

The Tomorrow Project

Albertans Studying the Connection Between Lifestyle and Cancer

Survey 2008



This box contains your unique study number and gender



Alberta
CANCER BOARD



Alberta
CANCER FOUNDATION


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Directions For Completing This Questionnaire

Survey 2008 may take about 45 to 70 minutes to answer. Please follow the directions carefully. You will be asked to skip certain questions or whole sections that do not apply to you.

- ❖ We appreciate you completing the whole survey. However, if you prefer not to answer a question, write '**Decline**' beside it.
- ❖ We ask you to try and remember the month (MM) and year (YYYY) that different events occurred in your life in many questions on the survey. Please enter as much information as you can remember. If you cannot remember the month that something occurred, please write the season when it occurred (winter, spring, summer or autumn/fall) on the page beside the question.
- ❖ Use a ballpoint pen, **not a felt pen**.
- ❖ Shade in the bubbles completely, like this: 
- ❖ Write numbers in boxes like this:

2	1
---	---

If you are writing a single digit where there is more than one box, it does not matter which box you write the number in.
- ❖ If you make an error, put an X through the incorrect bubble like this: 
- ❖ A tape measure is enclosed to take your body measurements. Please report your measurements in feet, inches and pounds. The numbers will be changed to metric units at the study centre.
- ❖ Please leave the booklet stapled together - the pages will be separated at the study centre.

Not sure how to answer a question? Please feel free to contact us:

- ❖ Call our toll-free number from anywhere in Canada: 1.877.919.9292
- ❖ Call collect from outside Canada: 1.403.521.3122
- ❖ E-mail us at: tomorrow@cancerboard.ab.ca



GENERAL HEALTH

GHI

This section is about your personal health and family history.

GHI 1 **During your lifetime**, has a doctor ever told you that you had cancer?

☐ YES

☐ NO

→ **SKIP TO GHI 3 (THIS PAGE)**

GHI 2 What type of cancer was it and when was the cancer first diagnosed? If you have had cancer more than once, please list each one separately.

Type of Cancer

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Cancer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of Cancer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of Cancer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* * * * *

GHI 3 **Since you joined the study**, have any of your full-blooded relatives (mother, father, brothers, sisters, sons, daughters) been diagnosed with any type of cancer? Please do not include adoptive parents, step siblings, half-siblings, adopted children or stepchildren.

If you are not sure if you told us in a previous survey about cancer experienced by a family member, please include the information on this survey.

☐ YES, a full-blooded relative has been diagnosed with cancer

☐ NO

→ **SKIP TO GHI 5 (PAGE 5)**

GHI 4 Please identify the relationship to you of each relative diagnosed with cancer and print the **type of cancer** or **where it started** and the **age** the cancer was first diagnosed. Please include only where the cancer started, and not places where it may have spread to.

			Type of Cancer	Age
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		
<input type="radio"/> Mother	<input type="radio"/> Brother	<input type="radio"/> Sister		
<input type="radio"/> Father	<input type="radio"/> Daughter	<input type="radio"/> Son		



GHI 5 **During your lifetime**, has a doctor ever told you that you have had a heart attack?

☐ YES → When did you first have a heart attack?

M	M	Y	Y	Y	Y

☐ NO

GHI 6 **During your lifetime**, has a doctor ever told you that you have had a stroke?

☐ YES → When did you first have a stroke?

M	M	Y	Y	Y	Y

☐ NO

During your lifetime, has a doctor ever told you that you have any of the following conditions? If yes, enter the date the condition was first diagnosed.

	NO	YES	M	M	Y	Y	Y	Y
GHI 7 Angina (chest discomfort associated with activity)	<input type="radio"/>	<input type="radio"/>						
GHI 8 Emphysema	<input type="radio"/>	<input type="radio"/>						
GHI 9 Chronic bronchitis	<input type="radio"/>	<input type="radio"/>						
GHI 10 Ulcerative colitis	<input type="radio"/>	<input type="radio"/>						
GHI 11 Crohn's disease	<input type="radio"/>	<input type="radio"/>						
GHI 12 Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>						
GHI 13 Hepatitis	<input type="radio"/>	<input type="radio"/>						
GHI 14 Cirrhosis of your liver	<input type="radio"/>	<input type="radio"/>						
GHI 15 Hypothyroid (underactive thyroid)	<input type="radio"/>	<input type="radio"/>						
GHI 16 Hyperthyroid (overactive thyroid)	<input type="radio"/>	<input type="radio"/>						
GHI 17 Arthritis	<input type="radio"/>	<input type="radio"/>						
GHI 18 Osteoporosis (thinning bones)	<input type="radio"/>	<input type="radio"/>						
GHI 19 Asthma	<input type="radio"/>	<input type="radio"/>						
GHI 20 Persistent acid reflux	<input type="radio"/>	<input type="radio"/>						
GHI 21 Heart problems	<input type="radio"/>	<input type="radio"/>						
GHI 22 Polyps in your colon or rectum	<input type="radio"/>	<input type="radio"/>						

GHI 23 **During your lifetime**, has a doctor ever told you that you had high blood pressure (hypertension)?
High blood pressure is considered to be 140/90 mmHg or higher. If one or both numbers are high, you have high blood pressure.

☐ YES

☐ NO → **SKIP TO GHI 28 (THIS PAGE)**

GHI 24 When was the first time your doctor told you that you had high blood pressure?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GHI 25 Have you made any lifestyle changes to try to control your high blood pressure?

☐ YES, diet only

☐ YES, physical activity only

☐ YES, diet and physical activity

☐ NO

GHI 26 Are you currently taking any medication to control your high blood pressure?

☐ YES → **SKIP TO GHI 28 (THIS PAGE)**

☐ NO

GHI 27 Do you still have high blood pressure?

☐ YES

☐ NO

☐ DON'T KNOW

* * * * *

GHI 28 **During your lifetime**, has a doctor ever told you that you had high cholesterol in your blood?
High cholesterol is considered to be a total cholesterol value of 5.2 mmol/L or higher.

☐ YES

☐ NO → **SKIP TO GHI 33 (NEXT PAGE)**



GHI 29 When was the first time your doctor told you that you had high cholesterol in your blood?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GHI 30 Have you made any lifestyle changes to try to control your high cholesterol in your blood?

