the tomorrow PROJECT

Albertans Studying the Connection Between Lifestyle and Cancer

Health and Lifestyle Questionnaire

This box contains your unique study number and gender

Alberta Cancer Board

A research initiative of the Alberta Cancer Board

Office use only

L C V QA

15916

Directions For Completing This Questionnaire

The Health and Lifestyle Questionnaire may take about 30 to 40 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.
- ❖ Use a pencil or a ballpoint pen, **not a felt pen**.

- ❖ Shade in the bubbles completely, like this: ●
- ❖ Write numbers in boxes like this: | 2 | 1 |
- ❖ If you make an error, put an X through the incorrect bubble like this: ○ ✕ ●
- ❖ A tape measure is enclosed to take your body measurements on pages 28 and 29. 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.

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

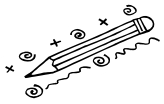
Call our toll-free number in Canada: 1-877-919-9292.

Email us at: tomorrow@cancerboard.ab.ca

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

We are interested in your feedback about the questionnaire. Jot down your thoughts and suggestions in the space provided on the back cover of the blue booklet. We look forward to your input because it will help us to improve *The Tomorrow Project*® for other participants.

Please **start** here by answering these questions about your personal health.



Section **A**

PHI 1 How would you rate your general health?

○ Excellent ○ Good ○ Poor
○ Very good ○ Fair

		Yes	No
PHI 2	Has a doctor ever told you that you had cancer? (Do not include skin cancer unless it was melanoma.)	○	○

If yes, what type? _____

Has a doctor ever told you that you had any of the following conditions? (Shade yes or no for each condition.)

		Yes	No			Yes	No
PHI 3	High blood pressure	○	○	PHI 10	Diabetes	○	○
PHI 4	Angina (chest pains from a heart problem)	○	○	PHI 11	Polyps in your colon or rectum	○	○
PHI 5	High cholesterol in your blood	○	○	PHI 12	Ulcerative colitis	○	○
PHI 6	Heart attack	○	○	PHI 13	Crohn's Disease	○	○
PHI 7	Stroke	○	○	PHI 14	Hepatitis	○	○
PHI 8	Emphysema	○	○	PHI 15	Cirrhosis of your liver	○	○
PHI 9	Chronic bronchitis	○	○				

PHI 16 List any other long-term conditions that have lasted or are expected to last at least six months.

1. _____ 2. _____

3. _____ 4. _____

CHECKPOINT! Did you shade either yes or no for all the questions above?

Section

B

This section is about your full blooded relatives' medical histories.
Do not include family members who are related to you by marriage or adoption. (Full-blooded sisters and brothers are those who had the same two biological parents as you.)

Note: If you are adopted, please include any family history that you know about, or choose "Don't Know" where appropriate.

FMH 1 Have you ever had any full-blooded sisters who reached adulthood (age 21)?

- ○ Yes → How many? ☐☐ Sisters
- ○ No
- ○ Don't know

FMH 2 Have you ever had any full-blooded brothers who reached adulthood (age 21)?

- ○ Yes → How many? ☐☐ Brothers
- ○ No
- ○ Don't know

FMH 3 Have you ever had any daughters who reached adulthood (age 21)?
(If you currently only have daughters under 21, answer no.)

- ○ Yes → How many? ☐☐ Daughters
- ○ No
- ○ Don't know

FMH 4 Have you ever had any sons who reached adulthood (age 21)?
(If you currently only have sons under 21, answer no.)

- ○ Yes → How many? ☐☐ Sons
- ○ No
- ○ Don't know

The next questions are about your natural (non-adoptive) mother and father.

FMH 5 Is your natural mother still alive?

- ○ Yes
- ○ No → (Go to FMH 7)
- ○ Don't know → (Go to FMH 8)

FMH 6 How old is your mother now?

☐☐☐ Years → (Go to FMH 8)

FMH 7 How old was your mother when she died?

- ○ Less than 40
- ○ 40 - 49
- ○ 50 - 59
- ○ 60 - 69
- ○ 70 - 79
- ○ 80 - 89
- ○ 90 - 99
- ○ 100 years or older

FMH 8 Is your natural father still alive?

- ○ Yes
- ○ No → (Go to FMH 10)
- ○ Don't know → (Go to FMH 11)

FMH 9 How old is your father now?

☐☐☐ Years → (Go to FMH 11)

FMH 10 How old was your father when he died?

- ○ Less than 40
- ○ 40 - 49
- ○ 50 - 59
- ○ 60 - 69
- ○ 70 - 79
- ○ 80 - 89
- ○ 90 - 99
- ○ 100 years or older

We would like to know if your **mother, father, full-blooded sisters, full-blooded brothers, daughters or sons** ever had any of the conditions listed on the next three pages.

If you are adopted, please include any information that you know about your biological family.

In future questionnaires we may ask for more detailed family histories about grandparents, aunts and uncles.

