Thank you for participating once again in the NDIT Study! Your contributions to NDIT are invaluable. Because of the recent legalization of recreational cannabis use in Canada in 2018, we are particularly interested in learning more about cannabis use among NDIT participants in this round of data collection, in addition to the usual questions.

NOTE FOR THOSE WHO COMPLETE THE QUESTIONNAIRE ON LIMESURVEY: You can follow your progress through the questionnaire using the bar at the top of the screen. Please note that questions with an asterisk are mandatory. Also, your responses are automatically saved - you can stop responding at any time and return later to complete the questionnaire.

YOUR CANNABIS USE

In this questionnaire, the term **cannabis** includes marijuana (pot, weed), hashish (hash), liquid extracts or concentrates (cannabis oil), solid extracts or concentrates (shatter, budder, wax) or any other products made from the cannabis plant, but not synthetic cannabinoids such as Spice, K2, or Yucatan Fire.

Cannabis use includes smoking, vaping, eating, and consuming cannabis in any other way, whether for medical or non-medical purposes.

1. Please think about your use of cannabis for medical or non-medical purposes. Check the one box below that describes you best.

[1] ☐ I have never used cannabis in my life → **Go to Question 17**
[2] ☐ I have used cannabis, but not in the past 12 months → **Go to Question 2a**
[3] ☐ I used cannabis once or a couple of times in the past 12 months → **Go to Question 2b**
[4] ☐ I use cannabis once or a couple of times each month → **Go to Question 2b**
[5] ☐ I use cannabis once or a couple of times each week → **Go to Question 2b**
[6] ☐ I use cannabis every day → **Go to Question 2b**

2a. Cannabis products labelled as *pure CBD* (i.e., *CBD isolate)* either do not contain THC or they contain trace amounts of THC. They are sometimes used to help ease anxiety and improve sleep but will not give users a *high* or a *buzz* like cannabis products containing THC. Check the one box below that best describes your cannabis use prior to the past 12 months.

[1] ☐ I used pure CBD products only→ **Go to Question 15**
[2] ☐ I only used cannabis products containing THC → **Go to Question 15**
[3] ☐ I used both pure CBD products and cannabis products containing THC → **Go to Question 15**

2b. Cannabis products labelled as *pure CBD* (i.e., *CBD isolate)* either do not contain THC or they contain trace amounts of THC. They are sometimes used to help ease anxiety and improve sleep but will not give users a *high* or a *buzz* like cannabis products containing THC. Check the one box below that best describes your cannabis use in the past 12 months.

[1] ☐ I used pure CBD products only→ **Go to Question 3a**
[2] ☐ I only used cannabis products containing THC → **Go to Question 4**
[3] ☐ I used both pure CBD products and cannabis products containing THC → **Go to Question 3b**

3a. Think about your use of pure CBD products. In the past 12 months, how often did you use pure CBD products for each of the following reasons?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Relaxation	1☐	2☐	3☐	4☐	5☐
Symptoms of depression	1☐	2☐	3☐	4☐	5☐
Anxiety or your nerves	1☐	2☐	3☐	4☐	5☐
Sleep problems (insomnia, difficulty falling or staying asleep)	1☐	2☐	3☐	4☐	5☐
Pain relief	1☐	2☐	3☐	4☐	5☐
Athletic performance and recovery	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐
Go to Question 7					

3b. Think about your use of pure CBD products. In the past 12 months, how often did you use pure CBD products for each of the following reasons?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Relaxation	1☐	2☐	3☐	4☐	5☐
Symptoms of depression	1☐	2☐	3☐	4☐	5☐
Anxiety or your nerves	1☐	2☐	3☐	4☐	5☐
Sleep problems (insomnia, difficulty falling or staying asleep)	1☐	2☐	3☐	4☐	5☐
Pain relief	1☐	2☐	3☐	4☐	5☐
Athletic performance and recovery	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

4. People use cannabis products containing THC for different reasons. In the past 12 months, how often did you use products containing THC for each of the following reasons?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
The high or 'buzz'	1☐	2☐	3☐	4☐	5☐
Relaxation	1☐	2☐	3☐	4☐	5☐
Escaping reality and/or my problems	1☐	2☐	3☐	4☐	5☐
Introspection	1☐	2☐	3☐	4☐	5☐
Sexual satisfaction	1☐	2☐	3☐	4☐	5☐
Symptoms of depression	1☐	2☐	3☐	4☐	5☐
Anxiety or your nerves	1☐	2☐	3☐	4☐	5☐
Sleep problems (insomnia, difficulty falling or staying asleep)	1☐	2☐	3☐	4☐	5☐
Pain relief	1☐	2☐	3☐	4☐	5☐

Athletic performance and recovery	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

5. In the past 12 months, how often did you use cannabis products containing THC…?

	Never	Rarely	From time to time	Fairly often	Very often
While alone	1☐	2☐	3☐	4☐	5☐
With a spouse or partner	1☐	2☐	3☐	4☐	5☐
With other family member(s)	1☐	2☐	3☐	4☐	5☐
With friend(s) or acquaintances	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

6. In the past 12 months, on a typical day when you used cannabis products containing THC, how many hours were you *stoned* or *high*?