- ☐ YES, diet only
- ☐ YES, physical activity only
- ☐ YES, diet and physical activity
- ☐ NO

GHI 31 Are you currently taking any medication to control your high cholesterol in your blood?

- ☐ YES → **SKIP TO GHI 33 (THIS PAGE)**
- ☐ NO

GHI 32 Do you still have high cholesterol in your blood?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

* * * * *

GHI 33 **During your lifetime**, has a doctor ever told you that you had diabetes? Do not include pregnancy-related diabetes that went away after the pregnancy ended.

- ☐ YES
- ☐ NO → **WOMEN: SKIP TO GHI 38 (NEXT PAGE)**
MEN: SKIP TO NEXT SECTION, SCR 1 (PAGE 9)

GHI 34 When was the first time your doctor told you that you had diabetes?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GHI 35 Have you made any lifestyle changes to try to control your diabetes?

- ☐ YES, diet only
- ☐ YES, physical activity only
- ☐ YES, diet and physical activity
- ☐ NO

GHI 36 Are you currently taking any medication to control your diabetes?

- ☐ YES → Choose all that apply:
- ☐ Pills or tablets
 - ☐ Insulin injections
 - ☐ Insulin pump
- ☐ NO

WOMEN: SKIP TO GHI 38
MEN: SKIP TO NEXT SECTION, SCR 1 (PAGE 9)

GHI 37 Do you still have diabetes?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

MEN: SKIP TO THE NEXT SECTION, SCR 1 (PAGE 9)
WOMEN: CONTINUE WITH GHI 38 BELOW

WOMEN ONLY:

GHI 38 Did you ever have an operation to have both of your ovaries removed?
If you had two separate operations to remove your ovaries, please indicate the date of your **last** surgery.

- ☐ YES → When did you have your ovaries removed?
- ☐ NO
- ☐ DON'T KNOW

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GHI 39 Did you ever have a hysterectomy?
A hysterectomy is an operation to have your uterus or womb removed.

- ☐ YES → When did you have your hysterectomy?
- ☐ NO
- ☐ DON'T KNOW

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SCREENING

SCR

This section is about cancer screening tests.

SCR 1 Have you ever had a fecal occult blood test?

A fecal occult blood test is collected at home, not at a doctor's office, to look for hidden blood in your stool. After a bowel movement, you use a small stick to smear a sample on a special card. You usually collect samples three days in a row.

☐ YES

☐ NO

☐ DON'T KNOW

SKIP TO SCR 5 (THIS PAGE)

SCR 2 When did you have your first fecal occult blood test?

Y	Y	Y	Y

SCR 3 When did you have your most recent fecal occult blood test?

M	M	Y	Y	Y	Y

SCR 4 Why did you have your most recent fecal occult blood test? (Choose **ALL** that apply)

☐ Family history of colon or rectal cancer

☐ Follow-up of previous problem

☐ Part of regular checkup/routine screening

☐ Follow-up of colorectal cancer treatment

☐ Age

☐ Other (Please specify):

☐ Signs or symptoms of a possible problem

* * * * *

SCR 5 Have you ever had a sigmoidoscopy?

A sigmoidoscopy is an exam in which a doctor inserts a flexible tube into the rectum and lower part of the large bowel to look for signs of cancer or other problems. The procedure may be done in a doctor's office or clinic and does **not** usually require sedation.

☐ YES

☐ NO

☐ DON'T KNOW

SKIP TO SCR 9 (NEXT PAGE)

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SCR 6 When did you have your first sigmoidoscopy?

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCR 7 When did you have your most recent sigmoidoscopy?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCR 8 Why did you have your most recent sigmoidoscopy? (Choose **ALL** that apply)

- ☐ Family history of colon or rectal cancer ☐ Follow-up of previous problem
- ☐ Part of regular checkup/routine screening ☐ Follow-up of colorectal cancer treatment
- ☐ Age ☐ Other (Please specify): _____
- ☐ Signs or symptoms of a possible problem _____

SCR 9 Have you ever had a colonoscopy?

A colonoscopy is done in a clinic or hospital. Before the procedure is done, you are usually given medication through a needle in your arm to make you sleepy. A long tube is used to examine the entire colon.

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

SKIP TO SCR 13 (NEXT PAGE)

SCR 10 When did you have your first colonoscopy?

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCR 11 When did you have your most recent colonoscopy?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SCR 12 Why did you have your most recent colonoscopy? (Choose **ALL** that apply)

- ☐ Family history of colon or rectal cancer
- ☐ Part of regular checkup/routine screening
- ☐ Age
- ☐ Signs or symptoms of a possible problem
- ☐ Follow-up of previous problem
- ☐ Follow-up of colorectal cancer treatment
- ☐ Other (Please specify):

* * * * *

SCR 13 Have you ever had a virtual colonoscopy?

A virtual colonoscopy is a CT scan of the colon that allows a radiologist to view the inner surface of the colon without having to insert a colonoscopy tube. Individuals are able to pay for a virtual colonoscopy at private clinics.

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

MEN: SKIP TO SCR 17 (NEXT PAGE)
WOMEN: SKIP TO SCR 21 (PAGE 13)

SCR 14 When did you have your first virtual colonoscopy?

Y	Y	Y	Y

SCR 15 When did you have your most recent virtual colonoscopy?

M	M	Y	Y	Y	Y

SCR 16 Why did you have your most recent virtual colonoscopy? (Choose **ALL** that apply)

- ☐ Family history of colon or rectal cancer
- ☐ Part of regular checkup/routine screening
- ☐ Age
- ☐ Signs or symptoms of a possible problem
- ☐ Follow-up of previous problem
- ☐ Follow-up of colorectal cancer treatment
- ☐ Other (Please specify):

WOMEN: SKIP TO SCR 21 (PAGE 13)
MEN: CONTINUE WITH SCR 17 (NEXT PAGE)

MEN ONLY:

SCR 17 Have you ever had a prostate specific antigen (PSA) blood test?
A PSA test is a specific blood test ordered by a doctor to test men for prostate cancer.