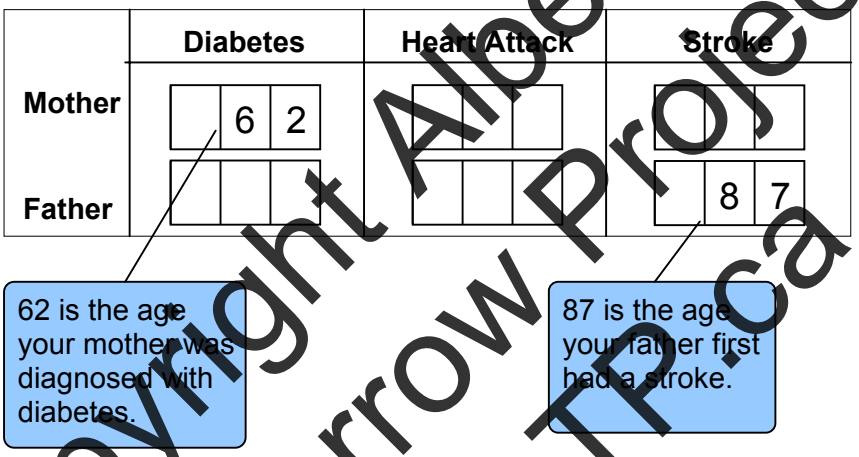
DIRECTIONS

- Enter the **age** each person was **first diagnosed**. (Your best guess)

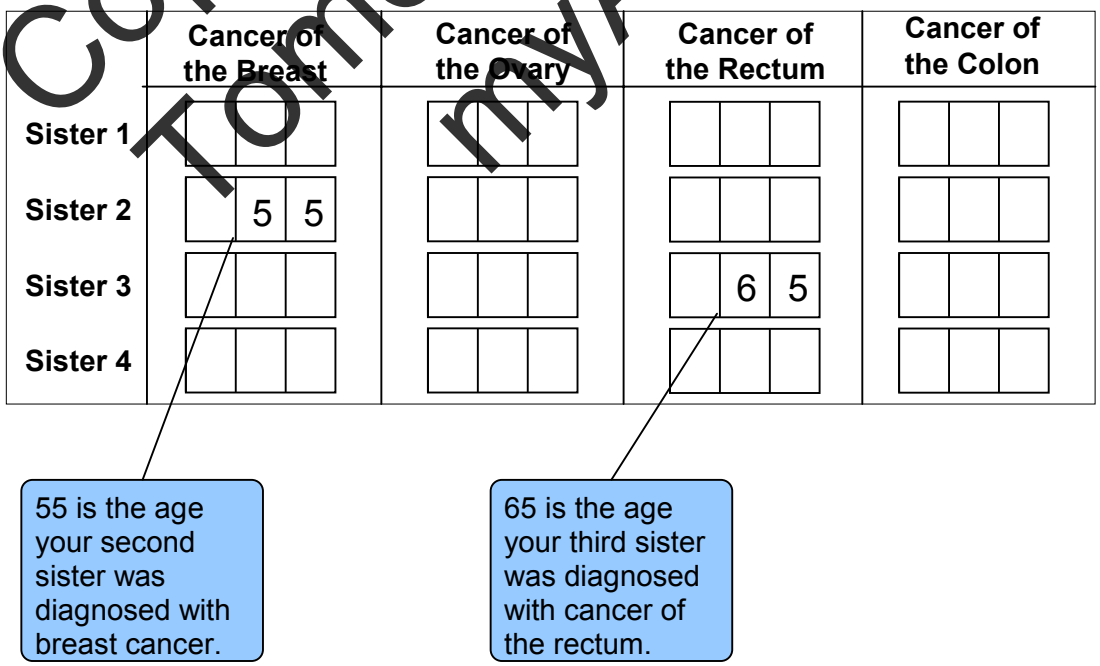
OR

- **Shade the bubble** at the bottom of the page if, as far as you know, no one in your biological family has had the conditions listed.
- Leave the spaces blank if they do not apply to you.
- Look over the sample questions below then complete the charts on the next three pages.

Example of page 7



Example of page 8



FMH 11 Has anyone listed below been diagnosed with **diabetes, heart attack or stroke**?

- If YES, write the **age** the condition was **first diagnosed**.

OR

- If NO, **shade the bubble** at the bottom of the page.

	Diabetes	Heart Attack	Stroke
Mother			
Father			
Brother 1			
Brother 2			
Brother 3			
Brother 4			
Sister 1			
Sister 2			
Sister 3			
Sister 4			
Daughter 1			
Daughter 2			
Daughter 3			
Daughter 4			
Son 1			
Son 2			
Son 3			
Son 4			

OR

○ To my knowledge, no one in my family listed above has had diabetes, a heart attack or a stroke.

FMH 12 This chart is about cancer your full-blooded relatives may have had. Often cancer will start in one part of the body and then spread. **We are interested in where the cancer started.**

Has anyone been diagnosed with any of the following kinds of cancer?

- If YES, write the **age** the cancer was **first diagnosed**.

OR

- If NO, **shade the bubble** at the bottom of the page.

