



# **Work History Questionnaire**

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## **WELCOME PAGE**

This questionnaire is about your work environment, which can impact your health. The impact can be estimated by knowing more about the workplace, including exposure to hazardous products or air pollution, commuting distance, etc. This information can provide researchers with additional knowledge which may be useful in preventing disease.

Before you start, here's a couple things you might want to retrieve or keep in mind:

- If available, keep a job résumé nearby to help you recall past job titles, main duties, length of jobs and employer addresses
- Open Google Maps, or refer to a résumé to help you recall the street addresses of past jobs (as best you can)
- To protect your privacy, you will be automatically logged out of the questionnaire if you are idle for 15 minutes. Your answers will be saved. To complete the questionnaire, please log back in.

Thank you for your continued participation in the Ontario Health Study! Please click the button below to begin.

[Start the Questionnaire](#)

## **DIRECTIONS FOR COMPLETING THIS QUESTIONNAIRE**

Thank you for participating in the Ontario Health Study! You do not need to finish this questionnaire all at once. You may pause, save your progress and return to it at any time over the next several weeks.

To the best of your ability, please tell us about each job or occupation you held for at least **3 months** in Canada or elsewhere. If there are questions you do not feel comfortable answering, please select the "Prefer not to answer" option.

- Include your current job, even if you have had this for less than 3 months.
- **Begin with your most recent job and continue back to your first job.**
- If you have worked multiple positions within the same company, enter them in as separate jobs.
- Even if you are retired, we still require the information.
- If you work full-time in the home, (for example, as a caregiver, stay-at-home parent, etc.), list your occupation as 'Homemaker.'
- Include all full-time work, part-time work, seasonal work, unpaid work, volunteer work and military services.

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

[info@ontariohealthstudy.ca](mailto:info@ontariohealthstudy.ca)

1-866-606-0686 toll-free in Canada

## **DEMOGRAPHIC INFORMATION**

(Collected once)

- DE01 How old are you?  
Note: to register your answers after you've typed them, simply click somewhere else on the page  
\_\_\_\_\_ years old
- DE02 What was your sex at birth?  
 Male  
 Female
- DE03 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  
 Prefer not to answer

## **BACKGROUND INFORMATION**

(Collected once)

- BI01 Have you ever had/Do you have a job that you've held for more than 3 months?  
Note: both Caregiver and Homemaker are considered occupations  
 Yes (Skip to WT01)  
 No (Skip to Exit Survey)

## **WORK TERM PHASE**

(Section repeats for all reported jobs)

- WT01 Estimate when you started working at your current or most recent job. What was the start year?  
*2nd job and after: Estimate when you started working at this job. What was the start year?*  
 Year: \_\_\_\_\_  
 Prefer not to answer  
 Don't know

WT02 What was the start month?

- Don't know
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

WT03 Estimate when you stopped working at your current or most recent job. What was the end year?

*2nd job and after: Estimate when you stopped working at this job. What was the end year?*

- Year: \_\_\_\_\_
- Current
- Prefer not to answer
- Don't know

WT04 What was the end month?

- Don't know
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

## **LOCATION OF WORK**

(Section repeats for all reported jobs)

- LW01 In what country is your current or most recent job located?  
*2nd job and after: In what country is this job located?*
- Canada (Skip to LW02)
  - China (Skip to LW04; similar for all other international countries; excluding Canada and US)
  - France
  - Germany
  - Greece
  - India
  - Islamic Republic of Iran
  - Ireland
  - Italy
  - Jamaica
  - Republic of Korea
  - Philippines
  - Poland
  - Portugal
  - Russian Federation
  - Ukraine
  - United Kingdom
  - United States (Skip to LW03)
  - Vietnam
  - Other (specify): \_\_\_\_\_
  - Does not apply (Skip to LW04)
  - Don't know (Skip to LW04)
  - Prefer not to answer (Skip to LW04)

- LW02 In which province or territory is your current or most recent job located?  
*2nd job and after: In which province or territory is this job located?*
- Alberta (Skip to LW05 for all responses)
  - British Columbia
  - Manitoba
  - New Brunswick
  - Newfoundland and Labrador
  - Northwest Territories
  - Nova Scotia
  - Nunavut
  - Ontario
  - Prince Edward Island
  - Quebec
  - Saskatchewan
  - Yukon
  - Does not apply
  - Don't know
  - Prefer not to answer

LW03

In which state is your current or most recent job located?