☐ YES

☐ NO

☐ DON'T KNOW

SKIP TO THE NEXT SECTION, TBO 1 (PAGE 15)

SCR 18 When did you have your first PSA blood test?

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCR 19 When did you have your most recent PSA blood test?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCR 20 Why did you have your most recent PSA blood test? (Choose **ALL** that apply)

☐ Family history of prostate cancer

☐ Part of regular checkup/routine screening

☐ Age

☐ Signs or symptoms of a possible problem

☐ Follow-up of previous problem

☐ Follow-up of prostate cancer treatment

☐ Other (Please specify):

MEN SKIP TO TBO 1 (PAGE 15)



WOMEN ONLY:

SCR 21 Have you ever had a Pap smear test?

A Pap smear test is a procedure in which cells are scraped from the cervix by a physician for examination under a microscope.

☐ YES

☐ NO

☐ DON'T KNOW

SKIP TO SCR 24 (THIS PAGE)

SCR 22 When did you have your first Pap smear test?

Y	Y	Y	Y

SCR 23 When did you have your most recent Pap smear test?

M	M	Y	Y	Y	Y

SCR 24 Have you ever had a mammogram?

A mammogram is an x-ray of the breast in a device that compresses and flattens the breast.

☐ YES

☐ NO

☐ DON'T KNOW

SKIP TO THE NEXT SECTION, TBO 1 (PAGE 15)

SCR 25 When did you have your first mammogram?

Y	Y	Y	Y

SCR 26 When did you have your most recent mammogram?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCR 27 Why did you have your most recent mammogram? (Choose **ALL** that apply)

- ☐ Family history of breast cancer
- ☐ Part of regular checkup/routine screening
- ☐ Age
- ☐ Previously detected lump
- ☐ On hormone replacement therapy
- ☐ Breast problem
- ☐ Follow-up of breast cancer treatment
- ☐ Other (Please specify):



This section is about tobacco. The first questions are about **cigarette** smoking. The term "cigarette" refers to cigarettes that are bought ready-made as well as those you roll yourself.

TBO 1 At the present time, do you smoke cigarettes daily, occasionally, or not at all?

☐ Daily

(At least one cigarette every day for the past 30 days)

☐ Occasionally

→ **SKIP TO TBO 8 (NEXT PAGE)**

(At least one cigarette in the past 30 days, but not every day)

☐ Not at all

→ **SKIP TO TBO 8 (NEXT PAGE)**

(No cigarettes at all in the past 30 days)

TBO 2 How many cigarettes do you smoke each day now?

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TBO 3 Are you seriously considering quitting smoking within the next 6 months?

☐ YES

☐ NO

→ **SKIP TO TBO 13 (PAGE 17)**

☐ DON'T KNOW

TBO 4 Are you seriously considering quitting smoking within the next 30 days?

☐ YES

☐ NO

→ **SKIP TO TBO 13 (PAGE 17)**

☐ DON'T KNOW

TBO 5 In the past year, how many times did you stop smoking for at least 24 hours because you were trying to quit?

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→ **If "0", SKIP TO TBO 13 (PAGE 17)**

TBO 6 How many of these attempts to quit smoking in the past year lasted at least 1 week?

--	--

TBO 7 What was the single main reason you began to smoke again? (Choose one)

- ☐ To control body weight
- ☐ Stress, need to relax or calm down
- ☐ Boredom
- ☐ Addiction/habit
- ☐ Lack of support or information
- ☐ Going out more (bars, parties)
- ☐ Increased availability
- ☐ No reason/felt like it
- ☐ Family or friends smoke
- ☐ Other: _____

DAILY SMOKERS GO TO TBO 13 (NEXT PAGE)

TBO 8 Have you ever smoked cigarettes daily?
(At least one cigarette a day for 30 days in a row)

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

SKIP TO TBO 13 (NEXT PAGE)

TOB 9 When did you stop smoking cigarettes daily?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TBO 10 What was the single main reason you quit smoking cigarettes daily? (Choose one)

- ☐ Health
- ☐ Pregnancy or a baby in the household
- ☐ Less stress in life
- ☐ Cost of cigarettes
- ☐ Smoking is less socially acceptable
- ☐ Other: _____

TBO 11 Approximately how many attempts to quit did you make, before you quit smoking for good?

<input type="text"/>	<input type="text"/>
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TBO 12 On average, how many cigarettes were you smoking per day at the time you quit?

--	--

ALL PEOPLE ANSWER THE NEXT QUESTION

The remainder of the tobacco section asks questions about types of tobacco use other than cigarettes.

TBO 13 How often do you currently smoke cigarillos (e.g. Colts, Captain Black)?

☐ Daily

(At least one cigarillo every day for the past 30 days)

☐ Occasionally

(At least one cigarillo in the past 30 days, but not every day)

☐ Not at all



SKIP TO TBO 15 (THIS PAGE)

(No cigarillos at all in the past 30 days)

TBO 14 How many cigarillos do you smoke each month (30 days) now?

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* * * * *

TBO 15 How often do you currently smoke cigars?

☐ Daily

(At least one cigar every day for the past 30 days)

☐ Occasionally

(At least one cigar in the past 30 days, but not every day)

☐ Not at all



SKIP TO TBO 17 (NEXT PAGE)

(No cigars at all in the past 30 days)

TBO 16 How many cigars do you smoke each month (30 days) now?

--	--	--



TBO 17 How often do you currently smoke a tobacco pipe?

☐ Daily

(At least one tobacco pipe every day for the past 30 days)

☐ Occasionally

(At least one tobacco pipe in the past 30 days, but not every day)

☐ Not at all

→ **SKIP TO TBO 19 (THIS PAGE)**

(No tobacco pipes at all in the past 30 days)

TBO 18 How many tobacco pipes do you smoke each month (30 days) now?

--	--	--

* * * * *

TBO 19 In the past 30 days, did you use any chewing tobacco, pinch or snuff?

☐ YES

☐ NO

☐ DON'T KNOW

TBO 20 Have you ever used chewing tobacco, pinch or snuff daily?
(At least once a day for 30 days in a row)

☐ YES

☐ NO

☐ DON'T KNOW

→ **SKIP TO THE NEXT SECTION, QUA 1 (NEXT PAGE)**

TBO 21 How many years in total did you use chewing tobacco, pinch, or snuff daily?

