

## **CPNP Participant Outcome Survey (2025)**

### **INTRODUCTION**

The program you attend is supported by the Public Health Agency of Canada (PHAC) through the Canada Prenatal Nutrition Program (CPNP). There are approximately 240 community organizations across Canada delivering CPNP programs to pregnant and parenting women and families. CPNP programs are called by different names in each local community across the country.

### **PURPOSE OF THE SURVEY**

This survey looks at what CPNP participants learn from the program. Responses will be grouped and will be used in reports to better understand how the program can be improved.

### **CONFIDENTIALITY**

This survey does not ask for any information that will directly identify you (such as your name or address). Answers to the survey will be kept in an electronic database which will be given to the Public Health Agency of Canada to be stored securely.

### **PRIVACY NOTICE**

The information you provide to PHAC will be used under the authority of:

- section 4 of the *Department of Health Act*;
- section 3 of the *Public Health Agency of Canada Act*; and
- handled in accordance with the *Privacy Act*.

You have a right to raise any concerns to the Privacy Commissioner of Canada if you feel that your personal information has been handled improperly. For more information about these rights, please send an e-mail to [dca\\_public\\_inquiries@phac-aspc.gc.ca](mailto:dca_public_inquiries@phac-aspc.gc.ca)

### **PARTICIPATION**

- You can complete this survey if you are pregnant or parenting an infant and are currently attending a CPNP program.
- The survey will take about 15 minutes to complete.
- There are no right or wrong answers.
- It is your choice whether to participate and you can skip questions you do not want to answer.
- If you do not fill out this survey, it will not affect the services you receive from this program.
- You can complete this survey on your own or you can ask program staff for help.

### **CPNP PARTICIPANT CONSENT FORM**

**INFORMED CONSENT: Do you agree to fill out this survey? A response to this question is required.**

- ☐ Yes, I agree
- ☐ No, I do not agree (End of survey)

**1. Are you pregnant or parenting an infant and participating in a CPNP project?**

- ☐ Yes
- ☐ No (End of survey)

**SECTION A: PROGRAM PARTICIPATION**

**A1. At what stage of your pregnancy did you start participating in this CPNP program?**

- ☐ First trimester (week 1 to week 12)
- ☐ Second trimester (week 13 to week 28)
- ☐ Third trimester (week 29 to week 40)
- ☐ Postnatal (after my baby was born)

**A2. In general, how often do you participate in this CPNP program? (Check only one)**

- ☐ This is my first visit
- ☐ More than once a week
- ☐ Once a week
- ☐ 2-3 times a month
- ☐ Once a month
- ☐ Less than once a month

**A3. What types of activities (virtual and/or in-person) have you participated in at this CPNP program?**

- ☐ Group programs or classes (prenatal or postnatal classes, drop-in programs, community kitchens or information sessions)
- ☐ Home visiting program (services received in your home)
- ☐ Individual counseling
- ☐ One-on-one support
- ☐ Other (please specify): \_\_\_\_\_

## SECTION B: PARENT/CAREGIVER KNOWLEDGE AND SKILLS

***The next questions are about the knowledge and skills you have gained as a result of participating in this CPNP program.***

**B1. How much do you agree or disagree with the following statements?**

*If you have not participated in these types of activities, please select “Not Applicable.”*

[illegible]

Not for Completion

j.	I know <b>more</b> about my baby's growth and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	I know <b>more</b> about safe sleep for my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	I know <b>more</b> about ways to protect my baby from injuries (for example, car seat safety, home safety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	I know <b>more</b> about attachment and ways of bonding with my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n.	I know <b>more</b> about the importance of breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o.	I have <b>more</b> people to talk to when I need support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p.	I am <b>better</b> able to cope with my stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q.	My mental health is <b>better</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r.	I am using other programs and services that I had not used before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s.	I know <b>more</b> about family violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### SECTION C: INFORMATION ABOUT YOUR PREGNANCY

**C1. Since learning you were pregnant, have you smoked cigarettes?**

- ☐ Yes  
☐ No (Skip to question C3)

**C2. Did the information or support you received from CPNP (including referrals to services) help you to reduce or quit smoking?**

- ☐ Yes, I have quit smoking  
☐ Yes, I have reduced my smoking  
☐ No, the information or support I received from CPNP did not help me to quit or reduce my smoking

**C3. Since learning you were pregnant, did you drink alcohol?**

- ☐ Yes  
☐ No (Skip to Section D)

**C4. Did the information or support you received from CPNP (including referrals to services) help you to reduce or quit drinking alcohol?**

- ☐ Yes, I have quit drinking alcohol  
☐ Yes, I have reduced my drinking of alcohol  
☐ No, the information or support I received from CPNP did not help me to reduce or quit drinking alcohol

**SECTION D: INFORMATION ABOUT YOUR BABY**

**D1. Did you have your baby while participating in this CPNP Program?**

- ☐ Yes  
☐ No (Skip to section E)

**D2. When was your baby born?**

		2	0		
Month		Year			

**D3. Was your baby born early or premature (born less than 37 weeks gestation)?**

- ☐ Yes  
☐ No

**D4. How much did your baby(ies) weigh?**

*(If you had twins or triplets, please answer for each baby).*

	Pounds	Ounces	OR	Grams
Example: Baby X	7	6		3345
Baby 1				
Baby 2				
Baby 3				

**D5. Did you breastfeed your baby, even if only for a short time?**

- ☐ Yes  
☐ No (Skip to question D8)