*2nd job and after: In which state is this job located?*

- AL – Alabama (Skip to LW05 for all responses)
- AK - Alaska
- AZ - Arizona
- AR - Arkansas
- CA - California
- CO - Colorado
- CT - Connecticut
- DE - Delaware
- FL - Florida
- GA - Georgia
- HI - Hawaii
- ID - Idaho
- IL - Illinois
- IN - Indiana
- IA - Iowa
- KS - Kansas
- KY - Kentucky
- LA - Louisiana
- ME - Maine
- MD - Maryland
- MA - Massachusetts
- MI - Michigan
- MN - Minnesota
- MS - Mississippi
- MO - Missouri
- MT - Montana
- NE - Nebraska
- NV - Nevada
- NH - New Hampshire
- NJ - New Jersey
- NM - New Mexico
- NY - New York
- NC - North Carolina
- ND - North Dakota
- OH - Ohio
- OK - Oklahoma
- OR - Oregon
- PA - Pennsylvania
- RI - Rhode Island
- SC - South Carolina
- SD - South Dakota
- TN - Tennessee
- TX - Texas
- UT - Utah
- VT - Vermont
- VA - Virginia



- WA - Washington
- WV - West Virginia
- WI - Wisconsin
- WY - Wyoming
- Does not apply
- Don't know
- Prefer not to answer

- LW04      What is the province, state or region of your current or most recent job?  
*2nd job and after: What is the province, state or region of this job?*
- Province, State, or Region: \_\_\_\_\_
  - Does not apply
  - Don't know
  - Prefer not to answer
- LW05      In which city is your current or most recent job located?  
*2nd job and after: In which city is this job located?*
- City: \_\_\_\_\_
  - Does not apply
  - Don't know
  - Prefer not to answer
- LW06      Do you remember the address of your current or most recent job?  
*2nd job and after: Do you remember the address of the location of this job?*
- Yes (Skip to LW07)
  - No (Skip to LW08)
  - Does not apply (Skip to II01)
  - Don't know (Skip to LW08)
  - Prefer not to answer (Skip to II01)
- LW07      What is the address of your current or most recent job? Fill in as much information as possible.  
*2nd job and after: What is the address of this job? Fill in as much information as possible.*
- Number and Street Address \_\_\_\_\_(Skip to II01 for all responses)
  - Unit number \_\_\_\_\_
  - Postal Code/ Zip Code \_\_\_\_\_
- LW08      If possible, approximate the neighbourhood or closest cross street for your current or most recent job.  
*2nd job and after: If possible, approximate the neighbourhood or closest cross street for this job.*
- Neighbourhood or cross street: \_\_\_\_\_
  - Prefer not to answer

**INDUSTRY INFORMATION**

(Section repeats for all reported jobs)

II01 Select one of the following industries that best describes your current or most recent job:

*2nd job and after: Select one of the following industries that best describes this job:*

- Agriculture, forestry, fishing and hunting
- Mining, quarrying, and oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Transportation and warehousing
- Information and cultural industries
- Finance and insurance
- Real estate and rental and leasing
- Professional, scientific and technical services
- Management of companies and enterprises
- Administrative and support services
- Waste management and remediation services
- Educational services
- Health care and social assistance
- Arts, entertainment and recreation
- Accommodation and food services
- Public administration (government services)
- Other (specify): \_\_\_\_\_
- Prefer not to answer

II02 Specify the type of industry, business or service (e.g., Berry Farming, Pulp Mill, Restaurant, Hospital) for your current or most recent job.

*2nd job and after: Specify the type of industry, business or service (e.g., Berry Farming, Pulp Mill, Restaurant, Hospital).*

- Type of industry, business, or service: \_\_\_\_\_
- Prefer not to answer

**WORK DESCRIPTION**

(Section repeats for all reported jobs)

WD01 What was the title for your current or most recent job?

*2nd job and after: What was the title for this job?*

- Job Title \_\_\_\_\_
- Don't know
- Prefer not to answer

- WD02 Describe your current or most recent job, e.g., what were your main activities, tasks or duties?  
*2nd job and after: Describe your job, e.g., what were your main activities, tasks or duties?*  
 Job duties: \_\_\_\_\_  
 Prefer not to answer
- WD03 What was the name of your current or most recent company?  
*2nd job and after: What was the name of the company?*  
 Name of company: \_\_\_\_\_  
 Does not apply  
 Prefer not to answer
- WD04 What does (or did) your company at your current or most recent job do at this site?  
 (e.g., Full service vehicle maintenance and car repairs)  
*2nd job and after: What does (or did) your company do at this site? (e.g., Full service vehicle maintenance and car repairs)*  
 Company activities: \_\_\_\_\_  
 Prefer not to answer

### **WORKING STATUS**

(Section repeats for all reported jobs)