--	--

TBO 22 When you used chewing tobacco, pinch, or snuff daily, how much did you usually use per day?

☐ 1 to 5 chews, dips, or snorts per day

☐ 6 to 10 chews, dips, or snorts per day

☐ More than 10 chews, dips, or snorts per day

QUALITY OF LIFE

QUA

This section asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

QUA 1 In general, would you say your health is:

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ Very good
- ☐ Fair

For the next five questions (QUA 2 to QUA 6), please indicate which statements **best describe** your own state of health **today** by shading one bubble in each group.

QUA 2 Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

QUA 3 Self-care

- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

QUA 4 Usual activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems performing my usual activities
- ☐ I am unable to perform my usual activities

QUA 5 Pain/discomfort

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort



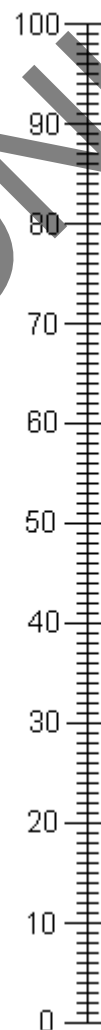
QUA 6 Anxiety/depression

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

QUA 7 To help people say how good or bad their state of health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line on the scale to the right at the point that indicates how good or bad your state of health is today.

Best
imaginable
state of health



Worst
imaginable
state of health

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PRIMARY CARE SERVICES

PCS

This section asks for information about where you normally go to get medical advice.

PCS 1 Do you currently have a regular medical doctor (family doctor)?

☐ YES →

SKIP TO PCS 3 (THIS PAGE)

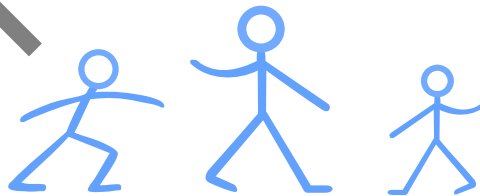
☐ NO

PCS 2 Why do you not have a regular medical doctor? (Choose **ALL** that apply)

- ☐ No medical doctors available in the area
- ☐ Medical doctors in the area are not taking new patients
- ☐ Have not tried to contact one
- ☐ Had a medical doctor who left or retired
- ☐ Use walk in/medical clinic or emergency room when needed
- ☐ Other: _____

PCS 3 When was the last time that you had a regular medical checkup (e.g. physical exam)?

M	M	Y	Y	Y	Y



FRUIT AND VEGETABLE INTAKE

FGI

This section is about the fruits and vegetables that you usually eat or drink. Include all the fruits and vegetables you ate, both meals and snacks, at home and away from home during the last seven days.

FGI 1 How many servings of fruit juices (1 serving = $\frac{1}{2}$ cup or 125 mL), such as orange, grapefruit or tomato, did you drink in the past 7 days?
Only include drinks made with 100% juice.

FGI 2 How many servings of vegetable juices (1 serving = $\frac{1}{2}$ cup or 125 mL) did you drink in the past 7 days?

FGI 3 Not counting juice, how many servings of fruit (1 serving = 1 fruit or $\frac{1}{2}$ cup or 125 mL) did you eat in the past 7 days?

FGI 4 How many servings of green salad (1 serving = 1 cup or 250 mL) did you eat in the past 7 days?

FGI 5 How many servings of potatoes (1 serving = $\frac{1}{2}$ cup or 125 mL), not including French fries, fried potatoes, or potato chips, did you eat in the past 7 days?

FGI 6 How many servings of carrots (1 serving = $\frac{1}{2}$ cup or 125 mL) did you eat in the past 7 days?

FGI 7 Not counting carrots, potatoes, or salad, how many servings (1 serving = $\frac{1}{2}$ cup or 125 mL) of other vegetables did you eat in the past 7 days?



PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. These questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. **Do not** include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

JPA 1 Do you currently have a job or do any unpaid work **outside** your home?

☐ YES

☐ NO

→ SKIP TO PART 2: TRANSPORTATION, TPA 1 (PAGE 25)

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does **not include** travelling to and from work.

JPA 2 During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about only those physical activities that you did for at **least 10 minutes** at a time.

☐ NO vigorous job-related physical activity →

SKIP TO JPA 4 (NEXT PAGE)

Days per week



JPA 3 How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

Hours

Minutes

PER DAY

* * * * *

JPA 4 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? Please do not include walking.

☐ NO moderate job-related physical activity

SKIP TO JPA 6 (THIS PAGE)

Days per week

JPA 5 How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

Hours

Minutes

PER DAY

* * * * *

JPA 6 During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? Please do not count any walking you did to travel to or from work.

☐ NO job-related walking

**SKIP TO PART 2: TRANSPORTATION,
TPA 1 (NEXT PAGE)**

Days per week

JPA 7 How much time did you usually spend on one of those days **walking** as part of your work?

Hours

Minutes

PER DAY



PART 2: TRANSPORTATION PHYSICAL ACTIVITY

TPA

These questions are about how you travelled from place to place, including to places like work, stores, movies, and so on.

TPA 1 During the last 7 days, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

☐ NO travelling in a motor vehicle → **SKIP TO TPA 3 (THIS PAGE)**

Days per week

TPA 2 How much time did you usually spend on one of those days **travelling** in a train, bus, car, tram, or other kind of motor vehicle?

Hours Minutes PER DAY

* * * * *

Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

TPA 3 During the last 7 days, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

☐ NO bicycling from place to place → **SKIP TO TPA 5 (THIS PAGE)**

Days per week

TPA 4 How much time did you usually spend on one of those days to **bicycle** from place to place?

Hours Minutes PER DAY

* * * * *

TPA 5 During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

☐ NO walking from place to place → **SKIP TO PART 3: HOUSEWORK, HPA 1 (NEXT PAGE)**

Days per week

63119

TPA 6 How much time did you usually spend on one of those days walking from place to place?

Hours

Minutes

PER DAY

PART 3: HOUSE MAINTENANCE, HOUSEWORK, AND CARING FOR FAMILY

HPA

This section is about some of the physical activities you might have done in the last 7 days in and around your home, like gardening, yard work, general maintenance work, housework, and caring for your family.

