Ontario Health Study
Étude sur la santé Ontario

Baseline 1 Questionnaire

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TABLE OF CONTENTS

DIRECTIONS FOR COMPLETING THIS QUESTIONNAIRE 3
DEMOGRAPHIC INFORMATION 4
FAMILY CHARACTERISTICS 4
EDUCATION 5
SEXUAL ORIENTATION AND GENDER IDENTITY 6
HEALTH STATUS 7
MEN'S HEALTH 11
WOMEN'S HEALTH 13
PERSONAL MEDICAL HISTORY 18
FAMILY HEALTH HISTORY 26
SLEEP PATTERN 35
SUNLIGHT 36
FOOD CONSUMED IN A TYPICAL DAY 37
ALCOHOL USE 38
TOBACCO USE 40
OTHER TYPES OF TOBACCO 43
ENVIRONMENTAL TOBACCO SMOKE 46
PHYSICAL ACTIVITY 48
ETHNIC BACKGROUND 50
RESIDENCE 55
LANGUAGES 56
WORKING STATUS 57
HOUSEHOLD INCOME 59
PRESCRIBED MEDICATION 60
ANTHROPOMETRIC MEASUREMENTS 62

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DIRECTIONS FOR COMPLETING THIS QUESTIONNAIRE

Thank you for participating in the Ontario Health Study! Please complete the following questionnaire over the next six weeks. To answer all of the questions, you will need:

- The Drug Identification Number (DIN) of any prescription medications you are taking at this time;
- Your current height and weight;
- The circumference of your waist and hips;
- The health history of your parents, siblings and children.

You do not need to finish this questionnaire all at once. You may stop working on the questionnaire, save your progress and return to it at any time over the next six weeks. None of your information will be lost.

Please enter a response to each question on the screen. If there are questions you do not feel comfortable answering, please select the "Prefer not to answer" option.

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

Call our toll-free number in Canada: 1-866-606-0686

Email us at: info@ontariohealthstudy.ca

For answers to commonly asked questions, check our website at https://www.ontariohealthstudy.ca/about-the-study/frequently-asked-questions/

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DEMOGRAPHIC INFORMATION

DE01. What is your date of birth? |M| |M| |M| |D| |D| |Y| |Y| |Y| |Y|

DE02. What is your sex? |_| Male |_| Female

FAMILY CHARACTERISTICS

FA01. What is your current marital status? Please choose the ONE status that best describes your current situation.
|_| Married and/or living with a partner
|_| Divorced
|_| Widowed
|_| Separated
|_| Single, never married
I_I Prefer not to answer

FA02. Do you have any biological siblings (brothers and sisters)? Please include those who have died and half siblings (one common parent), but do not include step siblings or adopted siblings.
|_| Yes
|_| No → Skip to FA07
|_| Don't know → Skip to FA07
|_| Prefer not to answer → Skip to FA07

FA03. Please enter the number of brothers and sisters in the boxes below.
Brothers: __________
Sisters: ___________

FA04. How many of your biological siblings are, or were, older than you?
If you are part of a multiple birth (e.g. twins, triplets etc), please treat all of the siblings that were born with you as being the same age as you, regardless of the order in which you were actually born.
|_| Number of siblings: ___________
|_| Don't know
I_I Prefer not to answer

FA05. Are you a twin or part of a multiple birth? Multiple births include twins, triplets, quadruplets, quintuplets, sextuplets, etc.
|_| Yes
|_| No →Skip to FA07
|_| Don't know → Skip to FA07

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I_I Prefer not to answer → Skip to FA07

FA06. If you are a twin or part of a multiple birth, please select which type of birth you were part of:

|_| Identical twin
|_| Non-identical twin
|_| Triplet
|_| Four or more
|_| Don't know
I_I Prefer not to answer

FA07. Were you adopted?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

EDUCATION

EL01. What is the highest level of education you have completed?
|_| Elementary School
|_| High School
|_| Trade, technical or vocation school, apprenticeship training or technical CEGEP
|_| Diploma from a community college, pre-university CEGEP or non-university certificate
|_| University certificate below Bachelor's level
|_| Bachelor's degree
|_| Graduate degree (MSc, MBA, MD, PhD, etc.)
|_| None → Skip to HS01
I_I Prefer not to answer → Skip to HS01

EL02. What was your age when you completed this level of education?
|_| Age when you completed this level of education: _________
|_| Don't know
I_I Prefer not to answer

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SEXUAL ORIENTATION AND GENDER IDENTITY

SG01. Research evidence has shown that sexual orientation is relevant to many areas of health. Do you consider yourself to be:
|_| Heterosexual or straight
|_| Gay or lesbian
|_| Bisexual
|_| Prefer not to answer
|_| Don't know

SG02. Do you consider yourself to be trans (transgender, transsexual, or a person with a history of transitioning sex)?
|_| Yes
|_| No → Skip to HS01
|_| Don't know
|_| Prefer not to answer → Skip to HS01

SG03. What was your assigned sex at birth?
|_| Male (complete Men's Health questions)
|_| Female (complete Women's Health questions)
|_| Undetermined
|_| Prefer not to answer

SG04. What is your felt gender?
|_| Male or primarily masculine
|_| Female or primarily feminine
|_| Both male and female
|_| Neither male nor female
|_| Don't know
|_| Prefer not to answer

SG05. What gender do you currently live as in your day-to-day life?
|_| Male
|_| Female
|_| Sometimes male, sometimes female
|_| Third gender, or something other than male or female
|_| Prefer not to answer

SG06. Have you undertaken any of the following to medically transition sex? (Check all that apply)
|_| Hormone therapy
|_| Hair removal (electrolysis or laser)
|_| Mastectomy or chest reconstruction (an operation to remove breasts or construct a male chest)

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|_| Breast augmentation (an operation to make breasts larger using implants)
|_| Hysterectomy (an operation to remove the uterus)
|_| Oophorectomy (an operation to remove the ovaries)
|_| Metoidioplasty (an operation to free the clitoris)
|_| Phalloplasty (an operation to construct a penis)
|_| Orchiectomy (an operation to remove the testicles)
|_| Vaginoplasty (an operation to construct a vagina)
|_| None of the above
|_| Prefer not to answer

HEALTH STATUS

HS01. How would you rate your general health?
I_I Excellent
I_I Very good
I_I Good
I_I Fair
I_I Poor
I_I Prefer not to answer

HS02. Are you usually free of pain or discomfort?
|_| Yes → Skip to HS05
|_| No
|_| Don't know
|_| Prefer not to answer → Skip to HS05

HS03. How would you describe the usual intensity of your pain or discomfort?
|_| Mild
|_| Moderate
|_| Severe
|_| Don't know
|_| Prefer not to answer

HS04. How many activities does your pain or discomfort prevent?
|_| None
|_| A few
|_| Some
|_| Most
|_| Don't know
|_| Prefer not to answer

HS05. When was the last time you had a routine medical check-up, undertaken by a doctor or a nurse? A medical check-up is a physical exam that usually includes at least a blood pressure measurement and height and weight measurement.

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I_I Less than 6 months ago
I_I 6 months to less than 1 year ago
I_I 1 year to less than 2 years ago
I_I 2 years to less than 3 years ago
I_I 3 or more years ago
I_I Never
I_I Don't know
I_I Prefer not to answer

HS06. When was the last time you saw a dental professional, including a dentist or a hygienist?
I_I Less than 6 months ago
I_I 6 months to less than 1 year ago
I_I 1 year to less than 2 years ago
I_I 2 years to less than 3 years ago
I_I 3 or more years ago
I_I Never
I_I Don't know
I_I Prefer not to answer

HS07. Which of the following best describes your ability to hear?
|_| You have no problem hearing
|_| You have difficulty hearing
|_| You cannot hear
|_| Don't know
|_| Prefer not to answer

HS08. How would you describe your eyesight, using glasses or corrective lens if you use them?
|_| Excellent
|_| Very good
|_| Good
|_| Fair
|_| Poor
|_| Don't know
|_| Prefer not to answer

HS09. How often do you usually have a bowel movement?
I_I 1 time per week or less
I_I 2-4 times per week
I_I 5-6 times per week
I_I 1 time per day
I_I 2 times per day
I_I 3 or more times per day
I_I Don't know
I_I Prefer not to answer