1☐ 0-1 hour
2☐ 1-2 hours
3☐ 3-4 hours
4☐ 5-6 hours
5☐ 7 or more hours

7. In the past 12 months, how often did you use each of the following methods to consume cannabis?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Smoking in a joint, bong, pipe or blunt	1☐	2☐	3☐	4☐	5☐
Dabbing (with a hot knife, needle or nail)	1☐	2☐	3☐	4☐	5☐
Vaping in e-liquid form with an e-cigarette	1☐	2☐	3☐	4☐	5☐
Vaporizing with a stationary or portable vaporizer	1☐	2☐	3☐	4☐	5☐
Eating in food (brownies, cakes, cookies, gummies)	1☐	2☐	3☐	4☐	5☐
Drinking in tea, cola, alcohol or other drinks	1☐	2☐	3☐	4☐	5☐
Consuming in a pill, soft gel capsule, oral drops or spray	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

8. In the past 12 months, how would you describe the effect of your cannabis use on your mental health?

Very negative — No effect — Very positive

-5☐	-4☐	-3☐	-2☐	-1☐	0☐	1☐	2☐	3☐	4☐	5☐

9. In the past 12 months, how would you describe the effect of your cannabis use on your physical health?

Very negative — No effect — Very positive

-5☐	-4☐	-3☐	-2☐	-1☐	0☐	1☐	2☐	3☐	4☐	5☐

10. In the past 12 months, how often did you use the following substances at the same time as cannabis to enhance their effects?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Over-the-counter medication (melatonin, cough or cold remedies)	1☐	2☐	3☐	4☐	5☐
Alcohol	1☐	2☐	3☐	4☐	5☐
Tobacco or nicotine products (combustible cigarettes, e-cigarettes, blunts, spliff)	1☐	2☐	3	4☐	5☐
Pain relief medications that are usually prescribed (Percocet, Percodan, Demerol, OxyNEO, OxyContin, codeine)	1☐	2☐	3☐	4☐	5☐
Illegal drugs (cocaine, speed, ecstasy, hallucinogens, heroin, GHB, ketamine)	1☐	2☐	3☐	4☐	5☐

11. In the past 12 months, how often did...?

	Never	Rarely	From time to time	Fairly often	Very often
You use cannabis before midday	1☐	2☐	3☐	4☐	5☐
You use cannabis when you were alone	1☐	2☐	3☐	4☐	5☐
You have memory problems when you used cannabis	1☐	2☐	3☐	4☐	5☐
Friends or family members tell you that you should reduce or stop your cannabis use	1☐	2☐	3☐	4☐	5☐
You try to reduce or stop your cannabis use without succeeding	1☐	2☐	3☐	4☐	5☐
You have problems because of your cannabis use (arguments, accidents, problems at work)	1☐	2☐	3☐	4☐	5☐

12. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for cannabis without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave cannabis	1☐	2☐	3☐	4☐	5☐
My urges keep getting stronger if I don't use cannabis	1☐	2☐	3☐	4☐	5☐
Cannabis controls me	1☐	2☐	3☐	4☐	5☐
My cannabis use is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to use cannabis right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without using cannabis	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost using cannabis without thinking about it	1☐	2☐	3☐	4☐	5☐
Using cannabis would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
Using cannabis helps me think better	1☐	2☐	3☐	4☐	5☐

I would feel alone without my cannabis	1☐	2☐	3☐	4☐	5☐
I would find it really hard to stop using cannabis	1☐	2☐	3☐	4☐	5☐
I would find it hard to stop using cannabis for a week	1☐	2☐	3☐	4☐	5☐
After not using cannabis for a while, I need to use cannabis in order to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not using cannabis for a while, I need to use cannabis in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

13. In the past 12 months, did you find it difficult to keep from using cannabis in places where it was prohibited?

1☐ No
2☐ Yes

14. Please check the one box below that describes you best.

1☐ I use cannabis according to a routine or schedule (every weekend, before going to bed)
2☐ I use cannabis spontaneously whenever I feel that I need or want it (with friends, to relax)
3☐ I use cannabis all day (a few puffs throughout the day)

15. Check the one box below that describes you best. Since the legalization of recreational cannabis use in 2018…

1☐ I did not use cannabis at all → **Go to Question 17**
2☐ My use of cannabis remained stable → **Go to Question 17**
3☐ My use of cannabis increased → **Go to Question 17**
4☐ My use of cannabis decreased
5☐ I used cannabis but then quit

16. Please think about the reasons that you quit or decreased your cannabis use since the legalization of recreational cannabis use. Indicate the extent to which you agree with each of the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Using cannabis didn't fit who I wanted to be	1☐	2☐	3☐	4☐	5☐
I had concerns about health problems	1☐	2☐	3☐	4☐	5☐
People close to me were upset with my cannabis use or nagging me	1☐	2☐	3☐	4☐	5☐
Using cannabis was not acceptable in my social circle	1☐	2☐	3☐	4☐	5☐
To show myself that I can quit/cut back	1☐	2☐	3☐	4☐	5☐
I wanted to get more things done	1☐	2☐	3☐	4☐	5☐
I wanted to be able to think more clearly	1☐	2☐	3☐	4☐	5☐
There was a drug testing policy at work	1☐	2☐	3☐	4☐	5☐
I wanted to set a good example for children who live with me	1☐	2☐	3☐	4☐	5☐
I wanted to save money	1☐	2☐	3☐	4☐	5☐
I experienced sexual dysfunction	1☐	2☐	3☐	4☐	5☐
I lost interest in getting high	1☐	2☐	3☐	4☐	5☐

YOUR CIGARETTE USE

17. Please check the one box below that describes you best.

1. ☐ I have never smoked a cigarette in my life, even just a puff → **Go to Question 31**
2. ☐ I have smoked cigarettes, but not in the past 12 months → **Go to Question 29**
3. ☐ I smoked cigarettes once or a couple of times in the past 12 months
4. ☐ I smoke cigarettes once or a couple of times each month
5. ☐ I smoke cigarettes once or a couple of times each week
6. ☐ I smoke cigarettes every day

18. Did you smoke cigarettes (even just a puff) in the past 3 months?

1. ☐ No → **Go to Question 25**
2. ☐ Yes

19. During _____ (last month), 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
10. ☐ Don't know

20. On the days that you smoked during _____ (last month), 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
10. ☐ Don't know

21. During _____ (2 months ago), 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
10. ☐ Don't know

22. On the days that you smoked during _____ (2 months ago), 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
10. ☐ Don't know

23. During _____ (3 months ago), 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
10 ☐ Don't know

24. On the days that you smoked during_____ (3 months ago), 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
10 ☐ Don't know

25. Do you smoke cigarettes now because it's really hard to quit?

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

26. When you cut down or stop using cigarettes, or when you are not able to smoke for a long period (like most of the day), how often do you experience…?