- WS01 Which of the following best describes your employment status at your current or most recent job?  
*2nd job and after: Which of the following best describes your employment status at this job?*  
 Note: Full-time means 30 or more hours per week. Part-time means less than 30 hours per week. Casual means as needed, with no set hours per week.  
 Full-time  
 Part-time  
 Casual  
 Seasonal  
 Unpaid or voluntary work  
 Prefer not to answer

### **WORKING PERIOD**

(Section repeats for all reported jobs)

- WP01 For your current or most recent job, which of the following BEST describes your work pattern?  
*2nd job and after: For this job, which of the following BEST describes your work pattern?*  
 Regular Morning (starts after 3AM)

- Regular Day (starts after 6 AM)
- Regular Evening (starts in afternoon)
- Regular Night (starts in evening)
- Rotating (changes periodically between morning, days, evenings, or nights)
- Split (two or more scheduled periods of work per day)
- Irregular schedule, or on call
- Other (specify): \_\_\_\_\_
- Don't know
- Prefer not to answer

WP02 On an average day, what is (was) your typical shift at your current or most recent job?  
*2nd job and after: On an average day, what is (was) your typical shift?*

- Less than 8 hours
- 8 hours
- 10 hours
- 12 hours
- More than 12 hours
- Variable
- Other (specify): \_\_\_\_\_
- Don't know
- Prefer not to answer

WP03 On average, how many HOURS PER WEEK do (or did) you work at your current or most recent job?  
*2nd job and after: On average, how many HOURS PER WEEK do (or did) you work?*

- Hours per week: \_\_\_\_\_
- Does not apply
- Don't know
- Prefer not to answer

WP04 On average, how many MONTHS PER YEAR do (or did) you work at your current or most recent job?  
*2nd job and after: On average, how many MONTHS PER YEAR do (or did) you work?*

- Months per year: \_\_\_\_\_
- Does not apply
- Don't know
- Prefer not to answer

WP05 How much advance notice did your employer give you for shifts worked at your current or most recent job?  
*2nd job and after: How much advance notice did your employer give you for shifts worked?*

- Does not apply
- Months
- Weeks
- Days
- Hours
- Don't know
- Prefer not to answer

WP06 Was self-scheduling or shift swapping permitted by employer at your current or most recent job?

*2nd job and after: Was self-scheduling or shift swapping permitted by employer?*

- Does not apply
- Self-scheduling
- Shift swapping
- Both
- Neither
- Don't know
- Prefer not to answer

WP07 On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5 AM at your current or most recent job?

*2nd job and after: On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5 AM?*

- Days per month: \_\_\_\_\_
- Never
- Don't know
- Prefer not to answer

WP08 For how many years in total did you work straight nights, that is, work that did not rotate with day or evening work at your current or most recent job?

*2nd job and after: For how many years in total did you work straight nights, that is, work that did not rotate with day or evening work?*

- Did not work straight nights
- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 to 30 years
- More than 30 years; If more than 30 years, how many? (specify): \_\_\_\_\_ years
- Prefer not to answer

WP09 For how many years in total did you work a schedule that included work during the day or evening, rotating with nights in the same month at your current or most recent job?

*2nd job and after: For how many years in total did you work a schedule that included work during the day or evening, rotating with nights in the same month?*

- Did not work rotating shifts
- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 to 30 years
- More than 30 years; If more than 30 years, how many? (specify): \_\_\_\_\_ years
- Prefer not to answer

### **WORK CONDITIONS**

(Section repeats for all reported jobs)

- WC01      What percentage of time do (or did you) spend working outdoors at your current or most recent job?  
*2nd job and after: What percentage of time do (or did you) spend working outdoors?*
- Percentage: \_\_\_\_\_
  - Don't know
  - Prefer not to answer
- WC02      Do (or did) your work require you to work outdoors in the summer months at your current or most recent job?  
*2nd job and after: Do (or did) your work require you to work outdoors in the summer months?*
- Yes (Skip to WC03)
  - No (Skip to EX01)
  - Prefer not to answer (Skip to EX01)
- WC03      On average, how much time each day are (or were) you in the sun between 11AM and 4 PM at your current or most recent job?  
*2nd job and after: On average, how much time each day are (or were) you in the sun between 11AM and 4 PM?*
- Less than 1 hour
  - 1-2 hours
  - 2-4 hours
  - More than 4 hours
  - Don't know
  - Prefer not to answer

**WORK EXPOSURE**

(Section repeats for all reported jobs)

EX01

Have you been exposed to any of the following while at your current or most recent job?