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HS10. When was the last time you had a fecal occult blood test or an FOBT?
A Fecal Occult Blood Test or FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick or a small brush to smear a small sample on a special card. It is usually collected at home for two or three days in a row.
|_| 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 or more years ago
|_| Never → Skip to HS12
|_| Don't know → Skip to HS12
I_I Prefer not to answer→ Skip to HS12

HS11. If you have had an FOBT, why did you have it? Select all that apply.
|_| Family history of colorectal cancer
|_| Part of regular check-up / routine screening
|_| Experiencing signs or symptoms of concern
|_| Follow-up of colorectal cancer treatment
|_| Other
|_| Don't know
I_I Prefer not to answer

HS12. When was the last time you had a colonoscopy?
A colonoscopy is an exam where a long tube is used to examine the entire colon. Before the procedure is done, you are usually given a sedative.
|_| 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 or more years ago
|_| Never
|_| Don't know
I_I Prefer not to answer

HS13. When was the last time you had a sigmoidoscopy?
A sigmoidoscopy is an exam where a flexible tube is inserted into the rectum and lower part of the large bowel to look for signs of cancer or other problems. The procedure does not usually require sedation.
|_| 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 or more years ago
|_| Never
|_| Don't know

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I_I Prefer not to answer

Items HS14 and HS15 are embedded in a skip pattern. They are not asked if participants check either "Never", "Don't know" or "Prefer not to answer" for both HS12 and HS13.

HS14. Have you ever had a polyp removed from your colon?
A polyp is an abnormal growth of tissue.
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

HS15. If you have had a colonoscopy or sigmoidoscopy, why did you have it? Select all that apply.
|_| Family history of colorectal cancer
|_| Part of regular check-up / routine screening
|_| Experiencing signs or symptoms of concern
|_| Follow-up of colorectal cancer treatment
|_| Follow-up of FOBT
|_| Other
|_| Don't know
I_I Prefer not to answer

WOMEN SKIP TO WOMEN'S HEALTH – WH01

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MEN'S HEALTH

MH01. When was the last time you had a PSA blood test?
A PSA test is a specific blood test ordered by a doctor to test men for prostate cancer.
|_| 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 or more years ago
|_| Never → Skip to MH03
|_| Don't know → Skip to MH03
I_I Prefer not to answer

MH02. If you have had a PSA blood test, why have you had it? Select all that apply.
|_| Family history of prostate cancer
|_| Part of regular check-up / routine screening
|_| Experiencing signs or symptoms of concern
|_| Follow-up of prostate cancer treatment
|_| Other
|_| Don't know
I_I Prefer not to answer

MH03. How many children have you fathered, including live births only?
I_I Number of children: ________
I_I None
I_I Don't know
I_I Prefer not to answer

MH04. Do you have any adopted children?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

MH05. Have you ever been diagnosed with a fertility problem by a medical doctor?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

MH06. Have you had sex with a female in the past 12 months?
|_| Yes

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|_| No
|_| Prefer not to answer

MH07. Have you had sex with a male in the past 12 months?
|_| Yes
|_| No
|_| Prefer not to answer

MEN SKIP TO PERSONAL MEDICAL HISTORY – PM01

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WOMEN'S HEALTH

WH01. How old were you when you had your first menstrual period?
I_I Age at first menstrual period: ___________
I_I Never had a menstrual period
I_I Don't know
I_I Prefer not to answer

WH02. Have you ever used any hormonal contraceptives for any reason? Hormonal contraceptives include birth control pills, implants, patches, injections, and rings or intra-uterine devices that release female hormones.
|_| Yes
|_| No → Skip to WH05
|_| Don't know → Skip to WH05
I_I Prefer not to answer → Skip to WH05

WH03. How old were you when you started using hormonal contraceptives?
|_| Age when started using hormonal contraceptives: __________
|_| Don't know
I_I Prefer not to answer

WH04. In total, how many years or months did you use or have you been using hormonal contraceptives? Add up all the time that you used contraceptives even if you started and stopped several times.
|_| Years **OR** |_| Months: __________
|_| Don't know
I_I Prefer not to answer

WH05. How many times have you been pregnant, including live births, stillbirths, spontaneous miscarriages or therapeutic abortions?
|_| Number of pregnancies: ___________
|_| Never been pregnant →Skip to WH12
|_| Don't know →Skip to WH12
I_I Prefer not to answer →Skip to WH12

WH06. How old were you when you first became pregnant?
|_| Age at first pregnancy: ___________
|_| Don't know
I_I Prefer not to answer

WH07. Are you currently pregnant?
|_| Yes ---------------------> In what week are you? ___________
|_| No

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|_| Don't know
I_I Prefer not to answer

WH08. Of your pregnancies, how many went to 20 weeks or more? Please include all pregnancies, regardless of outcome.
|_| Number of pregnancies: ___________
|_| None
|_| Don't know
I_I Prefer not to answer

WH09. How many children have you given birth to, considering live births only?
|_| Number of live births: ___________
|_| None
|_| Don't know
I_I Prefer not to answer

WH10. How old were you when you last became pregnant?
|_| Age at last pregnancy: ___________
|_| Don't know
I_I Prefer not to answer

WH11. In total, how many months did you breastfeed or nurse your child or children for? Think about all the children you breastfed and the total number of months that you breastfed. Take the number of months that you breastfed each child and add them together.
If you did not breastfeed any children, enter "0".
|_| Months: ___________
|_| Don't know
I_I Prefer not to answer

WH12. Have you ever received hormone fertility treatment to help you get pregnant?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

WH13. Have you had sex with a female in the past 12 months?
|_| Yes
|_| No
|_| Prefer not to answer

WH14. Have you had sex with a male in the past 12 months?
|_| Yes
|_| No

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|_| Prefer not to answer

WH15. Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?
|_| Yes, natural menopause
|_| Yes, other reasons (surgery, chemotherapy, medication)
|_| No → Skip to WH17
|_| Don't know → Skip to WH17
I_I Prefer not to answer → Skip to WH17

WH16. How old were you when your menstrual periods stopped for at least one year and did not restart?
|_| Age when menstrual periods stopped: ___________
|_| Don't know
I_I Prefer not to answer

WH17. Have you ever used hormone replacement therapy (HRT) for any reason?
Hormone replacement therapy includes progesterone and/or estrogen. It includes all forms such as patches, rings, creams and other topical forms prescribed by a doctor.
It does not include thyroid hormone treatment or hormonal contraceptives and it does not include other 'natural' treatments that can be bought over the counter.
|_| Yes
|_| No → Skip to WH21
|_| Don't know → Skip to WH21
I_I Prefer not to answer → Skip to WH21

WH18. If you have used hormone replacement therapy (HRT), which type of hormone replacement therapy have you used the most?
|_| Both Estrogen and Progesterone
|_| Estrogen alone (e.g. Premarin, Estrace)
|_| Progesterone alone (e.g. Prometrium, Provera)
|_| Don’t know
I_I Prefer not to answer

WH19. How old were you when you started using hormone replacement therapy?
|_| Age when started using hormone replacement therapy: ___________
|_| Don't know
I_I Prefer not to answer

WH20. In total, for how many years or months did you use, or have you been using, hormone replacement therapy? Add up all the time that you used hormone replacement therapy even if you started and stopped several times.
|_| Years **OR** |_| Months: ___________
|_| Don't know

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I_I Prefer not to answer

WH21. Have you ever had a hysterectomy (an operation to have your uterus or womb removed)?
|_| Yes
|_| No → Skip to WH23
|_| Don't know → Skip to WH23
I_I Prefer not to answer→ Skip to WH23

WH22. How old were you when you had your hysterectomy?
|_| Age at hysterectomy: ___________
|_| Don't know
I_I Prefer not to answer

WH23. Have you ever have an operation to have your ovaries removed?
|_| Yes
|_| No → Skip to WH27
|_| Don't know → Skip to WH27
I_I Prefer not to answer → Skip to WH27

WH24. Did you have one or both ovaries removed?
|_| Both
|_| One → Skip to WH26
|_| Don't know → Skip to WH26
I_I Prefer not to answer → Skip to WH26

WH25. Were both of your ovaries removed at the <u>same time</u>?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

WH26. How old were you when you had the last surgery?
|_| Age at last surgery: ___________
|_| Don't know
I_I Prefer not to answer

WH27. Have you ever had a tubal ligation (had “your tubes tied”)?
|_| Yes
|_| No
|_| Don’t know
I_I Prefer not to answer

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WH28. When was the last time you had a mammogram?
A mammogram is a low dose x-ray of the breast in a device that compresses and flattens the breast and is used as a screening test for breast cancer.
|_| 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 or more years ago
|_| Never → Skip to WH30
|_| Don't know → Skip to WH30
I_I Prefer not to answer

WH29. If you have had a mammogram, why did you have it? Select all that apply.
|_| Family history of breast cancer
|_| Part of regular check-up / routine screening
|_| Experiencing signs or symptoms of concern
|_| Follow-up of breast cancer treatment
|_| Other
|_| Don’t know
I_I Prefer not to answer

WH30. When was the last time you had a Pap test or a smear test?
A Pap test (sometimes called a cervical smear) is a test performed by a doctor or a nurse where a sample of cells is taken from the cervix.
|_| 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 or more years ago
|_| Never
|_| Don't know
I_I Prefer not to answer

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PERSONAL MEDICAL HISTORY

PM01. Has a doctor ever told you that you had any of the following conditions?

