

The Tomorrow Project

Albertans Studying the Connection Between Lifestyle and Cancer

In partnership with:

The Canadian Partnership for Tomorrow Project

Physical Activity and Nutrition Survey

Copyright Alberta's
Tomorrow Project
myATP.ca

74



Office use only
O O O O
L C V QA



Directions For Completing This Questionnaire

The Physical Activity and Nutrition Survey may take about 20 minutes to answer. Please follow the directions carefully. You will be asked to skip certain questions 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.

- 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:



- Please leave the booklet stapled together. The pages will be separated at the study centre.

If you are not sure how to answer a question, please feel free to contact us:

Call our toll-free number in Canada: 1-877-919-9292

Email us at: tomorrow@cancerboard.ab.ca

For answers to commonly asked questions, check our website at www.thetomorrowproject.org



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.

JP

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.

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

YES

NO → SKIP TO PART 2: TRANSPORTATION, TP 1 (NEXT PAGE)

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.

JP 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 JP 4 (NEXT PAGE)

Days

JP 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



JP 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 JP 6 (THIS PAGE)

Days

JP 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

JP 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, TP 1 (THIS PAGE)

Days

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

Hours Minutes PER DAY

Copyright Alberta's
Tomorrow Project
myATP.ca

TP

PART 2: TRANSPORTATION/PHYSICAL ACTIVITY

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

TP 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 TP 3 (NEXT PAGE)

Days

TP 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**.

TP 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 TP 5 (THIS PAGE)

Days

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

Hours Minutes PER DAY

TP 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**?

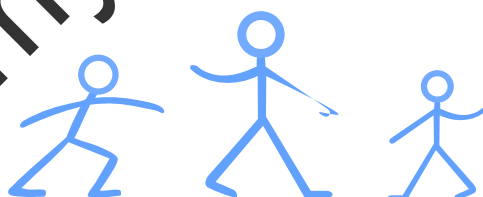
NO walking from place to place → SKIP to Part 3: Housework, HP 1 (NEXT PAGE)

Days

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

Hours Minutes PER DAY

Copyright Alberta's
Tomorrow Project
myATP.ca



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

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.

HP 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, shoveling snow, or digging **in the garden or yard**?

NO vigorous activity in garden or yard → SKIP TO HP 3 (THIS PAGE)

Days

HP 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

HP 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 HP 5 (NEXT PAGE)

Days

HP 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



HP 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, RP 1 (THIS PAGE)

Days

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

Hours Minutes PER DAY

* * * * *

RP

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

This section is about all 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.

RP 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 RP 3 (THIS PAGE)

Days

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

Hours Minutes PER DAY

RP 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 RP 5 (NEXT PAGE)

Days

RP 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



RP 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, ST 1 (THIS PAGE)

Days

RP 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

* * * * *

ST

PART 5: TIME SPENT SITTING

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.

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

Hours Minutes PER DAY

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

Hours Minutes PER DAY



DIET AND NUTRITION**PART 1: FOOD CONSUMED IN A TYPICAL DAY**

- NT 1 In a typical day, how many total servings of **vegetables** do you eat?
A serving of fresh, frozen, canned or cooked leafy vegetables is about 1/2 cup or 125 ml.

Servings per day

- NT 2 In a typical day, how many total servings of **fruit** (not including fruit juice) do you eat?
A serving is about 1/2 cup or 125 ml of fresh, frozen or canned fruit.

Servings per day

- NT 3 In a typical day, how many servings of **100% fruit or vegetable juice** do you drink?
This includes mixtures of fruit and vegetable juice, but **not** fruit drinks or fruit cocktails.
A serving of fruit or vegetable juice is about 1/2 cup or 125 ml.

Servings per day

PART 2: FOOD CONSUMED IN A TYPICAL WEEK

- NT 4 In a typical week, how many servings of **dark green vegetables** do you eat?
Examples are broccoli, spinach and romaine lettuce. A serving is about 1/2 cup or 125 ml of fresh, frozen, canned or cooked vegetables or a full cup or 250 ml of raw leafy vegetables.

Servings

- NT 5 In a typical week, how many servings of **orange vegetables** do you eat?
Examples are carrots, sweet potatoes, and winter squash. A serving is about 1/2 cup or 125 ml of fresh, frozen, canned or cooked vegetables.

Servings

- NT 6 In a typical week, how many servings of **orange fruit** do you eat?
Examples are oranges, clementines, and grapefruit. A serving is about 1/2 cup or 125 ml of fresh, frozen or canned fruit.

Servings



NT 7 In a typical week, how many servings of **whole grain products** do you eat?
Examples are breads and cereals made from whole-wheat flour, bulgur, oatmeal, whole cornmeal, and brown rice. A serving is equivalent to one slice of bread, 1/2 cup or 125 ml of cooked rice, 1/2 bagel, or 3/4 cup or 175 ml of hot or cold cereal.