Female Relatives

	Cancer of the Breast	Cancer of the Ovary	Cancer of the Rectum	Cancer of the Colon
Mother				
Sister 1				
Sister 2				
Sister 3				
Sister 4				
Daughter 1				
Daughter 2				
Daughter 3				
Daughter 4				

Male Relatives

	Cancer of the Breast	Cancer of the Prostate	Cancer of the Rectum	Cancer of the Colon
Father				
Brother 1				
Brother 2				
Brother 3				
Brother 4				
Son 1				
Son 2				
Son 3				
Son 4				

OR

○ To my knowledge, no one in my family listed above has had any of these cancers.

Has anyone listed below been diagnosed with any other type of cancer?

- If YES, PRINT the **type of cancer** or **where it started** and the **age** it was first diagnosed.

OR

- If NO, **shade the bubble** at the bottom of the page.

Example

	Other Type of Cancer	Age
Father	Lung	79

	Other Type of Cancer	Age
Mother		
Father		
Brother 1		
Brother 2		
Brother 3		
Brother 4		
Sister 1		
Sister 2		
Sister 3		
Sister 4		
Daughter 1		
Daughter 2		
Daughter 3		
Daughter 4		
Son 1		
Son 2		
Son 3		
Son 4		

OR

○ To my knowledge, no one in my family listed above has had any other type of cancer.

Section

C

This section is about cancer screening tests.

SBB 1 Have you ever had a digital rectal exam? (A digital rectal exam is when a doctor inserts a gloved finger into your rectum to check for cancer or other possible health problems.)

- ○ Yes
- ○ No → (Go to SBB 4)
- ○ Don't know → (Go to SBB 4)

SBB 2 When was the last time you had a digital rectal exam?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 2 years ago
- ○ 2 years to less than 5 years ago
- ○ 5 or more years ago

SBB 3 About how many times in total have you had a digital rectal exam done? (Your best guess)

☐☐ Digital rectal exams

* * * * * *

SBB 4 Have you ever had a blood stool test?

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

- ○ Yes
- ○ No → (Go to SBB 8)
- ○ Don't know → (Go to SBB 8)

SBB 5 When was the last time you had a blood stool test done?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 2 years ago
- ○ 2 years to less than 5 years ago
- ○ 5 or more years ago

SBB 6 Why did you have the last blood stool test done? (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
- ○ Other (Please specify): _____

SBB 7 About how many times have you had a blood stool test done in your lifetime? (Your best guess)

☐☐ Blood stool tests

* * * * * *

SBB 8 Have you ever had a sigmoidoscopy or colonoscopy done?

A sigmoidoscopy is an exam in which a doctor inserts a flexible tube into the rectum and lower part of the colon (lower 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.

A colonoscopy is similar to a sigmoidoscopy but a longer tube is used to examine the entire colon. 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.

- ○ Yes
- ○ No → (**Men** go to Section D, page 12. **Women** go to Section F, page 14)
- ○ Don't know → (**Men** go to Section D, page 12. **Women** go to Section F, page 14)

SBB 9 When was the last time that you had a sigmoidoscopy or colonoscopy exam?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 2 years ago
- ○ 2 years to less than 5 years ago
- ○ 5 or more years ago

SBB 10 Why did you have the last sigmoidoscopy or colonoscopy test done? (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
- ○ Other (Please specify):

_____

_____

SBB 11 About how many times in total have you had either of these tests done in your lifetime?

☐☐ Sigmoidoscopies

☐☐ Colonoscopies

The cancer screening section is now complete.
MEN continue on the next page. WOMEN go to section F on page 14.

Section

D

This section is about **MALE** reproductive health. If you are **FEMALE**, go to Section F, page 14.

MRH 1 Has a doctor ever told you that you have an enlarged prostate gland?

- ○ Yes
- ○ No
- ○ Don't know

MRH 2 Have you ever had surgery on your prostate gland?

- ○ Yes
- ○ No
- ○ Don't know

MRH 3 Have you ever had a vasectomy? (A sterilization procedure for men)

- ○ Yes
- ○ No
- ○ Don't know

This section is about a **MALE** cancer screening test. If you are **FEMALE**, go to Section F, page 14.

SBM 1 Have you ever had a PSA blood test? (This is a specific test ordered by a doctor to test men for prostate cancer.)

- ○ Yes
- ○ No → (Go to Section H, page 19)
- ○ Don't know → (Go to Section H, page 19)

SBM 2 When was the last time you had a PSA test?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 2 years ago
- ○ 2 years to less than 5 years ago
- ○ 5 or more years ago

SBM 3 Why did you have the last PSA 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
- ○ Other (Please specify): _____

SBM 4 About how many times in total have you had a PSA test in your lifetime? (Your best guess)

☐☐ PSA tests

The MALE cancer screening section is now complete.
MEN go to Section H, page 19.

Section

F

This section is about **FEMALE** reproductive health. If you are **MALE**, go to Section H, page19.

FRH 1 How old were you when you had your first menstrual period? (Your best guess)

○ 9 or less ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 or more ○ Never had a period → (Go to FRH 3)

FRH 2 How old were you when your periods first became regular? (Your best guess)

○ 9 or less ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 or more ○ Never regular

FRH 3 Have you ever been pregnant?

