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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"/>



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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.



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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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) For children to eat junk food or drink fizzy soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) For adults to eat junk food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) To eat a traditional, local diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) To be thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) To be fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) To smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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 strong 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



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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



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Civic Engagement

25. Did you vote in the following elections?

The last municipal election

 Yes

 No

The last provincial election

 Yes

 No

The last federal election

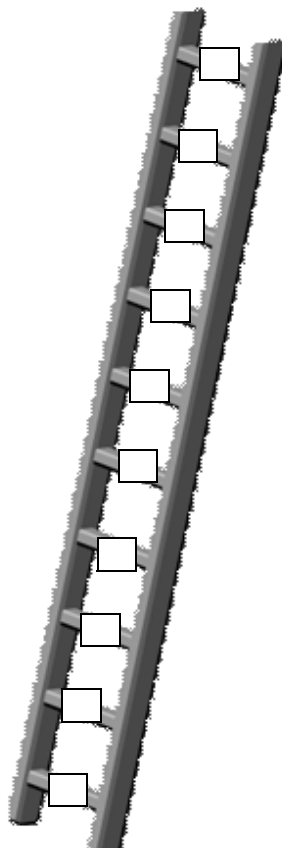
 Yes

 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.





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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)	How do you normally communicate with this person?			
1			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<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			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<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			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<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)	How do you normally communicate with this person?			
1			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<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			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<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
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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 Yes

b) 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



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36. What is the location of your usual workplace?a) At home In the community you live in (but not at home) Outside the communityb) What is the postal code of your usual workplace? c) Approximately how many kilometers away is your usual workplace? . kmd) How long does it take to go from your home to your usual workplace? min37. 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 Yesa) 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 Yesa) 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



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Participant Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 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



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46. How do you usually spend your work breaks? (makr 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 _____