étude NICO | helping to understand NDIT study
pour mieux comprendre

Name of subject
Date of birth
Survey number: 21

What is today's date?

_____
Day Month Year

1. Which of the following high school(s) did you attend? Check all that apply.

- 2☐ St-Thomas
- 2☐ Honoré-Mercier
- 2☐ Soulanges
- 2☐ Rosemere
- 2☐ Lindsay Place
- 2☐ Sophie-Barat
- 2☐ Royal West
- 2☐ Hudson (Westwood)
- 2☐ Laurenhill
- 2☐ Beaconsfield

2. Do you currently live on your own?

- 2☐ Yes → **Go to question 4**
- 1☐ No

3. Do you live with any of the following? Your…

	No	Yes
Biological mother	1☐	2☐
Biological father	1☐	2☐
Step-mother	1☐	2☐
Step-father	1☐	2☐
Sister(s), step-sister(s), half sister(s)	1☐	2☐ How many? ____
Brother(s), step-brother(s), half brother(s)	1☐	2☐ How many? ____
Husband, wife	1☐	2☐
Partner (girlfriend, boyfriend)	1☐	2☐
Son(s), step-son(s)	1☐	2☐ How many? ____
Daughter(s), step-daughter(s)	1☐	2☐ How many? ____
Other (specify) _____	1☐	2☐

4. Does this person currently smoke cigarettes? Your….

	Not applicable to me	No	Yes
Biological mother	8☐	1☐	2☐
Biological father	8☐	1☐	2☐
Step-mother	8☐	1☐	2☐
Step-father	8☐	1☐	2☐
Sister(s), step-sister(s), half sisters(s)	8☐	1☐	2☐ How many smoke? ____
Brother(s), step-brother(s), half brother(s)	8☐	1☐	2☐ How many smoke? ____
Husband, wife	8☐	1☐	2☐
Partner (girlfriend, boyfriend)	8☐	1☐	2☐
Son(s), step-son(s)	8☐	1☐	2☐ How many smoke? ____
Daughter(s), step-daughter(s)	8☐	1☐	2☐ How many smoke? ____
Other (specify) _____	8☐	1☐	2☐

5. How many close friends do you have (i.e. people you feel at ease with and can talk to about what is on your mind)?

_____ Close friends

6. How many of your close friends smoke cigarettes?

_____ Close friends smoke

7. When you see other people smoking cigarettes, how easy is it for you <u>not</u> to smoke?

- 1☐ Very easy
- 2☐ Quite easy
- 3☐ A bit difficult
- 4☐ Very difficult

8. How often do you feel like you really need a cigarette?

- 1☐ Never
- 2☐ Rarely
- 3☐ Sometimes
- 4☐ Often

9. How addicted to smoking cigarettes are you…?

	Not at all	A little bit	Quite	Very
Physically	1☐	2☐	3☐	4☐
Mentally	1☐	2☐	3☐	4☐

10. Have you ever in your life smoked a cigarette, even just a puff (drag, hit, haul)?

- 1☐ No → **Go to question 49**
- 2☐ Yes, 1 or 2 times
- 3☐ Yes, 3 or 4 times
- 4☐ Yes, 5 to 10 times
- 5☐ Yes, more than 10 times

11. Check the box that describes you best…

1☐ I have smoked cigarettes, but not at all in the past 12 months
2☐ I smoked cigarettes once or a couple of times in the past 12 months
3☐ I smoke cigarettes once or a couple of times each month
4☐ I smoke cigarettes once or a couple of times each week
5☐ I smoke cigarettes every day

12. Would you say that you are someone who has tried smoking cigarettes, but has now stopped smoking completely and (probably) forever?

1☐ No
2☐ Yes
7☐ Don't know

13. How old were you when you puffed on a cigarette for the first time?

I was _____ years old

7☐ Don't know

14. How old were you when you smoked a whole cigarette down to or close to the filter for the first time?

I was _____ years old
0☐ I have never done this

15. Have you smoked 100 or more whole cigarettes (4 packs of 25) in your life?

1☐ No
2☐ Yes

16. How old were you when you took cigarette smoke into your lungs for more than one puff?

I was _____ years old
0☐ I have never done this → **Go to question 18**

17. The first few times you took cigarette smoke into your lungs, did you experience...?

	Not at all	A bit	A lot
Relaxation	1☐	2☐	3☐
Nausea	1☐	2☐	3☐

18. Did you smoke cigarettes (even just a puff) in the past three months?

1☐ No → **Go to question 27**
2☐ Yes

19. During September, on how many days did you smoke cigarettes, even just a puff?

1☐ None → **Go to question 21**
2☐ 1 day
3☐ 2-3 days
4☐ 4-5 days
5☐ 6-10 days
6☐ 11-15 days
7☐ 16-20 days
8☐ 21-30 days
9☐ Every day
77☐ Don't know

