantly more likely to mention cutting down/stopping smoking (48%) in comparison to women who have had a baby within the last five years (30%). In addition, respondents with low and medium SES were more likely to mention cutting down/stopping smoking (47%).

Q2: *Thinking about healthy babies and children, in your opinion, which of the following substances taken during pregnancy causes the most harm in babies? (MULTIPLE CHOICE)*

Figure 1: Harmful substances

N= 1,001



When asked which substance taken during pregnancy would be most harmful to babies, cocaine and alcohol were believed to be the most harmful. Female respondents 35 years and older were significantly more likely to indicate cocaine in comparison to other respondents (47%).

Respondents with a medium SES were significantly more likely to indicate alcohol (47%) in comparison to those with a low SES (37%). Winnipeg respondents (44%) were also significantly more likely to indicate alcohol in comparison to those in the rest of the province. In addition, those who self-identified as an Asian ethnicity were the least likely to indicate alcohol (25%) as the substance to cause the most harm to babies if taken during pregnancy; those who were of Asian ethnicity were significantly more likely to mention cigarettes (21%) as being the most dangerous substance.

Q3: *At what time during a woman's pregnancy do you think it is safe for a woman to drink alcohol?* (MULTIPLE CHOICE)

| Table 3: When is it safe to consume alcohol during pregnancy | % (N=1,001) |
|---|------------------------|
| Never a good time | 91 |
| Before she knows she is pregnant | 6 |
| First three months | 3 |
| Middle three months | 1 |
| Last three months | 1 |
| Don't know/Refused | <1 |

Table 3 shows that ninety-one percent of respondents indicated it is never a good time for a woman to drink alcohol during her pregnancy.

Women who have not had a baby within the last five years were significantly more likely to indicate it is safe for a woman to consume alcohol before knowing she is pregnant in comparison to those who have had a baby within the last five years (6% vs. 2%). Respondents in Winnipeg North East were significantly more likely to select this response as well (10%), as were those who self identified as Caucasian ethnicity (6%).

In total, ninety-four respondents felt there was a safe time to consume alcohol during pregnancy or they were not sure. These ninety-four respondents were asked Q4. Respondents who answered Q3 with, "Never a good time" were not asked Q4.

Q4: *How often would you say it is safe for a woman to drink alcohol during pregnancy?* (MULTIPLE CHOICE)

| Table 4: How often can alcohol be consumed safely during pregnancy | % (N=94) |
|---|---------------------|
| Once or twice a day | 4 |
| Once or twice a week | 7 |
| Once or twice a month | 11 |
| Once or twice during the entire pregnancy | 7 |
| It is never safe to drink alcohol during pregnancy | 71 |

Of the ninety-four respondents who were asked the above question, 71% indicated there is never a safe time to drink alcohol during pregnancy.

Respondents who indicated a safe time to drink during pregnancy in Q4 were asked the follow up question below. A total of 27 respondents answered Q5.

Q5: *How many drinks can a pregnant woman safely consume in one sitting?* (OPEN ENDED)

| Table 5: How many drinks are safe in one sitting | Actual Mentions (N=27) |
|--|------------------------|
| One drink | 24 |
| Two drinks | 2 |
| Don't know/ Refused | 1 |

Table 5 shows that twenty-four respondents indicated consuming one drink in one sitting was safe during pregnancy and two respondents indicated two drinks consumed in once sitting during pregnancy is safe. Reporting on actual numbers has been used for this question instead of percentages due to the small sample size.

Q6: *Are there any safe types of alcohol one can drink in pregnancy?* (YES/NO)

N= 1,001

Figure 2: Safe types of alcohol

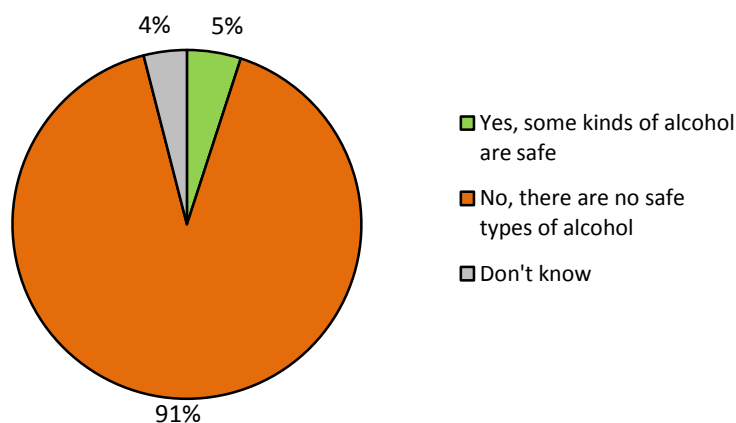


Figure 2 shows that ninety-one percent of respondents indicated there are no safe types of alcohol that can be consumed during pregnancy. Five percent of respondents felt there are some safe types of alcohol and 4% were unsure. Respondents with a household income range of \$80,000 to just under \$100,000 were more likely to indicate there are no safe types of alcohol (96%) compared to those in all other household income ranges. Respondents who self-identified as Caucasian were significantly more

likely to indicate there are no safe types of alcohol (93%) in comparison to those who self-identified as an Asian ethnicity (77%) or another ethnicity (79%).

Winnipeg respondents were the most likely to indicate they were not sure if any types of alcohol are safe during pregnancy (5%), along with those who self-identified as an Asian ethnicity (12%) or another ethnicity (16%).

The five percent of respondents who answered with, “Yes, some types of alcohol are safe” in Q6 were asked Q6A.

Q6A: *What type of alcohol is safe to consume during pregnancy?* (OPEN ENDED)

| Table 6: Type of alcohol that is safe during pregnancy | Actual Mentions (N=55) |
|---|-----------------------------------|
| Wine is safe in pregnancy | 41 |
| Lower alcohol content products are safe, such as Lite Beer | 7 |
| Beer is safe in pregnancy | 5 |
| Coolers are safe in pregnancy | 4 |
| Spirits are safe in pregnancy | 1 |
| Other | 3 |
| Don't know/Refused | 4 |

Table 6 shows the breakdown of the 55 responses for Q6B. Please note that reporting is based on a relatively small sample size. Forty-one respondents believed wine was safe for consumption during pregnancy. Males were significantly more likely than females to indicate wine being a safe beverage to consume during pregnancy (23 mentions vs. 18 mentions). Women ages 55 years and older were more likely to indicate wine being a safe beverage to consume during pregnancy (11 mentions) compared to women 18 to 34 years of age (5 mentions) and 35 to 54 years of age (2 mentions).

Q7: *In your opinion, when should a woman stop drinking if she was thinking of getting pregnant?*
(MULTIPLE CHOICE)

| Table 7: When to stop consuming alcohol | | % (N=1,001) |
|--|--|----------------|
| When she is trying to get pregnant | | 77 |
| Once she thinks she might be pregnant | | 15 |
| Once her doctor confirms she is pregnant | | 6 |
| She doesn't need to stop drinking | | 1 |
| Don't know/Refused | | <1 |

Table 7 shows that seventy-seven percent of respondents believed a woman should stop drinking when she is trying to get pregnant. Female respondents were significantly more likely than male respondents to provide this response (80% vs. 73%).

Figure 3: SES comparison: When to stop consuming alcohol

N= 712

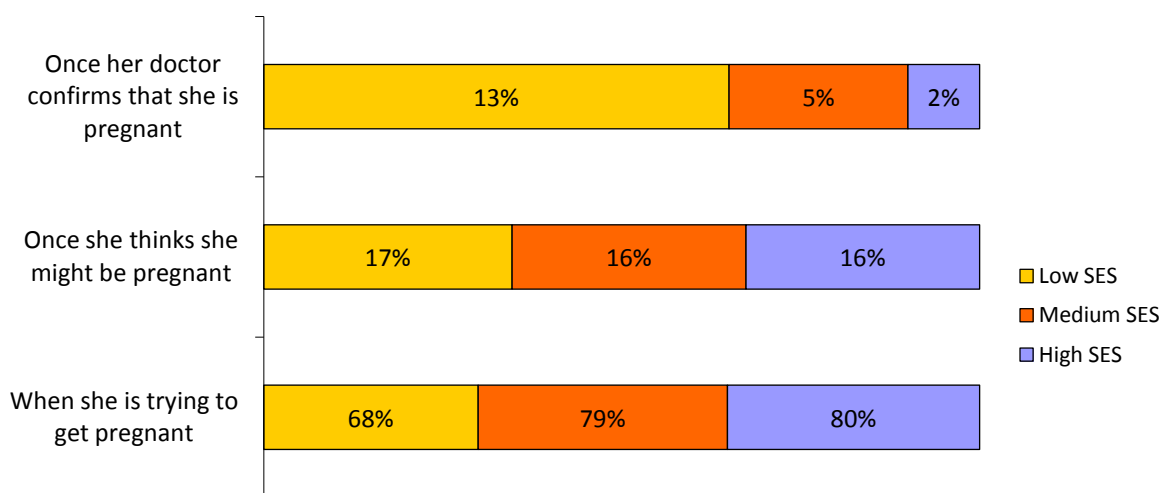


Figure 3 shows that respondents with a low SES were significantly less likely to indicate a woman should stop drinking alcohol when she is trying to get pregnant in comparison to those with a medium and high SES. Respondents with a low SES were significantly more likely to indicate a woman should stop drinking once her doctor confirms pregnancy in comparison to those with a medium and high SES. Only 1% of respondents across all three SES categories indicated a woman does not need to stop drinking if she is thinking about getting pregnant.