HPA 1 **Garden or yard:** Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shovelling snow, or digging in the garden or yard?

☐ NO vigorous activity in garden or yard →

SKIP TO HPA 3 (THIS PAGE)

Days per week

HPA 2 How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

Hours

Minutes

PER DAY

* * * * *

HPA 3 **Garden or yard:** Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking in the garden or yard?

☐ NO moderate activity in garden or yard →

SKIP TO HPA 5 (NEXT PAGE)

Days per week

HPA 4 How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

Hours

Minutes

PER DAY

63119



HPA 5 **Household:** Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?

☐ NO moderate activity inside home →

**SKIP TO PART 4: RECREATION,
RPA 1 (THIS PAGE)**

Days per week

HPA 6 How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

Hours Minutes PER DAY

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

RPA

This section is about all the physical activities that you did in the last 7 days solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

RPA 1 Not counting any walking you have already mentioned, during the last 7 days, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

☐ NO walking in leisure time →

SKIP TO RPA 3 (THIS PAGE)

Days per week

RPA 2 How much time did you usually spend on one of those days **walking** in your leisure time?

Hours Minutes PER DAY

* * * * *

RPA 3 Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming in **your leisure time**?

☐ NO vigorous activity in leisure time →

SKIP TO RPA 5 (NEXT PAGE)

Days per week

RPA 4 How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

Hours Minutes PER DAY

* * * * *

RPA 5 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?

☐ NO moderate activity in leisure time →

**SKIP TO PART 5: SITTING, STT 1
(THIS PAGE)**

Days per week

RPA 6 How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

Hours Minutes PER DAY

PART 5: TIME SPENT SITTING

STT

These questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already recorded.

STT 1 During the last 7 days, how much time did you usually spend **sitting** on a **weekday**?

Hours Minutes PER DAY

STT 2 During the last 7 days, how much time did you usually spend **sitting** on a **weekend day**?

Hours Minutes PER DAY



PART 6: TIME SPENT SLEEPING

The last questions are about the time you spent sleeping each night over the last 7 days.

TSL 1 On average over the past 7 days, at what time did you normally go to sleep on a **weekday**?

HH:MM : ☐ AM ☐ PM

TSL 2 On average over the past 7 days, at what time did you normally wake up on a **weekday**?

HH:MM : ☐ AM ☐ PM

TSL 3 On average over the past 7 days, at what time did you normally go to sleep on a **weekend day**?

HH:MM : ☐ AM ☐ PM

TSL 4 On average over the past 7 days, at what time did you normally wake up on a **weekend day**?

HH:MM : ☐ AM ☐ PM



This section asks about the way that you perceive or think about your neighbourhood. Please answer the following questions about your neighbourhood and yourself. Your neighbourhood is the local area around your home and can include the transportation, housing and public facilities in your area. Some factors affecting your health may be related to some of the characteristics of the area where you live. Please answer the questions as best as you can, whether you live in a large city, small town or in the country.

Types of residences in your neighbourhood: Choose the answer that best applies to you and your neighbourhood.

NEW 1 How common are detached single-family residences in your immediate neighbourhood?

- ☐ None ☐ Most
☐ A few ☐ All
☐ Some

NEW 2 How common are townhouses or row houses of 1-3 stories in your immediate neighbourhood?

- ☐ None ☐ Most
☐ A few ☐ All
☐ Some

NEW 3 How common are apartments or condos 1-3 stories in your immediate neighbourhood?

- ☐ None ☐ Most
☐ A few ☐ All
☐ Some

NEW 4 How common are apartments or condos 4-6 stories in your immediate neighbourhood?

- ☐ None ☐ Most
☐ A few ☐ All
☐ Some

NEW 5 How common are apartments or condos 7-12 stories in your immediate neighbourhood?

- ☐ None ☐ Most
☐ A few ☐ All
☐ Some



NEW 6 How common are apartments or condos more than 13 stories in your immediate neighbourhood?

- ☐ None ☐ Most
☐ A few ☐ All
☐ Some

Stores, facilities, and other things in your neighbourhood

About how long would it take to get from your home to the nearest businesses or facilities listed below if you walked to them? Please shade only one bubble for each business or facility.

		1- 5 min	6- 10 min	11- 20 min	21- 30 min	30+ min	Don't Know / NA
NEW 7	convenience/small grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 8	supermarket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 9	hardware store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 10	fruit/vegetable market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 11	laundry/dry cleaners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 12	clothing store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 13	post office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 14	library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 15	elementary school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 16	other schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 17	book store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 18	fast food restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 19	coffee place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 20	bank/credit union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 21	non-fast food restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 22	video store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 23	pharmacy/drug store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 24	hair salon/barber shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 25	your job or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 26	bus or train stop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 27	park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 28	recreation centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 29	gym or fitness facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access to services

Please shade the bubble for the answer that best applies to you and your neighbourhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
NEW 30 Stores are within easy walking distance of my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 31 Parking is difficult in local shopping areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 32 There are many places to go within easy walking distance of my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 33 It is easy to walk to a transit stop (bus, train) from my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 34 The streets in my neighbourhood are hilly, making my neighbourhood difficult to walk in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 35 There are major barriers to walking in my local area that make it hard to get from place to place (for example, freeways, railway lines, rivers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Streets in my neighbourhood

Please shade the bubble for the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
NEW 36 The streets in my neighbourhood do not have many cul-de-sacs (dead end streets).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 37 The distance between intersections in my neighbourhood is usually short (100 metres or less; the length of a football field or less).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 38 There are many alternative routes for getting from place to place in my neighbourhood. (I don't have to go the same way every time).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Places for walking and cycling

Please shade the bubble for the answer that best applies to you and your neighbourhood.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
NEW 39	There are sidewalks on most of the streets in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
NEW 40	Sidewalks are separated from the road/traffic in my neighbourhood by parked cars.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 41	There is a grass/dirt strip that separates the streets from sidewalks in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Neighbourhood surroundings