20. On the days that you smoked during September, how many cigarettes did you usually smoke each day?

1☐ Less than 1 cigarette (one or a few puffs)
2☐ 1 cigarette
3☐ 2-3 cigarettes
4☐ 4-5 cigarettes
5☐ 6-10 cigarettes
6☐ 11-15 cigarettes
7☐ 16-20 cigarettes
8☐ 21-25 cigarettes
9☐ More than 25
77☐ Don't know

21. During August, on how many days did you smoke cigarettes, even just a puff?

1☐ None → **Go to question 23**
2☐ 1 day
3☐ 2-3 days
4☐ 4-5 days
5☐ 6-10 days
6☐ 11-15 days
7☐ 16-20 days
8☐ 21-30 days
9☐ Every day
77☐ Don't know

22. On the days that you smoked during August, how many cigarettes did you usually smoke each day?

1☐ Less than 1 cigarette (one or a few puffs)
2☐ 1 cigarette
3☐ 2-3 cigarettes
4☐ 4-5 cigarettes
5☐ 6-10 cigarettes
6☐ 11-15 cigarettes
7☐ 16-20 cigarettes
8☐ 21-25 cigarettes
9☐ More than 25
77☐ Don't know

23. During July, on how many days did you smoke cigarettes, even just a puff?

1☐ None → **Go to question 25**
2☐ 1 day
3☐ 2-3 days
4☐ 4-5 days
5☐ 6-10 days
6☐ 11-15 days
7☐ 16-20 days
8☐ 21-30 days
9☐ Every day
77☐ Don't know

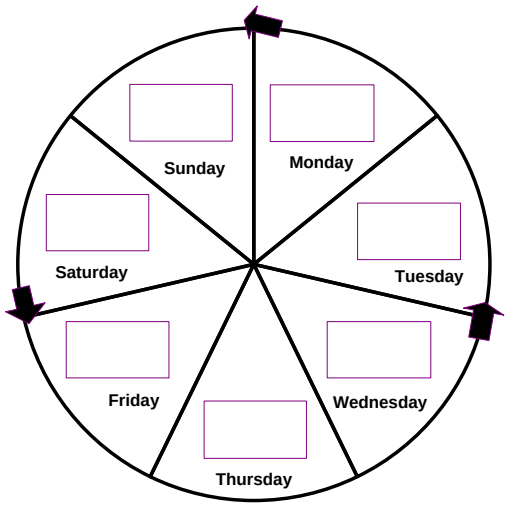
24. On the days that you smoked during July, how many cigarettes did you usually smoke each day?

1☐ Less than 1 cigarette (one or a few puffs)
2☐ 1 cigarette
3☐ 2-3 cigarettes
4☐ 4-5 cigarettes
5☐ 6-10 cigarettes
6☐ 11-15 cigarettes
7☐ 16-20 cigarettes
8☐ 21-25 cigarettes
9☐ More than 25
77☐ Don't know

25. Did you smoke any cigarettes in the past 7 days, even just a puff?

1☐ No → **Go to question 27**
2☐ Yes

26. Starting with yesterday, indicate how many cigarettes you smoked on each of the past 7 days, even just a puff. Write "0" if you did not smoke on that day.



27. Do you smoke cigarettes now because it is really hard to quit?

1☐ No
2☐ Sometimes
3☐ Often/always
4☐ Never tried to quit
5☐ Other → Please explain_____
7☐ Don't know (I smoke so little)

28. How much of a cigarette do you usually smoke?

1☐ One or a few puffs
2☐ Less than half of it
3☐ About half of it
4☐ Most of the cigarette
5☐ Right down to or near the filter
7☐ Don't know (I smoke so little)

29. When you cut down or stopped using cigarettes or when you haven't been able to smoke for a long period (like most of the day), how often did you experience…?