Q8: *In your opinion, why do you think a woman would drink when she is pregnant?* (OPEN ENDED)

| Table 8: Reasons for drinking while pregnant (multiple mentions) | | % (N=1,001) |
|--|--|----------------|
| Addiction issues | | 35 |
| Unaware of the potential harms of alcohol | | 29 |
| Using alcohol to cope with mental illness, stress, abuse or other challenges | | 27 |
| Habit/Lifestyle | | 18 |
| Unaware of pregnancy | | 16 |
| Doesn't care about the impact on her baby | | 15 |
| Partner/Family/Friends encourage her to drink/Aren't supportive of stopping | | 7 |
| Enjoys it/For fun/Social reasons | | 4 |
| Unable to say No | | 2 |
| Wants to harm baby/Terminate pregnancy | | 2 |
| Drinking while pregnant is culturally acceptable | | 2 |
| Does not believe it is a danger | | 1 |
| Other | | 1 |
| Don't know/Refused | | 8 |

Table 8 shows that addiction issues was the most mentioned answer when respondents were asked why they thought a woman would drink while she is pregnant, followed by being unaware of the potential harm of alcohol, and using alcohol to cope with mental illness/stress/abuse/other challenges. Female respondents between the ages 18 to 54 years were significantly more likely to mention addiction issues (47%) compared to other respondents.

Male respondents were significantly more likely to mention using alcohol to cope with mental illness/stress/abuse or other challenges (34%) in comparison to males 55 years of age and older (23%). Females who have not had a baby within the last five years were also significantly more likely to mention being unaware of the potential harm of alcohol (33%) in comparison to females who have had a baby within the last five years (20%).

Female respondents were significantly more likely than male respondents to mention being unaware of pregnancy as a reason why a woman would drink during pregnancy (18% vs. 13%). In addition, those who were under 55 years of age were significantly more likely to mention this response in comparison to respondents who were 55 years of age and older (20% vs. 7%).

Figure 4: SES comparison: Reasons for drinking while pregnant (multiple mentions)

N= 712

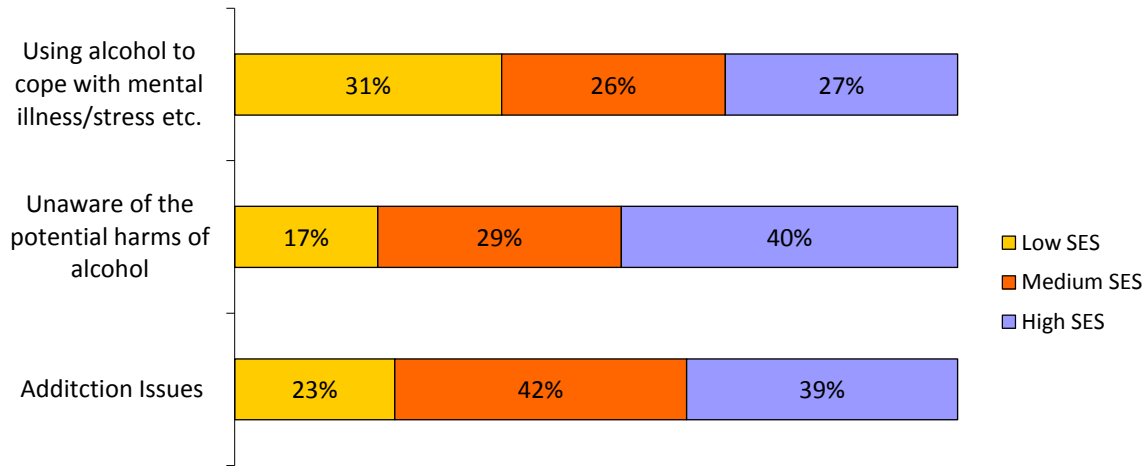


Figure 4 shows that respondents with a medium or high SES were significantly more likely to indicate addiction issues as a reason why a woman would drink during pregnancy. Additionally, respondents with a medium or high SES were significantly more likely to mention being unaware of the potential harms of alcohol as a reason why a woman would drink during pregnancy.

Specific Questions about Fetal Alcohol Spectrum Disorder (FASD)

Q9: Have you heard about FASD? (YES/NO)

Figure 5: Heard of FASD

N= 1,001

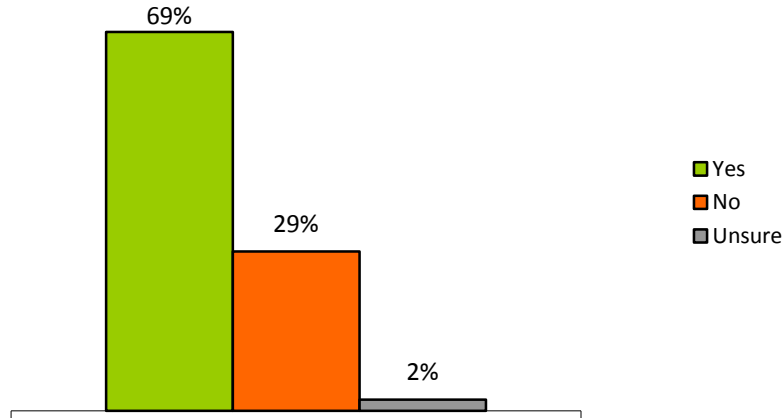


Figure 5 shows that sixty-nine percent of respondents indicated they have heard about FASD. Female respondents were significantly more likely to indicate they have heard of FASD compared to male respondents (75% vs. 62%). Respondents under 35 years of age were less likely to indicate they had heard of FASD compared to those between the ages of 35 and 64 (38% vs. 23%); females aged 35 to 54 were significantly more likely to have heard about FASD (86%) than all other groups.

Figure 5A: Ethnicity comparison: Heard of FASD

N= 1,001

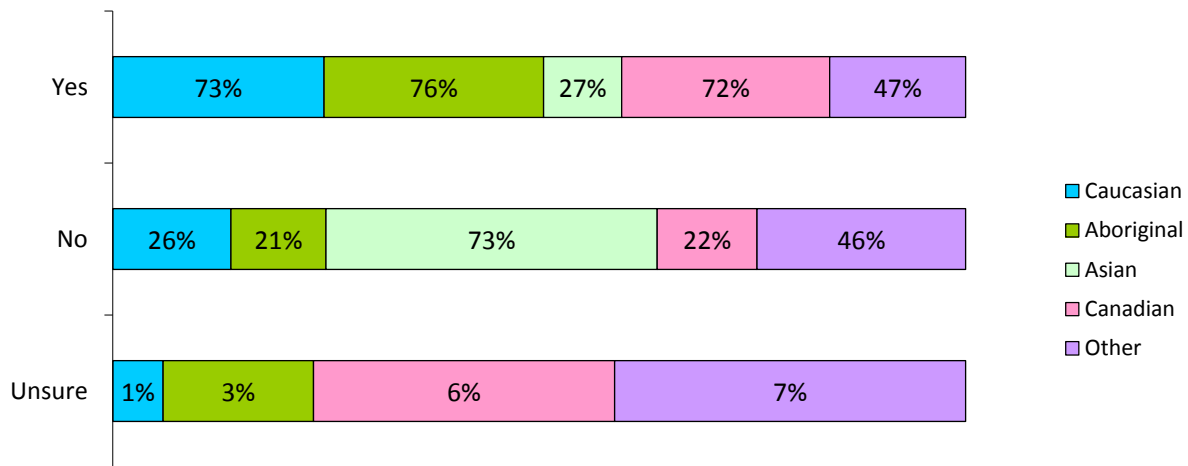


Figure 5A shows the yes/no/unsure responses by ethnicity. Respondents who self-identified as Caucasian, Aboriginal, or Canadian were significantly more likely to indicate they have heard about FASD in comparison to those who self-identified as Asian or those in the Other ethnicity grouping.