	Never	Rarely	Sometimes	Often
Feeling irritable or angry	1☐	2☐	3☐	4☐
Feeling restless	1☐	2☐	3☐	4☐
Feeling nervous, anxious, or tense	1☐	2☐	3☐	4☐
Trouble concentrating	1☐	2☐	3☐	4☐
Feeling a strong urge or need to smoke	1☐	2☐	3☐	4☐

27. How true are each of the following statements for you?

	Not at all true	A bit true	Very true
I avoid going to a friend's house where you're not allowed to smoke even though I might enjoy hanging out with them	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☐
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** ☐ I've never felt nauseated or ill from smoking	1☐	2☐	3☐
I spend a lot of time getting cigarettes (going out of my way to buy cigarettes)	1☐	2☐	3☐
I've stopped hanging out with certain people because of my smoking	1☐	2☐	3☐

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

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

29. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for cigarettes without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave cigarettes	1☐	2☐	3☐	4☐	5☐
My urges keep getting stronger if I don't smoke cigarettes	1☐	2☐	3☐	4☐	5☐
Tobacco products control me	1☐	2☐	3☐	4☐	5☐
My cigarette use is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to smoke cigarettes right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without smoking cigarettes	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost smoking cigarettes without thinking about it	1☐	2☐	3☐	4☐	5☐
Smoking cigarettes would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
Smoking cigarettes helps me think better	1☐	2☐	3☐	4☐	5☐
I would feel alone without my cigarettes	1☐	2☐	3☐	4☐	5☐
I would find it really hard to stop smoking cigarettes	1☐	2☐	3☐	4☐	5☐
I would find it hard to stop smoking cigarettes for a week	1☐	2☐	3☐	4☐	5☐
After not smoking cigarettes for a while, I need to smoke cigarettes in order to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not smoking cigarettes for a while, I need to smoke cigarettes in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

30. In the past 12 months, did you find it difficult to keep from smoking cigarettes in places where it was prohibited?

1☐ No

2☐ Yes

YOUR ALCOHOL USE

31. In the past 12 months, how often did you have a drink containing alcohol?

1☐ Never → **Go to Question 37**
2☐ Less than monthly
3☐ Monthly
4☐ Once per week
5☐ 2-3 times per week
6☐ 4-6 times per week
7☐ Daily

32. How many standard drinks containing alcohol do you have on a typical day when drinking? NOTE: *A standard drink is one 12 fluid oz (341 mL) can of 5% alcohol content beer, one 5 fl oz (142 mL) glass of 12% alcohol content wine or one 1.25 fl oz (43 mL) shot of 80 proof (40% alcohol content) whiskey or other hard liquor. For example, a 1.18L "strong beer" would count as 3.5 standard drinks.*

1☐ 1 drink
2☐ 2 drinks
3☐ 3 drinks
4☐ 4 drinks
5☐ 5 to 6 drinks
6☐ 7 to 9 drinks
7☐ 10 or more drinks

33. *Women*: In the past 12 months, how often have you had 4 or more standard drinks on a single occasion?
***Men*: In the past 12 months, how often have you had 5 or more standard drinks on a single occasion?**

1☐ Never → **Go to Question 35**
2☐ Less than monthly
3☐ Monthly
4☐ Once per week
5☐ 2-3 times per week
6☐ 4-6 times per week
7☐ Daily

34. How often do you have 6 or more drinks on one occasion?

1☐ Never
2☐ Less than monthly
3☐ Monthly
4☐ Weekly
5☐ Daily or almost daily

35. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for a drink without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave alcohol	1☐	2☐	3☐	4☐	5☐

My urges keep getting stronger if I don't use alcohol	1☐	2☐	3☐	4☐	5☐
Alcohol controls me	1☐	2☐	3☐	4☐	5☐
My drinking is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to drink right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without drinking	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost drinking without thinking about it	1☐	2☐	3☐	4☐	5☐
Drinking would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
Drinking helps me think better	1☐	2☐	3☐	4☐	5☐
I would feel alone without alcohol	1☐	2☐	3☐	4☐	5☐
I would find it really hard to stop drinking	1☐	2☐	3☐	4☐	5☐
I would find it hard to stop drinking for a week	1☐	2☐	3☐	4☐	5☐
After not drinking for a while, I need to drink in order to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not drinking for a while, I need to drink in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

36. In the past 12 months, did you find it difficult to keep from drinking alcohol in places where it was prohibited?

1☐ No
2☐ Yes

YOUR USE OF OTHER SUBSTANCES

37. 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
Vape electronic cigarettes without nicotine	1☐	2☐	3☐	4☐	5☐
Vape electronic cigarettes with nicotine	1☐	2☐	3☐	4☐	5☐
Use tobacco products other than combustible cigarettes such as cigars, cigarillos, little cigars, bidis, chewing tobacco, snuff, waterpipe (hookah, nargileh, shisha), snus, dissolvable tobacco	1☐	2☐	3☐	4☐	5☐
Use pain relief pills without a prescription or without a doctor telling you to take them (OxyContin)	1☐	2☐	3☐	4☐	5☐
Use cocaine, speed, ecstasy, hallucinogens, heroin or other similar drugs	1☐	2☐	3☐	4☐	5☐

SMOKING OR VAPING AT HOME

38. Please think about people who smoke or vape inside your home. How many people including you, smoke or vape each of the products listed below inside your home every day or almost every day?