	Never	Rarely	Some-times	Often	Don't know
Feeling irritable or angry	1☐	2☐	3☐	4☐	7☐
Feeling restless	1☐	2☐	3☐	4☐	7☐
Feeling nervous, anxious or tense	1☐	2☐	3☐	4☐	7☐
Trouble concentrating	1☐	2☐	3☐	4☐	7☐
Feeling a strong urge or need to smoke	1☐	2☐	3☐	4☐	7☐
Trouble sleeping	1☐	2☐	3☐	4☐	7☐

30. How deeply do you usually inhale?

1☐ I don't inhale
2☐ Just into my mouth
3☐ Back into my throat
4☐ Into my lungs shallow
5☐ Into my lungs deep
7☐ Don't know (I smoke so little)

31. On the days that you smoke, how soon after you wake up do you smoke your first cigarette?

1☐ Within 5 minutes
2☐ 6 - 30 minutes after waking
3☐ 31 - 60 minutes after waking
4☐ More than 60 minutes after waking
7☐ Don't know (I smoke so little)

32. Do you find it difficult to refrain from smoking in places where it is forbidden?

1☐ Not at all difficult
2☐ A bit difficult
3☐ Very difficult
7☐ Don't know (I smoke so little)

33. Which cigarette would you most hate to give up?

1☐ The first one of the day
2☐ Another one
7☐ Don't know (I smoke so little)

34. Do you smoke more frequently during the first hours after waking, compared with the rest of the day?

1☐ No
2☐ Yes
7☐ Don't know (I smoke so little)

35. If you are sick with a bad cold or sore throat, do you smoke?

1☐ No, I stop smoking when I'm sick
2☐ Yes, but I cut down on the amount I smoke
3☐ Yes, I smoke the same amount as when I'm not sick
7☐ Don't know (I smoke so little)

36. How true are each of the following for you?

	Not at all true	A bit true	Very true
Cigarettes are good for dealing with boredom.	1☐	2☐	3☐
A cigarette gives me energy when I'm tired	1☐	2☐	3☐
When I'm feeling down, a cigarette makes me feel good.	1☐	2☐	3☐
Smoking cigarettes calms me down when I feel nervous	1☐	2☐	3☐
Smoking cigarettes helps me control my weight.	1☐	2☐	3☐
Smoking cigarettes helps me concentrate on my work/homework.	1☐	2☐	3☐

36. How true are each of the following for you? (continued)

	Not at all true	A bit true	Very true
Smoking cigarettes relieves tension when I am stressed.	1☐	2☐	3☐
I consider myself to be a social smoker.	1☐	2☐	3☐
I avoid going to a friend's house where you're not allowed to smoke even though I might enjoy hanging out with him/her.	1☐	2☐	3☐
In situations where I need to go outside to smoke, it's worth it even in cold or rainy weather.	1☐	2☐	3☐
I have cut down or stopped physical activities or sports because of my smoking.	1☐	2☐	3☐
I can function much better in the morning after I've had a cigarette.	1☐	2☐	3☐
Compared to when I first started smoking, I need to smoke a lot more now to be satisfied.	1☐	2☐	3☐
Compared to when I first started smoking, I can smoke much more now before I start to feel nauseated or ill. **OR** 4☐ I've never felt nauseated or ill from smoking.	1☐	2☐	3☐
I often run out of cigarettes quicker than I thought I would	1☐	2☐	3☐
I spend a lot of time getting cigarettes (going out of my way to buy cigarettes)	1☐	2☐	3☐
I spend a lot of time smoking cigarettes (chain smoking, smoking a lot throughout the day)	1☐	2☐	3☐
I've stopped hanging out with certain people because of my smoking	1☐	2☐	3☐

37. How often do you have cravings to smoke cigarettes?

1☐ Never → **Go to question 39**
2☐ Very rarely
3☐ Sometimes
4☐ Often
5☐ Very often

38. How strong are your cravings to smoke cigarettes?

1☐ Not at all strong
2☐ A bit strong
3☐ Quite strong
4☐ Very strong

39. How much pleasure do you get from smoking a cigarette? Circle the number that best describes your feelings

0 1 2 3 4 5 6 7 8 9
None A great deal

40. How often does smoking a cigarette give you pleasure? Circle the number that best describes your feelings

0	1	2	3	4	5	6	7	8	9
Never									Always

41. The following describes feelings and experiences that some smokers have. How well does each statement describe you?

Describes me……	Not at all	A little	Well	Very well
When I go too long without a cigarette I get impatient	1☐	2☐	3☐	4☐
When I see other people smoking I want a cigarette	1☐	2☐	3☐	4☐
I rely on smoking to focus my attention	1☐	2☐	3☐	4☐
When I go too long without a cigarette, thoughts about smoking interrupt my concentration	1☐	2☐	3☐	4☐
When I smell cigarette smoke, I want a cigarette	1☐	2☐	3☐	4☐
I rely on smoking to take my mind off being bored	1☐	2☐	3☐	4☐
When I go too long without a cigarette I get strong urges to smoke that are hard to get rid of	1☐	2☐	3☐	4☐
After eating I want a cigarette	1☐	2☐	3☐	4☐
I would go crazy if I couldn't smoke	1☐	2☐	3☐	4☐
When I go too long without a cigarette I lose my temper more easily	1☐	2☐	3☐	4☐
When I feel stressed I want a cigarette	1☐	2☐	3☐	4☐
I rely on smoking to deal with stress	1☐	2☐	3☐	4☐
When I go too long without a cigarette I feel nervous or anxious	1☐	2☐	3☐	4☐
When I'm doing something that requires a lot of thought I crave a cigarette	1☐	2☐	3☐	4☐
Trying to give up smoking feels like losing a friend	1☐	2☐	3☐	4☐