Please shade the bubble for the answer that best applies to you and your neighbourhood.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
NEW 42	There are trees along the streets in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 43	There are many interesting things to look at while walking in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 44	There are many attractive natural sights in my neighbourhood (such as landscaping, views).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 45	There are attractive buildings/homes in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Neighbourhood safety

Please shade the bubble for the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
NEW 46 There is so much traffic along <u>nearby</u> streets that it makes it difficult or unpleasant to walk in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 47 The speed of traffic on most <u>nearby</u> streets is usually slow (50 km/h or less).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 48 Most drivers exceed the posted speed limits while driving in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 49 My neighbourhood streets are well lit at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 50 Walkers and bikers on the streets in my neighbourhood can be easily seen by people in their homes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 51 There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 52 There is a high crime rate in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 53 The crime rate in my neighbourhood makes it unsafe to go on walks <u>during the day</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW 54 The crime rate in my neighbourhood makes it unsafe to go on walks <u>at night</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



OCCUPATIONAL HISTORY

This section asks about the type of work that you have done in your adult life. A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight.

OCC 1 **During your lifetime**, have you ever worked 3 or more night shifts per month?

☐ YES

☐ NO

→ **SKIP TO OCC 4 (THIS PAGE)**

OCC 2 For how many years in total did you work a schedule that included work during the day or evening, rotating with nights in the same month?

☐ Did not work rotating shifts

☐ 16 to 20 years

☐ Less than 1 year

☐ 21 to 25 years

☐ 1 to 5 years

☐ 26 to 30 years

☐ 6 to 10 years

☐ More than 30 years

☐ 11 to 15 years

If more than 30 years, how many?

--	--

Years

OCC 3 For how many years in total did you work straight nights, that is, work that did not rotate with day or evening work?

☐ Did not work straight nights

☐ 16 to 20 years

☐ Less than 1 year

☐ 21 to 25 years

☐ 1 to 5 years

☐ 26 to 30 years

☐ 6 to 10 years

☐ More than 30 years

☐ 11 to 15 years

If more than 30 years, how many?

--	--

Years

OCC 4 **During your lifetime**, what occupation or industry have you spent the most amount of time working in?



OCC 5 Which of the following professions or industries have you worked in for a period of 6 months or more? (Choose **ALL** that apply)

- ☐ Air pollution control systems
- ☐ Aircraft and aerospace industries
- ☐ Aircraft crew
- ☐ Aluminum production
- ☐ Auramine manufacture
- ☐ Bar and restaurant work
- ☐ Battery production
- ☐ Benzene production
- ☐ Beryllium extraction and processing
- ☐ Boot and shoe manufacture and repair
- ☐ Brick masonry
- ☐ Cement industry
- ☐ Chemical and pharmaceutical industries
- ☐ Chimney sweeping
- ☐ Chromate production plants
- ☐ Cleaners and janitors
- ☐ Coal gassification
- ☐ Coke production
- ☐ Corrosion resistance
- ☐ Cosmetics industry
- ☐ Drilling
- ☐ Dry cleaning
- ☐ Dyes and pigment production
- ☐ Electrical capacitor manufacturing
- ☐ Electronics industry
- ☐ Ethanol production
- ☐ Farming/agriculture
- ☐ Feed production industry
- ☐ Fertilizer manufacturing
- ☐ Firefighting
- ☐ Flour and grain mill operating
- ☐ Formaldehyde production
- ☐ Granite and stone industries
- ☐ Hairdressers and barbers
- ☐ Heating-unit service
- ☐ Hematite mining
- ☐ Hospitals
- ☐ Insulating
- ☐ Iron and steel founding
- ☐ Isopropanol manufacture
- ☐ Jewellers
- ☐ Leather industry
- ☐ Logging and sawmill industry
- ☐ Magenta manufacture
- ☐ Mechanics
- ☐ Metal workers
- ☐ Military personnel
- ☐ Mineral oil production
- ☐ Mining
- ☐ Mustard gas production
- ☐ Nickel refining and smelting
- ☐ Nuclear work
- ☐ Office work
- ☐ Outdoor work
- ☐ Painting
- ☐ Pathology
- ☐ PCB production
- ☐ Plastic and linoleum production
- ☐ Petroleum refining
- ☐ Photography
- ☐ Pickling operations
- ☐ Plating and engraving
- ☐ Printing processes
- ☐ Production of art glass, glass containers and pressed ware



OCC 5 Which of the following professions or industries have you worked in for a period of 6 months or more? (Choose **ALL** that apply)
CONTINUED

- ☐ Production, packaging and use of pesticides
- ☐ Professional driving
- ☐ Pulp and paper industry
- ☐ Pyrotechnics
- ☐ Radiology
- ☐ Railroad work
- ☐ Research and clinical laboratories
- ☐ Rice and maize processing
- ☐ Rubber industry
- ☐ Sheet-metal work
- ☐ Shipyard work
- ☐ Sterilization and disinfection
- ☐ Styrene glycol production
- ☐ Sugar production
- ☐ Textile manufacturing industry
- ☐ Vinyl bromide/chloride/fluoride production
- ☐ Waste treatment
- ☐ Water treatment
- ☐ Welding



BODY MEASUREMENTS

BMS

In this part of the survey, we need you to take accurate measurements of your height, weight, abdomen, and buttocks.

Measurements should be made in a single session at least two hours after a meal, preferably with the help of another adult. Weigh or measure yourself twice. Use the tape measure provided. The tape is divided in 1/8" sections. Please record in feet, inches and pounds. The numbers will be converted to metric units at the study centre.

Height

1. Remove your shoes.
2. Stand straight with your back and heels against a wall.
3. Lay a book flat on top of your head and make a mark on the wall.
4. Measure twice. The two measurements should be within a quarter-inch (2/8 inch) of each other.
If not, take a third measurement and record the closest two measurements.
5. Record your height in feet and inches.

Examples: 5'4": Feet Inches **OR** 6' 1 1/2": Feet Inches

BMS 1 First Measurement Feet Inches

BMS 2 Second Measurement Feet Inches

If you are currently more than 12 weeks pregnant, or have given birth in the past six months, please do not complete the next three measurements. We will follow up with you in the future.