○ Yes
○ No → (Go to FRH 13)
○ Don't Know → (Go to FRH 13)

FRH 4 Are you currently pregnant?

○ Yes → If yes, about how many weeks pregnant are you ? ☐☐ Weeks
○ No
○ Don't Know

FRH 5 How many times have you been pregnant?

☐☐ Pregnancies

FRH 6 Of your pregnancies, how many ended before 20 weeks?

☐☐ Pregnancies

FRH 7 Of your pregnancies, how many lasted 20 weeks or more? (Include all pregnancies that ended in live births and still births)

☐☐ Pregnancies → (If you answered 0 pregnancies, go to FRH 13)

FRH 8 How old were you when you completed your first pregnancy that lasted 20 weeks or more?

☐☐ Years

FRH 9 Did you breast feed or nurse any children for at least one month?

○ Yes
○ No → (Go to FRH 13)

FRH 10 How many children did you breast feed for at least one month?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 or more

FRH 11 How old were you when you first breast fed a child for at least one month?

○ Less than 20
○ 20 - 24
○ 25 - 29
○ 30 - 34
○ 35 - 39
○ 40 - 44
○ 45 or older

FRH 12 Thinking about all the children you breast fed, how many months in total did you breast feed?

○ 1 - 3 months
○ 4 - 6 months
○ 7 - 12 months
○ 13 - 23 months
○ 2 - 4 years
○ More than 4 years

FRH 13 Have you ever tried to become pregnant for more than one year without becoming pregnant?

○ Yes
○ No

FRH 14 Between the time you had your first period, and your last period, did you ever go without having a period for at least one year? (Do not count times when you were pregnant or breast feeding.)

○ Yes
○ No
○ Don't Know
○ Never had a period

FRH 15 Have you ever taken birth control pills for any reason? (Do not include birth control pills prescribed for menopause)

○ Yes
○ No → (Go to FRH 18)
○ Don't Know → (Go to FRH 18)

FRH 16 How old were you when you first started taking birth control pills?

○ Less than 20
○ 20 - 29
○ 30 - 39
○ 40 or older

FRH 17 In total, how long have you taken birth control pills, other than for menopause? (Round to the nearest year.)

○ Less than one month
○ One month to 1 year
○ 2 - 3 years
○ 4 - 5 years
○ 6 - 9 years
○ 10 years or more

FRH 18 Did you ever have an operation to have both of your ovaries removed?

○ Yes
○ No → (Go to FRH 20)
○ Don't Know → (Go to FRH 20)

FRH 19 At what age did you have <u>both</u> of your ovaries removed? (If you had 2 separate operations to remove your ovaries, please indicate your age at the time of your **last** surgery.)

☐☐ Years

FRH 20 Did you ever have a hysterectomy? (An operation to have your uterus or womb removed)

- ○ Yes
- ○ No → (Go to FRH 22)
- ○ Don't Know → (Go to FRH 22)

FRH 21 At what age did you have your uterus (womb) removed?

☐☐ Years

FRH 22 Have you had a <u>natural</u> menstrual period during the past 12 months? (Answer "No" if your bleeding was induced by hormone replacement therapy.)

- ○ Yes → (Go to FRH 24)
- ○ No
- ○ Don't Know

FRH 23 Did your menstrual periods stop occurring naturally? (Answer "No" if your periods stopped because of surgery, medication, pregnancy or breast feeding, or because you started hormone replacement therapy.)

- ○ Yes → How old were you when you had your last "natural" period? ☐☐ Years
- ○ No
- ○ Don't Know

FRH 24 Sometimes women take female hormones around the time of menopause. Have you **ever** used female hormones for menopause, e.g. tablets, pills, a patch or creams prescribed by a doctor?

- ○ Yes
- ○ No → (Go to Section G, page 17)
- ○ Don't Know → (Go to Section G, page17)

FRH 25 Are you **currently** using female hormones?

- ○ Yes
- ○ No

FRH 26 In <u>total</u>, how long have you taken female hormones? (Round to the nearest year)

- ○ Less than one month
- ○ One month to 1 year
- ○ 2 - 3 years
- ○ 4 - 5 years
- ○ 6 - 9 years
- ○ 10 years or more

Section G

This section is about cancer screening tests for **FEMALES**. If you are **MALE**, go to Section H, page 19.

SBW 1 Have you ever had a Pap smear test?

- ○ Yes
- ○ No → (Go to SBW 4)
- ○ Don't know → (Go to SBW 4)

SBW 2 When was the last time you had a Pap smear?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 3 years ago
- ○ 3 years to less than 5 years ago
- ○ 5 or more years ago

SBW 3 About how many Pap smears have you had in your lifetime? (Your best guess)

☐☐ Pap smears

* * * * * *

SBW 4 Have you ever had a mammogram (a breast x-ray)?

- ○ Yes
- ○ No → (Go to SBW 8)
- ○ Don't know → (Go to SBW 8)

SBW 5 When was the last time you had a mammogram?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 2 years ago
- ○ 2 years to less than 3 years ago
- ○ 3 years to less than 5 years ago
- ○ 5 or more years ago

SBW 6 How many mammograms in total have you had in your lifetime?