Figure 6: Education level comparison: Heard of FASD

N= 1,001

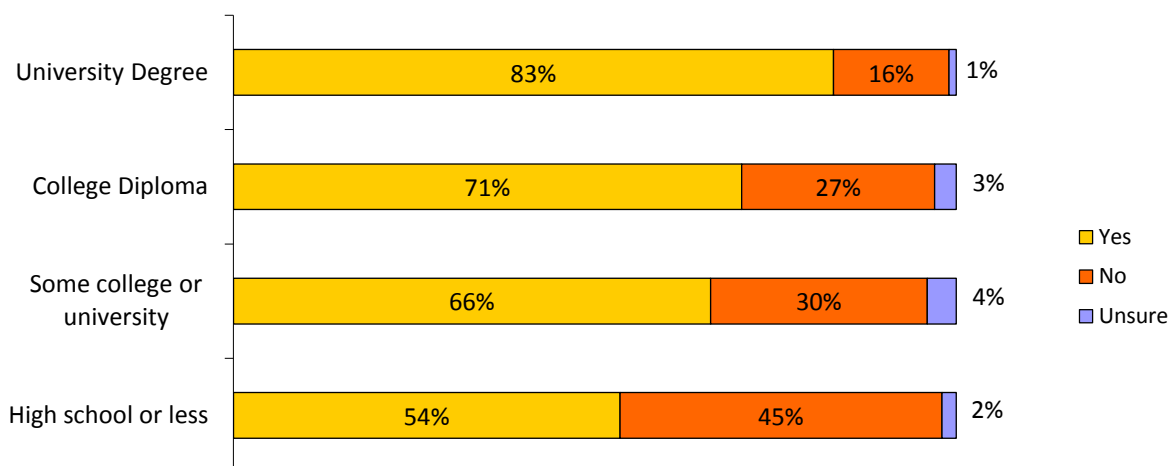


Figure 6 shows that respondents with some college or university (66%), a college diploma (71%), or a university degree (83%) were significantly more likely to indicate they had heard of FASD in comparison to those with high school education or less (54%).

Respondents, who indicated yes to Q9, they had heard of FASD, were then asked Q9B.

Q9B: Can you tell me what FASD stands for? (OPEN ENDED)

| Table 9: What does FASD stand for | | % (N=698) |
|-----------------------------------|--|--------------|
| Fetal Alcohol Syndrome | | 50 |
| Fetal Alcohol Syndrome Disorder | | 22 |
| Fetal Alcohol Spectrum Disorder | | 17 |
| Fetal Alcohol | | 2 |
| Other | | 5 |
| Don't know | | 4 |

Table 9 shows that a total of 50% of the respondents asked Q9B indicated that FASD stood for Fetal Alcohol Syndrome, 22% said Fetal Alcohol Syndrome Disorder, and 17% said Fetal Alcohol Spectrum Disorder, 2% said Fetal Alcohol, and 5% provided an alternative response. Four percent of respondents were unable to provide an answer.

Female respondents were significantly more likely to answer with Fetal Alcohol Spectrum Disorder compared to male respondents (21% vs. 12%), specifically females who were 18 to 34 years of age (26%)

and 35 to 54 years of age (21%). Female respondents who had a baby within the last five years were significantly more likely to provide this response in comparison to those who have not had a baby within the past five years (36% vs. 18%).

Figure 7: Education level comparison: Fetal Alcohol Spectrum Disorder

N= 689

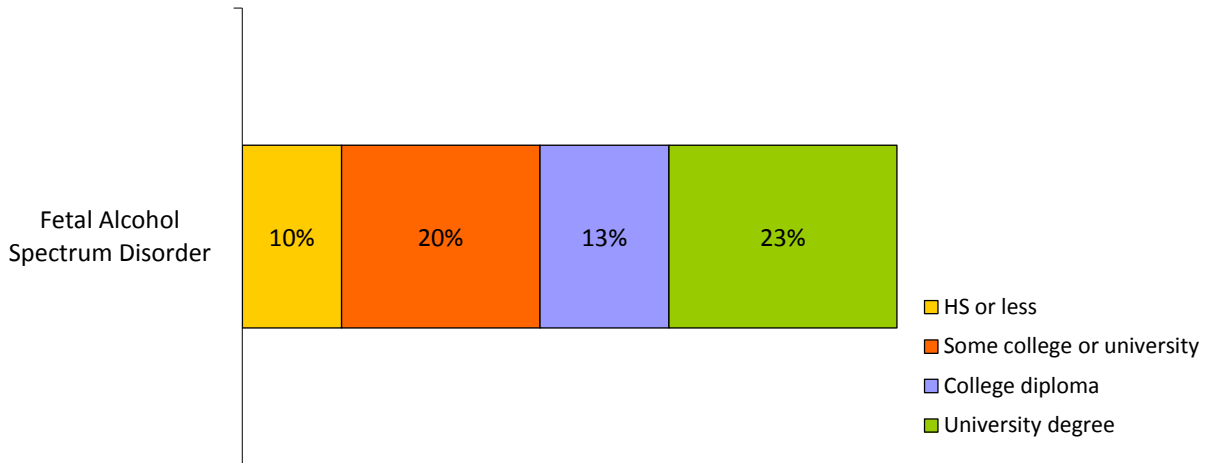


Figure 7 shows that respondents with some college or university education (20%) were significantly more likely to answer with Fetal Alcohol Spectrum Disorder compared to those with high school or less (10%). Those with a university degree (23%) were also significantly more likely to provide this response in comparison to those with high school or less (10%) and those with a college diploma (13%).

Respondents with a household income of \$80,000 to just under \$100,000 (26%) and those with a household income of \$100,000 or more (26%) were significantly more likely to answer with Fetal Alcohol Spectrum Disorder than those with a household income of under \$80,000. Additionally, respondents in Winnipeg (19%) and Northern Manitoba (21%) were significantly more likely to provide this response in comparison to other parts of the province.

Those who did not mention Fetal Alcohol Spectrum Disorder, Fetal Alcohol Syndrome Disorder, or Fetal Alcohol Syndrome in Q9B, were asked Q10.

Q10: *Have you heard about Fetal Alcohol Spectrum Disorder?* [ASKED ONLY OF THOSE NOT AWARE OF FASD (Q9) OR DID NOT DESCRIBE WHAT ACRONYM FASD STOOD FOR (Q9B) WITH A REASONABLE DEGREE OF ACCURACY]

Figure 8: Heard of Fetal Alcohol Spectrum Disorder

N= 366

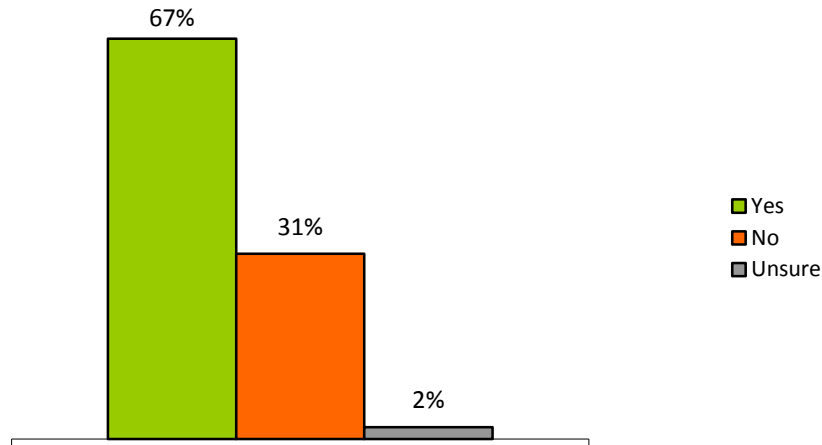


Figure 8 shows that sixty-seven percent of respondents very unfamiliar with the acronym FASD said, yes, they have heard of it once the acronym was defined. Female respondents were significantly more likely to indicate they have heard of the definition in comparison to male respondents (78% vs. 59%). Interestingly, respondents who self-identified as an Asian ethnicity were significantly more likely to indicate they have not heard of FASD (63%) in comparison to those who self-identified as Caucasian (24%), Aboriginal (25%), and Canadian (8%).