High Blood Pressure (hypertension)
(not including during pregnancy)
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Heart Attack (myocardial infarction)
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Stroke
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Asthma
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Chronic Obstructive Pulmonary Disease
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Major Depression
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Anxiety Disorder
|_| Yes ---> |_| Age at first diagnosis: ________________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

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Addictions Disorder
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

High Blood Sugar or Blood Glucose
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Diabetes
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Which **type** of diabetes was it?
|_| Gestational diabetes only
|_| Type 1 diabetes
|_| Type 2 diabetes
|_| Don't know
|_| Prefer not to answer

Liver Cirrhosis
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Chronic Hepatitis
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Crohn's Disease
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Ulcerative Colitis
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Irritable Bowel Syndrome
|_| Yes --> |_| Age at first diagnosis: _______________

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|_| No
|_| Don't know
|_| Prefer not to answer

|_| Don't know
|_| Prefer not to answer

Eczema
|_| Yes -->
|_| No
|_| Don't know
|_| Prefer not to answer

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

Lupus
|_| Yes -->
|_| No
|_| Don't know
|_| Prefer not to answer

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

Psoriasis
|_| Yes -->
|_| No
|_| Don't know
|_| Prefer not to answer

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

Multiple Sclerosis
|_| Yes -->
|_| No
|_| Don't know
|_| Prefer not to answer

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

Osteoporosis
|_| Yes -->
|_| No
|_| Don't know
|_| Prefer not to answer

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

Arthritis
|_| Yes -->
|_| No
|_| Don't know
|_| Prefer not to answer

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

Which type of arthritis was it?
|_| Rheumatoid arthritis
|_| Osteoarthritis
|_| Other (Please specify): ________________
|_| Don't know
|_| Prefer not to answer

Kidney Disease
|_| Yes -->
|_| No
|_| Don't know

|_| Age at first diagnosis: ________________
|_| Don't know
|_| Prefer not to answer

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|_| Prefer not to answer

Heart Disease
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

High Cholesterol
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Migraine Headaches
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

Sleep Apnea
|_| Yes --> |_| Age at first diagnosis: _______________
|_| No |_| Don't know
|_| Don't know |_| Prefer not to answer
|_| Prefer not to answer

PM02. Has a doctor ever told you that you had cancer or a malignancy of any kind?
|_| Yes
|_| No → Skip to PM04
|_| Don't know → Skip to PM04
I_I Prefer not to answer → Skip to PM04

PM03. What **type** of cancer was it and how **old** were you when the cancer was first diagnosed? If you have had cancer more than once, please select each one separately.

First type of Cancer

Select One:
|_| Bladder
|_| Brain
|_| Breast
|_| Cervix
|_| Colon
|_| Esophagus
|_| Kidney
|_| Larynx
|_| Leukemia
|_| Liver

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|_| Lung and Bronchus
|_| Lymphoma
|_| Non-Hodgkin Lymphoma
|_| Ovary
|_| Pancreas
|_| Prostate
|_| Rectum
|_| Skin
|_| Stomach
|_| Thyroid
|_| Trachea
|_| Uterus
|_| Don't know
|_| Prefer not to answer
|_| Other (please specify):______________

What was your age when this cancer was first diagnosed?
|_| Age at first diagnosis: ________
|_| Don't know
|_| Prefer not to answer

Did you receive treatment for this cancer?
|_| Yes ---> What type of treatment was it? (Choose ALL that apply).
|_| Chemotherapy
|_| Radiation
|_| Surgery
|_| Don't know
|_| Prefer not to answer
|_| Other (Please specify): _______________
|_| No
|_| Don't know
|_| Prefer not to answer

Second type of Cancer
|_| Not applicable. I have not been diagnosed with more than one cancer. → Skip to PM04

Select One:
|_| Bladder
|_| Brain
|_| Breast
|_| Cervix
|_| Colon
|_| Esophagus
|_| Kidney
|_| Larynx
|_| Leukemia
|_| Liver
|_| Lung and Bronchus
|_| Lymphoma

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|_| Non-Hodgkin Lymphoma
|_| Ovary
|_| Pancreas
|_| Prostate
|_| Rectum
|_| Skin
|_| Stomach
|_| Thyroid
|_| Trachea
|_| Uterus
|_| Don't know
|_| Prefer not to answer
|_| Other (please specify):______________

What was your age when this cancer was first diagnosed?
|_| Age at first diagnosis: ________
|_| Don't know
|_| Prefer not to answer

Did you receive treatment for this cancer?
|_| Yes --> What type of treatment was it? (Choose ALL that apply).
|_| No
|_| Don't know
|_| Prefer not to answer

What type of treatment was it? (Choose ALL that apply).
|_| Chemotherapy
|_| Radiation
|_| Surgery
|_| Don't know
|_| Prefer not to answer
|_| Other (Please specify): _______________

Third type of Cancer
|_| Not applicable. I have not been diagnosed with more than two cancers. → Skip to PM04

Select One:
|_| Bladder
|_| Brain
|_| Breast
|_| Cervix
|_| Colon
|_| Esophagus
|_| Kidney
|_| Larynx
|_| Leukemia
|_| Liver
|_| Lung and Bronchus
|_| Lymphoma
|_| Non-Hodgkin Lymphoma
|_| Ovary

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|_| Pancreas
|_| Prostate
|_| Rectum
|_| Skin
|_| Stomach
|_| Thyroid
|_| Trachea
|_| Uterus
|_| Don't know
|_| Prefer not to answer
|_| Other (please specify):_______________

What was your age when this cancer was first diagnosed?
|_| Age at first diagnosis: _________
|_| Don't know
|_| Prefer not to answer

Did you receive treatment for this cancer?
|_| Yes ---> What type of treatment was it? (Choose ALL that apply).
|_| Chemotherapy
|_| Radiation
|_| Surgery
|_| Don't know
|_| Prefer not to answer
|_| Other (Please specify): ________________
|_| No
|_| Don't know
|_| Prefer not to answer

PM04. Do you have or have you had any other long-term health conditions?
|_| Yes ---> Please list these long-term conditions.
1: ________________________________
2: ________________________________
3: ________________________________
4: ________________________________
5: ________________________________
6: ________________________________
7: ________________________________
8: ________________________________
9: ________________________________
10: _______________________________
|_| No
|_| Don't know
I_I Prefer not to answer

PM05. Have you been diagnosed with a medically recognized intersex condition?
|_| Yes
|_| No → Skip to FM01
|_| Don’t know
|_| Prefer not to answer → Skip to FM01

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PM06. Have you been diagnosed with any of the following?
|_| Klinefelter syndrome (having XXY chromosomes)
|_| Turner syndrome (having XO chromosomes)
|_| Complete androgen insensitivity syndrome
|_| Congenital adrenal hyperplasia
|_| Other intersex condition, please specify: ______________________
|_| None of the above
|_| Prefer not to answer

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FAMILY HEALTH HISTORY

For your family health history, please **ONLY** include your **immediate blood relatives**, including your mother, father, children, full and half brothers and sisters. Do not include relatives by marriage, stepbrothers and stepsisters, parents by adoption, stepchildren or adopted children. While the description of your family is important, if you do not know the answer to these questions please select "Don't know" and move on to the next question.