☐☐ Mammograms

SBW 7 Why did you have your last 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
- ○ Other (Please specify):

_____

_____

_____

* * * * * *

SBW 8 Other than a mammogram, have you ever had your breasts examined for lumps (tumors, cysts) by a doctor or health professional?

- ○ Yes
- ○ No → (Go to SBW 11)
- ○ Don't know → (Go to SBW 11)

SBW 9 When was the last time you had your breasts examined by a doctor or health professional?

- ○ Less than 6 months ago
- ○ 6 months to less than 1 year ago
- ○ 1 year to less than 2 years ago
- ○ 2 years to less than 5 years ago
- ○ 5 or more years ago

SBW 10 How many times in your lifetime have you had your breasts examined for lumps by a doctor or health professional? (Your best guess)

☐☐ Examinations

* * * * * *

SBW 11 Have you ever examined your own breasts for lumps (tumors, cysts)?

- ○ Yes
- ○ No → (Go to Section H, page 19)
- ○ Don't know → (Go to Section H, page 19)

SBW 12 How often do you examine your breasts?

- ○ At least once a month
- ○ Once every 2 - 3 months
- ○ Less often than every 2 - 3 months

The FEMALE cancer screening section is now complete.
Continue on the next page.

Section

H

The next set of questions is about your exposure to the sun in the past twelve months.

SUN 1 In the past year, has any part of your body been sunburned? (A sunburn is any reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun or other UV (ultraviolet) sources, such as tanning beds or sunlamps.)

- ○ Yes
- ○ No → (Go to SUN 4)

SUN 2 In the past year, did any of your sunburns involve blistering?

- ○ Yes
- ○ No

SUN 3 In the past year, did any of your sunburns involve pain or discomfort that lasted for more than 1 day?

- ○ Yes
- ○ No

SUN 4 Would you say that the untanned skin color of your inner upper arm is:

- ○ Light (white, fair, ruddy)
- ○ Medium (olive, light brown, medium brown)
- ○ Dark (dark brown, black)

SUN 5 During this past June through August, on a typical day outdoors, approximately how much time did you spend in the sun between 11am and 4pm?

- ○ Less than 30 minutes per day
- ○ 30 minutes to less than 1 hour per day
- ○ 1 to 2 hours per day
- ○ Greater than 2 hours per day

Section

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. Do not include cigars, cigarillos or pipes when you answer these first questions about cigarettes.

In this section, **read the directions and follow the arrows carefully**. There are different "paths" for nonsmokers, daily smokers, and occasional smokers.

SMK 1 Have you smoked at least 100 cigarettes in your life? (About 4 - 5 packs)

- ○ Yes → (Go to SMK 3)
- ○ No
- ○ Don't know

SMK 2 Have you ever smoked a whole cigarette?

- ○ Yes
- ○ No → (Go to SMK 16a)
- ○ Don't know → (Go to SMK 16a)

SMK 3 At what age did you smoke your first whole cigarette?

☐☐ Years

SMK 4 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)
  → **If you smoke daily, continue with SMK 5**
- ○ Occasionally (At least one cigarette in the past 30 days, but not every day)
  → **If you smoke occasionally, go to SMK 9 on page 21**
- ○ Not at all (You did not smoke at all in the past 30 days)
  → **If you do not smoke at all, go to SMK 11 on page 21**

SMK 5 At what age did you begin smoking cigarettes daily?

☐☐ Years

SMK 6 How many cigarettes do you smoke each day now?

- ○ 1 - 5 cigarettes
- ○ 6 - 10 cigarettes
- ○ 11 - 15 cigarettes
- ○ 16 - 20 cigarettes
- ○ 21 - 25 cigarettes
- ○ 26+ cigarettes → If 26+, how many? ☐☐

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SMK 7 For how many total years have you smoked daily?

☐☐ Years

SMK 8 During the total years that you have smoked daily, about how many cigarettes per day have you usually smoked? (If your smoking pattern has changed over the years, make your best guess of the average number of cigarettes you have smoked per day.)

- ○ 1 - 5 cigarettes
- ○ 6 - 10 cigarettes
- ○ 11 - 15 cigarettes
- ○ 16 - 20 cigarettes
- ○ 21 - 25 cigarettes
- ○ 26+ cigarettes → If 26+, how many? ☐☐

→ **If you currently smoke daily, go to SMK 16a**

SMK 9 On how many of the last 30 days did you smoke at least one cigarette?

- ○ 1 - 5 days
- ○ 6 - 10 days
- ○ 11 - 20 days
- ○ 21 - 29 days

SMK 10 On the days that you smoked, how many cigarettes did you usually smoke?

- ○ 1 - 5 cigarettes
- ○ 6 - 10 cigarettes
- ○ 11 - 15 cigarettes
- ○ 16 - 20 cigarettes
- ○ 21 - 25 cigarettes
- ○ 26+ cigarettes

SMK 11 Have you ever smoked cigarettes daily? (At least one cigarette a day for 30 days in a row)

- ○ Yes
- ○ No → (Go to SMK 16a)
- ○ Don't know → (Go to SMK 16a)

SMK 12 At what age did you begin to smoke daily?