Q11: *[READ TO ALL] The full definition of FASD is Fetal Alcohol Spectrum Disorder. Have you ever met someone who has been diagnosed with Fetal Alcohol Spectrum Disorder?* (YES/NO)

Figure 9: Have you met someone with FASD

N= 1,001

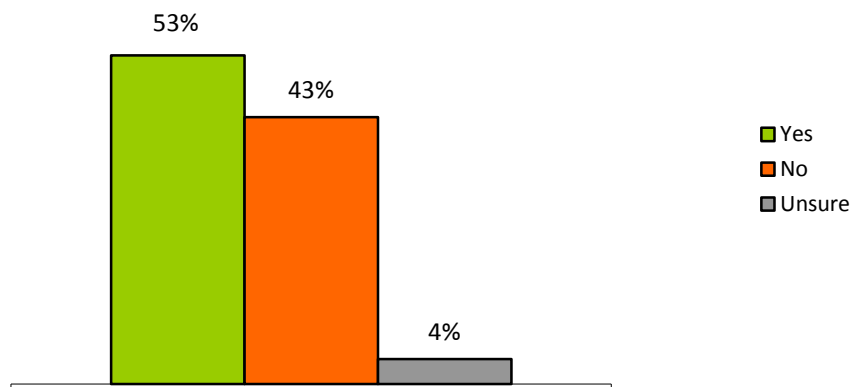


Figure 9 shows fifty-three percent of respondents indicated they had met someone with a FASD. Female respondents were significantly more likely to provide this response in comparison to male respondents (58% vs. 48%) and respondents between the ages of 18 to 24 years of age (61%) were significantly more likely to indicate they had not met someone with FASD in comparison to other age groupings. Respondents with a low SES were significantly more likely to indicate they had not met someone with FASD (54%) in comparison to those with a medium SES (41%) and a high SES (37%).

Q13: *What are the effects that consuming alcohol during pregnancy might have on a baby?* (OPEN ENDED)

| Table 10: Effects of consuming alcohol during pregnancy (multiple mentions) | | % (N=1,001) |
|--|--|------------------------|
| Brain damage | | 24 |
| Physical disorders | | 20 |
| Mental disorders | | 19 |
| Learning disabilities | | 16 |
| Delayed development | | 15 |
| Lower I.Q./Intellectual disabilities | | 13 |
| Attention Deficit Disorder/Hyperactivity | | 10 |
| Harmful/ill effects | | 8 |
| FAS/FASD | | 8 |
| Causes birth defects/Deformations | | 7 |
| Cognitive Impairment | | 7 |
| Cranial/Facial deformations | | 7 |
| Difficulty controlling emotions/Moods | | 5 |
| Growth problems | | 5 |
| Low birth weight | | 5 |
| Baby addicted/ Experience withdrawal | | 4 |
| Lack of social skills | | 4 |
| Organ damage | | 4 |
| Impaired adaptive functioning | | 4 |
| Difficulty with moral issues/Lack of judgement | | 4 |
| Other | | 15 |
| Don't know | | 8 |

Table 10 shows that brain damage (24%), physical disorders (20%), mental disorders (19%), learning disabilities (16%), and delayed development (15%), were the top five category mentions when respondents were asked what the effects on a baby might be if alcohol is consumed during pregnancy. FAS/FASD was mentioned by 8% of the respondents.

Those with a college diploma (27%) or a university degree (28%) were significantly more likely mention brain damage compared to those with some university or college education (17%).

Respondents with a medium SES were significantly more likely to mention mental disorders (22%) in contrast to those with a low SES (14%) and a high SES (17%). Respondents with a medium SES were also significantly more likely to mention delayed development (21%) compared to those with a Low SES (8%) and a high SES (15%).

Figure 10: Ethnicity: Effects of consuming alcohol during pregnancy (multiple mention) N= 1,001

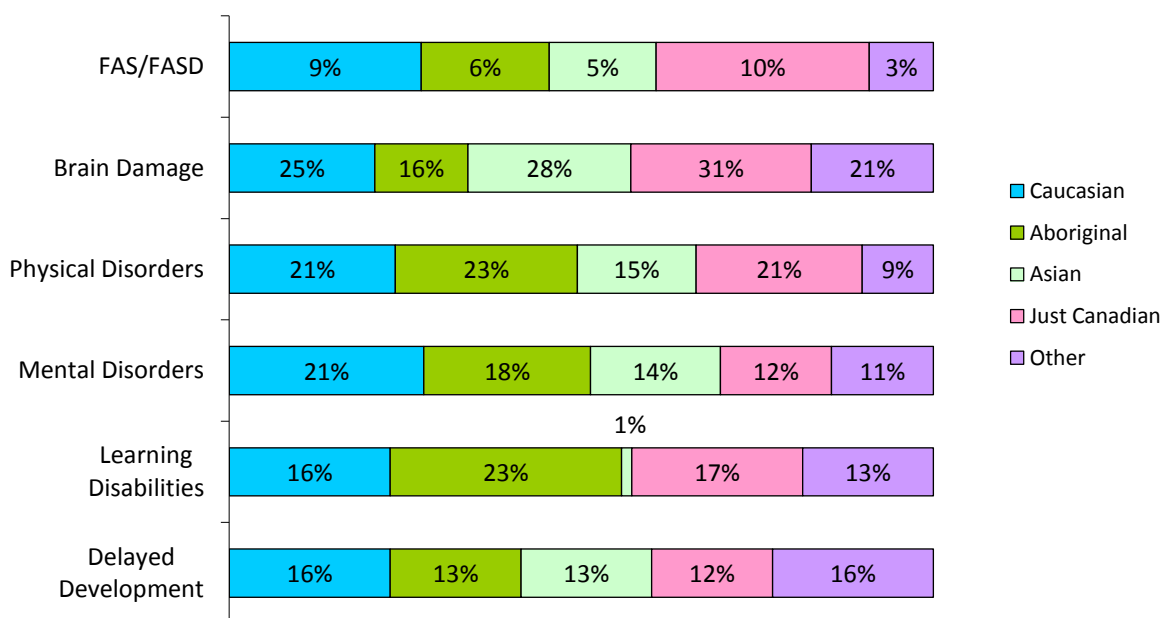


Figure 11 shows that respondents who self-identified as Caucasian (25%) or Canadian (31%) were significantly more likely than those who self-identified as Aboriginal (16%) to mention brain damage as a response. Those who self-identified as Caucasian (21%), Aboriginal (23%), or Canadian (21%) were significantly more likely to mention physical disorders in comparison to other ethnicities (9%). Caucasian respondents (21%) mentioned mental disorders significantly more often than those who self-identified as Canadian (11%). Finally, those who self-identified as an Asian ethnicity (1%) were significantly less likely to mention learning disabilities as a response in comparison to all other ethnicity categories.

Q14B: The effects of alcohol use usually disappear as the child grows older? (TRUE/FALSE)

Figure 11: Effects of alcohol use usually disappear

N= 1,001

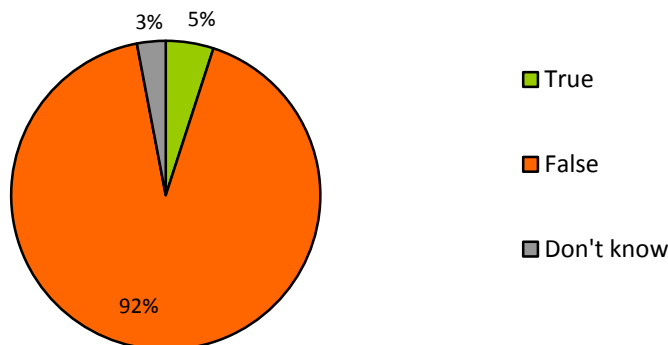


Figure 12 shows that ninety-two percent of respondents indicated the statement, “the effects of alcohol use usually disappear as the child grows older” was false. Female respondents were significantly more likely to indicate this statement was false in comparison to male respondents (93% vs. 90%). Respondents between the ages of 18 to 34 were significantly more likely to indicate this statement was true (10%) in comparison to those 35 to 54 years of age (4%) and those 55 years of age and older (3%). Respondents with a high SES were significantly more likely to indicate this statement was false compared to those with a low SES (96% vs. 87%). Respondents who self-identified as Caucasian were significantly more likely to indicate the statement was true in contrast to those who self-identified as an Asian ethnicity (94% vs. 82%).

