

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

Today's date:

year

month

day

Community Environment

1. A) In the last 6 months have you seen or heard any of the following advertisements being promoted in the media?
Please place an X in the box to confirm if you have.

	On Posters	Permanent Signage	TV	Radio	At Cinema	Print Media	On products (eg. clothing)
a) Cigarette ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Importance of quitting smoking/ health effects of smoking ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Junk food/unhealthy food ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Soft drinks/sodas/sweetened drink ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Alcohol ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Fruits and vegetable ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Ads that promote the importance of good diet to maintaining good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ads that promote the importance of physical activity to maintaining good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Food/drink ads with health claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

1. B) In the last 6 months have you seen or heard any of the following advertisements being promoted in the media?
Please place an X in the box to confirm if you have.

	Sponsored Events	Internet	Actor on TV/movies	Free Samples	Promotional voucher that allow discounts
a) Cigarette ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Importance of quitting smoking/ health effects of smoking ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Junk food/unhealthy food ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Soft drinks/sodas/sweetened drink ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Alcohol ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Fruits and vegetable ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Ads that promote the importance of good diet to maintaining good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ads that promote the importance of physical activity to maintaining good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Food/drink ads with health claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Tobacco Environment

2. In your general observation, which statement best describes how easy it is for youth (<18 yrs of age) to buy cigarettes/ other smoked tobacco products in your community or in nearby stores used by your community? (Check one only)

- Can buy in most (nearly all) outlets
- Can buy in some outlets
- Can not buy in any outlets
- Don't know/unsure (Do not read this option out, only mark this if the person states they are unsure)

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

3. Are you aware of any of the following laws and programs?

	No	Yes	Unsure
a) That ban/restrict smoking in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) That ban/restrict tobacco advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) That mandate health warnings on cigarette packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) That prohibit the sale of cigarettes to children/teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) That states it is illegal for children/teenagers to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) That restrict where cigarettes can be sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Support programs that individuals in your community can access to help them stop smoking? (eg. programs, or clinics, telephone quit lines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I am going to read out a list of health effects and diseases that may or may not be caused by smoking cigarettes. Based on what you know or believe, does smoking cause any of the following?

	No	Yes	Unsure
a) Chronic heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Mouth and throat cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Heart disease in non-smokers exposed to other people smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Premature birth with smoking during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Low birth weight babies with smoking during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

Community Alcohol Environment

5. Including bars, do you think the number of places where you can buy alcohol in your community is:

Too few

Too many

About right

6. Please select the answer that best applies to you and your community:

a) It is too easy for those under age to buy beer/alcohol at stores in my community

Strongly disagree

Somewhat disagree

Somewhat agree

Strongly agree

b) T.V. alcohol advertisements should not be allowed on shows popular with viewers below legal drinking age

Strongly disagree

Somewhat disagree

Somewhat agree

Strongly agree

c) The government should have complete control over alcohol sales and pricing

Strongly disagree

Somewhat disagree

Somewhat agree

Strongly agree

Please continue on next page.

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

Community Nutrition/Physical Activity Environment**7. Do you think there are cultural or social pressure in your community?**

No Yes Unsure

a) To eat healthy food and drinks? b) For children to eat junk food or drink fizzy soft drinks? c) For adults to eat junk food? d) To eat a traditional, local diet? e) To be thin? f) To be fat? g) To smoke cigarettes? **8. Are you aware of any of the following in your community:**

No Yes Unsure

a) Programs that individuals can access to improve their diets? b) Programs that individuals can access to increase their physical activity? c) Policies or laws that encourage healthy eating? d) Policies or laws that encourage physical activity? e) Official dietary guidelines on health foods/diets? f) Laws that mandate nutrient labeling on foods/beverages? g) Laws that subsidize or lower tax paid on fresh fruit and/or vegetables such that they are cheaper to buy? h) Laws that discourage advertising junk food to children?

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

9. Which of the following actions may prevent/stop a person from having a heart attack or stroke? Based on what you know or believe indicate no, yes or unsure for each statement.

	No	Yes	Unsure
a) Doing more exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Eating more fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Eating more green vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Eating more meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drinking more coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Eating more dairy products (e.g. milk, cheese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eating more fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing fat in meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Reducing salt in meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Gaining weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Traditional use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community and Social Environment

10. How long have you lived in your community?

years

OR

months

OR

since year

11. Please select the answer that best applies to you and your community. Both local and within walking distance mean within a 10-15 minute walk from your home.