*2nd job and after: Have you been exposed to any of the following while at this job?*

- Arsenic salts
- Asbestos
- Chromium salts
- Cadmium salts
- Coal tar, soot, pitch, asphalt, creosote
- Mineral, cutting or lubricating oil
- Benzidine
- Benzene
- Isopropyl oil
- Dyestuffs
- Vinyl Chloride
- Herbicides, insecticides, fungicides
- Ionizing radiation (e.g., x-rays)
- Welding
- Wood dust
- Whole body vibration
- Noise
- Diesel engine exhaust
- Gasoline engine exhaust
- Pressure treated wood
- Paints, stains, varnish
- Glue
- Degreasing
- Sandblasting
- Live animals
- Other

- Yes (Skip to EX02)
- No (Skip to CO01)
- Don't know (Skip to CO01)
- Prefer not to answer (Skip to CO01)

EX02

Which of the following have you been exposed to and for how many MONTHS IN TOTAL while at your current or most recent job? Estimate the total months exposed to the best of your ability.

*2nd job and after: Which of the following have you been exposed to and for how many MONTHS IN TOTAL while at this job? Estimate the total months exposed to the best of your ability.*

Note: Select ALL that apply

- Arsenic salts - Months (specify total number): \_\_\_\_\_ (Skip to CO01 for all responses excluding: Herbicides, insecticides, fungicides)
- Asbestos - Months (specify total number): \_\_\_\_\_
- Chromium salts - Months (specify total number): \_\_\_\_\_

- Cadmium salts - Months (specify total number): \_\_\_\_\_
- Coal tar, soot, pitch, asphalt, creosote - Months (specify total number): \_\_\_\_\_
- Mineral, cutting or lubricating oil - Months (specify total number): \_\_\_\_\_
- Benzidine - Months (specify total number): \_\_\_\_\_
- Benzene - Months (specify total number): \_\_\_\_\_
- Isopropyl oil - Months (specify total number): \_\_\_\_\_
- Dyestuffs - Months (specify total number): \_\_\_\_\_
- Vinyl Chloride - Months (specify total number): \_\_\_\_\_
- Herbicides, insecticides, fungicides - Months (specify total number): \_\_\_\_\_ (Skip to OE01)
- Ionizing radiation (e.g., x-rays) - Months (specify total number): \_\_\_\_\_
- Welding - Months (specify total number): \_\_\_\_\_
- Wood dust - Months (specify total number): \_\_\_\_\_
- Whole body vibration - Months (specify total number): \_\_\_\_\_
- Noise - Months (specify total number): \_\_\_\_\_
- Diesel engine exhaust - Months (specify total number): \_\_\_\_\_
- Gasoline engine exhaust - Months (specify total number): \_\_\_\_\_
- Pressure treated wood - Months (specify total number): \_\_\_\_\_
- Paints, stains, varnish - Months (specify total number): \_\_\_\_\_
- Glue - Months (specify total number): \_\_\_\_\_
- Degreasing - Months (specify total number): \_\_\_\_\_
- Sandblasting - Months (specify total number): \_\_\_\_\_
- Live animals - Months (specify total number): \_\_\_\_\_
- Other (specify): \_\_\_\_\_ - Months (specify total number): \_\_\_\_\_

### **OCCUPATIONAL EXPOSURES TO FARM CHEMICALS**

(Section repeats for all reported jobs)

This section focuses on 3 types of tasks you may have been involved with at workplaces:

- I) The application of pesticides,
- II) The mixing and/or loading of pesticides, and
- III) The cleaning and/or repairing of equipment used to spray or mix pesticides.

#### **Pesticide Application**

OE01 Did you personally apply any of the following items at your current or most recent job?  
*2nd job and after: Did you personally apply any of the following items on this job?*

	Yes	No	Don't know
Herbicides	<input type="radio"/> (Skip to OE02)	<input type="radio"/> (Skip to OE12)	<input type="radio"/> (Skip to OE12)
Insecticides	<input type="radio"/> (Skip to OE02)	<input type="radio"/> (Skip to OE12)	<input type="radio"/> (Skip to OE12)
Fungicides	<input type="radio"/> (Skip to OE02)	<input type="radio"/> (Skip to OE12)	<input type="radio"/> (Skip to OE12)



## Pesticide 1:

Note (for first reported job only): the following questions are for your current or most recent job

- OE02 What pesticide product(s) or active ingredient(s) did you apply (e.g., 2,4-D)?
- Product(s) or active ingredient(s): \_\_\_\_\_
  - Don't know
  - Prefer not to Answer

- OE03 What crop was treated?
- Crop: \_\_\_\_\_
  - Don't know
  - Prefer not to Answer

- OE04 What pest(s) did this product target?
- Pest(s): \_\_\_\_\_
  - Don't know
  - Prefer not to Answer

