



BC GENERATIONS PROJECT
Your time today builds a healthier tomorrow.

***Health and Lifestyle
Questionnaire
For Women***

ID:

This box contains your unique study number

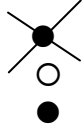
The BC Generations Project is a long-term study, involving people for several decades of their lives. We aim to assemble a large group of British Columbians to find out more about how people develop cancer and other diseases over time.

Directions for Completing This Questionnaire

Shade in the bubbles completely, like this: ●

Write numbers in boxes, like this:

2	3
---	---

If you make an error, put an X through the incorrect bubble, like this: 

Please follow the directions carefully, as you may be asked to skip certain questions that do not apply to you.

We appreciate if you complete the whole survey. However, if you prefer not to answer a question, select “prefer not to answer”.

GENERAL INFORMATION

GN00 Today's date:

d	d
---	---

m	m
---	---

y	y	y	y
---	---	---	---

GN01 What is your date of birth?

d	d
---	---

m	m
---	---

y	y	y	y
---	---	---	---

GN02 What is your sex?

- Female
- Male

HEALTH STATUS

General Health:

GH01 Do you have regular medical check-ups by a doctor, nurse practitioner, or other health care professional?

- Yes
- No
- Don't Know
- Prefer not to answer

GH02 When was the last time you had a regular medical check-up?

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 year to less than 2 years ago
- 2 years to less than 3 years ago
- 3 or more years ago
- I have never had a routine medical check-up
- Don't know
- Prefer not to answer

GH03 In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Prefer not to answer

GH04 Do you have any allergies?

- Yes
- No → skip to **GH06**
- Don't Know → skip to **GH06**
- Prefer not to answer → skip to **GH06**

GH05 If yes, do you currently have allergies to any of the following? **Select all that apply.**

- Cats, dogs or other animals
- Foods
- Insect bites or stings
- Latex
- Medications
- Metal - Jewellery
- Mold or dust
- Plants, grasses or trees [e.g. pollen]
- Other
- Don't Know
- Prefer not to answer

GH06 Has a doctor ever told you that you had broken any bones **after the age of 40**?

- Yes
- No → skip to **GH08**
- Don't Know → skip to **GH08**
- Prefer not to answer → skip to **GH08**

GH07 If **yes**, which bone(s)? Select all that apply.

- | | |
|---|--|
| <input type="radio"/> Ankle | <input type="radio"/> Pelvis |
| <input type="radio"/> Arm | <input type="radio"/> Rib |
| <input type="radio"/> Foot or toe(s) | <input type="radio"/> Wrist |
| <input type="radio"/> Hand or finger(s) | <input type="radio"/> Other |
| <input type="radio"/> Hip | <input type="radio"/> Don't Know |
| <input type="radio"/> Leg | <input type="radio"/> Prefer not to answer |

GH08 Have you ever had a head injury which knocked you out or left you dazed, confused, or disoriented?

- Yes
- No → skip to **GH10**
- Don't Know → skip to **GH10**
- Prefer not to answer → skip to **GH10**

GH09 If **yes**, how many head injuries have you suffered?

- Number of head injuries
- Don't Know
 - Prefer not to answer

GH10 Think back to the time you were **18 years old**. How much did you weigh then?

- Pounds
- OR**
- Kilograms
- Don't know
 - Prefer not to answer

Oral Health:

The following questions ask you about your oral health. Please note that by “mouth”, we mean teeth or dentures, tongue, gums, lips and jaw joints.

OH01 When was the last time you saw a dental professional, including dentist or hygienist?

- | | |
|--|--|
| <input type="radio"/> Less than 6 months ago | <input type="radio"/> 3 or more years ago |
| <input type="radio"/> 6 months to less than 1 year ago | <input type="radio"/> Never |
| <input type="radio"/> 1 year to less than 2 years ago | <input type="radio"/> Don't know |
| <input type="radio"/> 2 years to less than 3 years ago | <input type="radio"/> Prefer not to answer |

OH02 When did you last have your mouth checked for oral cancer? (An oral cancer exam is when a dental or health professional pulls out your tongue, sometimes with a gauze wrapped around it, to look and feel under the tongue and inside all areas of the mouth for suspicious bumps, sores, white or red patches).

- | | |
|---|--|
| <input type="radio"/> Within the last year | <input type="radio"/> Never |
| <input type="radio"/> 1 to 2 years | <input type="radio"/> Don't know |
| <input type="radio"/> More than 2 years ago | <input type="radio"/> Prefer not to answer |

OH03 In the past 12 months, have you avoided going to a dental professional because of the cost of dental care?

- Yes
- No
- Don't Know
- Prefer not to answer

OH04 In the past year, have you seen any news or ads telling you about oral cancer?

- Yes
- No
- Don't Know
- Prefer not to answer

OH05 At your last dental visit, did someone ask you about tobacco or alcohol use?