42. At this point in time, how much do you really want to quit smoking cigarettes completely and forever?

1☐ Not at all
2☐ A little bit
3☐ Quite a bit
4☐ A whole lot

43. In the past 3 months, did you seriously try to quit smoking completely and forever?

1☐ No → **Go to question 45**
2☐ Yes, once
3☐ Yes, two or more times

44. Think about the last time you tried to quit smoking. Did you quit smoking completely (for a while)?

1☐ No, but I cut down a lot
2☐ No, but I cut down a little
3☐ No, the amount I smoke didn't change at all
4☐ Yes → I quit completely for _____days
5☐ Yes → I quit completely and have remained non-smoking ever since

45. How confident are you that you can or you have quit smoking completely and forever?

1☐ Very confident
2☐ Fairly confident
3☐ Not very confident
4☐ Not at all confident

46. What is the main reason that you don't quit smoking now? Check one box only.

1☐ I don't want to, I enjoy smoking
2☐ It's a routine that would be really hard to break
3☐ It's too hard because everyone around me smokes
4☐ My cravings for cigarettes are too strong
5☐ I have too much stress in my life
6☐ I feel uncomfortable when I stop smoking
7☐ I don't need to (because I smoke so little now)
8☐ Other (specify) _____

47. In the past 12 months, did…?

	No	Yes	Not applicable
You stop smoking for at least 24 hours because you were trying to quit	1☐	2☐	8☐
Your doctor ask you if you smoke	1☐	2☐	8☐
Your doctor advise you to quit smoking	1☐	2☐	8☐
Your doctor give you any specific help or information to help you quit smoking	1☐	2☐	8☐

48. In the past 12 months, did you try any of the following to help you quit smoking?

	No	Yes, but it did not help	Yes, it helped a bit	Yes, it helped a lot
Nicotine patch	1☐	2☐	3☐	4☐
Nicotine gum (Nicorettes)	1☐	2☐	3☐	4☐
Nicotine inhaler	1☐	2☐	3☐	4☐
Zyban, Wellbutrin (Bupropion)	1☐	2☐	3☐	4☐
Attend a « Centre d'abondon du tabagisme »	1☐	2☐	3☐	4☐
Participate in a quit and win contest	1☐	2☐	3☐	4☐
Call a telephone help line	1☐	2☐	3☐	4☐
Other (specify)_____	1☐	2☐	3☐	4☐

49. Are there any restrictions on smoking cigarettes in your home?

1☐ No
2☐ Smoking is not allowed at all in my home
3☐ Smoking is allowed in certain rooms only
4☐ Smoking is restricted in the presence of young children
5☐ Other (specify)_____

50. In the past month, how often were you exposed to second-hand smoke...?

	Never	Rarely	Some-Times	Fairly Often	Very often
At home	1☐	2☐	3☐	4☐	5☐
In a car or other private vehicle	1☐	2☐	3☐	4☐	5☐
In public places (bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)	1☐	2☐	3☐	4☐	5☐
When visiting friends or relatives	1☐	2☐	3☐	4☐	5☐
At work or school	1☐	2☐	3☐	4☐	5☐

51. In the past 7 days, how many times you did do each of the following activities? Write "0" if you did not do the activity. If you did the activity, how many minutes did you usually do it on each occasion?