- OE05 How did you apply the product?  
Note: Select ALL that apply
- Hand held sprayers
  - Backpack sprayers
  - Boom sprayers
  - Airblast
  - Applicators for solid formulations (granular or dust applicators)
  - Aerial sprayers (aircrafts)
  - Fumigation
  - Foggers
  - Chemigation (sprinkler, floor, furrow)
  - Other (specify): \_\_\_\_\_
  - Don't know
  - Prefer not to answer

- OE06 How many years did you apply this pesticide?
- Years: \_\_\_\_\_
  - Don't know
  - Prefer not to Answer

- OE07 How many days did you apply this pesticide in an average year?
- Less than 10 days
  - 10 to 39 days
  - 40 to 69 days
  - 70 to 99 days
  - More than 99 days
  - Don't know

Prefer not to answer

- OE08 Do you have any other pesticide products or active ingredients to report?
- Yes (Repeat OE02 – OE08 to a max of 3 iterations, any further pesticides to report will be captured in OE09)
  - No (Skip to OE10)

- OE09 Please provide details if you have to report more than the 3 pesticides indicated above. List the names of the other pesticides and the number of days you applied each in an average year.
- 
- 

- OE10 What types of protective equipment did you usually use when you applied pesticides?  
Note: Select ALL that apply
- Never used protective equipment
  - Overalls/coveralls
  - Goggles
  - Gloves
  - Chemical resistant gloves
  - Fabric/leather gloves
  - Mask
  - Dust/disposable mask
  - Full face shield
  - Cartridge respirator, gas mask
  - Boots
  - Hat
  - Don't know
  - Prefer not to answer

- OE11 When applying pesticides, which parts of your body usually came into contact with the pesticides?  
Note: Select ALL that apply
- Head and/or face
  - Arms and hands
  - Body
  - Legs/feet
  - Lungs and respiratory tract (from breathing fumes)
  - Digestive tract (from ingesting/swallowing)
  - None
  - Don't know
  - Prefer not to answer

## Mixing and Loading Pesticides

Note (for first reported job only): the following questions are for your current or most recent job

- OE12 Did you personally mix and/or load any of the following yourself on this job?  
*2nd job and after: Did you personally mix and/or load any of the following yourself on this job?*

	Yes	No	Don't know
Herbicides	<input type="radio"/> (Skip to OE13)	<input type="radio"/> (Skip to OE19)	<input type="radio"/> (Skip to OE19)
Insecticides	<input type="radio"/> (Skip to OE13)	<input type="radio"/> (Skip to OE19)	<input type="radio"/> (Skip to OE19)
Fungicides	<input type="radio"/> (Skip to OE13)	<input type="radio"/> (Skip to OE19)	<input type="radio"/> (Skip to OE19)

- OE13 What pesticide product(s) or active ingredient(s) did you mix and/or load?  
 Product(s) or active ingredient(s): \_\_\_\_\_  
 Don't know  
 Prefer not to Answer

- OE14 How often during this job did you mix and/or load pesticides yourself?  
 Never  
 Sometimes  
 Often  
 Always  
 Don't know  
 Prefer not to answer

- OE15 What types of protective equipment did you usually use when you mixed and/or loaded pesticides?  
 Note: Select ALL that apply  
 Never used protective equipment  
 Overalls/coveralls  
 Goggles  
 Gloves  
 Chemical resistant gloves  
 Fabric/leather gloves  
 Mask  
 Dust/disposable mask  
 Full face shield  
 Cartridge respirator, gas mask  
 Boots  
 Hat  
 Don't know  
 Prefer not to answer

- OE16 When mixing and/or loading pesticides, what parts of your body usually came into contact with the pesticides?  
 Note: Select ALL that apply

- Head and/or face
- Arms and hands
- Body
- Legs/feet
- Lungs and respiratory tract (from breathing fumes)
- Digestive tract (from ingesting/swallowing)
- None
- Don't know
- Prefer not to answer

- OE17 After mixing and/or loading pesticides, when did you usually change into clean work clothes?
- Right away
  - Within 1-3 hours
  - At the end of the work day
  - After several days
  - Always used disposable outer clothing
  - Other (specify): \_\_\_\_\_
  - Don't know
  - Prefer not to answer

- OE18 After mixing and/or loading pesticides, when did you usually wash yourself?
- Right away
  - Within 1-3 hours
  - At the end of the work day
  - After several days
  - Other (specify): \_\_\_\_\_
  - Don't know
  - Prefer not to answer

**Wash and Repair Equipment for Pesticides**

Note (for first reported job only): the following questions are for your current or most recent job