Q14A: Alcohol use during pregnancy can lead to life-long disabilities in a child? (TRUE/FALSE)

Figure 12: Alcohol use can lead to life-long disabilities

N= 1,001

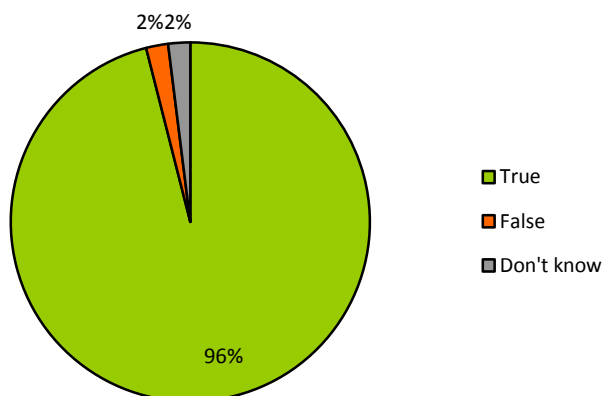


Figure 13 shows that ninety-seven percent of respondents indicated the statement, “alcohol use during pregnancy can lead to life-long disabilities in a child” was true. Only two percent believed that the statement was false and 1% was unsure.

Manitoba FASD Strategy

Q15: Are you aware of any community programs that support women in preventing alcohol use during pregnancy? (YES/NO)

Figure 13: Awareness of community programs

N= 1,001

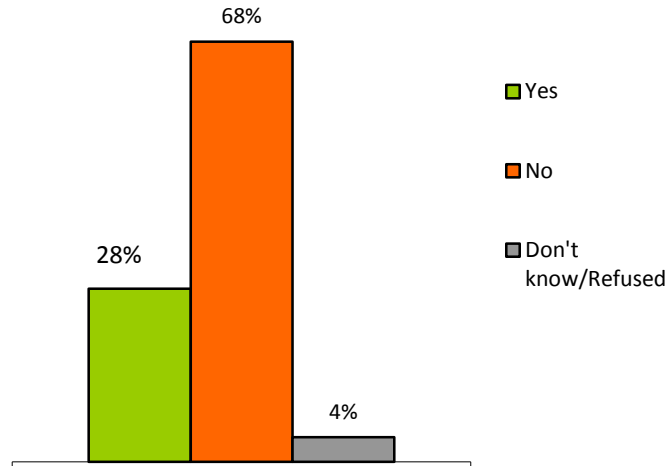


Figure 14 shows that twenty-eight percent of respondents indicated they were aware of community programs that support women in preventing alcohol use during pregnancy. Female participants were significantly more likely aware of community programs compared to male respondents (32% vs. 25%), specifically females ages 35 to 54 years of age. Respondents with a low SES were significantly more likely unaware of community programs (78%) in comparison to those with a medium SES (63%) and a high SES (61%). Respondents in Northern Manitoba (49%) were significantly more likely to be familiar with community programs than others in the rest of the province. Those who self-identified as an Asian ethnicity were significantly more likely to not be aware of community programs (78%) in comparison to Aboriginal respondents (60%).

Q16: Do you recall seeing any advertising or information in Manitoba about drinking alcohol during pregnancy? (YES/NO)

Figure 14: Advertising recall

N= 1,001

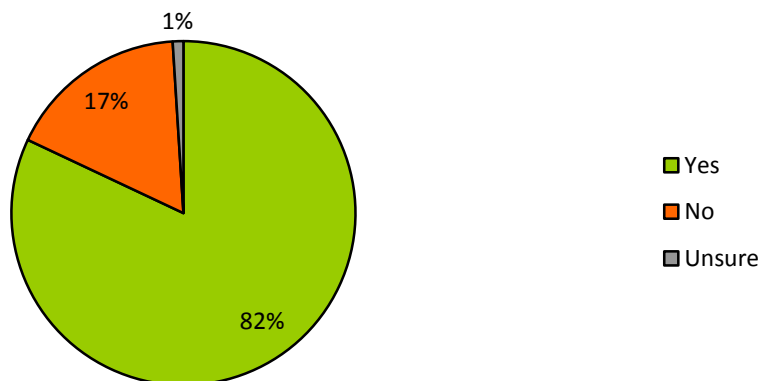


Figure 15 shows that eighty-two percent of respondents indicated they could recall seeing advertising or information in Manitoba about drinking alcohol during pregnancy. Female respondents were significantly more likely to recall seeing this type of information compared to male respondents (87% vs. 77%). Respondents 18 to 34 years of age were significantly less likely to recall seeing advertising or information (75%) in comparison to respondents 35 to 54 years of age (83%) and respondents 55 years of age and older (86%). Respondents who were single (59%) were significantly less likely to recall seeing any advertising or information. Those with a college diploma (84%) or a university degree (86%) were significantly more likely to recall seeing any advertising or information in Manitoba about drinking alcohol during pregnancy in contrast to those with high school or less (79%) or some college or university (74%).

It is noteworthy to mention that respondents who self-identified as an Asian ethnicity were significantly more likely to not recall seeing or hearing any information in relation to drinking alcohol during pregnancy (46%) when compared to those who self-identified as Caucasian (13%) and Aboriginal (16%).

Respondents who indicated they recalled seeing advertising or information in Manitoba about drinking alcohol during pregnancy in Q16 were then asked Q17.

Q17: *What was the main message of the advertisement or information?* (OPEN ENDED. Note: respondents were probed for details such as placement and content of the ad, resulting in a mix of response types to this question.)

| Table 11: Main message of advertisement or info (multiple mentions) | % (N=820) |
|--|----------------------|
| Do not consume alcohol during pregnancy | 58 |
| Saw a TV ad | 34 |
| Drinking alcohol while pregnant can harm the baby | 20 |
| Saw it a Liquor Mart | 14 |
| Saw it at a Doctor's office/Hospital | 13 |
| There is no safe amount of alcohol when pregnant | 12 |
| Saw a poster | 9 |
| Saw it on a bus ad | 8 |
| Saw a billboard | 8 |
| "With Child-Without Alcohol" | 7 |
| Saw it in a public washroom | 7 |
| Saw it in the newspaper | 7 |
| Saw it in a magazine | 3 |
| Saw it in a bar/restaurant | 3 |
| Heard a radio ad | 2 |
| Support resources/Help line | 2 |
| Do not consume alcohol while trying to become pregnant | 2 |
| Other | 6 |
| Don't know/Refused | 5 |

Table 11 shows that when asked if they could recall the main message of the advertisement or information, the top three responses included not consuming alcohol during pregnancy (58%), seeing a TV ad (34%), and that drinking alcohol during pregnancy will harm the baby (20%). Female respondents who have not had a baby in the last five years were significantly more likely to mention not consuming alcohol during pregnancy (63%) in comparison to those who have had a baby within the last five years (47%).

Female respondents who have had a baby within the last five years were significantly more likely to mention seeing information in a doctor’s office or hospital (22%), seeing the message there is no safe amount of alcohol while pregnant (25%), and seeing posters with information (22%) in comparison to females who have not had a baby within the last five years.