BMS 3 PLEASE SHADE THE BUBBLE THAT APPLIES TO YOU:

- ☐ I am currently more than 12 weeks pregnant →
- ☐ I am less than 6 months postpartum →

SKIP TO DMG 1 (PAGE 40)

Weight

1. Use a scale if possible to get your current weight. Adjust your scale to zero.
2. Remove your shoes and wear light clothing.
3. Weigh yourself twice. The two weights should be within one pound of each other.
If not, weigh yourself a third time and record the closest two weights.
4. Record your weight in pounds.

BMS 4 First Measurement Pounds

BMS 5 Second Measurement Pounds



Abdomen and Buttocks

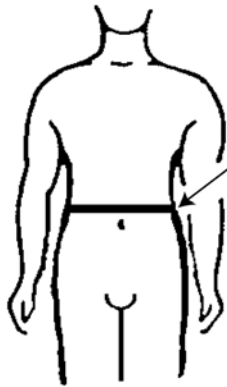
Take the next measurements either unclothed or in close fitting underwear.

1. Stand up straight in front of a mirror to position the measuring tape correctly.
2. Pull the tape measure so that it is snug and does not slide, but do not indent the skin.
3. Ensure that the tape is horizontal all the way around the body.
4. Measure twice. The two measurements should agree to within a quarter-inch ($\frac{2}{8}$ inch) of each other.
If they do not, take a third measurement and record the closest two measurements.
5. Record the measurements in inches.

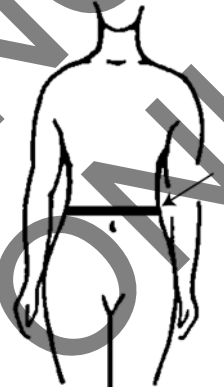
Abdomen

Measure one inch above your navel or "belly button", EVEN IF THIS IS NOT YOUR USUAL WAISTLINE. See the diagrams below that show the correct measurement location.

Male



Female



BMS 6

First
Measurement

Inches

BMS 7

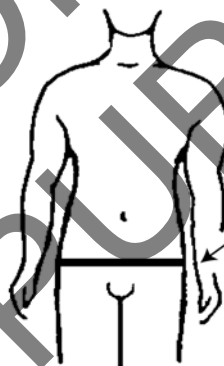
Second
Measurement

Inches

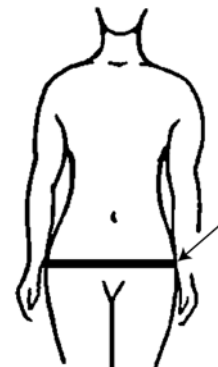
Buttocks

Slide the tape measure up and down until you find the largest spot between your waist and thighs. See the diagrams below that show the correct measurement location.

Male



Female



BMS 8

First
Measurement

Inches

BMS 9

Second
Measurement

Inches



DEMOGRAPHICS

DMG

This section will help us to update your personal information. **All information that you provide will be kept completely confidential.**

DMG 1 What is your current marital status? (Please choose the **ONE** status that best describes your current situation.)

- | | |
|--|---|
| <input type="radio"/> Married | <input type="radio"/> Separated |
| <input type="radio"/> Divorced | <input type="radio"/> Widowed |
| <input type="radio"/> Not married, but living with someone
(common law) | <input type="radio"/> Single, never married |

DMG 2 What is your current employment status? (Please choose the **ONE** that best describes your current situation. If you are self-employed, choose full-time or part-time as appropriate.)

- ☐ Working full-time (30 hours or more per week)
- ☐ Working part-time (Less than 30 hours per week)
- ☐ Not employed, but looking for work
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Other

(Please Specify)

**SKIP TO DMG 5
(THIS PAGE)**

DMG 3 What is your current job title?

DMG 4 What is the name of your current employer?

DMG 5 How many adults (18 years or older), including yourself, are currently living in your household?

--	--



DMG 6 How many children (younger than 18 years) are currently living in your household?

--	--

DMG 7 What was your approximate total **household** income before taxes last year? (Please choose **ONE**)

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$60,000 - \$69,999 | <input type="radio"/> \$120,000 - \$129,999 |
| <input type="radio"/> \$10,000 - \$19,999 | <input type="radio"/> \$70,000 - \$79,999 | <input type="radio"/> \$130,000 - \$139,999 |
| <input type="radio"/> \$20,000 - \$29,999 | <input type="radio"/> \$80,000 - \$89,999 | <input type="radio"/> \$140,000 - \$149,999 |
| <input type="radio"/> \$30,000 - \$39,999 | <input type="radio"/> \$90,000 - \$99,999 | <input type="radio"/> \$150,000 - \$199,999 |
| <input type="radio"/> \$40,000 - \$49,999 | <input type="radio"/> \$100,000 - \$109,999 | <input type="radio"/> \$200,000 - \$249,999 |
| <input type="radio"/> \$50,000 - \$59,999 | <input type="radio"/> \$110,000 - \$119,999 | <input type="radio"/> \$250,000 or more |

DMG 8 What type of dwelling do you currently live in?

- ☐ Single detached
- ☐ Suite within a detached home
- ☐ Row or terrace (townhouse)
- ☐ Duplex
- ☐ Low-rise apartment of fewer than 5 stories or a flat
- ☐ High-rise apartment of 5 stories or more
- ☐ Institution (government or medical facility)
- ☐ Hotel; rooming/lodging house; camp
- ☐ Mobile home
- ☐ Other: _____

DMG 9 What is the highest level of education you have finished?

- ☐ Did not complete Grade 8
- ☐ Completed Grade 8, but not high school
- ☐ Completed high school
- ☐ Some technical school/college training completed
- ☐ Completed technical school/college training
- ☐ Some part of university degree completed
- ☐ Completed university degree
- ☐ Some part of post-graduate university degree completed
- ☐ Completed university post-graduate degree



DMG 10 Where were you born?

City: _____

Country: _____

IF YOU WERE BORN IN CANADA,
SKIP TO DMG 12 (THIS PAGE)

☐ DON'T KNOW

DMG 11 If you were not born in Canada, what year did you first come to Canada to live?

--	--	--	--	--

DMG 12 Where was your natural (non-adoptive) mother born?