FM01. Have any of your immediate blood relatives ever been diagnosed by a medical doctor with any of the following long-term health conditions?

At the moment, the study is focusing on the long term health conditions listed below. Please note that we are developing further questionnaires, which you may be asked you to complete. Those questionnaires may contain additional family health history questions.

- Heart Attack (myocardial infarction)
- Stroke
- Diabetes
- Chronic Obstructive Pulmonary Disease
- High blood pressure
- Asthma
- Major Depression
- Liver Cirrhosis
- Chronic Hepatitis
- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Eczema
- Lupus
- Psoriasis
- Multiple Sclerosis
- Osteoporosis
- Arthritis
- Kidney Disease
- Heart Disease
- Dementia

|_| Yes
|_| No → Skip to FM08
|_| Don't know→ Skip to FM08
I_I Prefer not to answer → Skip to FM08

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FM02. Which of the following long term health conditions has your Mother been diagnosed with?				
	Yes	No	Don't know	Prefer not to answer
Heart Attack (myocardial infarction)	|_|	|_|	|_|	|_|
Stroke	|_|	|_|	|_|	|_|
Diabetes	|_|	|_|	|_|	|_|
Chronic Obstructive Pulmonary Disease	|_|	|_|	|_|	|_|
High blood pressure	|_|	|_|	|_|	|_|
Asthma	|_|	|_|	|_|	|_|
Major Depression	|_|	|_|	|_|	|_|
Liver Cirrhosis	|_|	|_|	|_|	|_|
Chronic Hepatitis	|_|	|_|	|_|	|_|
Crohn's Disease	|_|	|_|	|_|	|_|
Ulcerative Colitis	|_|	|_|	|_|	|_|
Irritable Bowel Syndrome	|_|	|_|	|_|	|_|
Eczema	|_|	|_|	|_|	|_|
Lupus	|_|	|_|	|_|	|_|
Psoriasis	|_|	|_|	|_|	|_|
Multiple Sclerosis	|_|	|_|	|_|	|_|
Osteoporosis	|_|	|_|	|_|	|_|
Arthritis	|_|	|_|	|_|	|_|
Kidney Disease	|_|	|_|	|_|	|_|
Heart Disease	|_|	|_|	|_|	|_|
Dementia	|_|	|_|	|_|	|_|

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FM03. Which of the following long term health conditions has your Father been diagnosed with?				
	Yes	No	Don't know	Prefer not to answer
Heart Attack (myocardial infarction)	|_|	|_|	|_|	|_|
Stroke	|_|	|_|	|_|	|_|
Diabetes	|_|	|_|	|_|	|_|
Chronic Obstructive Pulmonary Disease	|_|	|_|	|_|	|_|
High blood pressure	|_|	|_|	|_|	|_|
Asthma	|_|	|_|	|_|	|_|
Major Depression	|_|	|_|	|_|	|_|
Liver Cirrhosis	|_|	|_|	|_|	|_|
Chronic Hepatitis	|_|	|_|	|_|	|_|
Crohn's Disease	|_|	|_|	|_|	|_|
Ulcerative Colitis	|_|	|_|	|_|	|_|
Irritable Bowel Syndrome	|_|	|_|	|_|	|_|
Eczema	|_|	|_|	|_|	|_|
Lupus	|_|	|_|	|_|	|_|
Psoriasis	|_|	|_|	|_|	|_|
Multiple Sclerosis	|_|	|_|	|_|	|_|
Osteoporosis	|_|	|_|	|_|	|_|
Arthritis	|_|	|_|	|_|	|_|
Kidney Disease	|_|	|_|	|_|	|_|
Heart Disease	|_|	|_|	|_|	|_|
Dementia	|_|	|_|	|_|	|_|

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The following item is embedded in a skip pattern. Male participants who check “None” for MH03 will not be asked this question. Female participants who check “Never been pregnant” for WH05 or who check “None” for WH09 will not be asked this question.

FM04. Have your children been diagnosed with any long term health conditions?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

The following item is embedded in a skip pattern. Participants who check “No”, “Don’t know” or “Prefer not to answer” for FA02 will not be asked this question.

FM05. Have your siblings been diagnosed with any long term health conditions?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

The following item is embedded in a skip pattern. Participants who check “None” for MH03 <u>OR</u> “Never been pregnant” for WH05 <u>OR</u> “None” for WH09 <u>OR</u> “No”, “Don’t know” or “Prefer not to answer” for FM04 will not be asked this question.

FM06. Which of the following long term health conditions have your children been diagnosed with? Please select all that apply.	# of Children
|_| Heart Attack (myocardial infarction)	
|_| Stroke	
|_| Diabetes	
|_| Chronic Obstructive Pulmonary Disease	
|_| High blood pressure	
|_| Asthma	
|_| Major Depression	
|_| Liver Cirrhosis	
|_| Chronic Hepatitis	
|_| Crohn's Disease	
|_| Ulcerative Colitis	
|_| Irritable Bowel Syndrome	
|_| Eczema	
|_| Lupus	
|_| Psoriasis	
|_| Multiple Sclerosis	
|_| Osteoporosis	
|_| Arthritis	
|_| Kidney Disease	
|_| Heart Disease	
|_| Dementia	

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The following item is embedded in a skip pattern. Participants who check "No", "Don't know" or "Prefer not to answer" for FA02 OR "No", "Don't know" or "Prefer not to answer" for FM05 will not be asked this question.

FM07. Which of the following long term health conditions have your siblings been diagnosed with? Please select all that apply.	# of Siblings
|_| Heart Attack (myocardial infarction)	
|_| Stroke	
|_| Diabetes	
|_| Chronic Obstructive Pulmonary Disease	
|_| High blood pressure	
|_| Asthma	
|_| Major Depression	
|_| Liver Cirrhosis	
|_| Chronic Hepatitis	
|_| Crohn's Disease	
|_| Ulcerative Colitis	
|_| Irritable Bowel Syndrome	
|_| Eczema	
|_| Lupus	
|_| Psoriasis	
|_| Multiple Sclerosis	
|_| Osteoporosis	
|_| Arthritis	
|_| Kidney Disease	
|_| Heart Disease	
|_| Dementia	

FM08. Have any of your immediate blood relatives ever been diagnosed with cancer?
|_I Yes
|_| No → Skip to SP01
|_| Don't know → Skip to SP01
I_I Prefer not to answer → Skip to SP01

FM09. Has your biological mother ever been diagnosed with cancer?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

FM10. Has your biological father ever been diagnosed with cancer?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

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The following item is embedded in a skip pattern. Participants who check "No", "Don't know" or "Prefer not to answer" for FA02 will not be asked this question.

FM11. Have any of your biological siblings ever been diagnosed with cancer?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

The following item is embedded in a skip pattern. Male participants who check "None" for MH03 will not be asked this question. Female participants who check "Never been pregnant" for WH05 or who check "None" for WH09 will not be asked this question.

FM12. Have any of your biological children ever been diagnosed with cancer?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

The following item is embedded in a skip pattern. Participants who check "No", "Don't know" or "Prefer not to answer" for FM10 will not be asked this question.

FM13. Which of the following types of cancer was your father diagnosed with?
Choose ALL that apply.
|_| Bladder
|_| Brain
|_| Breast
|_| Colon
|_| Esophagus
|_| Kidney
|_| Larynx
|_| Leukemia
|_| Liver
|_| Lung and Bronchus
|_| Lymphoma
|_| Non-Hodgkin Lymphoma
|_| Pancreas
|_| Prostate
|_| Rectum
|_| Skin
|_| Stomach
|_| Thyroid
|_| Trachea
|_| Other; Specify: ___________________
|_| Don't know
I_I Prefer not to answer

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The following item is embedded in a skip pattern. Participants who check "No", "Don't know" or "Prefer not to answer" for FM09 will not be asked this question.