Figure 15: Age Categories: Main message of advertising or information

N= 820

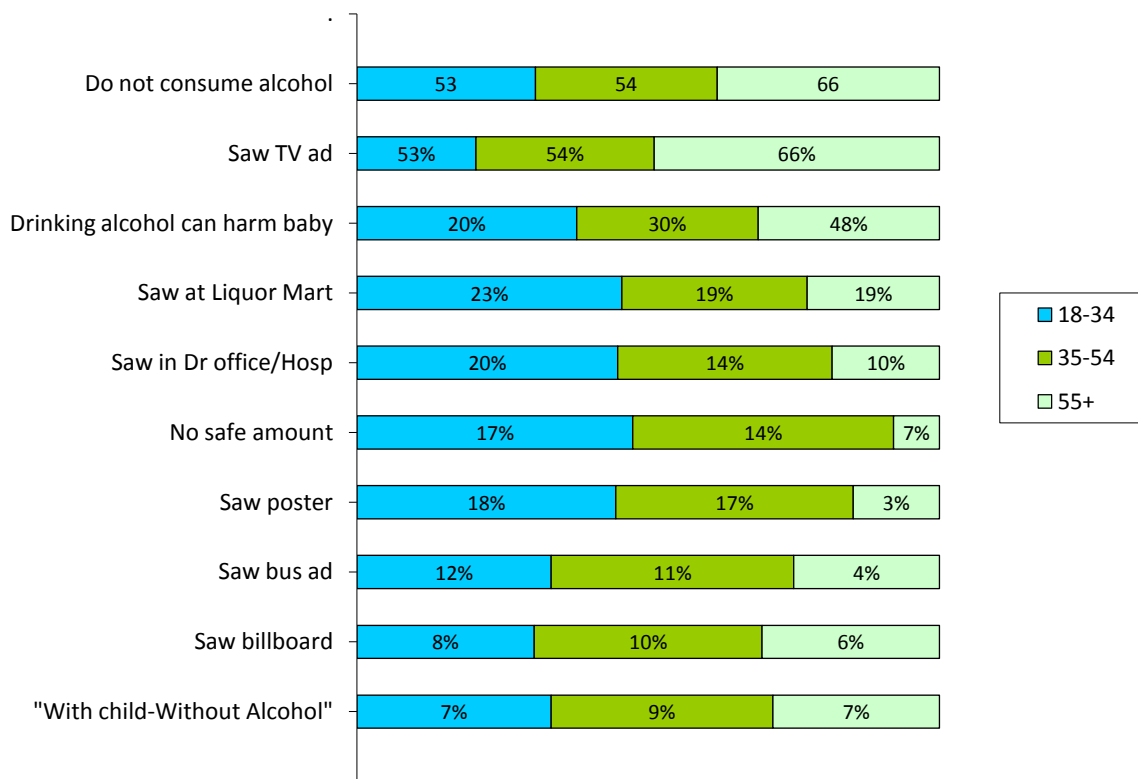


Figure 16 shows the top ten responses mentioned in Q17. Respondents ages 55 and older were significantly more likely to mention not consuming alcohol while pregnant (66%) compared to those 18 to 34 (53%) and 35 to 54 years of age (54%). Respondents 35 to 54 years of age (30%) and those 55 years of age and older (48%) were significantly more likely to mention seeing a TV ad in contrast to respondents 18 to 34 years of age (20%). Respondents aged 18 to 34 (17%) and 35 to 54 (14%) were significantly more likely to mention seeing information in the doctor’s office or hospital, recall the message, “There is no safe amount of alcohol while pregnant” or indicating they saw a poster compared to those 55 years of age or older.

Women Only

The following questions were asked only to female respondents, who were reminded that all of their answers would remain confidential and would not be connected to any personal identifying information.

Q18: *Please tell me which of the following would best describe your situation at this point in time?*
(MULTIPLE CHOICE)

| Table 12: Current personal situation (females only) | % (N=516) |
|--|--------------|
| Currently pregnant | 2 |
| May become pregnant in the future | 12 |
| Neither of the above | 86 |

Female respondents aged 18 to 34 were significantly more likely to indicate they were currently pregnant compared to female respondents 35 to 54 years of age (6% vs. 1%). Female respondents aged 19 to 34 were also significantly more likely to indicate they may become pregnant in the future in contrast to female respondents 35 to 54 years of age (40% vs. 2%). Respondents who have had a baby within the last five years were also significantly more likely indicate they were currently pregnant (10%) compared to respondents who have not had a baby within the past five years (<1%). Additionally, 24% of women who have had a baby within the last five years indicated they may become pregnant in the future, a significant difference when compared to those who have not had a baby in the last five years but may become pregnant in the future (9%).

Women who self-identified as an Asian ethnicity were significantly more likely to indicate they may become pregnant in the future (36%) compared to those who identified as Caucasian (11%), Aboriginal (14%), Canadian (9%), and Other ethnicities (14%).

Women who indicated they may become pregnant in the future when asked Q18 were then asked Q18A.

Q18A: *If you were to become pregnant, would you...?* (MULTIPLE CHOICE)

| Table 13: Change in alcohol consumption (females only) | % (N=62) |
|---|-------------|
| Stop consuming alcohol | 56 |
| Don't currently consume alcohol and would not start | 44 |

Respondents who indicated they may become pregnant in the future were asked Q18A. Table 13 shows that fifty-six percent said they would stop consuming alcohol if they became pregnant and 44% said they did not currently consume alcohol and would not start.

Respondents who indicated they were pregnant at the time of the survey were asked question Q18B.

Q18B: Which of the statements concerning alcohol consumption applies to you since you became pregnant? (MULTIPLE CHOICE)

| Table 14: Alcohol consumption since becoming pregnant (females only) | Actual Mentions (N=10) |
|--|------------------------|
| I have completely stopped my alcohol consumption | 6 |
| I have never consumed alcohol and have not started | 4 |

Table 14 shows that only 10 respondents indicated they were pregnant at the time of the survey. Six respondents indicated they had stopped consuming alcohol since becoming pregnant and four respondents indicated they never have consumed alcohol and would not start.

Q19: Have you had a child in the past five years? (YES/NO)

| Table 15: Child in last five years (females only) | % (N=516) |
|---|-----------|
| Yes | 17 |
| No | 83 |

Respondents 18 to 34 years of age were significantly more likely to indicate they have had a child in the past five years (42%) compared to those 35 to 54 years of age (16%).

The respondents who have had a child in the last five years or were currently pregnant were asked Q20.

Q20: *What advice, if any, did you receive from your doctor about alcohol use while you were pregnant?* (OPEN ENDED)

| Table 16: Advice received from doctor (females only) (multiple mentions) | % (N=90) |
|---|-------------|
| No alcohol at all/Don't drink at all | 51 |
| No advice/Nothing | 32 |
| Asked about my alcohol consumption | 10 |
| Drinking can harm the baby | 8 |
| Glass of wine is ok | 3 |
| Other | 11 |
| Don't know/Refused | 1 |

Table 16 shows that fifty-one percent said their doctor advised them not to consume alcohol at all while pregnant; 32% were not given any advice from their doctor; 10% indicated their doctor asked about their alcohol consumption; 8% said the doctor told them that alcohol can harm the baby; and, 3% said the doctor mentioned a glass of wine was ok to consume while pregnant.

Of the thirty-two percent who were not given any advice from their doctor, those aged 35 to 54 were significantly more likely (49%) than those 18 to 34 years of age (24%) to provide this response. Respondents who were not given any advice from their doctor were also significantly more likely to have some college or university education (86%) compared to those with high school or less (27%), a college diploma (31%), or a university degree (21%).

Men Only

The following questions were asked only to male respondents. They were reminded that all of their answers would remain confidential and would not be connected to any personal identifying information.

Q21: Do you currently have a spouse or partner who is pregnant or whom you think might become pregnant in the future? (YES/NO)

| Table 17: Partner or spouse pregnant (males only) | % (N=485) |
|---|-----------|
| Yes | 10 |
| No | 89 |
| Don't know/Refused | 1 |

Male respondents ages 18 to 34 were significantly more likely to have a partner or spouse who was currently pregnant or may become pregnant in the future compared to those 35 to 54 (6%) and those 55 years of age and older (1%). Those who were married were also significantly more likely to have a partner or spouse who was currently pregnant or may become pregnant in the future compared to those who were single (14% vs. 5%). Those who self-identified as an Asian ethnicity were significantly more likely to have a spouse or partner who was currently pregnant (34%).

Male respondents who indicated they currently have a partner or spouse who is pregnant or may become pregnant in the future were asked Q22A&B. Due to the small sample size of 49 respondents, the tables for Q22A and Q22B reports on actual mentions and not percentages.