1= Strongly disagree, 2= Somewhat disagree, 3= Somewhat agree, 4= Strongly agree

	1	2	3	4
a) Stores are within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) There are many places to go within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) There are major barriers to walking in my local area that make it hard to get from place to place (eg. freeways, railway lines, rivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My community streets are well lit at night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) There are crosswalks and pedestrian signals to help walkers cross busy streets in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The crime rates in my community makes it unsafe to go on walks <u>during the day</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The crime rates in my community makes it unsafe to go on walks <u>at night</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

12. If you moved into the community as an adult, what was the reason for such a move? Please check all that apply if there is more than one reason that is applicable.

- | | |
|---|--|
| <input type="checkbox"/> To pursue a healthy lifestyle | <input type="checkbox"/> After marriage |
| <input type="checkbox"/> To be closer to work or spouse's work | <input type="checkbox"/> To find work/employment for myself and/or my spouse |
| <input type="checkbox"/> To be closer to your children's school | <input type="checkbox"/> To get support from family |
| <input type="checkbox"/> Environmental quality | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Affordability | |

13. How likely would it be that you would choose to move from this community to another in the next five years?

- | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very Likely | Likely | Neither Likely or Unlikely | Unlikely | Very Unlikely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I am going to read some statements about things that people in your community may or may not do. For each of these statements please tell me whether you strongly agree, agree, disagree or strongly disagree.

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) If there is a problem in the community, neighbours work together to deal with it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) People around here are willing to help their neighbours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) People in this community can be trusted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) People do favours for each other (eg. watch your house when you are gone, watch other people's children, lend people things). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) People volunteer to keep communal places in their community clean and safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Relationship with family members and friends

15. Now I am going to ask you about your relationship with siblings and other family members. With how many of your family members (siblings, spouse, children, grandchildren, parents, uncles, aunts, cousins, etc.) would you say you have a close relationship?

--	--

16. Do you have friends?

- Yes No

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

17. How many of these friends would you say you have a close relationship with?

18. On average, how often do you do each of the following with any of these friends, not counting any of those who live with you?

	Daily	3 or more times a week	1-2 times a week	1-2 times a month	Every few months	1-2 times a year	Less than once a year	Never
a) Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Write, email, or text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you give any financial help to your family (parents, children, siblings, grandchildren, parents of spouse) or friends during the past 12 months? Financial support includes both monetary and non-monetary support in which the annual cost totals more than \$1000.

 Yes No

20. If yes, to whom did you give financial help? Please identify all family members or friends to whom you made financial transfers.

- | | | |
|---|--|---|
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Brother or sister (including biological, adopted, and step-siblings) |
| <input type="checkbox"/> Son or daughter (including biological, adopted, and step-children) | <input type="checkbox"/> Parent | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Son or daughter-in-law | <input type="checkbox"/> Grand parent | <input type="checkbox"/> Care-giver (including babysitter, house cleaner) |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent-in-law | <input type="checkbox"/> Other relative, please specify:
_____ |

21. What is the total value of financial help you gave to your family or friends in the past 12 months?

\$ _____

 N/A

22. Do you take care of any of your family who are unable to carry out their basic daily activities?

 Yes No

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

23. Are you a member of any of these organizations, clubs, or societies?

- Farmers association/environmental groups/political party/senior citizen's clubs
- Tenant groups, community watch
- Community organization (eg. Rotary clubs)
- Self-help group
- Education, arts, or music groups, evening classes
- Social club
- Sports clubs, exercise classes
- Church, temple, mosque
- Any other organizations or societies
- No, I am not a member of any organizations, clubs, or societies

24. Now some questions about your social activities. How often, if at all do you do any of the following activities?

	Twice a month or more on average	About once a month on average	Every few months	About 1-2 times a year	Less than once a year	Never
a) Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Eat out of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Go to a park/beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Play cards or games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Visiting relatives/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Attending cultural performance/shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Attending religious functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