	Number of times in 7 days	Number of minutes on each occasion			
		1-15	16-30	31-60	More than 60
Downhill skiing, snowboarding	_____	1☐	2☐	3☐	4☐
Cross-country skiing	_____	1☐	2☐	3☐	4☐
Gardening, yard work	_____	1☐	2☐	3☐	4☐
Bowling	_____	1☐	2☐	3☐	4☐
Swimming, water aerobics	_____	1☐	2☐	3☐	4☐
Baseball, softball	_____	1☐	2☐	3☐	4☐
Bicycling	_____	1☐	2☐	3☐	4☐
Tennis/badminton	_____	1☐	2☐	3☐	4☐
Popular or social dance	_____	1☐	2☐	3☐	4☐
Weight-training	_____	1☐	2☐	3☐	4☐
Martial arts	_____	1☐	2☐	3☐	4☐
Home exercises (push-ups, sit-ups)	_____	1☐	2☐	3☐	4☐
Fishing	_____	1☐	2☐	3☐	4☐
Ice hockey, ringuette	_____	1☐	2☐	3☐	4☐
Street or floor hockey	_____	1☐	2☐	3☐	4☐
Volleyball	_____	1☐	2☐	3☐	4☐
Squash, racquetball	_____	1☐	2☐	3☐	4☐
Ice skating	_____	1☐	2☐	3☐	4☐
Basketball	_____	1☐	2☐	3☐	4☐
Soccer	_____	1☐	2☐	3☐	4☐
Football	_____	1☐	2☐	3☐	4☐
In-line skating, rollerblading	_____	1☐	2☐	3☐	4☐
Jogging, running	_____	1☐	2☐	3☐	4☐
Golfing	_____	1☐	2☐	3☐	4☐
Exercise class, aerobics	_____	1☐	2☐	3☐	4☐
Walking for exercise	_____	1☐	2☐	3☐	4☐
Stairmaster, treadmill, other cardio equipment	_____	1☐	2☐	3☐	4☐
Other (specify) _____	_____	1☐	2☐	3☐	4☐

52. In the past 12 months, how many organized sports teams did you belong to (on which you practice with teammates or play against other teams)?

0☐ None

_____ Teams

53. Which statement best describes your usual daily activities or work habits in the past 3 months?

1☐ Usually sit during the day and don't walk around very much

2☐ Stand or walk quite a lot during the day but don't have to carry or lift things very often

3☐ Usually lift or carry light loads, or have to climb stairs or hills often

4☐ Do heavy work or carry very heavy loads

54. During the last 7 days, on how many days did you do vigorous physical activities (heavy lifting, digging, aerobics, fast bicycling) for at least 10 minutes at a time?

0☐ None → **Go to question 56**

_____Days in the last 7 days

55. On the days that you did vigorous physical activities, how many minutes did you usually do per day?

_____minutes per day

56. In the last 7 days, on how many days did you do moderate physical activities (carrying light loads, bicycling at a regular pace, doubles tennis) for at least 10 minutes? Do not include walking.

0☐ None → **Go to question 58**

_____Days in the last 7 days

57. On the days that you did moderate physical activities, how many minutes did you usually do per day?

_____minutes per day

58. In the last 7 days, on how many days did you walk for at least 10 minutes at a time?

0☐ None → **Go to question 60**

_____Days in the last 7 days

59. On the days that you walked, how many minutes did you usually spend walking per day?

_____minutes per day

60. How many hours of television (including video movies) do you usually watch in a single day? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually watch _____hour(s) of television a day

On weekends, I usually watch _____ hour(s) of television a day

61. How many hours do you usually spend on a computer in a single day for school or at work? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually use the computer _____ hour(s) a day for work or school

On weekends, I usually use the computer _____ hour(s) a day for work or school

62. How many hours do you usually spend on a computer in a single day during your leisure time (playing computer games, using the Internet)? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually use the computer _____ hour(s) a day in my leisure time

On weekends, I usually use the computer _____ hour(s) a day in my leisure time

63. In a typical week, how much time did you usually spend reading (books, magazines, newspapers, homework)? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually read _____ hour(s) a day

On weekends, I usually read _____ hour(s) a day

64. How many times per day OR per week OR per month (ANSWER ONLY ONE) do you eat the following foods?

	Never		Times per day		Times per week		Times per month
Donuts or cakes or pastries	0☐	or	___	or	___	or	___
Candy or chocolate bars	0☐	or	___	or	___	or	___
Ice cream	0☐	or	___	or	___	or	___
Potato chips, Fritos, Doritos	0☐	or	___	or	___	or	___
Soft drinks	0☐	or	___	or	___	or	___
Fried chicken (Kentucky)	0☐	or	___	or	___	or	___
Hot dogs	0☐	or	___	or	___	or	___

64. How many times per day OR per week OR per month (ANSWER ONLY ONE) do you eat the following foods? (*continued*)

	Never		Times per day		Times per week		Times per month
Hamburgers	0☐	or	___	or	___	or	___
French fries or poutine	0☐	or	___	or	___	or	___
Bacon or sausages	0☐	or	___	or	___	or	___
100% fruit juices (orange, grapefruit, or tomato juice)	0☐	or	___	or	___	or	___
Fruit, not counting juice	0☐	or	___	or	___	or	___
Green salad	0☐	or	___	or	___	or	___
Potatoes, not counting french-fries, fried potatoes or potato chips	0☐	or	___	or	___	or	___
Carrots	0☐	or	___	or	___	or	___
Other vegetables, not counting carrots, potatoes or green salad	0☐	or	___	or	___	or	___