Q22A: If your partner is or were to become pregnant would you...? (MULTIPLE CHOICE)

| Table 18: Partner or spouse advice on alcohol consumption (males only) | Actual Mentions (N=49) |
|--|------------------------|
| Encourage her to stop drinking alcohol during pregnancy | 38 |
| My partner does not drink | 5 |
| Provide no advice regarding alcohol consumption | 4 |
| Encourage her to cut back drinking alcohol during pregnancy | 3 |

Q22B: If your partner is or were to become pregnant would you...? (MULTIPLE CHOICE)

| Table 19: Personal alcohol consumption (males only) | Actual Mentions (N=49) |
|---|------------------------|
| Not change my alcohol consumption | 16 |
| Cut back drinking alcohol yourself during pregnancy | 13 |
| Stop drinking alcohol yourself during pregnancy | 13 |
| I do not drink alcohol | 7 |

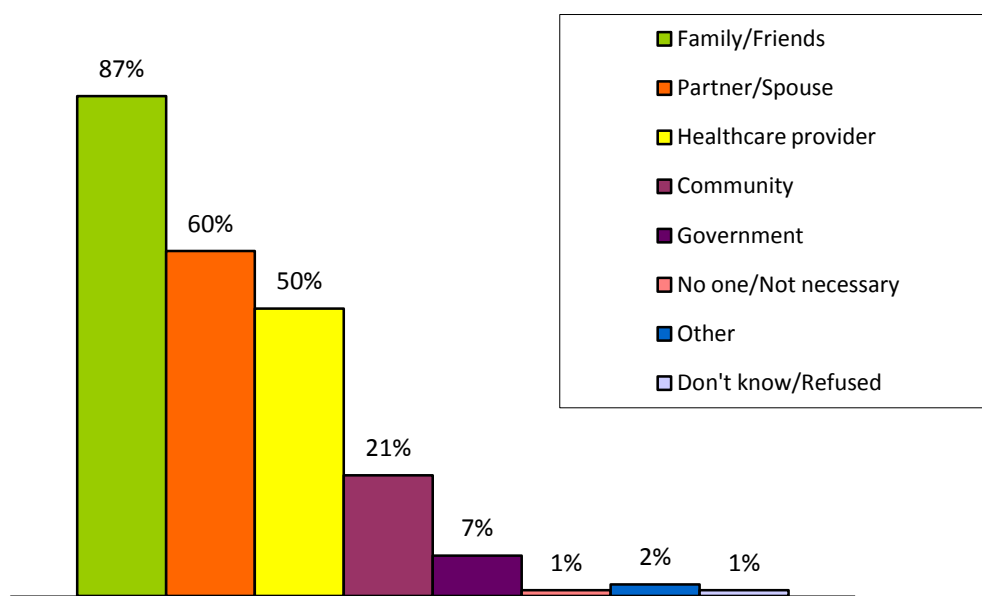
Encouraging a Woman Not to Drink

The following question was asked to all respondents.

Q23 Who should be involved in encouraging a woman not to drink alcohol during pregnancy? (OPEN ENDED)

Figure 16: Who should encourage women not to drink alcohol during pregnancy

N= 1,001



All respondents were asked who should be involved in encouraging a woman not to drink alcohol during pregnancy. Figure 17 shows that eighty-seven percent of respondents mentioned family and friends, 60% mentioned partner/spouse, 50% mentioned a health care provider, 21% mentioned the community, 7% mentioned the government, and 1% said no one should be involved/not necessary to be involved.

Female respondents 18 to 34 years of age (94%) were significantly more likely than other respondents to indicate that family and friends should be involved in encouraging a woman not to drink during pregnancy. Additionally, respondents with a high SES were also significantly more likely to provide this response (92%) in comparison to those with a medium SES (88%) and a low SES (84%).

Male respondents were significantly more likely to indicate a partner or spouse should be involved in encouraging a woman not to drink during pregnancy compared to female respondents (64% vs. 56%). Those with high school or less were also significantly more likely to provide this response in comparison to those with a university degree (66% vs. 54%).

Sixty-five percent of female respondents indicated a health care provider should be involved in encouraging women not to drink during pregnancy; this is a significant difference compared to male respondents (65% vs. 34%). Respondents 55 years of age (57%) and older were significantly more likely to indicate a health care provider in comparison to those 18 to 34 years of age (45%) and those 35 to 54 years of age (48%).

Appendix A: Questionnaire

MANITOBA FASD AWARENESS SURVEY

Hello, my name is _____ and I am calling on behalf of NRG Research Group, a local public opinion research firm. We are completing a short survey on a public health related issue.

The survey is being conducted on behalf of the Healthy Child Manitoba Office within the Manitoba government department of Children and Youth Opportunities. Healthy Child Manitoba works on achieving the best possible outcomes for Manitoba's children, families, and communities.

Should you have any questions about the purpose of the survey you can contact Healthy Child Manitoba at 1-888-848-0140

All of your answers are completely confidential and not connected to any of your personal information and your participation would be greatly appreciated. The survey will only take 8 to 10 minutes to complete. Would now be a good time to complete the survey?

First, are you 18 years of age or older? [CONTINUE IF YES]

Do you work in any of the following occupations? [READ. THANK & TERMINATE IF YES TO ANY]

- Market research
- Department of Children & Youth Opportunities

RECORD GENDER

- Female
- Male

INTRO QUESTION:

When you think of public health issues related to babies, children's health and development, what public health issue should Healthy Child Manitoba currently be focussing on? [DO NOT READ LIST/RECORD UP TO TWO MENTIONS/PROBE FOR TWO RESPONSES]

- 01 – Fetal Alcohol Spectral Disorder (FASD)
- 02 – Autism
- 03 – ADHD
- 04 – Learning disabilities
- 05 – Early childhood development
- 06 – Childhood Obesity
- 07 – Health care for children
- 08 – Prenatal classes for mothers
- 09 – Parenting classes
- 10 – Breastfeeding
- 11 – Avoiding Cigarettes/second hand smoke
- 12 – Other (specify) _____
- 13 – Don't know/REF

HEALTHY PREGNANCY

For the next few questions, please answer to the best of your ability. I would now like to ask you some questions about a public health issue.

1. Thinking about healthy babies and children, what in your opinion are the most important things pregnant women can do to ensure that their baby will be born healthy?

CODE ALL THAT APPLY (FIRST MENTION, SECOND MENTION, THIRD MENTION, FOURTH MENTION, FIFTH MENTION)

Responses will be coded by interviewer. Responses will not be read out to the respondent

- 01 – Visit doctor/health professional
- 02 – Eat well/good nutrition/vitamins
- 03 – Increase exercise/physical activity
- 04 – Reduce exercise/physical activity
- 05 – Cut down/stop smoking
- 06 – Cut down/stop alcohol use
- 07 – Cut down/stop drug use (marijuana, crack, heroin, etc.)
- 08 – Avoid stress
- 09 – Avoid environmental pollution
- 10 – Avoid second smoke
- 11 – Positive mental attitude
- 12 – Learn about infant care
- 13 – Take pre-natal class
- 14 – Talk to friends/family/social support
- 15 – Get rest/sleep
- 16 – Vaccinations/Immunizations
- 17 – Nutrition/Healthy eating
- 77 – Other (specify) _____
- 99 – Don't know/REF

2. Again, thinking about healthy babies and children, in your opinion, which of the following substances taken during pregnancy causes the most **harm** in babies? Is it....? (READ LIST/SELECT ONE) RANDOMIZE LIST

- Cigarettes
- Marijuana
- Cocaine
- Alcohol
- Sleeping pills
- DK/REF (DO NOT READ)

3. At what **time during a woman's pregnancy** do you think it is safe for a woman to drink alcohol?
(READ LIST/CHOOSE ALL THAT APPLY)
- Never a good time (GO DIRECTLY TO NEXT QUESTION/SINGLE RESPONSE)
 - Before she knows she is pregnant
 - First three months (if necessary, First trimester)
 - Middle three months (if necessary, Second trimester)
 - Last three months (if necessary, Third trimester)
 - DK/REF (DO NOT READ)
4. How often would you say it is safe for a woman to drink alcohol during pregnancy? Is it...? (Read list/One response only)
- Once or twice a day
 - Once or twice a week
 - Once or twice a month
 - Once or twice during the entire pregnancy
 - It is never safe to drink alcohol during pregnancy **SKIP TO Q6**
 - DK/REF (DO NOT READ) **SKIP TO Q6**
5. **[IF NEVER IN Q4, SKIP TO Q6]** How many drinks can a pregnant woman safely consume in one sitting?
_____ [RECORD A NUMBER, NOT A RANGE]
6. Are there any safe types of alcohol one can drink in pregnancy?
- No, there are no safe types of alcohol **SKIP TO Q7**
 - Yes, some kinds of alcohol are safe in pregnancy

6.B [IF YES] What type of alcohol is safe to consume during pregnancy? [DO NOT READ LIST/PROBE FOR ADDITIONAL RESPONSES. RECORD ALL THAT APPLY]

- Wine is safe in pregnancy
- Beer is safe in pregnancy
- Coolers are safe on pregnancy
- Spirits are safe in pregnancy
- Lower alcohol content products are safe, such as Lite Beer
- Other _____
- DK/REF (DO NOT READ)

7. In your opinion, when should a woman stop drinking if **she was thinking of getting pregnant**?
Should she stop drinking alcohol...? [READ LIST/CHOOSE ONE RESPONSE]

- When she is trying to get pregnant
- Once she thinks she might be pregnant
- Once her doctor confirms that she is pregnant
- Or she doesn't need to stop drinking [READ ALWAYS LAST]
- DK/REF (DO NOT READ)

8. In your opinion, why do you think a woman would drink while she is pregnant? (DO NOT READ LIST/SELECT ALL THAT APPLY) PROBE... Any other reason?