☐☐ Years

SMK 13 When you smoked daily, how many cigarettes did you usually smoke each day?

- ○ 1 - 5 cigarettes
- ○ 6 - 10 cigarettes
- ○ 11 - 15 cigarettes
- ○ 16 - 20 cigarettes
- ○ 21 - 25 cigarettes
- ○ 26+ cigarettes → If 26+, how many? ☐☐

SMK 14 For how many total years did you smoke daily?

☐☐ Years

SMK 15 When did you stop smoking cigarettes daily?

- ○ Less than 1 year ago
- ○ 1 to 2 years ago
- ○ 3 to 5 years ago
- ○ More than 5 years ago
- ○ Don't know

→ **Everyone answers the last questions.**

SMK 16a Have you ever smoked cigarillos (e.g. Colts, Captain Black) at least once per week for 6 months or more?

○ Yes → For how many total years? ☐☐ How many per week? ☐☐☐ Cigarillos

○ No

○ Don't know

SMK 16b How often do you currently smoke cigarillos? ○ Daily ○ Occasionally ○ Not at all

SMK 16c Have you ever smoked cigars at least once per week for 6 months or more?

○ Yes → For how many total years? ☐☐ How many per week? ☐☐☐ Cigars

○ No

○ Don't know

SMK 16d How often do you currently smoke cigars? ○ Daily ○ Occasionally ○ Not at all

SMK 16e Have you ever smoked a pipe at least once per week for 6 months or more?

○ Yes → For how many total years? ☐☐ How many per week? ☐☐☐ Pipes

○ No

○ Don't know

SMK 16f How often do you currently smoke a pipe? ○ Daily ○ Occasionally ○ Not at all

This section is complete.
If you are a NON SMOKER, continue with Section J, page 23.
If you CURRENTLY smoke cigarettes, cigars, cigarillos or a pipe DAILY or OCCASIONALLY, go to Section K, page 24.

This Section is about second hand smoke and should be answered by people who **DO NOT SMOKE** at present.

If you **CURRENTLY** smoke cigarettes, cigars, cigarillos or a pipe either **DAILY** or **OCCASIONALLY (at least once in the last 30 days)**, please proceed to Section K, page 24.

SHS 1 In the past year, were you exposed to second hand smoke on most days?

- ○ Yes
- ○ No

SHS 2 In the past year, were you exposed to second hand smoke at home?

- ○ Yes
- ○ No

SHS 3 In the past year, were you exposed to second hand smoke in a car or other private vehicle?

- ○ Yes
- ○ No

SHS 4 In the past year, were you exposed to second hand smoke in public places? (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)

- ○ Yes
- ○ No

SHS 5 In the past year, were you exposed to second hand smoke when visiting friends or relatives?

- ○ Yes
- ○ No

SHS 6 In the past year, were you exposed to second hand smoke in the work place?

- ○ Yes
- ○ No

Some studies have shown that stress can affect physical health. The following are stressful situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer **BEST** suited to your personal situation **AT THIS TIME**.

STR 1 You are trying to take on too many things at once.
- ○ True
- ○ False

STR 2 There is too much pressure on you to be like other people.
- ○ True
- ○ False

STR 3 Too much is expected of you by others.
- ○ True
- ○ False

STR 4 You don't have enough money to buy the things you need.
- ○ True
- ○ False

Please answer the next 3 questions if you are **married** or living **common-law** (living with a partner). If you are **single**, **widowed**, **separated** or **divorced**, go to STR 8.

Married or Common-law

STR 5 Your partner doesn't understand you.
- ○ True
- ○ False

STR 6 Your partner doesn't show you enough affection.
- ○ True
- ○ False

STR 7 Your partner is not committed enough to your relationship.
- ○ True → (Go to STR 9)
- ○ False → (Go to STR 9)

Single, Widowed, Separated or Divorced

STR 8 You find it difficult to find someone compatible with you.
- ○ True
- ○ False

The next 3 questions are about children

STR 9 Do you have any children? (Include grown children and step children.)

- ○ Yes
- ○ No → (Go to STR 12)

STR 10 One of your children seems very unhappy.

- ○ True
- ○ False

STR 11 The behaviour of one of your children is a source of serious concern to you.

- ○ True
- ○ False

Continue with these questions about your current situation

STR 12 Your work around the home is not appreciated.

- ○ True
- ○ False

STR 13 Your friends are a bad influence.

- ○ True
- ○ False

STR 14 You would like to move but can't.

- ○ True
- ○ False

STR 15 Your neighborhood or community is too noisy or polluted.

- ○ True
- ○ False

STR 16 You have a parent, a child or a partner who is in very bad health and may die.

- ○ True
- ○ False

STR 17 Someone in your family has an alcohol, drug or gambling problem.

- ○ True
- ○ False

STR 18 People are too critical of you or what you do.

- ○ True
- ○ False

Section

L

Some studies have shown that the level of support we get from our friends and relatives can affect our physical health. Next are some questions about the support that is available to you.