Combustible cigarettes	8888☐ None	OR	people
Electronic cigarettes (e-cigarette, vape pen, e-pen)	8888☐ None	OR	people

Cigars, cigarillos, little cigars, bidis	8888☐ None	OR	people
Cannabis smoked in a joint, bong, pipe or blunt	8888☐ None	OR	people
Cannabis vaped in an e-cigarette, e-pen, weed pen	8888☐ None	OR	people
Other (specify)	8888☐ None	OR	people

YOUR DIET

39A. How many servings of fruits and vegetables do you usually eat each day? A serving is 1/2 cup of cooked vegetables, 1 cup of salad, a piece of fruit, 3/4 cup of 100% fruit juice.

1☐ 0 servings
2☐ 1 serving
3☐ 2 servings
4☐ 3 servings
5☐ 4 servings
6☐ 5 servings
7☐ 6 or more servings

39B. A protein-rich food is any food that contains a high amount of protein, such as meat, fish, eggs, dairy products, legumes, nuts and seeds. How often do you consume protein-rich foods each day?

1☐ Never
2☐ Rarely (with one meal per day)
3☐ Sometimes (with two meals per day)
4☐ Often (with three meals per day)
5☐ Very often (with every meal and snack per day)

40. In the past 12 months, how often did you use a smartphone APP to track your food intake (My Fitness Pal, Carbon Diet Coach, Lifesum, Noom)?

1☐ Never → **Go to Question 42**
2☐ Less than once a month
3☐ 1-3 times per month
4☐ 1-6 times per week
5☐ Every day

41. Did you use the food tracking app to help you…?

1☐ Lose weight
2☐ Gain weight
3☐ Maintain your weight
4☐ Other (specify) _____

YOUR SLEEP

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

_____ hour _____ minutes

43. In the past month, how long did it usually take you to fall asleep at night?

_____ minutes

44. In the past month, what time did you usually get up in the morning?

_____ hour _____ minutes

45. In the past month, how many hours of actual sleep did you usually get at night?

_____ hours

46. Think about your sleep in the past month. How often did you experience each of the following?

	Never	Less than once a week	1-2 times per week	3 or more times per week
Unable to get to sleep within 30 minutes	1☐	2☐	3☐	4☐
Woke up in the middle of the night or early morning	1☐	2☐	3☐	4☐
Had to get up to use the bathroom	1☐	2☐	3☐	4☐
Could not breathe comfortably	1☐	2☐	3☐	4☐
Coughed or snored loudly	1☐	2☐	3☐	4☐
Felt too cold	1☐	2☐	3☐	4☐
Felt too hot	1☐	2☐	3☐	4☐
Had bad dreams	1☐	2☐	3☐	4☐
Had pain	1☐	2☐	3☐	4☐
Took prescribed or over-the-counter medication to help you sleep	1☐	2☐	3☐	4☐
Had trouble staying awake while driving, eating meals, engaging in social activities	1☐	2☐	3☐	4☐

47. In the past month, has it been a problem for you to keep up enough enthusiasm to get things done?

1☐ No problem at all
2☐ Only a very slight problem
3☐ Somewhat of a problem
4☐ A very big problem

YOUR PHYSICAL AND MENTAL HEALTH

48. In general, how would you rate…?

	Poor	Fair	Good	Very good	Excellent
Your health in general	1☐	2☐	3☐	4☐	5☐
Your physical health	1☐	2☐	3☐	4☐	5☐
Your mental health	1☐	2☐	3☐	4☐	5☐
The quality of your sleep in the past month	1☐	2☐	3☐	4☐	5☐

The quality of your diet in the past month	1☐	2☐	3☐	4☐	5☐

49. Has a health professional ever diagnosed that you have any of the following? If yes, how old were you when first diagnosed? Are you currently taking medication prescribed by a health profession for this condition?

	Ever diagnosed		Age first diagnosed	Currently taking prescribed medication for condition	
	No	Yes		No	Yes
Asthma	1☐	2☐	years old	1☐	2☐
Mood disorder (depression, bipolar disorder)	1☐	2☐	years old	1☐	2☐
Anxiety disorder (phobia, fear of social situations, obsessive-compulsive disorder, panic disorder, generalized anxiety disorder)	1☐	2☐	years old	1☐	2☐
Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)	1☐	2☐	years old	1☐	2☐
Autism spectrum disorder	1☐	2☐	years old	1☐	2☐
Eating disorder (anorexia, bulimia)	1☐	2☐	years old	1☐	2☐
Back problems	1☐	2☐	years old	1☐	2☐
Cholesterol or lipid problems	1☐	2☐	years old	1☐	2☐
Diabetes	1☐	2☐	years old	1☐	2☐
High blood pressure	1☐	2☐	years old	1☐	2☐
Migraine headaches	1☐	2☐	years old	1☐	2☐
Chronic Obstructive Pulmonary Disease (COPD)	1☐	2☐	years old	1☐	2☐
Heart disease	1☐	2☐	years old	1☐	2☐
Stroke	1☐	2☐	years old	1☐	2☐
Cancer	1☐	2☐	years old	1☐	2☐
Other (specify) _____	1☐	2☐	years old	1☐	2☐

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

	No	Yes
Codeine, Demerol or morphine	1☐	2☐
Nasal spray	1☐	2☐
Arthritis medicine (anti-inflammatories)	1☐	2☐
Allergy medicine (Allegra, Reactine)	1☐	2☐
Medication to lose weight (Ozempic, Fastin, Contrave, Saxenda, Xenical, Wegovy)	1☐	2☐