- Unaware of pregnancy
- Unaware of the potential harms of alcohol
- Addiction issues
- Using alcohol to cope with mental illness, stress, abuse or other challenges
- Partner/family/friends encourage her to drink/aren't supportive of stopping
- Drinking while pregnant is culturally acceptable
- Unable to say No
- Habit/lifestyle
- Doesn't care about the impact on her baby
- Other: _____ SPECIFY
- DK/REF (DO NOT READ)

QUESTIONS ABOUT FETAL ALCOHOL SPECTRUM DISORDER (FASD)

9. Have you heard about “FASD”?

- Yes
- No
- Unsure
- REF (DO NOT READ)

9. B [IF YES] Can you tell me what FASD stands for?

- Fetal Alcohol Spectrum Disorder
- Fetal Alcohol Syndrome Disorder
- Fetal Alcohol Syndrome
- Fetal Alcohol

- Other _____
- Don't know

IF SELECTED SKIP TO Q11

10. Have you heard about Fetal Alcohol Spectrum Disorder

- Yes
- No
- Unsure
- REF (DO NOT READ)

11. The full definition of FASD is Fetal Alcohol Spectrum Disorder. Have you ever met someone who has been diagnosed with a fetal alcohol disorder?

- Yes
- No
- Unsure
- REF (DO NOT READ)

13. What are the effects that consuming alcohol during pregnancy might have on a baby? RECORD ALL RESPONSES)

14. Please tell me if the following statements are True or False:

A. The effects of alcohol use usually disappear as the child grows older?

- True
- False
- DK/REF (DO NOT READ)

B. Alcohol use during pregnancy can lead to life-long disabilities in a child?

- True
- False
- DK/REF (DO NOT READ)

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15. Are you aware of any community programs that support women in preventing alcohol use during pregnancy?

- Yes
- No
- Don't Know
- REF (DO NOT READ)

Recall about advertising information

16. Do you recall seeing any advertising or information in Manitoba about drinking alcohol during pregnancy?

- Yes
- No **SKIP TO Q18**
- Unsure **SKIP TO Q18**
- REF (DO NOT READ) **SKIP TO Q18**

17. **[IF YES IN Q16]** What was the main message of advertisement or information? [RECORD OPEN END PROBE FOR SOME DETAIL SUCH AS WHERE DID YOU SEE THE AD AND WHAT DO YOU RECALL IT SAID. WHERE DID YOU SEE THE BROCHURE]

ASK TO Women only

For the next several questions, please just answer to the best of your ability. Please remember all of your answers will remain confidential and are not connected to any personal identifying information.

18. Please tell me which of the following would best describe your situation at this point in time... would you say you are... (Read list/Record one response only).

- 01 Currently pregnant
- 02 May become pregnant in the future
- 03 None of the above **SKIP TO 19**
- 04 DK/REF (DO NOT READ) **SKIP TO 19**

18B. [ASK IF 02 IN Q18] If you **were to become** pregnant, would you.... [READ LIST/RECORD ONE RESPONSE DON'T RANDOMIZE]

- Not change your alcohol consumption
- Cut back on your alcohol consumption
- Stop consuming alcohol
- Or you don't currently consume alcohol and would not start
- Unsure [DON'T READ]
- REF [DO NOT READ]

18C [ASK IF 01 IN Q18] Which of the statements concerning alcohol consumption applies to you since you became pregnant? [READ LIST/RECORD ONE RESPONSE DON'T RANDOMIZE]

- I have not changed my alcohol consumption
- I have cut back on my alcohol consumption
- I have completely stopped my alcohol consumption
- I never consumed alcohol and have not started [ALWAYS LAST]
- Unsure [DON'T READ]
- REF [DO NOT READ]

19. [ASK ALL] Have you had a child in the past five years

- Yes
- No **[SKIP TO Q23]**
- DK/REF **[SKIP TO Q23]**

[IF YES IN Q19 or PREGNANT (O1) AT Q18]: What advice, if any, did you receive from your doctor about alcohol use while you were pregnant? [DO NOT READ LIST, RECORD ALL RESPONSES PROBE WITH anything else?]

- No advice, nothing
- No alcohol at all/don't drink at all
- Drinking can harm the baby
- Reduce alcohol consumption
- Glass of wine is ok
- Gave me pamphlets
- Other specify _____
- DK/REF

ASK TO Men only

20. Do you currently have a spouse or partner who is pregnant or whom you think might become pregnant in the future?

- Yes
- No **[SKIP TO Q23]**
- DK/REF **[SKIP TO Q23]**

[ROTATE Q22A &B]

22a. If your partner is or were to become pregnant would you [ROTATE FIRST 2 OPTIONS] [READ BOTH AND SELECT ONE]

- Encourage her to stop drinking alcohol during pregnancy
- Encourage her to cutback drinking alcohol during pregnancy
- Provide no advice regarding alcohol consumption
- My spouse does not drink alcohol [VOLUNTEERED]
- Don't know [VOLUNTEERED]

22b. If your partner is or were to become pregnant would you [ROTATE FIRST 2 OPTIONS] [READ BOTH AND SELECT ONE]

- Stop drinking alcohol yourself during pregnancy
- Cutback drinking alcohol yourself during pregnancy
- Not change your alcohol consumption
- I do not consume alcohol [VOLUNTEERED]
- Don't know [VOLUNTEERED]

ASK ALL

23. Who should be involved in encouraging a woman not to drink alcohol during pregnancy? (DO NOT READ LIST/ SELECT ALL THAT APPLY) PROBE Anyone else?

- Partner/spouse
- Family/friends
- Community
- Healthcare provider
- Government
- No one/ not necessary
- Other specify _____
- Don't know

THE NEXT FEW QUESTIONS ARE FOR DEMOGRAPHIC PURPOSES ONLY SO WE CAN GROUP YOUR RESPONSE TOGETHER WITH OTHERS.

24. Which city or community do you live in? _____ [PROVIDE LIST OF TOP 20]

25. What is your postal code? _____ [ask for first 3 digits if hesitant]

26. Which of the following age ranges do you fall into?

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-60 years old
- 61 YEARS OF AGE OR OLDER
- REF [DO NOT READ]

27. Are you currently [READ LIST/ SELECT ONE]:

- Married
- Widowed
- Separated
- Divorced
- Single
- Other
- DK/REF [DO NOT READ]

28. Have you lived in Canada less than five years?

- Yes
- No
- DK/REF [DO NOT READ]

29. What is the highest level of education you have received? [IF NECESSARY, READ SELECT ONE]

- Less than high school
- Completed high school
- Some college
- Some university
- Completed a college diploma or degree
- Completed a university degree
- Other : _____

30. Approximately what range is your annual family household income before taxes? [READ LIST]

- Up to just under \$20,000
- \$20,000 to just under \$40,000
- \$40,000 to just under \$60,000
- \$60,000 to just under \$80,000
- \$80,000 to just under a \$100,000
- \$100,000 to just under \$150,000
- \$150,000 or more
- DK/REF [DO NOT READ]

31. While we are all Canadian, we all have different ethnic backgrounds. What is your Ethnicity? [DO NOT READ LIST/SELECT ALL THAT APPLY]

- Caucasian/European/White (includes: English, French, German, Italian, Ukrainian, Russian, etc.)
- Aboriginal/First Nations/Metis
- Chinese
- Filipino
- Other East or Southeast Asian (includes: Japanese, Korean, Vietnamese, Malaysian, Indonesian, etc.)
- Other South Asian (includes: Indian, Pakistani, Bangladeshi, Sri Lankan, etc.)
- African (includes: African-American, African-Canadian, Ethiopian, Kenyan, Ugandan, etc.)
- South and Central Americans (includes: Costa Rican, Nicaraguan, Peruvian, Chilian, Mexican, Cuban, etc.)
- Caribbean (includes: Jamaican, Bahaman, Dominican, Haitian, Barbadian, Trinidadian, etc.)
- Middle Eastern (includes: Arabs, North Africans, Egyptian, Sudanese, Iranians/Persians, Turks, etc.)
- OTHER (SPECIFY) _____
- JUST CANADIAN
- DON'T KNOW / REFUSED

On behalf of Healthy Child Manitoba and NRG Research Group thank you very much for doing this survey.

If you would like to receive more information on alcohol and pregnancy, please call the Mother Risk helpline at 1-877-327-4636 or contact your local health provider.