SPT 1 **About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?**

Write in the number of close friends and close relatives
Include your spouse and immediate family, if appropriate: ☐☐

How often is each of the following kinds of support available to you?

		None Of The Time	A Little Of The Time	Some Of The Time	Most Of The Time	All Of The Time
SPT 2	Someone to help you if you were confined to bed	○	○	○	○	○
SPT 3	Someone you can count on to listen to you when you need to talk	○	○	○	○	○
SPT 4	Someone to give you advice about a crisis	○	○	○	○	○
SPT 5	Someone to take you to the doctor if you needed it	○	○	○	○	○
SPT 6	Someone who shows you love and affection	○	○	○	○	○
SPT 7	Someone to have a good time with	○	○	○	○	○
SPT 8	Someone to give you information in order to help you understand a situation	○	○	○	○	○
SPT 9	Someone to confide in and talk to about yourself or your problems	○	○	○	○	○
SPT 10	Someone to hug	○	○	○	○	○
SPT 11	Someone to get together with for relaxation	○	○	○	○	○
SPT 12	Someone to prepare your meals if you were unable to do it yourself	○	○	○	○	○
SPT 13	Someone whose advice you really want	○	○	○	○	○
SPT 14	Someone to do things with to help you get your mind off things	○	○	○	○	○
SPT 15	Someone to help you with daily chores if you were sick	○	○	○	○	○
SPT 16	Someone to share your most private worries and fears with	○	○	○	○	○
SPT 17	Someone to turn to for suggestions about how to deal with a personal problem	○	○	○	○	○
SPT 18	Someone to do something enjoyable with	○	○	○	○	○
SPT 19	Someone who understands your problems	○	○	○	○	○
SPT 20	Someone to love you and make you feel wanted	○	○	○	○	○

CHECKPOINT! Did you answer SPT 1 at the top of the page?

Research suggests that people's feelings of spirituality may be related to their health.

For some people, being spiritual is similar to being religious; for other people, the ideas are different. Using a definition of spirituality that is most meaningful to you, please answer some questions about your spirituality.

SPI 1 Do spirituality values or faith play an important role in your life?

- ○ Yes
- ○ No

SPI 2 How religious or spiritual do you consider yourself to be?

- ○ Not at all
- ○ Not very
- ○ Moderate
- ○ Very

SPI 3 People may practice or express their spirituality in many different ways, for example through prayer or meditation, or by attending services or gatherings. On average, during the past 12 months how often have you practiced your spirituality in some way?

- ○ Daily or almost daily
- ○ At least once a week
- ○ At least once a month
- ○ At least 3 - 4 times a year
- ○ At least once a year
- ○ Not at all

Section

N

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.

5' 4": 5 Feet 4 Inches 6' 1½": 6 Feet 1.5 Inches

BOD 1 First Measurement: _____ Feet _____ Inches

BOD 2 Second Measurement: _____ Feet _____ Inches

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.

BOD 3 First Measurement: _____ Pounds

BOD 4 Second Measurement: _____ Pounds

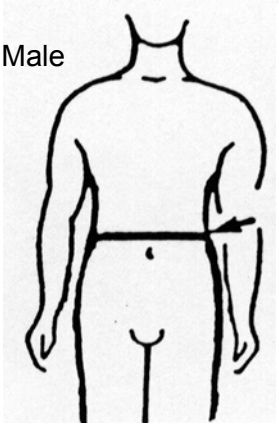
Abdomen and Buttocks

1. Take the next measurements either unclothed or in close fitting underwear.
2. Stand up straight in front of a mirror to position the measuring tape correctly.
3. Pull the tape measure so that it is snug and does not slide, but do not indent the skin.
4. Ensure that the tape is horizontal all the way around the body.
5. Measure twice. The two measurements should agree to within a quarter-inch of each other. If they do not, take a third measurement and record the closest two measurements.
6. Record the measurements in inches.