- OE19 Did you personally clean and/or repair spraying equipment for the following pesticides at your current or most recent job?  
*2nd job and after: Did you personally clean and/or repair spraying equipment for the following pesticides on this job?*

	Yes	No	Don't know
Herbicides	<input type="radio"/> (Skip to OE20)	<input type="radio"/> (Skip to CO01)	<input type="radio"/> (Skip to CO01)
Insecticides	<input type="radio"/> (Skip to OE20)	<input type="radio"/> (Skip to CO01)	<input type="radio"/> (Skip to CO01)
Fungicides	<input type="radio"/> (Skip to OE20)	<input type="radio"/> (Skip to CO01)	<input type="radio"/> (Skip to CO01)

- OE20 How often did you clean and/or repair spraying and mixing equipment?
- Never

- Sometimes
- Often
- Always
- Don't know
- Prefer not to answer

OE21 What types of protective equipment did you usually use when you washed and/or repaired spraying and mixing equipment?

Note: Select ALL that apply

- Never used protective equipment
- Overalls/coveralls
- Goggles
- Gloves
- Chemical resistant gloves
- Fabric/leather gloves
- Mask
- Dust/disposable mask
- Full face shield
- Cartridge respirator, gas mask
- Boots
- Hat
- Don't know
- Prefer not to answer

OE22 When washing and/or repairing the equipment, what parts of your body usually came into contact with the pesticides?

Note: Select ALL that apply

- Head and/or face
- Arms and hands
- Body
- Legs/feet
- Lungs and respiratory tract (from breathing fumes)
- Digestive tract (from ingesting/swallowing)
- None
- Don't know
- Prefer not to answer

OE23 After washing and/or repairing the equipment, when did you usually change into clean work clothes?

- Right away
- Within 1-3 hours
- At the end of the work day
- After several days
- Always used disposable outer clothing
- Other (specify): \_\_\_\_\_
- Don't know

- Prefer not to answer

- OE24 After washing and/or repairing the equipment, when did you usually wash yourself?
- Right away
  - Within 1-3 hours
  - At the end of the work day
  - After several days
  - Other (specify): \_\_\_\_\_
  - Don't know
  - Prefer not to answer

### **COMMUTE 1**

(Section repeats for all reported jobs)

The following questions are about your present or most recent commute:

- CO01 On average, how many MINUTES PER DAY IN TOTAL did you spend commuting to and from work via the following means of transportation?  
Note: Select ALL that apply

During the summer months (June – August):

- Car \_\_\_\_\_ total min/day
- Bus \_\_\_\_\_ total min/day
- Train \_\_\_\_\_ total min/day
- Subway/Streetcar \_\_\_\_\_ total min/day
- Walk \_\_\_\_\_ total min/day
- Bicycle \_\_\_\_\_ total min/day
- Other (specify): \_\_\_\_\_, \_\_\_\_\_ total min/day
- No commute
- Prefer not to answer

During the cooler months (Sept - May):

- Car \_\_\_\_\_ total min/day
- Bus \_\_\_\_\_ total min/day
- Train \_\_\_\_\_ total min/day
- Subway/Streetcar \_\_\_\_\_ total min/day
- Walk \_\_\_\_\_ total min/day
- Bicycle \_\_\_\_\_ total min/day
- Other (specify): \_\_\_\_\_, \_\_\_\_\_ total min/day
- No commute
- Prefer not to answer

## **COMMUTE 2**

(Collected for first reported job only)

Note: If you are **retired** or **not currently employed**, please answer the questions below based on your non-work activities.

- CO02 During the last 7 DAYS, on how many days did you travel in a MOTOR VEHICLE (e.g., train, bus, car, truck, streetcar) both for work and for non-work activities?
- Days per week: \_\_\_\_\_ (Skip to CO03)
  - No travelling in a motor vehicle (Skip to CO04)
  - Don't know (Skip to CO04)
  - Prefer not to answer (Skip to CO04)
- CO03 How much time did you usually spend on one of those days travelling in a train, bus, car, streetcar, or other kind of motor vehicle?
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know
  - Prefer not to answer
- CO04 During the last 7 DAYS, on how many days did you BICYCLE for at least 10 minutes at a time to go from place to place both for work and for non-work activities?
- Days per week: \_\_\_\_\_ (Skip to CO05)
  - No bicycling from place to place (Skip to CO06)
  - Don't know (Skip to CO06)
  - Prefer not to answer (Skip to CO06)
- CO05 How much time did you usually spend on one of those days to bicycle from place to place?
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know
  - Prefer not to answer
- CO06 During the last 7 DAYS, on how many days did you WALK for at least 10 minutes at a time to go from place to place both for work and for non-work activities?
- Days per week: \_\_\_\_\_ (Skip to CO07)
  - No walking from place to place (Skip to CO08)
  - Don't know (Skip to CO08)
  - Prefer not to answer (Skip to CO08)
- CO07 How much time did you usually spend on one of those days to walk from place to place?
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know