Civic Engagement

25. Did you vote in the following elections?

The last band election

 Yes

 No

The last provincial election

 Yes

 No

The last federal election

 Yes

 No

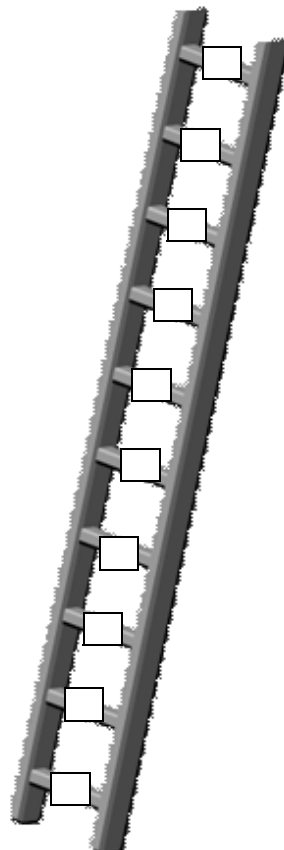
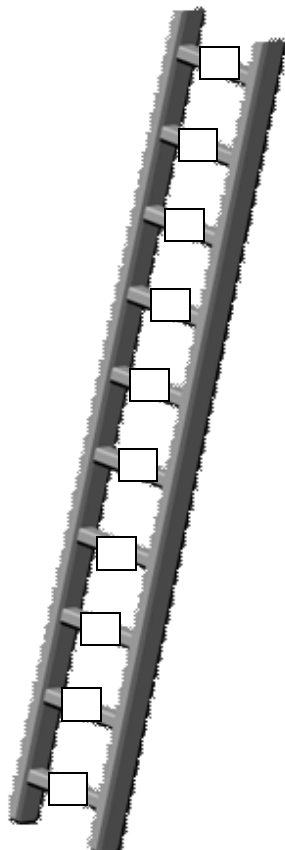
Life satisfaction

Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off- those who have the most money, most education and best jobs. At the bottom are the people who are the worst off- who have the least money, least education, and worst jobs/no jobs. The higher up you are on the ladder, the closer you are to the people at the very top and the lower you are the closer you are to the people at the very bottom.

26. Please mark a cross (X) on the rung of the ladder where you would place yourself.

Within Canada

Within your Community



DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

Name Generators

27. Looking back over the past 12 months, think of up to three adults (age 16 and over) who are still alive and with whom you spent the most free time. By free time, we mean time spent for your enjoyment after work or on the weekend. These adults could be family, relatives, friends, including friends from work or others. Please complete the following chart based on these adults.

	First Name (or initials, nickname of person)	Town/City in which they live	Distance from you (in km)	Please enter a NUMBER in the boxes below starting from 1 up to 5 (where "1" is most used and "5" is least used), ranking how you normally communicate with this person of the 5 options given. Note: A number should only be used once, and if an option does not apply, you may leave the corresponding box blank (see facing page for further instruction).		
1			<input type="text"/>	<input type="checkbox"/> In person	<input type="checkbox"/> Over the telephone	<input type="checkbox"/> Via email
				<input type="checkbox"/> Via texting	<input type="checkbox"/> Via Facebook or other social media	
2			<input type="text"/>	<input type="checkbox"/> In person	<input type="checkbox"/> Over the telephone	<input type="checkbox"/> Via email
				<input type="checkbox"/> Via texting	<input type="checkbox"/> Via Facebook or other social media	
3			<input type="text"/>	<input type="checkbox"/> In person	<input type="checkbox"/> Over the telephone	<input type="checkbox"/> Via email
				<input type="checkbox"/> Via texting	<input type="checkbox"/> Via Facebook or other social media	

28. From time to time, most people discuss important matters with others. Looking back over the past 12 months, think of up to three adults (ages 16 and over) with whom you most often discussed important matters. These adults could be family, relatives, friends, including friends from work or others. Please complete the following chart based on these adults.

	First Name (or initials, nickname of person)	Town/City in which they live	Distance from you (in km)	Please enter a NUMBER in the boxes below starting from 1 up to 5 (where "1" is most used and "5" is least used), ranking how you normally communicate with this person of the 5 options given. Note: A number should only be used once, and if an option does not apply, you may leave the corresponding box blank (see facing page for further instruction).		
1			<input type="text"/>	<input type="checkbox"/> In person	<input type="checkbox"/> Over the telephone	<input type="checkbox"/> Via email
				<input type="checkbox"/> Via texting	<input type="checkbox"/> Via Facebook or other social media	
2			<input type="text"/>	<input type="checkbox"/> In person	<input type="checkbox"/> Over the telephone	<input type="checkbox"/> Via email
				<input type="checkbox"/> Via texting	<input type="checkbox"/> Via Facebook or other social media	
3			<input type="text"/>	<input type="checkbox"/> In person	<input type="checkbox"/> Over the telephone	<input type="checkbox"/> Via email
				<input type="checkbox"/> Via texting	<input type="checkbox"/> Via Facebook or other social media	