YOUR RESPIRATORY HEALTH

A

1☐ I only get breathless with strenuous exercise

2☐ I get short of breath when hurrying on level ground or walking up a slight hill

3☐ I walk slower on level ground than other people my age because of breathlessness or I have to stop for breath when walking at my own pace on level ground

4☐ I stop for breath after walking about 100 yards (300 feet; 91 meters) or after a few minutes walking on level ground

5☐ I am too breathless to leave the house or when dressing

52. In the past 12 months, did you cough up phlegm (mucus) on most days for 3 or more consecutive months?

1☐ No → **Go to Question 54**

2☐ Yes

53. For how many years have you coughed up phlegm (mucus) like this?

_____ years

54. For each item below, read the two anchors on either side of the boxes, and then check the one box that best describes you now. NOTE: *the left-hand column reflects absence of respiratory symptoms, and the columns to the right reflect an increasing presence of symptoms.*

I never cough	0☐	1☐	2☐	3☐	4☐	5☐	I cough all the time
I have no phlegm (mucus) in my chest at all	0☐	1☐	2☐	3☐	4☐	5☐	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	0☐	1☐	2☐	3☐	4☐	5☐	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	0☐	1☐	2☐	3☐	4☐	5☐	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	0☐	1☐	2☐	3☐	4☐	5☐	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	0☐	1☐	2☐	3☐	4☐	5☐	I am not at all confident leaving my home because of my lung condition
I sleep soundly	0☐	1☐	2☐	3☐	4☐	5☐	I don't sleep soundly because of my lung condition
I have lots of energy	0☐	1☐	2☐	3☐	4☐	5☐	I have no energy at all

55. In the past 12 months, how many times did you miss work or other activities because of breathing problems (a cold, bronchitis, pneumonia, breathlessness)?

_____ times

56. In the past 12 months, how many times did you did you visit an Emergency Department because of breathing problems (a cold, bronchitis, pneumonia, breathlessness)?

_____ times

YOUR PSYCHOLOGICAL HEALTH

57. Think 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

58. In the past 12 months, how often have you worried that you might have a memory or thinking problem?

[1]☐ Never
[2]☐ Rarely
[3]☐ Sometimes
[4]☐ Often
[5]☐ Very often

59. In the past month, how often did you feel…?

	Never	Rarely	Sometimes	Often	Most of the time	Always
Happy	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
Interested in life	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
Satisfied	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
You had something important to contribute to society	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
You belonged to a community (like a social group, or your neighborhood)	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
That our society is a good place, or is becoming a better place, for all people	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
That people are basically good	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
That the way our society works makes sense to you	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
That you liked most parts of your personality	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
Good at managing the responsibilities of your daily life	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
You had warm and trusting relationships with others	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
You had experiences that challenged you to grow and become a better person	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
Confident to think or express your own ideas and opinions	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐
Your life has a sense of direction or meaning to it	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐

60. People react to difficult, stressful, or upsetting situations in different ways. How often do you do each of the following when you experience such a situation?

	Never	Rarely	Sometimes	Often	Very often
Focus on the problem and see how I can solve it	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Blame myself for having gotten into this situation	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Treat myself to a favorite food or snack	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Think about how I have solved similar problems	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Feel anxious about not being able to cope	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Go out for a snack or meal	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Determine a course of action and follow it	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Blame myself for being too emotional about the situation	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

Buy myself something	1☐	2☐	3☐	4☐	5☐
Work to understand the situation	1☐	2☐	3☐	4☐	5☐
Become very upset	1☐	2☐	3☐	4☐	5☐
Visit a friend	1☐	2☐	3☐	4☐	5☐
Take corrective action immediately	1☐	2☐	3☐	4☐	5☐
Blame myself for not knowing what to do	1☐	2☐	3☐	4☐	5☐
Spend time with someone special to me	1☐	2☐	3☐	4☐	5☐
Think about the event and learn from my mistakes	1☐	2☐	3☐	4☐	5☐
Wish that I could change what has happened or how I felt	1☐	2☐	3☐	4☐	5☐
Phone a friend	1☐	2☐	3☐	4☐	5☐
Analyze the problem before reacting	1☐	2☐	3☐	4☐	5☐
Focus on my general inadequacies	1☐	2☐	3☐	4☐	5☐
Take time off and get away from the situation	1☐	2☐	3☐	4☐	5☐

61. In the past 2 weeks, how often have you been bothered by…?

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	1☐	2☐	3☐	4☐
Not being able to stop or control worrying	1☐	2☐	3☐	4☐
Worrying too much about different things	1☐	2☐	3☐	4☐
Trouble relaxing	1☐	2☐	3☐	4☐
Being so restless that it's hard to sit still	1☐	2☐	3☐	4☐
Becoming easily annoyed or irritable	1☐	2☐	3☐	4☐
Feeling afraid as if something awful might happen	1☐	2☐	3☐	4☐

62. In the past 2 weeks, how much of the time have you…?

	At no time	Some of the time	Slightly less than 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☐

63. Please think about how you typically act towards yourself in difficult times. How often you react or behave in the following ways?