FM14. Which of the following types of cancer was your mother diagnosed with? Choose ALL that apply.
|_| Bladder
|_| Brain
|_| Breast
|_| Cervix
|_| Colon
|_| Esophagus
|_| Kidney
|_| Larynx
|_| Leukemia
|_| Liver
|_| Lung and Bronchus
|_| Lymphoma
|_| Non-Hodgkin Lymphoma
|_| Ovary
|_| Pancreas
|_| Rectum
|_| Skin
|_| Stomach
|_| Thyroid
|_| Trachea
|_| Uterus
|_| Other; Specify: ___________________
|_| Don't know
I_I Prefer not to answer

The following item is embedded in a skip pattern. Participants who check "No", "Don't know" or "Prefer not to answer" for FA02 OR "No", "Don't know" or "Prefer not to answer" for FM11 will not be asked this question.

FM15. Which of the following types of cancer were your biological siblings diagnosed with? Choose ALL that apply.	
|_| Bladder	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Brain	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Breast	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Cervix	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Colon	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Esophagus	|_| # of Siblings: __________ I_I Prefer not to answer

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|_| Kidney	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Larynx	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Leukemia	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Liver	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Lung and Bronchus	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Lymphoma	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Non-Hodgkin Lymphoma	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Ovary	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Pancreas	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Prostate	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Rectum	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Skin	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Stomach	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Thyroid	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Trachea	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Uterus	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Don’t know	|_| # of Siblings: __________ I_I Prefer not to answer
|_| Prefer not to answer	I_I Prefer not to answer
|_| Other; Specify: ___________________	|_| # of Siblings: __________ I_I Prefer not to answer

The following item is embedded in a skip pattern. Participants who check “None” for MH03 <u>OR</u> “Never been pregnant” for WH05 <u>OR</u> “None” for WH09 <u>OR</u> “No”, “Don’t know” or “Prefer not to answer” for FM12 will not be asked this question.

FM16. Which of the following types of cancer were your biological children diagnosed with? Choose ALL that apply.	
|_| Bladder	|_| # of Children: __________ I_I Prefer not to answer
|_| Brain	|_| # of Children: __________ I_I Prefer not to answer

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|_| Breast	|_| # of Children: __________ I_I Prefer not to answer
|_| Cervix	|_| # of Children: __________ I_I Prefer not to answer
|_| Colon	|_| # of Children: __________ I_I Prefer not to answer
|_| Esophagus	|_| # of Children: __________ I_I Prefer not to answer
|_| Kidney	|_| # of Children: __________ I_I Prefer not to answer
|_| Larynx	|_| # of Children: __________ I_I Prefer not to answer
|_| Leukemia	|_| # of Children: __________ I_I Prefer not to answer
|_| Liver	|_| # of Children: __________ I_I Prefer not to answer
|_| Lung and Bronchus	|_| # of Children: __________ I_I Prefer not to answer
|_| Lymphoma	|_| # of Children: __________ I_I Prefer not to answer
|_| Non-Hodgkin Lymphoma	|_| # of Children: __________ I_I Prefer not to answer
|_| Ovary	|_| # of Children: __________ I_I Prefer not to answer
|_| Pancreas	|_| # of Children: __________ I_I Prefer not to answer
|_| Prostate	|_| # of Children: __________ I_I Prefer not to answer
|_| Rectum	|_| # of Children: __________ I_I Prefer not to answer
|_| Skin	|_| # of Children: __________ I_I Prefer not to answer
|_| Stomach	|_| # of Children: __________ I_I Prefer not to answer
|_| Thyroid	|_| # of Children: __________ I_I Prefer not to answer
|_| Trachea	|_| # of Children: __________ I_I Prefer not to answer
|_| Uterus	|_| # of Children: __________ I_I Prefer not to answer
|_| Don’t know	|_| # of Children: __________ I_I Prefer not to answer
|_| Prefer not to answer	I_I Prefer not to answer
|_| Other; Specify: ___________________	|_| # of Children: __________ I_I Prefer not to answer

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SLEEP PATTERN

SP01. On average how many hours per day do you usually sleep, including naps? A day refers to a 24 hour period. Please think of the total amount of unbroken sleep.
|_| Hours: ___________ **AND** Minutes: ___________
|_| Don't know
I_I Prefer not to answer

SP02. How often do you have trouble going to sleep or staying asleep?
|_| Never
|_| Part of the time
|_| Some of the time
|_| Most of the time
|_| All the time
|_| Don't know
I_I Prefer not to answer

SP03. On average how much light enters your room while you are sleeping?
|_| Virtually no light
|_| Some light
|_| A lot of light
|_| Don't know
I_I Prefer not to answer

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SUNLIGHT

SU01. In the past 12 months, how many times have you used artificial tanning equipment such as a tanning bed, sunlamp or tanning light for any reason, including medical reasons?
|_| Never
|_| 1 to 4 times
|_| 5 to 9 times
|_| 10 to 14 times
|_| 15 to 19 times
|_| 20 to 24 times
|_| 25 or more times
|_| Don't know
I_I Prefer not to answer

SU02. After several months of not being in the sun, if you then went out in the sun during the summer in the middle of the day without sunscreen or protective clothing for one hour, which one of these would happen to your skin? If you do not go out in the sun, make your best guess of what would happen if you did.
|_| A severe sunburn with blistering
|_| A painful sunburn for a few days followed by peeling
|_| Mildly burnt followed by tanning
|_| Darker/brown without any sunburn
|_| There would be no change
|_| Other
I_I Prefer not to answer

SU03. What is your natural hair colour? If your hair is now grey, please select the colour of your hair before it turned grey. Choose **ONE** only.
|_| Blonde
|_| Red
|_| Light brown
|_| Dark brown
|_| Black
I_I Prefer not to answer

SU04. What is your natural eye colour? Choose **ONE** only.
|_| Amber
|_| Blue
|_| Brown
|_| Grey
|_| Green
|_| Hazel
I_I Prefer not to answer

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FOOD CONSUMED IN A TYPICAL DAY

The next few questions ask about food you eat in a typical day. Since diet is a very important area, we will ask more about this in the future. Today we will ask only a few basic questions.

FC01. 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.
|_| Number of servings per day: ___________
|_| None
|_| Don't know
I_I Prefer not to answer

FC02. 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.
|_| Number of servings per day: ___________
|_| None
|_| Don't know
I_I Prefer not to answer

FC03. In a typical day, how many total 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.
|_| Number of servings per day: ___________
|_| None
|_| Don't know
I_I Prefer not to answer

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ALCOHOL USE

AU01. Have you ever consumed alcohol?
|_| Yes
|_| No → Skip to TU01
|_| Don't know → Skip to TU01
I_I Prefer not to answer → Skip to TU01

AU02. On average, over the last year, how often did you drink alcohol?
|_| 6 to 7 times a week
|_| 4 to 5 times a week
|_| 2 to 3 times a week
|_| Once a week
|_| 2 to 3 times a month → Men: skip to AU05; Women: skip to AU06
|_| About once a month → Men: skip to AU05; Women: skip to AU06
|_| Less than monthly → Men: skip to AU05; Women: skip to AU06
|_| Never → Skip to TU01
|_| Don't know → Skip to TU01
I_I Prefer not to answer → Skip to TU01

AU03. On average, how many drinks do you have during a typical week?
A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43mL) of liquor.

Red Wine
I_I Drinks per week: ___________
I_I None
I_I Don't know
I_I Prefer not to answer

White Wine
I_I Drinks per week: ___________
I_I None
I_I Don't know
I_I Prefer not to answer

Beer
I_I Drinks per week: ___________
I_I None
I_I Don't know
I_I Prefer not to answer

Liquor/Spirits
I_I Drinks per week: ___________
I_I None

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I_I Don't know
I_I Prefer not to answer

<u>Other Alcohol</u>
I_I Drinks per week: ___________
I_I None
I_I Don't know
I_I Prefer not to answer

AU04. During a typical week, do you drink alcohol mostly on weekend (or non working) days?
|_| Yes
|_| No
I_I Prefer not to answer

MEN ONLY, WOMEN SKIP TO AU06

AU05. During the past 12 months, how often did you have five or more drinks at the same sitting or occasion?
|_| 6 to 7 times a week
|_| 4 to 5 times a week
|_| 2 to 3 times a week
|_| Once a week
|_| 2 to 3 times a month
|_| About once a month
|_| 6 to 11 times a year
|_| 1 to 5 times a year
|_| Never
|_| Don't know
I_I Prefer not to answer

WOMEN ONLY, MEN SKIP TO TU01

AU06. During the past 12 months, how often did you have four or more drinks at the same sitting or occasion?
|_| 6 to 7 times a week
|_| 4 to 5 times a week
|_| 2 to 3 times a week
|_| Once a week
|_| 2 to 3 times a month
|_| About once a month
|_| 6 to 11 times a year
|_| 1 to 5 times a year
|_| Never
|_| Don't know
I_I Prefer not to answer

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TOBACCO USE

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.