65. In general, how would you rate…?

	Excellent	Very good	Good	Fair	Poor
Your health	1☐	2☐	3☐	4☐	5☐
Your mental health	1☐	2☐	3☐	4☐	5☐
Your ability to handle unexpected and difficult problems (a family or personal crisis)	1☐	2☐	3☐	4☐	5☐
Your ability to handle day-to-day demands in your life (work, family responsibilities)	1☐	2☐	3☐	4☐	5☐
The overall quality of your sleep at night	1☐	2☐	3☐	4☐	5☐

66. How much do you weigh?

_____ pounds **OR** _____ kilograms

67. How tall are you without your shoes on?

_____ feet ____inches **OR** _____ meters

68. Do you consider yourself….?

1☐ Too thin
2☐ Just about right
3☐ A little too heavy
4☐ Much too heavy

69. In the past month, at what time did you usually go to sleep at night?

_____ in the evening

70. In the past month, at what time did you usually wake up in the morning?

_____in the morning

71. Has a health professional ever diagnosed that you have any of the following? If yes, how old were you when first diagnosed?

	No	Yes	First diagnosed when I was….
Asthma	1☐	2☐	____ years old
Migraine headaches	1☐	2☐	____ years old
Food allergies	1☐	2☐	____ years old
Other allergies	1☐	2☐	____ years old
Thyroid condition	1☐	2☐	____ years old
Mood disorder (depression, bipolar disorder)	1☐	2☐	____ years old
Anxiety disorder (phobia, fear of social situations, obsessive-compulsive disorder, panic disorder, generalized anxiety disorder)	1☐	2☐	____ years old
Learning disability (attention deficit disorder, dyslexia)	1☐	2☐	____ years old
Eating disorder (anorexia, bulimia)	1☐	2☐	____ years old
Back problems	1☐	2☐	____ years old
Intestinal or stomach ulcers	1☐	2☐	____ years old
Bowel disorder (Crohn's disease, ulcerative colitis, irritable bowel)	1☐	2☐	____ years old
Cholesterol or lipid problems	1☐	2☐	____ years old
Diabetes	1☐	2☐	____ years old
High blood pressure	1☐	2☐	____ years old
Other (specify)_____	1☐	2☐	____ years old

72. In the past month, did you take any of the following medications, either prescription or over-the-counter?

	No	Yes
Pain relievers (aspirin, Tylenol) including arthritis medicine and anti-inflammatories	1☐	2☐
Tranquilizers (Valium, Ativan)	1☐	2☐
Diet pills (Ponderal, Fastin)	1☐	2☐
Anti-depressants (Prozac, Paxil, Effexor)	1☐	2☐
Codeine, Demerol or morphine	1☐	2☐
Allergy medicine (Allegra, Reactine)	1☐	2☐
Asthma medications (inhalers, nebulizers)	1☐	2☐
Cough or cold remedies	1☐	2☐
Penicillin or other antibiotics	1☐	2☐
Mood stabilizers (Lithium, Epival)	1☐	2☐

72. In the past month, did you take any of the following medications, either prescription or over-the-counter? (*continued*)

	No	Yes
Major tranquilizers, anti-psychotics, neuroleptics (Risperidol, Olanzapine, Seroquel)	1☐	2☐
Thyroid medication (Synthroid, Levothyroxine)	1☐	2☐
Steroids	1☐	2☐
Insulin	1☐	2☐
Pills to control blood sugar levels	1☐	2☐
Sleeping pills (Imovane, Nytol, Starnoc)	1☐	2☐
Stomach remedies	1☐	2☐
Laxatives	1☐	2☐
Birth control pills	1☐	2☐
Other (specify)_____	1☐	2☐

73. In the past two weeks, how much of the time have you…?

	At no time	Some of the time	Slightly less that half of the time	Slightly more than half of the time	Most of the time	All the time
Felt low in spirits or sad	1☐	2☐	3☐	4☐	5☐	6☐
Lost interest in, or could no longer enjoy your daily activities	1☐	2☐	3☐	4☐	5☐	6☐
Felt lacking in energy and strength	1☐	2☐	3☐	4☐	5☐	6☐
Felt less self-confident	1☐	2☐	3☐	4☐	5☐	6☐
Had a bad conscience or feelings of guilt	1☐	2☐	3☐	4☐	5☐	6☐
Felt that life wasn't worth living	1☐	2☐	3☐	4☐	5☐	6☐
Had difficulty concentrating (when reading the newspaper or watching TV)	1☐	2☐	3☐	4☐	5☐	6☐
Felt very restless	1☐	2☐	3☐	4☐	5☐	6☐
Felt subdued or slowed down	1☐	2☐	3☐	4☐	5☐	6☐
Had trouble sleeping at night or waking up too early	1☐	2☐	3☐	4☐	5☐	6☐
Suffered from reduced appetite	1☐	2☐	3☐	4☐	5☐	6☐
Suffered from increased appetite	1☐	2☐	3☐	4☐	5☐	6☐