	Almost never 1	2	3	4	Almost always 5
When I fail at something important to me, I become consumed by feelings of inadequacy	1☐	2☐	3☐	4☐	5☐
I try to be understanding and patient towards those aspects of my personality I don't like	1☐	2☐	3☐	4☐	5☐
When something painful happens, I try to take a balanced view of the situation	1☐	2☐	3☐	4☐	5☐
When I'm feeling down, I tend to feel like most other people are probably happier than I am	1☐	2☐	3☐	4☐	5☐
I try to see my failings as part of the human condition	1☐	2☐	3☐	4☐	5☐
When I'm going through a very hard time, I give myself the caring and tenderness I need	1☐	2☐	3☐	4☐	5☐
When something upsets me, I try to keep my emotions in balance	1☐	2☐	3☐	4☐	5☐
When I fail at something that's important to me, I tend to feel alone in my failure	1☐	2☐	3☐	4☐	5☐
When I'm feeling down, I tend to obsess and fixate on everything that's wrong	1☐	2☐	3☐	4☐	5☐
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people	1☐	2☐	3☐	4☐	5☐
I'm disapproving and judgmental about my own flaws and inadequacies	1☐	2☐	3☐	4☐	5☐
I'm intolerant and impatient towards those aspects of my personality I don't like	1☐	2☐	3☐	4☐	5☐

YOUR SOCIAL SUPPORT

64. Social support is the assistance or comfort that you receive from other people to help you cope with challenges. Currently, how satisfied are you with…

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
The **amount** of social support that you receive	1☐	2☐	3☐	4☐	5☐
The **quality** of social support that you receive	1☐	2☐	3☐	4☐	5☐

OUTDOOR TIME

The following questions ask about time you have spent outdoors in green and natural spaces such as…

- **green spaces in towns and cities (parks, public gardens)**
- **the countryside (farmland, forests, hills, mountains)**
- **the coast (beaches, shores, cliffs)**
- **bodies of water (lakes, rivers, sea, ocean)**

Please include all time spent outdoors, of any duration, including short trips to the park, dog walking.

65. In the last 12 months, how often did you spend time outdoors in green and natural spaces…?

	Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week
As part of your job	1☐	2☐	3☐	4☐	5☐	6☐
For transportation/commuting to work, to go shopping (walk, run, bicycle)	1☐	2☐	3☐	4☐	5☐	6☐
As part of your active leisure activities (walking, hiking, climbing, kayaking, skiing)	1☐	2☐	3☐	4☐	5☐	6☐
As part of your inactive or sedentary leisure activities (reading, meditating, having lunch)	1☐	2☐	3☐	4☐	5☐	6☐

66. When spending leisure time being active outdoors in green and natural spaces (walking, hiking, climbing, kayaking, skiing), is it usually…? Choose the most frequent context.

0☐ I never spend leisure time being active outdoors in green and natural spaces

1☐ Alone

2☐ With one other person (colleague, friend, family member)

3☐ With two or more people

67. When spending leisure time being inactive or sedentary outdoors in green and natural spaces (reading, meditating, having lunch), is it usually…? Choose the most frequent context.

0☐ I never spend leisure time being inactive or sedentary outdoors in green and natural spaces

1☐ Alone

2☐ With one other person (colleague, friend, family member)

3☐ With two or more people

68. These questions ask how you feel about being active in nature. Indicate the extent to which you agree with each of the following.

	Strongly disagree	Disagree	Agree	Strongly agree
Being active outdoors in nature helps me think more clearly	1☐	2☐	3☐	4☐
Being active outdoors in nature makes me healthier	1☐	2☐	3☐	4☐
When I'm angry, being active outdoors in nature calms me down	1☐	2☐	3☐	4☐
I learn new things when I am active outdoors in nature	1☐	2☐	3☐	4☐
I feel like I have freedom when I am active outdoors in nature	1☐	2☐	3☐	4☐
I like to explore new places outdoors in nature	1☐	2☐	3☐	4☐

I am afraid of getting lost outdoors in nature	1☐	2☐	3☐	4☐
I don't like being active outdoors in nature because there are strangers	1☐	2☐	3☐	4☐
I am afraid of wild animals or insects outdoors in nature	1☐	2☐	3☐	4☐
I am afraid of getting hurt if I am active outdoors in nature	1☐	2☐	3☐	4☐

YOUR PHYSICAL ACTIVITY

69. Which statement best describes your usual daily activities or work habits in the past month?

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

70. In the last 7 days, on how many days did you do <u>vigorous</u> physical activities (aerobics, fast bicycling, running) for at least 10 minutes at a time? Do not include walking or resistance/weight training.

0☐ None → **Go to Question 72**
_____ day(s) in the last 7 days

71. On the days that you did <u>vigorous</u> physical activities, how many minutes did you usually spend per day?

_____ minutes per day

72. In the last 7 days, on how many days did you do <u>moderate</u> physical activities (carrying light loads, bicycling at a regular pace, doubles tennis) for at least 10 minutes? Do not include walking or resistance/weight training.

0☐ None → **Go to Question 74**
_____ day(s) in the last 7 days

73. On the days that you did <u>moderate</u> physical activities, how many minutes did you usually spend per day?

_____ minutes per day

74. 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 76**
_____ day(s) in the last 7 days

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

_____ minutes per day

76. In the last 7 days, how much time did you spend sitting (including time spent at work, at home, and during leisure time) on a weekday? Please answer in hours or in minutes.

_____ hours per day
OR
_____ minutes per day

77. In the last 7 days, on how many days did you do resistance training or strength exercises (lifting weights, push ups, sit ups, resistance bands)?