Not for Completion

**D6. Are you still breastfeeding?**

- ☐ Yes (Skip to question D8)
- ☐ No

**D7. For how long did you breastfeed your baby?**

- ☐ Less than one month
- ☐ At least one month but less than 3 months
- ☐ At least 3 months but less than 6 months
- ☐ 6 months or more

**D8. Did you get any help or advice from CPNP staff about breastfeeding?**

- ☐ Yes
- ☐ No

## SECTION E: YOUR EXPERIENCE IN THE PROGRAM

**E1. Thinking about your experience with this program, how much do you agree or disagree with the following statements? These statements are meant to reflect your overall experience.**

[illegible]

**SECTION F: PARTICIPANT INFORMATION**

**F1. What province or territory do you live in?**

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Nunavut
- ☐ Ontario
- ☐ Prince Edward Island
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

**F3. What is your gender?**

- ☐ Female
- ☐ Male
- ☐ Another gender
- ☐ Prefer not to answer

**F4. How old are you?**

- ☐ 19 years or less
- ☐ 20-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50 years or more

**F5. What is your HIGHEST level of education?**

- ☐ Less than High School
- ☐ Finished High School
- ☐ Certificate or Diploma after High School
- ☐ College or University Degree
- ☐ Prefer not to answer

**F6. Are you a lone parent/caregiver (for example, parenting on your own)?**

- ☐ Yes
- ☐ No

**F7. Do you identify as First Nations, Inuk/Inuit and/or Métis? (Check all that apply)**

- ☐ Yes, First Nations
- ☐ Yes, Inuk/Inuit
- ☐ Yes, Métis
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

**F8. Were you born in Canada?**

- ☐ Yes (Skip to question F10)
- ☐ No

**F9. How long have you lived in Canada?**

- ☐ Less than one year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11 or more years

**F10. What languages do you speak and understand? (Check all that apply)**

- ☐ English
- ☐ French
- ☐ Indigenous language(s) (please specify):
- ☐ Other language(s) (please specify):

**F11. Which race/racial/ethnic background category best describes you?  
(Check all that apply. Do not respond if you answered "yes" to question F7).**

- ☐ Black (for example, African, African Canadian, African Caribbean descent, Caribbean)
- ☐ East Asian (for example, Chinese, Japanese, Korean, Taiwanese descent)
- ☐ Latin American (for example, Hispanic or Latin American descent)
- ☐ Middle Eastern/West Asian (for example, Arab, Persian, Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)
- ☐ South Asian (for example, Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)
- ☐ Southeast Asian (for example, Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent)
- ☐ White (for example, European descent)
- ☐ Another race category — please specify:
- ☐ Do not know
- ☐ Prefer not to answer



**F12. Including you, how many people live in your home?**

Number of people 18 years of age or

Number of people 17 years of age or younger

**F13. In the last 12 months, were there times when you had challenges in any of the following areas? (Check all that apply). Please reach out to staff at your local CPNP program if you need information or support in any of these areas.**

- ☐ Stress
- ☐ Feeling isolated
- ☐ Having enough food for your family
- ☐ Housing
- ☐ Family violence
- ☐ Drug / alcohol use in family
- ☐ Mental health
- ☐ Physical health
- ☐ Access to health professionals and/or prenatal care
- ☐ Parenting a child with developmental or physical challenges or special needs (for example, troubles with hearing, seeing, speech, learning, moving or behaviour)
- ☐ Other (please specify): \_\_\_\_\_

**F14. What is your best estimate of your total household income in 2023?**

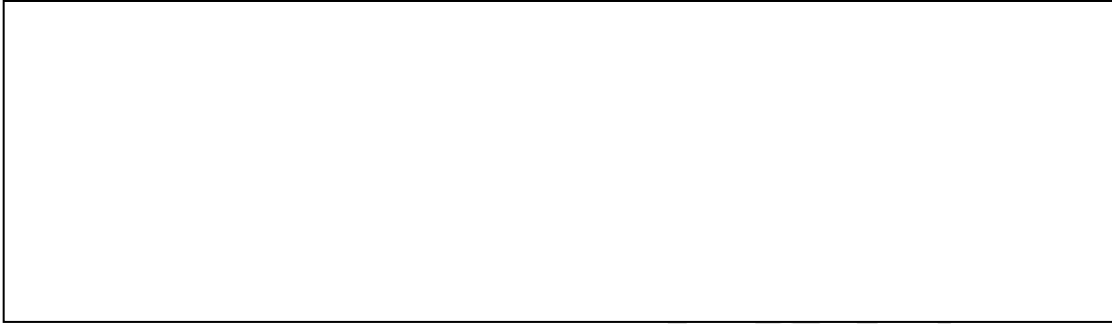
***(Total household income is income from all household members from all sources including social assistance before taxes and deductions.)***

- ☐ Less than \$10,000
- ☐ \$10,000 to less than \$20,000
- ☐ \$20,000 to \$30,400
- ☐ \$30,401 to \$43,000
- ☐ \$43,001 to \$52,700
- ☐ \$52,701 to \$60,800
- ☐ \$60,801 to \$68,000
- ☐ \$68,001 to \$74,500
- ☐ \$74,501 to \$80,400
- ☐ \$80,401 to \$86,000
- ☐ \$86,001 to \$91,200
- ☐ \$91,201 to \$96,100
- ☐ \$96,101 or more
- ☐ Don't know
- ☐ Prefer not to answer

Not for Completion

**Overall, is there anything else you would like to share about how this program has made a difference for you, your baby(ies) or your family?**

*This survey is set up to be anonymous, so please do not provide any information that could identify you and/or other individuals.*



***Thank you for taking the time to complete this survey!***

Not for Completion