Prefer not to answer

- CO08 Please estimate how many hours you spend SITTING EACH DAY while traveling to and from places on a WEEKDAY both for work and for non-work activities?
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know
  - Prefer not to answer

- CO09 Please estimate how many hours you spend SITTING EACH DAY while traveling to and from places on a WEEKEND day both for work and for non-work activities?
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know
  - Prefer not to answer

### **PHYSICAL EXERCISE**

(Collected for first reported job only. Show questions PE01 through PE07 if one of the following is indicated in DE03: full-time employed/self-employed, part-time employed/self-employed, looking after home and/or family, or doing unpaid or voluntary work. Questions PE08 and PE09 always show.)

- PE01 During the LAST 7 DAYS did you do VIGOROUS physical activities like heavy lifting, digging, heavy construction, or climbing up stairs AS PART OF YOUR WORK? Think about only those physical activities that you did for at least 10 minutes at a time.

(Vigorous: activities that cause your heart rate to increase substantially and cause heavy sweating)

- Days per week: \_\_\_\_\_ (Skip to question PE02)
  - No vigorous job-related physical activity (Skip to question PE03)
  - Don't know (Skip to question PE03)
  - Prefer not to answer (Skip to question PE03)
- PE02 How much time did you usually spend on one of those days doing VIGOROUS physical activities as part of your work? Indicate hours and minutes.
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know
  - Prefer not to answer
- PE03 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the LAST 7 DAYS, on how many days did you do MODERATE physical activities like carrying light loads AS PART OF YOUR WORK? Please do not include walking.



(Moderate: activities that take moderate physical effort and make you breathe somewhat harder than normal)

- Days per week: \_\_\_\_\_ (Skip to question PE04)
- No moderate job-related physical activity (Skip to question PE05)
- Don't know (Skip to question PE05)
- Prefer not to answer (Skip to question PE05)

PE04 How much time did you usually spend on one of those days doing MODERATE physical activities as PART OF YOUR WORK? Indicate hours and minutes.

- Hours per day: \_\_\_\_\_
- AND Minutes per day: \_\_\_\_\_
- Don't know
- Prefer not to answer

PE05 During the LAST 7 DAYS, on how many days did you WALK for at least 10 minutes at a time AS PART OF YOUR WORK? Please do not count any walking you did to travel to or from work.

- Days per week: \_\_\_\_\_ (Skip to PE06)
- No job-related walking (Skip to PE07)
- Prefer not to answer (Skip to PE07)
- Don't know (Skip to PE07)

PE06 How much time did you usually spend on one of those days walking AS PART OF YOUR WORK? Indicate hours and minutes.

- Hours per day: \_\_\_\_\_
- AND Minutes per day: \_\_\_\_\_
- Don't know
- Prefer not to answer

PE07 Please estimate how many hours you spend SITTING EACH DAY while at work in a WEEKDAY.

- Hours per day: \_\_\_\_\_
- AND Minutes per day: \_\_\_\_\_
- Don't know
- Prefer not to answer

PE08 During the LAST 7 DAYS, how much time in total did you usually spend sitting on a WEEKDAY both for work and non-work activities?

- Hours per day: \_\_\_\_\_
- AND Minutes per day: \_\_\_\_\_
- Don't know
- Prefer not to answer

- PE09 During the LAST 7 DAYS, how much time in total did you usually spend sitting on a WEEKEND day both for work and non-work activities?
- Hours per day: \_\_\_\_\_
  - AND Minutes per day: \_\_\_\_\_
  - Don't know
  - Prefer not to answer

**PSYCHOSOCIAL ENVIRONMENT**  
(Collected for first reported job only)

The following series of statements are about your **current or most recent job**. Please indicate whether you strongly disagree, disagree, agree or strongly agree with each statement. If you are a Caregiver or a Homemaker, please answer the questions based on your role.