[0]☐ None → **Go to Question 80**

_____ day(s) in the last 7 days

78. On the days that you did resistance training or strength exercises, how many minutes did you usually spend per day?

_____ minutes per day

79. In the past 12 months, what kinds of resistance training did you engage in? Check all that apply.

	No	Yes
Training in overall physical well-being, fitness and muscle strength (general health and strength)	[1]☐	[2]☐
Building muscle and/or changing body shape (bodybuilding)	[1]☐	[2]☐
Building strength and technique in the barbell squat, bench and deadlift (powerlifting)	[1]☐	[2]☐
Building strength and technique in the snatch and clean & jerk (Olympic weightlifting)	[1]☐	[2]☐
Building strength and technique in Strong (Wo)Man events (Atlas stones, log pressing, farmer's walk, tire flipping)	[1]☐	[2]☐
Engaging in workouts that combine weightlifting, gymnastics and high-intensity interval training (HIIT) (crossfit©, functional fitness)	[1]☐	[2]☐
Other (specify)	[1]☐	[2]☐

80. 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
Participate in an organized team sports in which you practice with teammates and/or play against other teams	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Participate in a physical activity with at least one other person, excluding organized team sports (e.g. yoga class, running club, playing tennis with a friend)	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Participate in an individual physical activity practiced alone	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Participate in individual physical activity with a pet	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Use a smartphone APP (Google Fit, Runkeeper, Strava) or wear a fitness device (Fitbit, Garmin, Apple Watch) to track your physical activity	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Play active video games (exergame) using an APP, fitness equipment or a console (Nintendo Switch, Pokémon GO, Peloton)	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

YOUR SCREEN TIME

81. Please think about your use of the Internet for non-work-related purposes. *Using the Internet* refers to using a computer or an electronic device (cell phone, tablet) to browse the web, use social media, stream video content, play video games. How often…?

	Never	Rarely	Sometimes	Often	Very often
Do you find it difficult to stop using the Internet	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

Do others (partner, children, parents, friends) say you should use the Internet less	1☐	2☐	3☐	4☐	5☐
Are you short of sleep because of using the Internet	1☐	2☐	3☐	4☐	5☐
Do you neglect your daily obligations (work, family life) because you prefer to use the Internet	1☐	2☐	3☐	4☐	5☐
Do you use the Internet because you are feeling down	1☐	2☐	3☐	4☐	5☐

82. In the past 12 months, did you find it difficult to keep from using the Internet in places where it was prohibited?

1☐ No

2☐ Yes

83. How many hours per day do you usually spend in front of a screen (computer, hand-held device) for work or for school? Write "0" if none. Write 0.5 if less than ½ hour.

On weekdays, I usually spend _____ hour(s) per day in front of a screen for work or school

On weekends, I usually spend _____ hour(s) per day in front of a screen for work or school

84. During your leisure time, how many hours per day do you usually spend in front of a screen (computer, TV, hand-held device)? Write "0" if none. Write 0.5 if less than ½ hour.

On weekdays, I usually spend _____ hour(s) per day in front of a screen in my leisure time

On weekends, I usually spend _____ hour(s) per day in front of a screen in my leisure time

85. How many hours per day do you usually spend on social media (Facebook, Twitter, Instagram, Snapchat, TikTok) posting and/or browsing? Write "0" if none. Write 0.5 if less than ½ hour.

On weekdays, I usually spend _____ hour(s) per day posting and/or browsing on social media

On weekends, I usually spend _____ hour(s) per day posting and/or browsing on social media

86. Please think about your use of the Internet for non-work-related purposes. *Using the Internet* refers to using a computer or an electronic device (cell phone, tablet) to browse the web, use social media, stream video content or play video games. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself using the Internet without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave using the Internet	1☐	2☐	3☐	4☐	5☐
My urges keep getting stronger if I don't use the Internet	1☐	2☐	3☐	4☐	5☐
The Internet controls me	1☐	2☐	3☐	4☐	5☐
My use of the Internet is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to use the Internet right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without using the Internet	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost using the Internet without thinking about it	1☐	2☐	3☐	4☐	5☐
Using the Internet would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
The Internet helps me think better	1☐	2☐	3☐	4☐	5☐

I would feel alone without using the Internet	1☐	2☐	3☐	4☐	5☐
I would find it really hard to stop using the Internet during my leisure time	1☐	2☐	3☐	4☐	5☐
I would find it hard to stop using the Internet during my leisure time for a week	1☐	2☐	3☐	4☐	5☐
After not using the Internet for a while, I need to use it to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not using the Internet for a while, I need to use it to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

YOUR BODY

87. Are you or your partner currently pregnant?

1☐ No/not applicable
2☐ Yes, I am pregnant
3☐ Yes, my partner is pregnant

88. The following questions ask about how you feel about your appearance. How often do you feel each of the following?

	Never	Rarely	Sometimes	Often	Always
I feel ashamed of my appearance	1☐	2☐	3☐	4☐	5☐
I feel guilty that I don't do more to improve my appearance	1☐	2☐	3☐	4☐	5☐
I feel embarrassed about my appearance	1☐	2☐	3☐	4☐	5☐
I am proud of my appearance because it reflects my hard work	1☐	2☐	3☐	4☐	5☐
When I compare my appearance to others, I feel envy	1☐	2☐	3☐	4☐	5☐
My appearance is superior to others	1☐	2☐	3☐	4☐	5☐

89. Do you consider yourself to be…?

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

90. How much do you weigh?

_____ pounds

OR

_____ kilograms

91. How tall are you without your shoes on? Please complete in imperial (feet, inches) or in metric (meters, centimeters).

_____ feet _____ inches

OR

_____ meters _____ cm

92. Currently, what are you doing about your weight?

[1]☐ I'm trying to lose weight
[2]☐ I'm trying to gain weight
[3]☐ I want to maintain my weight
[4]☐ I'm not doing anything about my weight

93. In the past 12 months, how often did people in your life…?

	Never	Rarely	Sometimes	Often	Always
Make negative comments about your weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Encourage you to lose weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Encourage you to gain weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Make positive comments about your weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

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

	Never	Rarely	Sometimes	Often	Always
Make negative comments about other people's weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Encourage others to lose weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Encourage others to gain weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Make positive comments about other people's weight	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

DISCRIMINATION

The following questions ask about how often you have experienced discrimination. Please choose the answers that best describe your experience.