TU01. Have you smoked at least 100 cigarettes in your life? (About 4 - 5 packs)
|_| Yes → Skip to TU03
|_| No
|_| Don't know
I_I Prefer not to answer

TU02. Have you ever smoked a whole cigarette?
|_| Yes
|_| No → Skip to TU16
|_| Don't know → Skip to TU16
I_I Prefer not to answer → Skip to TU16

TU03. At what age did you smoke your first whole cigarette?
|_| Age: ________
I_I Prefer not to answer

TU04. 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 (At least one cigarette in the past 30 days, but not every day) → Skip to TU09
|_| Not at all (You did not smoke at all in the past 30 days) → Skip to TU11
I_I Prefer not to answer → Skip to TU11

TU05. At what age did you begin smoking cigarettes daily?
|_| Age: ________
I_I Prefer not to answer

TU06. 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 ---------------->How many? ____________
I_I Prefer not to answer

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TU07. For how many total years have you smoked daily?
|_| Years: ________
I_I Prefer not to answer

TU08. 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 ---------------->How many? ____________
I_I Prefer not to answer

----------------> **If you currently smoke <u>daily</u>** SKIP TO TU16

TU09. 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
I_I Prefer not to answer

TU10. 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
I_I Prefer not to answer

TU11. Have you ever smoked cigarettes daily? (At least one cigarette a day for 30 days in a row)
|_| Yes
|_| No → Skip to TU16
|_| Don't know → Skip to TU16
I_I Prefer not to answer → Skip to TU16

TU12. At what age did you begin to smoke daily?
|_| Age: ________
I_I Prefer not to answer

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TU13. 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 ----------------->How many? ____________
I_I Prefer not to answer

TU14. For how many total years did you smoke daily?
|_| Years: ________
I_I Prefer not to answer

TU15. 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
I_I Prefer not to answer

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OTHER TYPES OF TOBACCO

TU16. In your lifetime, have you ever used other types of tobacco on a regular basis and for a period of at least six months?
|_| Yes
|_| No → Skip to ET01
|_| Don't know → Skip to ET01
I_I Prefer not to answer → Skip to ET01

TU17. What other types of products listed below have you ever used on a regular basis and for a period of at least six months?

Cigars
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Small cigars (cigarillos)
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Tobacco pipes
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Chewing tobacco or snuff
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Nicotine patches
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Nicotine gum
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

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Betel nut
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Paan
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Sheesha
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Other
|_| Yes -----------------> ______________________
|_| No
|_| Don't know
I_I Prefer not to answer

TU18. Do you currently use any other types of products listed below?

Cigars
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Small cigars (cigarillos)
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Tobacco pipes
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

Chewing tobacco or snuff
|_| Yes
|_| No

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|_| Don't know
I_I Prefer not to answer

<u>Nicotine patches</u>
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

<u>Nicotine gum</u>
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

<u>Betel nut</u>
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

<u>Paan</u>
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

<u>Sheesha</u>
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

<u>Other; specify</u>
|_| Yes ----------------->______________________
|_| No
|_| Don't know
I_I Prefer not to answer

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ENVIRONMENTAL TOBACCO SMOKE

ET01. From birth until the age of 18, how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

|_| Years: ________
|_| None
|_| Don't know
I_I Prefer not to answer

ET02. As an adult, from age 18 years to now, how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

|_| Years: ________
|_| None
|_| Don't know
I_I Prefer not to answer

ET03. At home how often are you usually exposed to other people's tobacco smoke inside your home?

|_| Every day
|_| Almost every day
|_| At least once a week
|_| At least once a month
|_| Less than once a month
|_| Never
|_| Don't know
I_I Prefer not to answer

ET04. During leisure time outside of your home, how often are you usually exposed to other people's tobacco smoke?

|_| Every day
|_| Almost every day
|_| At least once a week
|_| At least once a month
|_| Less than once a month
|_| Never
|_| Don't know
I_I Prefer not to answer

ET05. As an adult, from age 18 years to now, how many years did you regularly work in an environment where other people smoked cigarettes, cigars or pipes in your presence?

|_| Years: ________
|_| None
|_| Don't know
I_I Prefer not to answer

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ET06. At work how often are you usually exposed to other people's tobacco smoke?
|_| Every day
|_| Almost every day
|_| At least once a week
|_| At least once a month
|_| Less than once a month
|_| Never
|_| Don't know
I_I Prefer not to answer

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PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The 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** 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. Think *only* about those physical activities that you did for at least 10 minutes at a time.

PA01. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?
|_| Days per week: ___________
|_| No vigorous physical activities → Skip to PA03
I_I Prefer not to answer → Skip to PA03

PA02. How much time did you usually spend doing vigorous physical activities on one of those days?
|_| Hours per day: ___________ **AND** Minutes per day: ___________
|_| Don't know/Not sure
I_I Prefer not to answer

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

PA03. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.
|_| Days per week: ___________
|_| No moderate physical activities → Skip to PA05
I_I Prefer not to answer → Skip to PA05

PA04. How much time did you usually spend doing moderate physical activities on one of those days?
|_| Hours per day: ___________ **AND** Minutes per day: ___________
|_| Don't know/Not sure
I_I Prefer not to answer

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Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

PA05. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?
|_| Days per week: ___________
|_| No walking → Skip to PA07
I_I Prefer not to answer → Skip to PA07

PA06. How much time did you usually spend walking on one of those days?
|_| Hours per day: ___________ **AND** Minutes per day: ___________
|_| Don't know/Not sure
I_I Prefer not to answer

The last questions are about the time you spent **sitting** on weekdays and weekend days during the **last 7 days**. Include time spent 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.

PA07. During the last 7 days, how much time did you spend sitting on a week day?
|_| Hours per day: ___________ **AND** Minutes per day: ___________
|_| Don't know
I_I Prefer not to answer

PA08. During the last 7 days, how much time did you spend sitting on a weekend day?
|_| Hours per day: ___________ **AND** Minutes per day: ___________
|_| Don't know
I_I Prefer not to answer

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ETHNIC BACKGROUND

EB01. What is your ethnic background? Please tick ALL that apply.
|_| **Aboriginal** (e.g. First Nations, Métis, Inuit)
|_| **Arab** (e.g. Egypt, Iraq, Jordan, Lebanon)
|_| **Black** (African or Caribbean descent)
|_| **Chinese**
|_| **Filipino**
|_| **Japanese**
|_| **Jewish**
|_| **Korean**
|_| **Latin American/Hispanic**
|_| **South Asian** (e.g. India, Sri Lanka, Pakistan, Bangladesh)
|_| **Southeast Asian** (e.g. Malaysia, Indonesia, Vietnam, Cambodia, Laos)
|_| **West Asian** (e.g. Turkey, Iran, Afghanistan)
|_| **White** (European descent)
|_| **Other ethnic group** (not listed above)
|_| **Don't know**
|_| **Prefer not to answer**

EB02. What is the ethnic background of your biological Mother? Please tick ALL that apply.
|_| **Aboriginal** (e.g. First Nations, Métis, Inuit)
|_| **Arab** (e.g. Egypt, Iraq, Jordan, Lebanon)
|_| **Black** (African or Caribbean descent)
|_| **Chinese**
|_| **Filipino**
|_| **Japanese**
|_| **Jewish**
|_| **Korean**
|_| **Latin American/Hispanic**
|_| **South Asian** (e.g. India, Sri Lanka, Pakistan, Bangladesh)
|_| **Southeast Asian** (e.g. Malaysia, Indonesia, Vietnam, Cambodia, Laos)
|_| **West Asian** (e.g. Turkey, Iran, Afghanistan)
|_| **White** (European descent)
|_| **Other ethnic group** (not listed above)
|_| **Don't know**
|_| **Prefer not to answer**

EB03. What is the ethnic background of your biological Father? Please tick ALL that apply.
|_| **Aboriginal** (e.g. First Nations, Métis, Inuit)
|_| **Arab** (e.g. Egypt, Iraq, Jordan, Lebanon)
|_| **Black** (African or Caribbean descent)
|_| **Chinese**
|_| **Filipino**
|_| **Japanese**
|_| **Jewish**
|_| **Korean**

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|_| **Latin American/Hispanic**
|_| **South Asian** (e.g. India, Sri Lanka, Pakistan, Bangladesh)
|_| **Southeast Asian** (e.g. Malaysia, Indonesia, Vietnam, Cambodia, Laos)
|_| **West Asian** (e.g. Turkey, Iran, Afghanistan)
|_| **White** (European descent)
|_| **Other ethnic group** (not listed above)
|_| **Don't know**
|_| **Prefer not to answer**

EB04. In what country were you and your biological parents and grandparents born?