Country: _____

☐ DON'T KNOW

DMG 13 Where was your natural (non-adoptive) father born?

Country: _____

☐ DON'T KNOW

DMG 14 Where was your natural maternal grandmother born (your mother's mother)?

Country: _____

☐ DON'T KNOW

DMG 15 Where was your natural maternal grandfather born (your mother's father)?

Country: _____

☐ DON'T KNOW

DMG 16 Where was your natural paternal grandmother born (your father's mother)?

Country: _____

☐ DON'T KNOW

DMG 17 Where was your natural paternal grandfather born (your father's father)?

Country: _____

☐ DON'T KNOW



RESIDENTIAL HISTORY

☐ L
 ☐ C
 ☐ V
 ☐ QA

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There are different cancer risks associated with different environmental exposures. Some of these risks may be associated with exposure to certain agents in the home and others may be associated with the location of the home within a neighbourhood. It can be very difficult to identify and measure the risk of developing cancer from different agents that people may be exposed to over their lifetime. This section will collect as much information as possible about all the places that you have lived in your life. This information will help us find patterns within specific kinds of homes as well as within specific areas and will likely be very useful in the future as more research is done about environmental exposures.

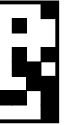
We would like to know about all the places you have lived for **one year or more** since you were born until now. For each place you have lived, please complete one line in the table to the best of your knowledge. Please provide us with as much information about each residence as you can remember. Please enter the actual street address for all of your residences and not the mailing address (if they are different from each other). Do not worry if you cannot remember all of the details we have asked for. Please include your current address even if you have not lived there for a full year. For your current address, do **NOT** fill in the "stopped living there" boxes.

No.	Street	City/Town	Province	Country	Postal Code	Started Living There	Stopped Living There
1						<div> <div>M M</div> <div>Y Y Y Y</div> </div>	<div> <div>M M</div> <div>Y Y Y Y</div> </div>
2						<div> <div>M M</div> <div>Y Y Y Y</div> </div>	<div> <div>M M</div> <div>Y Y Y Y</div> </div>
3						<div> <div>M M</div> <div>Y Y Y Y</div> </div>	<div> <div>M M</div> <div>Y Y Y Y</div> </div>
4						<div> <div>M M</div> <div>Y Y Y Y</div> </div>	<div> <div>M M</div> <div>Y Y Y Y</div> </div>
5						<div> <div>M M</div> <div>Y Y Y Y</div> </div>	<div> <div>M M</div> <div>Y Y Y Y</div> </div>
6						<div> <div>M M</div> <div>Y Y Y Y</div> </div>	<div> <div>M M</div> <div>Y Y Y Y</div> </div>

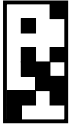
RESIDENTIAL HISTORY CONTINUED

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No.	Street	City/Town	Province	Country	Postal Code	Started Living There	Stopped Living There
7						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
8						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
9						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
10						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
11						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
12						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
13						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
14						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
15						<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M M Y Y Y Y</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>



RES 16 Did any of your residences use **wood** for heating?

☐ NO

☐ YES → Which residences?

☐ DON'T KNOW

--	--	--	--	--	--	--	--	--	--	--	--

Please enter the residence number from the far left column in the table on pages 43 and 44 to indicate which residences used wood for heating.

RES 17 Did any of your residences use **coal** for heating?

☐ NO

☐ YES → Which residences?

☐ DON'T KNOW

--	--	--	--	--	--	--	--	--	--	--	--

Please enter the residence number from the far left column in the table on pages 43 and 44 to indicate which residences used coal for heating.

RES 18 Did any of your residences use **well water** as the primary source of drinking water?

☐ NO

☐ YES → Which residences?

☐ DON'T KNOW

--	--	--	--	--	--	--	--	--	--	--	--

Please enter the residence number from the far left column in the table on pages 43 and 44 to indicate which residences used well water for drinking water.

RES 19 Did any of your residences use **spring water** as the primary source of drinking water?

☐ NO

☐ YES → Which residences?

☐ DON'T KNOW

--	--	--	--	--	--	--	--	--	--	--	--

Please enter the residence number from the far left column in the table on pages 43 and 44 to indicate which residences used spring water for drinking water.

CURRENT DETAILS

What is your current age?

--	--

Date survey completed:

D	D	M	M	Y	Y	Y	Y

Thank you very much for completing **Survey 2008**.

Please return your questionnaire in the postage paid envelope at your earliest convenience.

The next two pages include information that we use to keep in touch with you. Please take a moment to fill them out.



We Want to Keep in Touch with You!

The Tomorrow Project is a long-term study, involving people for several decades of their lives. In order for the study to reach its goals, it is very important for us to stay in touch with you for as long as you choose to remain in the study, even if you move outside of Alberta or Canada.

Please help us to keep in touch:

- ❖ Please notify us if you move - call our toll-free number from anywhere in Canada 1.877.919.9292, call collect from outside Canada 403.521.3122, send an e-mail to tomorrow@cancerboard.ab.ca, or use the address change feature on our website www.thetomorrowproject.org.
- ❖ Please provide the names and addresses of two people who do not live in your household but who are likely to know how to reach you if we are unable to.
- ❖ We would only use this information after trying all other ways to contact you.

People **outside my household** to contact if I cannot be reached:

First person outside my household to contact (Please print clearly)

First name: _____ Last name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home phone: () _____ Other phone: () _____

E-mail: _____

Relationship to you: _____

Second person outside my household to contact

First name: _____ Last name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home phone: () _____ Other phone: () _____

E-mail: _____

Relationship to you: _____

Please let the people you listed know that you are taking part in *The Tomorrow Project*.



DO WE HAVE IT RIGHT?

1. PLEASE CONFIRM OR CORRECT the information below:

☐ The information above is correct

☐ Please make the following corrections:

2. Under what name are you currently listed in the phone book?

3. Please list any other phone numbers (e.g. cell number) that we may use to contact you:

Home: _____ Work: _____

Cell: _____ Other: _____

4. If you have an e-mail address that we may use to contact you, please print it clearly below. **We will not release your e-mail address to anyone.**

E-mail: _____

5. Comments: Your feedback is important to us and will be used to improve *The Tomorrow Project*.