Servings

NT 8 In a typical week, how many servings of **refined/milled grains** do you eat?
Examples are breads and cereals made from white flour and white rice. A serving is equivalent to one slice of bread, 1/2 bagel, 1/2 cup or 125 ml of cooked rice or 3/4 cup or 175 ml of hot or cold cereal.

Servings

NT 9 In a typical week, how many servings of **milk and dairy products** do you eat?
Examples are liquid milk, powdered milk made up with water, canned milk, yogurt, cheese, fortified soy beverages, and rice milk. A serving is equivalent to 1 cup or 250 ml of liquid milk, 3/4 cup or 175 ml of yogurt or 50 grams of cheese. Do **not** include ice cream.

Servings

NT 10 What kind of **milk** do you usually drink? (Choose **ONE** only)
This includes milk that you drink as a beverage and **not** milk in coffee or cereal.

- Whole milk/homogenized milk
- 2% fat cow's milk
- 1% fat cow's milk
- Skim, nonfat, or 1/2% fat cow's milk
- Fortified soy milk
- Rice milk
- Goat's milk
- I don't drink milk

NT11 In a typical week, how many **eggs** do you eat?

Eggs

NT 12 In a typical week, how many servings of **poultry** do you eat?
A serving is about 1/2 cup or 2.5 ounces or 75 grams of chicken or turkey.

Servings



NT 13 In a typical week, how many servings of **meat** do you eat?
Examples include pork, goat, beef, and lamb. Do not include chicken or turkey. A serving is about 1/2 cup or 2.5 ounces or 75 grams of meat.

Servings

NT 14 In a typical week, how many servings of **fish** do you eat?
A serving is about 1/2 cup or 2.5 ounces or 75 grams of fresh, frozen or canned fish or shellfish.

Servings

NT 15 In a typical week, how many servings of **tofu or bean curd** do you eat?
A serving is about 3/4 cup or 175 ml or 150 grams.

Servings

NT 16 In a typical week, how many servings of **beans or other legumes** do you eat?
Examples are lentils, beans (fresh, frozen or canned), and edamame. A serving is about 3/4 cup or 175 ml.

Servings

NT 17 In a typical week, how many servings of **nuts or seeds or nut butters** do you eat?
Examples are almonds, peanuts, hazelnuts, pumpkin seeds, sunflower seeds, peanut butter and other nut butters. A serving is about 1/4 cup or 60 ml of shelled nuts or seeds or 30 ml or 2 tablespoons of nut butters.

Servings

NT 18 In a typical week, how many servings of **salty snack foods** do you eat?
Examples are pretzels, potato chips, buttered popcorn and crackers. A serving is one small bag of pretzels or potato chips (1 ounce or 30 grams), 1 cup or 250 ml of popcorn, or 5 crackers.

Servings

NT 19 In a typical week, how many servings of **desserts or sweet snacks** do you eat?
Examples include cookies, cakes, pies, ice cream and candy. A serving is one slice of pie, one piece of cake, 1 cookie, 1 donut or pastry, 1/2 cup or 125 ml of ice cream, or 1 regular sized chocolate bar (50g).

Servings



PART 3: BEVERAGES

NT 20 For each of the following beverages, how many cups (1 cup = 250 ml) do you drink in a typical **day**?

| | | |
|----------------------|---|----------|
| Regular coffee | <input type="text"/> <input type="text"/> | cups/day |
| Decaffeinated coffee | <input type="text"/> <input type="text"/> | cups/day |
| Black Tea | <input type="text"/> <input type="text"/> | cups/day |
| Green Tea | <input type="text"/> <input type="text"/> | cups/day |
| Other Tea | <input type="text"/> <input type="text"/> | cups/day |

NT 21 In a **typical week**, how many servings of **soft drinks or pop** do you drink? Examples are Coke, Pepsi, and Sprite. Include regular, diet, and sugar-free soft drinks. A serving is one 12 ounce or 350 ml glass, bottle or can. Do **not** include carbonated water.

| | | | |
|---|----------|---|----------------------------------|
| <input type="text"/> <input type="text"/> | Servings | → | IF '0', SKIP TO FN 1 (THIS PAGE) |
|---|----------|---|----------------------------------|

NT 22 How often are these soft drinks or pop **diet or sugar-free**?

- Almost never or never
- About 1/4 of the time
- About 1/2 of the time
- About 3/4 of the time
- Almost always or always

* * * * *

FN 1 What is your current age?

| | | | |
|-----------------------------|---|---|---|
| | DD | MM | YYYY |
| FN 2 Date survey completed: | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

This is the end of the questionnaire!
Thank you for taking the time to complete this survey.