You
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany
|_| Greece
|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland
|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: ______________________
|_| Don't know
|_| Prefer not to answer

Mother
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany
|_| Greece

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|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland
|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: ______________________
|_| Don't know
|_| Prefer not to answer

Father
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany
|_| Greece
|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland
|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: ______________________
|_| Don't know
|_| Prefer not to answer

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Mother's mother
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany
|_| Greece
|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland
|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: _____________________
|_| Don't know
|_| Prefer not to answer

Mother's father
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany
|_| Greece
|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland

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|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: _____________________
|_| Don't know
|_| Prefer not to answer

Father's mother
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany
|_| Greece
|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland
|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: _____________________
|_| Don't know
|_| Prefer not to answer

Father's father
[Select an answer]
|_| Canada
|_| China
|_| France
|_| Germany

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|_| Greece
|_| India
|_| Islamic Republic of Iran
|_| Ireland
|_| Italy
|_| Jamaica
|_| Republic of Korea
|_| Philippines
|_| Poland
|_| Portugal
|_| Russian Federation
|_| Ukraine
|_| United Kingdom
|_| United States
|_| Viet Nam
|_| Other country ----------------->Country Name: ____________________
|_| Don't know
|_| Prefer not to answer

IF YOU WERE BORN IN CANADA SKIP TO RESIDENCE – RE01

EB05. How old were you when you first came to Canada to live?
|_| Age when you first came to Canada to live: ___________
|_| Don't know
I_I Prefer not to answer

RESIDENCE

RE01. How old were you when you started living in the dwelling where you live now?
|_| Age when started living at current location: ___________
|_| Don't know
I_I Prefer not to answer

RE02. Throughout your life to date, is the dwelling that you live in now the one where you have lived for the longest period of time?
|_| Yes
|_| No
|_| Don't know
I_I Prefer not to answer

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LANGUAGES

LS01. What is the language that you first learned at home in childhood and can still understand? Choose ALL that apply if more than one language was learned at the same time.

|_| English

|_| French

|_| Arabic

|_| Aboriginal Language(s)

|_| Bengali

|_| Cantonese

|_| Danish

|_| Dutch

|_| Farsi/Persian

|_| Finnish

|_| Gaelic

|_| German

|_| Greek

|_| Hindi

|_| Hungarian

|_| Icelandic

|_| Italian

|_| Korean

|_| Mandarin

|_| Norwegian

|_| Polish

|_| Portuguese

|_| Punjabi

|_| Russian

|_| Spanish

|_| Swedish

|_| Tagalog/Filipino

|_| Tamil

|_| Ukrainian

|_| Urdu

|_| Vietnamese

|_| Welsh

|_| Other, please specify: ____________

|_| Prefer not to answer

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WORKING STATUS

WS01. Which of the following best describes your current employment status?
Full time means 30 hours or more per week. Part time means less than 30 hours per week.

|_| Full-time employed/self-employed
|_| Part-time employed/self-employed

|_| Retired
|_| Looking after home and/or family
|_| Unable to work because of sickness or disability
|_| Unemployed
|_| Doing unpaid or voluntary work
|_| Student
I_I Prefer not to answer

} SKIP TO WS07

WS02. What is currently your main job title, meaning the job at which you work the most hours? Give as full a description as you can (e.g. office clerk, factory worker, forestry technician)
|_| ____
|_| Don't know
I_I Prefer not to answer

WS03. What kind of business, industry or service do you work in?
|_| ____
|_| Don't know
I_I Prefer not to answer

WS04. How old were you when you started working at your current job?
|_| Age when you started working at current job: ___________
|_| Don't know
I_I Prefer not to answer

WS05. Which one of following best describes your working schedule in your current job?
Choose ONE only
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.

|_| Regular daytime schedule or shift
|_| Regular evening shift
|_| Regular night shift
|_| Rotating shift, changing periodically from days to evenings or to nights
|_| Split shift, consisting of two or more distinct periods each day
|_| Irregular schedule, or on call

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|_| Other, please specify: ___________________________
I_I Prefer not to answer

WS06. Is your <u>current</u> job the one you have worked in for the longest time (most number of years)?
|_| Yes → Skip to HI01
|_| No
I_I Prefer not to answer

WS07. What was the title of the main job that you held for the longest time, meaning the one at which you worked the most hours?
Refer to the jobs that you did when you were employed by someone else, or when you were self-employed. Give as full a description as you can (e.g. office clerk, factory worker, forestry technician.)
|_| ____
|_| Don't know
I_I Prefer not to answer

WS08. What kind of business, industry or service did you work in for the longest time (most number of years)?
|_| ____
|_| Don't know
I_I Prefer not to answer

WS09. Which one of the following best describes your working schedule for the job that you held for the longest time? 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.
Choose ONE only
|_| Regular daytime schedule or shift
|_| Regular evening shift
|_| Regular night shift
|_| Rotating shift, changing periodically from days to evenings or to nights
|_| Split shift, consisting of two or more distinct periods each day
|_| Irregular schedule, or on call
|_| Other, please specify: ___________________________
I_I Prefer not to answer

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HOUSEHOLD INCOME

The next question asks for your household income. We understand that this information is very private but the question is important because it helps to determine whether the study includes a wide range of participants.

HI01. What was your total approximatehousehold income (from all sources) before taxes last year? Please include the total income including salaries, pensions and allowances.
|_| Less than $10, 000
|_| $10, 000 - $24, 999
|_| $25, 000 - $49, 999
|_| $50, 000 - $74, 999
|_| $75, 000 - $99, 999
|_| $100, 000 - $149, 999
|_| $150, 000 - $199, 999
|_| $200, 000 or more
|_| Don't know
I_I Prefer not to answer

HI02. How many individuals does that income support, including children, parents and other persons living in your home and outside your home?
|_| Number of individuals: ___________
|_| Don't know
I_I Prefer not to answer

HI03. How many adults (age 18 or older) including yourself are currently living in your household?
|_| Number of adults: ___________
I_I Prefer not to answer

HI04. How many children (under 18 years of age) are currently living in your household?
|_| Number of children: ___________
I_I Prefer not to answer

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PRESCRIBED MEDICATION

ME01. Are you currently taking any medications prescribed by a doctor and dispensed by a pharmacist? Prescription medication could include such things as insulin, nicotine patches, birth control (pills, patches or injections) and other hormonal therapies.
|_| Yes
|_| No → Skip to AM01
|_| Don't know → Skip to AM01
I_I Prefer not to answer → Skip to AM01

For each prescribed medication that you are currently taking, please write down the name of the medication and (if known/available) the drug identification number (DIN).

The DIN is an 8 digit number that should be printed on the label that is attached to the container by the pharmacist. It is NOT the prescription number. The DIN is not required to complete this section of the questionnaire. If your prescription medication does not have a DIN please enter only the name of the medication.