95. How often have you experienced discrimination because of your gender?

[1]☐ Never → **Go to Question 97**
[2]☐ Once in a while
[3]☐ Sometimes
[4]☐ Most of the time
[5]☐ Always

96. How often have you experienced gender discrimination…?

	Never	Once in a while	Sometimes	Most of the time	Always
When getting hired	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
When at school	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
When receiving medical care	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
In public settings	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
In your family	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

97. Sexual orientation refers to how one thinks of oneself in terms of to whom one is romantically or sexually attracted. How often have you experienced discrimination because of your sexual orientation?

[1]☐ Never → **Go to Question 99**
[2]☐ Once in a while
[3]☐ Sometimes
[4]☐ Most of the time
[5]☐ Always

98. How often have you experienced discrimination because of your sexual orientation…?

	Never	Once in a while	Sometimes	Most of the time	Always
When getting hired	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
When at school	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
When receiving medical care	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
In public settings	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
In your family	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

99. How often have you experienced racial discrimination?

[1]☐ Never → **Go to Question 101**
[2]☐ Once in a while
[3]☐ Sometimes
[4]☐ Most of the time
[5]☐ Always

100. How often have you experienced racial discrimination…?

	Never	Once in a while	Sometimes	Most of the time	Always
When getting hired	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
When at school	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
When receiving medical care	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
In public settings	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
In your family	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

DEMOGRAPHICS

101. Do you currently live alone?

[1]☐ No
[2]☐ Yes → **Go to Question 104**

102. Are there any children living with you at your current place of residence?

[1]☐ No → **Go to Question 104**
[2]☐ Yes

103. Please indicate the age of each child that you live with. Write LT 1 if child is less than 1 year.

Age of child 1 _____ years old
Age of child 2 _____ years old
Age of child 3 _____ years old
Age of child 4 _____ years old
Age of child 5 _____ years old
Age of child 6 _____ years old

104. How far have you gone in school?

1☐ Attended high school, but did not graduate
2☐ High school diploma or equivalent
3☐ CEGEP (DEP, DEC), community/technical college, vocational school, apprenticeship training, some other post-secondary education, but did not graduate
4☐ Completed studies in a CEGEP (DEP, DEC), community/technical college, vocational school, apprenticeship training, other post-secondary education
5☐ Attended university, but did not graduate
6☐ Bachelor's degree or university certificate below bachelor's level
7☐ Master's degree or university certificate below Master's level
8☐ PhD or a professional doctorate degree (MD, Pharm.D)
9☐ Other (specify) _____

105. What is your current marital status?

1☐ Single
2☐ Married
3☐ Common law/partnered
4☐ Divorced
5☐ Separated
6☐ Other (specify) _____

106. Have you ever worked at a job or business (paid or unpaid)?

1☐ No → **Go to Question 115**
2☐ Yes

107. Do you currently work at a job or business (paid or unpaid)?

1☐ No → **Go to Question 113**
2☐ Yes

108. How many hours per week do you work?

1☐ 40 hours or more
2☐ 30-39 hours
3☐ 20-29 hours
4☐ Less than 20 hours

109. Which of the following best describes your working schedule?

[1] ☐ Daytime schedule or shift
[2] ☐ Evening shift
[3] ☐ Night shift
[4] ☐ Rotating shift, changing periodically from days to evenings or nights
[5] ☐ Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
[6] ☐ Other (specify) _____

110. How many years have you worked with your present employer or in your current business?

[1] ☐ Less than 1 year
[2] ☐ 1-3 years
[3] ☐ 4-5 years
[4] ☐ 6-10 years
[5] ☐ More than 10 years

111. What is your current job? Please provide as much description as possible (nurse in pediatric ward, factory worker in cheese production; library services; office management; army – infantry; occupational therapist; personal care manager, physiotherapist; high school teacher; programmer - developed computer applications, built virtual servers; senior account manager).

_____

112. The next few questions are about the job in which you have worked the longest. Is the job in which you worked the longest your current job?

[1] ☐ No
[2] ☐ Yes→ **Go to Question 115**

113. How many years did/have you work(ed) in the job in which you worked the longest?

[1] ☐ Less than 1 year
[2] ☐ 1-3 years
[3] ☐ 4-5 years
[4] ☐ 6-10 years
[5] ☐ More than 10 years

114. What was the job in which you worked the longest? Please provide as much description as possible (nurse in pediatric ward, factory worker in cheese production; library services; office management; army – infantry; occupational therapist; personal care manager, physiotherapist; high school teacher; programmer - developed computer applications, built virtual servers; senior account manager).

_____

115. 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
[12]☐ Don't know

116. What is the postal code of your current place of residence?

117. What is the address of your current place of residence?

_____

Number Street Apt City

118. To help us locate you for the next follow-up, what is your…?

Home telephone number _____
Cell phone number _____
Email address 1 _____
Email address 2 _____

119. To help us schedule your appointment for the physical measurements, please indicate your preferred timing from the following. Check all that apply.

[1]☐ Morning
[2]☐ Afternoon
[3]☐ Evening
[4]☐ Weekend
[5]☐ Weekday

120. Would you prefer to schedule your appointment…?

[1]☐ At your place of residence
[2]☐ At the Centre hospitalier de l'Université de Montréal (CHUM)

121. Any comments for us?

_____
_____
_____

122. To make sure you receive your $50 INTERAC transfer, please:

(i) Select the method you would like us to use for the money transfer

☐ Email (insert email address) _____

☐ Text message (insert phone number) _____

(ii) Submit your completed questionnaire

(iii) We will send your money transfer by email or text message. Note that the answer to the security question is: ndit

THANK YOU SO MUCH FOR COMPLETING THIS QUESTIONNAIRE!