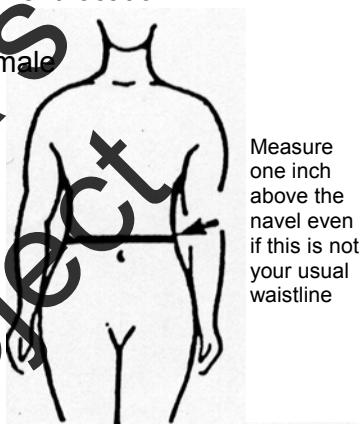
Abdomen

- 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



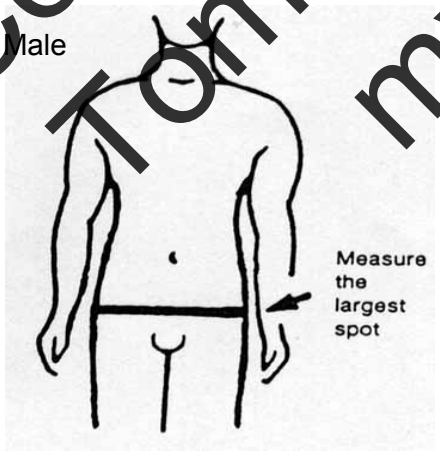
BOD 5 First Measurement: _____ Inches

BOD 6 Second Measurement: _____ Inches

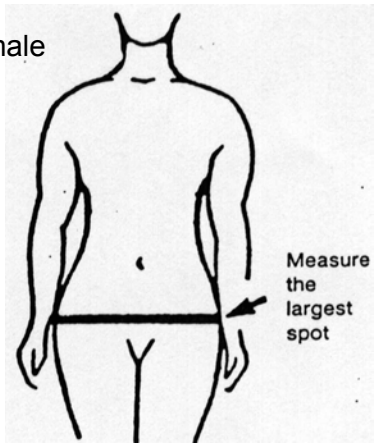
Buttocks

- 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



BOD 7 First Measurement: _____ Inches

BOD 8 Second Measurement: _____ Inches

Section O

We would like to ask you a few questions to describe yourself. Research has shown that there are connections between people's health and factors such as marital status, education, employment, income and ethnic background. **All information you provide will be kept completely confidential.**

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

- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ Not married, but living with someone
- ○ Single, never married

DEM 2 What is the highest level of education you have finished? (Please choose **ONE**)

- ○ 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

DEM 3 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 → (Go to DEM 6)
- ○ Homemaker → (Go to DEM 6)
- ○ Student → (Go to DEM 6)
- ○ Retired → (Go to DEM 6)
- ○ Other _____ → (Go to DEM 6)
  (Please Specify)

DEM 4 If you currently work for pay, or are self employed, what type of work do you do in your job?

_____

DEM 5 What is your job title?

_____

DEM 6 The next question asks for your household income. We understand that this information is very private but the question is important for two reasons. Research has shown that there is a connection between income and health status. As well, the information helps to determine whether *The Tomorrow Project* includes a wide range of Albertans.

What was your approximate total **household** income before taxes last year?

(Please choose **ONE**)

- ○ Less than $10,000
- ○ $10,000 - $19,999
- ○ $20,000 - $29,999
- ○ $30,000 - $39,999
- ○ $40,000 - $49,999
- ○ $50,000 - $59,999
- ○ $60,000 - $69,999
- ○ $70,000 - $79,999
- ○ $80,000 - $89,999
- ○ $90,000 - $99,999
- ○ $100,000 or more

DEM 7a This final question asks about your ethnic origins, that is the ethnic or cultural groups to which your ancestors belonged. There is evidence that some ethnic groups are more likely to develop certain health problems and in addition, the information will help to determine if a wide range of Albertans have joined *The Tomorrow Project.*

What are your ancestral ethnic or cultural groups?
(Please choose **ALL** that apply)

- ○ British Isles (e.g. English, Irish, Scottish, Welsh)
- ○ French (e.g. French, Acadian)
- ○ Western European (e.g. Austrian, Belgian, Dutch, German, Swiss)
- ○ Eastern European (e.g. Czech Republic, Hungarian, Polish, Romanian, Russian, Ukrainian)
- ○ Northern European (e.g. Danish, Finnish, Icelandic, Norwegian, Swedish)
- ○ Southern European (e.g. Albanian, Bulgarian, Croatian, Cypriot, Greek, Italian, Maltese, Portuguese, Serbian, Slovenian, Spanish, Yugoslav)
- ○ East/Southeast Asian (e.g. Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Vietnamese, Filipino)
- ○ South Asian (e.g. Bangladeshi, Bengali, East Indian, Gujarati, Pakistani, Punjabi, Sinhalese, Sri Lankan, Tamil)
- ○ West Asian (e.g. Afghan, Armenian, Iranian, Israeli, Kurdish, Turkish)
- ○ Pacific Islands (e.g. Fijian, Hawaiian, Polynesian)
- ○ Australian/New Zealander

Choices continued on next page...

DEM 7 - continued from page 31

○ Arab/Middle Eastern (e.g. Egyptian, Iraqi, Lebanese, Maghrebi, Moroccan, Palestinian, Syrian)

○ Latin/Central American (e.g. Costa Rican, Nicaraguan, Mexican, Salvadorian)

○ South American (e.g. Argentinean, Bolivian, Brazilian, Chilean, Peruvian)

○ North American (e.g. Canadian, American, Quebecois)

○ Caribbean (e.g. Barbadian, Cuban, Guyanese, Haitian, Jamaican, Tobagonian, Trinidadian)

○ African (e.g. Angolan, Black, Congolese, East African, Ethiopian, Kenyan, Nigerian, Somali, Ugandan)

○ South African (e.g. Afrikaner)

○ Aboriginal (e.g. North American Indian, Metis, Inuit)

○ Other (Please specify) _____

○ Don't Know

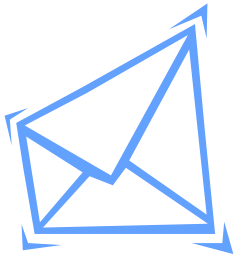
* * * * * * *

FNL 1 What is your current age? ☐☐ Years of age

FNL 2 Date survey completed ☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

Thank you very much for answering the Health and Lifestyle Questionnaire.

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



Comments? Record your comments or suggestions on the back of the blue Study Information Booklet.