- PS01 My job requires that I learn new things
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Does not apply
  - Don't know
  - Prefer not to answer

- PS02 My job requires a high level of skill
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Does not apply
  - Don't know
  - Prefer not to answer

- PS03 My job involves a lot of repetitive work
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Does not apply
  - Don't know
  - Prefer not to answer

- PS04 On my job, I have the freedom to decide how I do my work
- Strongly agree
  - Agree
  - Disagree

- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS05 I have a lot of say about what happens on my job

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS06 My job requires working very fast

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS07 I am asked to do an excessive amount of work

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS08 I have enough time to get the job done

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS09 I receive conflicting demands that others make

- Strongly agree
- Agree
- Disagree

- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS10 My job requires working very hard (e.g., the job is mentally or physically very demanding)

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS11 People I work with are helpful in getting the job done

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS12 I am exposed to hostility or conflict from my co-workers

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

PS13 My supervisor is helpful in getting the job done

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Does not have a superior
- Prefer not to answer

PS14 I am exposed to hostility or conflict from my supervisor (this includes an aggressive attitude of the immediate supervisor)

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Does not have a superior
- Prefer not to answer

PS15 My efforts at work are sufficiently appreciated

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Does not apply
- Don't know
- Prefer not to answer

### **OTHER JOBS TO REPORT**

(Repeats until no further jobs to report)

- OJ01 Do you have another previous job to report (held for at least 3 months)?
- Yes (Start new iteration of questionnaire beginning with WT01, to a max of 40 total jobs)
  - No (Skip to ES01)

### **WORK TERM GAPS**

(Collected once)

- WG01 Were there any gaps in your work history or any extended periods of absence from work of at least 3 consecutive months?  
Note: If you experienced any gaps in your work history, these should be entered separately.
- Yes
  - No (Skip to OJ01)
  - Don't know (Skip to OJ01)
- WG02 Estimate the beginning date for the gap or period of absence from work. What was the start year for this gap?
- Year: \_\_\_\_\_ (Skip to WG03)
  - Prefer not to answer (Skip to WG04)
  - Don't know (Skip to WG04)
- WG03 What was the start month for this gap?

- Don't know
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

WG04 Estimate the end date for the gap or period of absence from work. What was the end year for this gap?

- Year: \_\_\_\_\_ (Skip to WG05)
- Prefer not to answer (Skip to WG06)
- Don't know (Skip to WG06)

WG05 What was the end month for this gap?

- Don't know
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

WG06 What was the reason for the gap or period of absence from work?

- Education
- Parental leave
- Illness
- Retirement
- Caregiving, support to a relative
- Other (specify): \_\_\_\_\_

WG07 Are there additional gaps or extended absences at this job of at least 3 consecutive months to report?

- Yes (Repeat WG02 – WT07 for a max of 6 rounds. If more than 6 gaps are reported skip to WG08)
- No (Skip to OJ01)
- Don't know (Skip to OJ01)

WG08 Please provide details if you have additional work term gaps to report. Include the start and end dates, and the reason for the absences.

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### **OPTIONAL EXIT SURVEY**

(Collected once)

We rely on your input and suggestions. If you could answer these nine questions, it will help us design better health questionnaires and make it easier for you to stay connected with the Ontario Health Study.

ES01 The OHS is exploring the idea of breaking up longer questionnaires into smaller, more frequent modules to make it more convenient for participants. How often do you want to complete an online questionnaire, and how much time would you want to spend answering questions each time?

- Three 20-minute questionnaires over 2 years (total 60 minutes)
- A 1-hour questionnaire once every 2 years (total 60 minutes)
- Three 10-minute questionnaires each year, for 2 years (total 60 minutes)

ES02 What motivates you to stay involved with the OHS long-term? Choose your top motivation.

- I feel I'm part of a community of like-minded people
- I want to help scientists study cancer and chronic diseases
- I understand the need for population-based health research
- I'm interested in my own health and the factors that affect it
- It is something easy I can do to help
- Other (specify): \_\_\_\_\_

ES03 What else could the OHS do to keep you as an active participant in the Study?

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ES04 The OHS uses email as the main way to communicate with you. Choose the top way you want us to communicate with you, after email.

- Phone
- Surface Mail
- Text Message

OHS Facebook page update

ES05 We recently upgraded the OHS website to make it more appealing and easier to navigate. What other changes should we make to improve your website experience?

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ES06 Where did you complete the questionnaire?

Note: Select ALL that apply

- Home/home office
- Workplace
- School
- Friend's house
- Public Library
- Internet Café
- Other (specify): \_\_\_\_\_

ES07 Please indicate below if you agree with the following statement: I found the questionnaire easy to use.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

ES08 Did you have help completing this questionnaire?

- No
- I needed help translating some of the questions
- I needed computer help to use the online questionnaire
- Someone else entered the responses because I have limited mobility
- I asked my spouse or contacted family members for responses to some of the questions
- Other (specify): \_\_\_\_\_

ES09 Is there anything else you would like to tell us about your experience completing this questionnaire?

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