74. Have you ever had any of the following? If yes, how old were you when you first experienced this?

	No	Yes	First experienced when I was….
Attack of fear or panic when all of a sudden you felt very frightened, anxious or uneasy	1☐	2☐	____ years old
Attack when all of a sudden, you became dizzy, very uncomfortable, short of breath, dizzy, nauseous, your heart pounded, or you thought that you might lose control, die or go crazy	1☐	2☐	____ years old
A time when you were a "worrier" (when you worried a lot more about things than other people with the same problems)	1☐	2☐	____ years old
A period lasting 6 month or longer when you were anxious or worried most days?	1☐	2☐	____ years old
A time when you were much more nervous or anxious than most other people with the same problems	1☐	2☐	____ years old
A time when you felt very afraid or really shy meeting new people, going to parties, going on a date	1☐	2☐	____ years old
A time when you felt very afraid or uncomfortable when you had to do something in front of a group of people (giving a speech, speaking in class)	1☐	2☐	____ years old
A time in your life when you felt afraid of being in crowd, going to public places, traveling alone	1☐	2☐	____ years old
A time in your life when you became very upset or nervous in crowds, public places, or traveling	1☐	2☐	____ years old

75. Thinking about the amount of stress in your life, would you say that most days are…?

1☐ Not at all stressful
2☐ Not very stressful
3☐ A bit stressful
4☐ Quite stressful
5☐ Extremely stressful

76. Have you ever done any of the following? If yes, how old were you when you did it the first time?

	No	Yes	When I did it the first time, I was …….
Drank an alcoholic beverage	1☐	2☐	_____years old
Drank 5 or more alcoholic beverages on one occasion	1☐	2☐	_____years old
Played games (cards, bingo, dice) for money	1☐	2☐	_____years old
Bet money (slot machines, sports pool, casino, over the Internet)	1☐	2☐	_____years old

76. Have you ever done any of the following? If yes, how old were you when you did it the first time? *(continued)*

	No	Yes	When I did it the first time, I was …….
Bought lottery tickets (6-49, Sports Select, Instant lottery, Scratch and win)	1☐	2☐	_____years old
Used marijuana, cannabis, hashish	1☐	2☐	_____years old
Used cocaine	1☐	2☐	_____years old
Used speed (amphetamines)	1☐	2☐	_____years old
Used ecstasy (MDMA) or other similar drugs	1☐	2☐	_____years old
Used hallucinogens (PCP, LSD (acid), mushrooms)	1☐	2☐	_____years old
Used inhalants (glue, gasoline)	1☐	2☐	_____years old
Used heroin (smack, junk)	1☐	2☐	_____years old

77. In the past year, have any of the following happened to you or to someone close to you?

	Happened to me	Happened to someone close to me
Break-up of relationship or marriage	1☐	2☐
Kicked out of school	1☐	2☐
Serious car accident	1☐	2☐
Pregnancy	1☐	2☐
Lost a job	1☐	2☐
Major health problem	1☐	2☐
Major and/or chronic financial problems	1☐	2☐
Began college or university	1☐	2☐
Sought psychological or psychiatric care	1☐	2☐
Established a new steady relationship with a partner	1☐	2☐
Got married	1☐	2☐
Problems at work (with boss or co-workers)	1☐	2☐
Changed job	1☐	2☐
Problems with the law	1☐	2☐
Death of a parent or other family member	1☐	2☐
Major argument with parents	1☐	2☐
Birth of a child	1☐	2☐
Other stressful event (specify) _____	1☐	2☐