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

Individual Home and Work Environment

29. Thinking of your five closest non-related friends, how many of them:

a) Currently smoke b) Drink alcohol regularly c) Are overweight

30. a) Do you grow your own fruits and vegetables? No Yesb) What percentage of total fruit/vegetables consumed are grown by you or your family? %

31. What are your reasons to shop at the grocery store you most frequently shop at? (check all that apply)

- Aesthetics Proximity to work
 Proximity to my house Selection of fresh fruits and vegetables
 Prices are lower

32. How do you usually get to the grocery store? (mark one only)

- Walk
 Bicycle
 Car
 Bus
 Train
 Motorcycle
 Other personal motorized vehicles (specify) _____
 Other public transport (specify) _____

33. How many minutes does it take to get to your grocery store? min

34. Do you have access to the Internet? (Mark all that apply)

- At home At a friend/relatives house
 At work Other place
 In community for free No, no access to the internet
 In community, but need to pay

35. How many hours per week of screen time do you use? (eg. computer, TV, laptop, Ipad, etc.)

--	--	--

 hours/week

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

Please answer questions 36-40 based on your employment in the past year.

36. What is the location of your usual workplace? N/A - Retired/Participant does not work —▶ Skip Q36 to Q46

a) At home In the community you live in (but not at home) Outside the community

b) What is the postal code of your usual workplace?

c) Approximately how many kilometers away is your usual workplace? . km

d) How long does it take to go from your home to your usual workplace? min

37. How many hours a week do you spend at your main workplace? hrs

Workplace Food Availability

If you have more than one workplace, please answer these questions based on your main workplace environment.

38. Do you bring your own meals and/or snacks to work? No Yes

a) If yes, on average how many days per week do you bring your own meals and/or snacks?
(Please mark one number only)

1

2

3

4

5

6

7

39. Does your employer provide opportunities to purchase meals and/or snacks at your workplace?

 No Yes

a) If yes, what purchasing outlets are provided?

Vending machine

Cafeteria

Coffee shop

Other, specify _____

40. Do you purchase meal and/or snacks from fast food outlets/cafes for lunch?
(eg. McDonalds, Starbucks)

 No Yes

a) If yes, on average how many days per week do you purchase your lunch?
(Please mark one number only)

1

2

3

4

5

6

7

DRAFT FOR REFERRAL PURPOSES ONLY

--	--

Cohort #

--	--

MR centre #

--	--	--	--

Participant #

Participant
Initials

--	--	--

F M L

Please answer questions 41-45 based on your employment in the past year.

Workplace Physical Activity Provisions

41. Are there recreation facilities at your workplace? No Yes Do not know

If yes, are the facilities Free Subsidized Full price

If yes, please mark all facilities that apply:

Fitness centre Swimming pool Indoor recreation court

Outdoor recreation courts/fields (eg. basketball, tennis)

Other, specify (eg. yoga, martial arts) _____

42. On average, how many hours per week do you use these facilities?

hrs

 mins

43. Does your workplace provide organized physical activity programs?(eg. Stairway to Health, workplace golf tournament, employee team in a slow pitch league)

No Yes Do not know

44. Does your workplace provide physical activity compensation programs?(eg. gym membership, public transportation pass subsidy, fitness equipment allowance)

No Yes Do not know

45. Approximately how many hours during your usual WORKDAY do you spend:

a) Sitting

 hrs

 mins

b) Standing

 hrs

 mins

c) Walking

 hrs

 mins

d) Biking

 hrs

 mins

e) Other, specify _____

 hrs

 mins

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant
Initials

F M L

Please answer question 46 based on your employment in the past year.**46. How do you usually spend your work breaks? (mark all that apply)**

- Sitting at desk
- Shopping
- Eating lunch
- Walking
- Watching television/using a computer
- Unorganized physical activity (eg. jogging)
- Organized physical activity (eg. instructor led fitness class)
- Other, specify _____

For Aboriginals only:**47. Are you aware of any of the following in your community:**

	No	Yes	Unsure
a) Community gardens which provide local produce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Community sources of meat from hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Community sources of fish from fishing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Food share program or box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Farmer's Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. a) Do you hunt or trap? No Yes**b) What percentage of total meat consumed is hunted or trapped by you or your family?****49. a) Do you fish?** No Yes**b) What percentage of total fish consumed is fished by you or your family?**