Medication	Name of the medication	Drug identification Number(DIN)
1		
2		
3		
4		
5		
6		
7		
8		
9		

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n		

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ANTHROPOMETRIC MEASUREMENTS

AM01. Do you regard yourself as being left or right-handed, or ambidextrous?
An ambidextrous person is able to use either hand with equal dexterity.
|_| Left
|_| Right
|_| Ambidextrous
I_I Prefer not to answer

AM02. Are you able to stand without assistance?
|_| Yes
|_| No → Skip to EQ01
I_I Prefer not to answer → Skip to EQ01

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

AM03. How much do you weigh?
Please indicate the unit of measurement.
|_| Pounds ------------------------>__________ lbs
|_| Kilograms --------------------->__________ kgs
|_| Prefer not to answer

AM04. How tall are you?
Please indicate the unit of measurement.
|_| Feet & Inches ----------------->__________ Feet __________ Inches
|_| Centimetres ------------------->__________ cms
|_| Prefer not to answer

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Waist and Hips

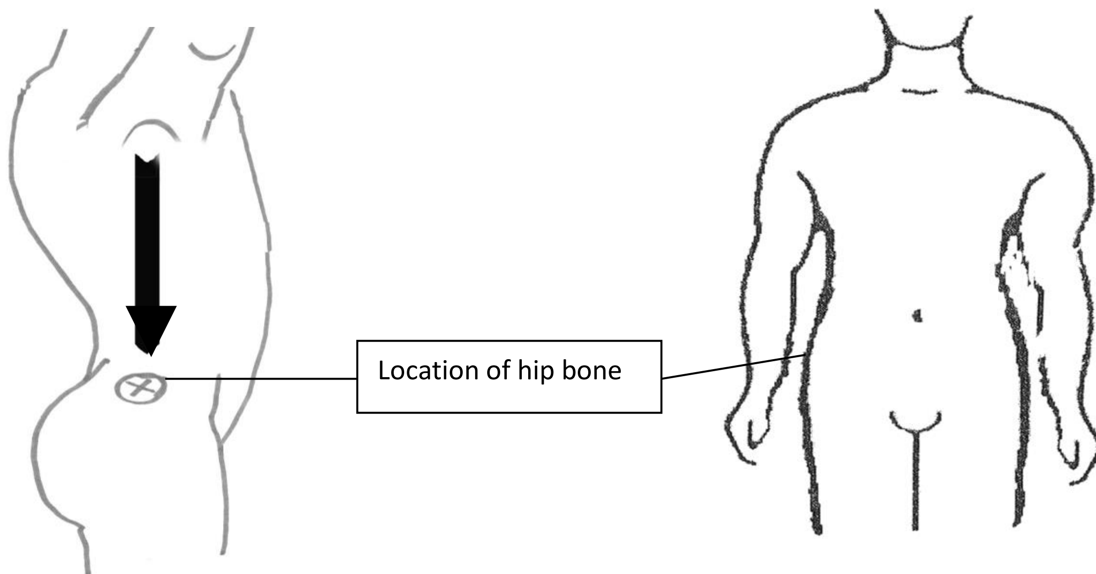
If you do not have a tape measure available to you, consider using a piece of string and a ruler to measure the circumference of your waist and hips. If cannot report these measurements, or if you do not wish to, please click “Don’t know” or “Prefer not to answer” to move on to the next section.

Ideally, these measurements should be taken without clothing or in loose fitting underwear.

1. Stand in front of a mirror to help position the measuring tape correctly.
2. Pull the measuring tool tight enough that it does not slide, but not too tight to indent the skin.
3. Record the measurement in inches or centimetres.

Waist

- This measurement is taken at a specific spot found along your side. To find the spot simply place your thumb under your armpit, then slide your thumb straight down until you find the hip bone (see diagram)



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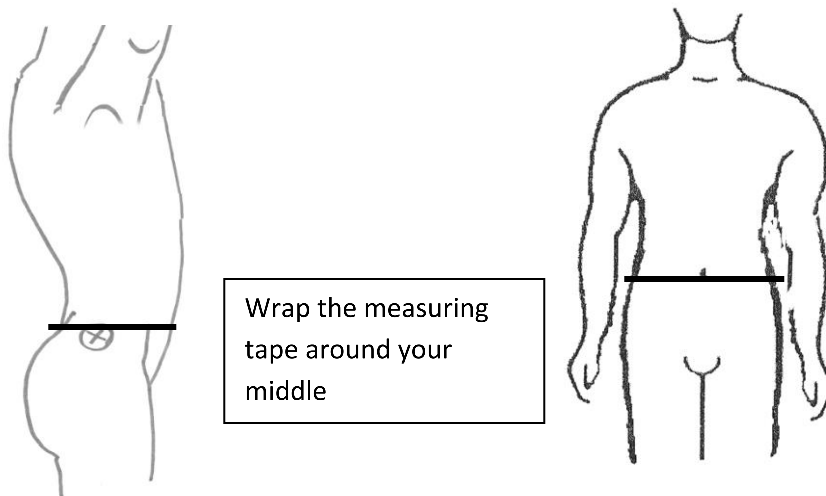
- Using the mirror, line up the bottom edge of the measuring tape with the top of the hipbones on both sides of your body.

  Tip: Once located, it may help to mark the top of your hipbones with a pen in order to aid you in correctly placing the tape.



- Look in the mirror and turn in a circle to ensure the measuring tape is in a straight line and is not twisted at any point. Relax and take two normal breaths. After the second breath out, gently tighten the tape around your waist. Take the measurement, EVEN IF THIS IS NOT YOUR USUAL WAISTLINE.
- Record your measurement to the nearest inch or centimetre.

Measurement Units

|_| inches ----------------->__________ Inches
|_| centimetres ---------->__________ Centimetres
|_| Prefer not to answer

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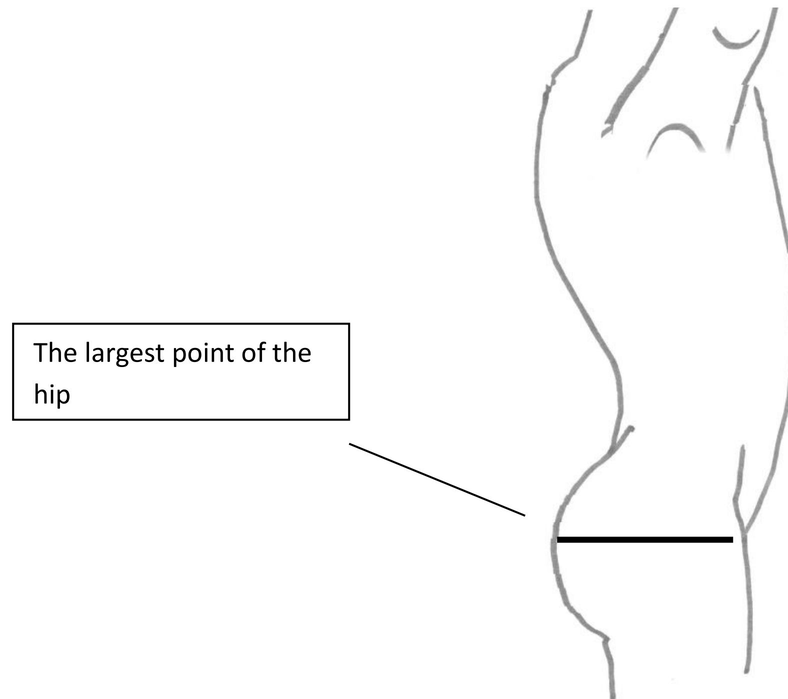
Hips

- Stand in profile to a mirror with your feet shoulder width apart.
- Look for the largest point of your buttocks and place the measuring tape at that position.



- Now turn in a full circle in front of the mirror to be certain that the measuring tape is in a straight line and is not twisted at any point. Take the measurement.
- Record the measurement to the nearest inch or centimetre.

Measurement Units

|_| inches ----------------->__________ Inches
|_| centimetres ---------->__________ Centimetres
|_| Prefer not to answer

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Please help us make it easier for participants to take part in the Ontario Health Study by answering these four short questions:

EQ01. Where did you complete the questionnaire? Please select all that apply.
|_| Home/home office
|_| Workplace
|_| School
|_| Friend's house
|_| Public Library
|_| Internet Café
|_| Other: (please specify) ___________________________

EQ02. Please indicate below if you agree with the following statement: I found the questionnaire easy to use.
|_| Strongly agree
|_| Agree
|_| Neutral
|_| Disagree
|_| Strongly disagree

EQ03. How often would you be willing to complete a questionnaire of similar length to this questionnaire?
|_| Every 3 months
|_| Every 6 months
|_| Every 12 months
|_| Never

EQ04. We will be contacting consenting participants in the future to complete questionnaires on topics including depression and mental health, diet, stress, occupational history, physical activity, and more. Are there other areas of your health that you think we should be asking about?

____

____

____

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____

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EQ05. Is there anything else you would like to tell us about your experience?

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