78. In the past 12 months, how often did you …?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Smoke cigars	1☐	2☐	3☐	4☐	5☐
Smoke a pipe	1☐	2☐	3☐	4☐	5☐
Use Bidis (a tobacco product from India)	1☐	2☐	3☐	4☐	5☐
Use chewing tobacco	1☐	2☐	3☐	4☐	5☐
Use snuff	1☐	2☐	3☐	4☐	5☐
Use a water pump (hubble bubble, nargilé, shisha)	1☐	2☐	3☐	4☐	5☐
Drink alcoholic beverages (beer, wine, liquor)	1☐	2☐	3☐	4☐	5☐
Drink 5 or more alcoholic beverages on one occasion	1☐	2☐	3☐	4☐	5☐
Play games (cards, bingo, dice) for money	1☐	2☐	3☐	4☐	5☐
Bet money (slot machines, sports pool, casino, over the Internet)	1☐	2☐	3☐	4☐	5☐
Buy lottery tickets (6-49, Sports Select, Instant lottery, Scratch and win)	1☐	2☐	3☐	4☐	5☐
Feel suicidal	1☐	2☐	3☐	4☐	5☐
Use marijuana, cannabis, hashish	1☐	2☐	3☐	4☐	5☐
Use cocaine	1☐	2☐	3☐	4☐	5☐
Use speed (amphetamines)	1☐	2☐	3☐	4☐	5☐
Use ecstasy (MDMA) or other similar drugs	1☐	2☐	3☐	4☐	5☐
Use hallucinogens (PCP, LSD (acid), mushrooms)	1☐	2☐	3☐	4☐	5☐
Use inhalants (glue, gasoline)	1☐	2☐	3☐	4☐	5☐
Use heroin (smack, junk)	1☐	2☐	3☐	4☐	5☐
Use another illicit drug	1☐	2☐	3☐	4☐	5☐

79. People living in Canada come from many cultural and racial backgrounds. Are you… ?

1☐ White
2☐ Chinese
3☐ South Asian (East Indian, Pakistani, Sri Lankan)
4☐ Black
5☐ Latin American
6☐ Southeast Asian (Cambodian, Indonesian, Laotian, Vietnamese)
7☐ Arabic
8☐ West Asian (Afghan, Iranian)
9☐ Other (specify)_____

80. How far have you gone in school?

1☐ Attended high school, but did not graduate
2☐ Graduated high school
3☐ Attended CEGEP, community/technical college, but did not graduate
4☐ Graduated CEGEP, community/technical college
5☐ Attended university (or teacher's college), but did not graduate
6☐ Graduated university with a Bachelor's degree
6☐ Graduated university with a Master's degree
7☐ Graduated university with a PhD
8☐ Other (specify)_____

81. What is your marital status?

1☐ Single
2☐ Married
3☐ Living as married (common-law)
4☐ Divorced
5☐ Separated
6☐ Other (specify) _____

82. Are you currently enrolled as a full- or part-time student?

1☐ No
2☐ Yes, Full-time (where)_____
3☐ Yes, Part-time (where)_____

83. Are you currently working at a job or business (paid or unpaid)?

1☐ No → **Go to question 85**
2☐ Yes

84. About how many hours a week do you usually work at your job/business (paid or unpaid)?

_____hours per week

85. What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

1☐ Less than $20,000
2☐ 20 000$ - 29 999$
3☐ 30 000$ - 39 999$
4☐ 40 000$ - 49 999$
5☐ 50 000$ - 59 999$
6☐ 60 000$ - 69 999$
7☐ 70 000$ - 79 999$
8☐ 80 000$ - 99 999$
9☐ 100,000$ - 119,999$
10☐ 120,000$ - 149,999$
11☐ 150,000$ or more
77☐ Don't know

86. How would you describe your household's financial situation?

1☐ Well above average
2☐ Somewhat above average
3☐ About average
4☐ Somewhat below average
5☐ Well below average

87. Think of this ladder as representing where people stand in their communities.

At the **top** of the ladder are the people who have the highest standing in their community. At the **bottom** are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please place a large **"X"** on the rung where you think you stand at this time in your life, relative to other people in your community.

Please provide information requested on back page →

88. In order to help us locate you for the next follow-up, what is your….?

Home address: _____

Home telephone number: _____

Cell phone number: _____

E-mail address: _____

Work address: _____

Work telephone number: _____

89. Name and contact information for 3 friends/relatives whom we could contact in case we have difficulty contacting you?

Name of friend or relative: _____

Address: _____

_____

_____

Telephone number: _____

E-mail address: _____

Name of friend or relative: _____

Address: _____

_____

_____

Telephone number: _____

E-mail address: _____

Name of friend or relative: _____

Address: _____

_____

_____

Telephone number: _____

E-mail address: _____

90. How do you prefer to respond to this questionnaire?

1☐ Questionnaire mailed to your home

2☐ On the Internet through the NDIT website (www.nditstudy.ca)

3☐ On the telephone with an interviewer

4☐ Other (specify) _____

91. Are you planning to move in the next 12 months?

1☐ No

2☐ Yes→ New address _____

End of questions
Thank you so much for responding!