- | | |
|--|--|
| <input type="radio"/> Yes, tobacco only | <input type="radio"/> I have never gone to a dentist |
| <input type="radio"/> Yes, tobacco and alcohol | <input type="radio"/> Don't know |
| <input type="radio"/> Yes, alcohol only | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> No, neither was asked | |

Women's Health:

WH01 How old were you when you had your first menstrual period?

age

- I have never had a menstrual period
- Don't Know
- Prefer not to answer

WH02 Have you **ever** used any of the following hormonal birth control methods for any reason? **Select all that apply.**

- I have never used hormonal birth control methods → skip to **WH07**
- Birth control pills
- Contraceptive patch
- Contraceptive ring
- Depo-Provera injections
- Intra-uterine device with hormones
- Other
- Don't Know → skip to **WH07**
- Prefer not to answer → skip to **WH07**

WH03 At what age did you first start using any birth control methods?

age

- Don't Know
- Prefer not to answer

WH04 Are you **currently** using any of the following hormonal birth control methods? **Select all that apply.**

- Birth control pills → skip to **WH07**
- Contraceptive patch → skip to **WH07**
- Contraceptive ring → skip to **WH07**
- Depo-Provera injections → skip to **WH07**
- Intra-uterine device with hormones → skip to **WH07**
- Other → skip to **WH07**
- I am not currently using hormonal birth control methods
- Don't Know → skip to **WH07**
- Prefer not to answer → skip to **WH07**

WH05 If you no longer take them, at what age did you **stop** using hormonal birth control methods?

age

WH06 In total, how long did you use or have you been using a hormonal birth control method?

weeks **OR** months **OR** years

WH07 How many times have you been pregnant, including live births, still births, spontaneous miscarriage or abortions?

pregnancies

- I have never been pregnant → skip to **WH14**
- Don't Know → skip to **WH14**
- Prefer not to answer → skip to **WH14**

WH08 How many of these pregnancies went to 20 weeks or more?

pregnancies

- None
- Don't Know
- Prefer not to answer

WH09 How old were you at the time of your first pregnancy?

age

- Don't Know
- Prefer not to answer

WH10 How old were you at the time of your last pregnancy?

age

- Don't Know
- Prefer not to answer

WH11 How many live births have you had?

live births if 0 → skip to **WH14**

- Don't Know → skip to **WH14**
- Prefer not to answer → skip to **WH14**

WH12 Did you breastfeed any of your children?

- Yes
- No → skip to **WH14**
- Don't Know → skip to **WH14**
- Prefer not to answer → skip to **WH14**

WH13 In total and for all children, for how many months did you breastfeed?

months of breastfeeding

- Don't Know
- Prefer not to answer

WH14 Have you ever received hormone fertility treatment to help you get pregnant?

- Yes
- No → skip to **WH16**
- Don't Know → skip to **WH16**
- Prefer not to answer → skip to **WH16**

WH15 What type of treatment did you receive? If more than one, **select all that apply**.

- In vitro fertilization/Embryo transfer (IVF/ET)
- Medications to make you ovulate
- Other
- Don't Know
- Prefer not to answer

WH16 Do you have any adopted children and/or stepchildren?

- Yes
- No
- Don't Know
- Prefer not to answer

WH17 Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?

- Yes
- No → skip to **WH19**
- Don't know → skip to **WH19**
- Prefer not to answer → skip to **WH19**

WH18 How old were you when your menstrual periods stopped for at least one year and did not restart?

age

- Don't Know
- Prefer not to answer

WH19 Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?

- Yes
- No → skip to **WH23**
- Don't Know → skip to **WH23**
- Prefer not to answer → skip to **WH23**

WH20 Which type of hormone replacement therapy have you used the most?

- Both Estrogen and Progesterone
- Estrogen (e.g. Premarin, Estrace)
- Progesterone (e.g. Prometrium, Provera)
- Estrogen gel or cream applied to the skin (e.g. Estraderm, Estrogel)
- Intra-uterine device with progesterone
- Don't know
- Prefer not to answer

WH21 How old were you when you started using hormone replacement therapy?

age

- Don't Know
- Prefer not to answer

WH22 In total, for how long did you use or have you been using hormone replacement therapy?

weeks **OR** months **OR** years

- Don't Know
- Prefer not to answer

WH23 Have you ever had a hysterectomy (removal of the uterus)?

- Yes
- No → skip to **WH25**
- Don't Know → skip to **WH25**
- Prefer not to answer → skip to **WH25**

WH24 How old were you when you had your hysterectomy?

age

- Don't Know
- Prefer not to answer

WH25 Have you ever had an oophorectomy (removal of the ovary)?

- Yes
- No → skip to **WH28**
- Don't Know → skip to **WH28**
- Prefer not to answer → skip to **WH28**

WH26 If yes, was this a single or bilateral oophorectomy?

- Single
- Bilateral (both ovaries removed)
- Don't know
- Prefer not to answer

WH27 How old were you when you had your oophorectomy? If you had more than one surgery, please indicate your age at the time of surgery.

Surgery #1:

age

Surgery #2:

age

- Don't know
- Prefer not to answer

WH28 Have you ever had a tubal ligation (had “your tubes tied”)?

- Yes
- No → skip to **SW01**
- Don't Know → skip to **SW01**
- Prefer not to answer → skip to **SW01**

WH29 How old were you when you had a tubal ligation?

age

- Don't Know
- Prefer not to answer

Screening Tests:

Pap Test

SW01 Have you ever had a Pap test? A pap test is a test performed by a doctor, nurse or nurse practitioner where a sample of cells is taken from the cervix.

- Yes
- No → skip to **SW03**
- Don't know → skip to **SW04**
- Prefer not to answer → skip to **SW04**

SW02 When was the last time you had a Pap test?

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 year to less than 2 years ago
- 2 years to less than 3 years ago
- 3 or more years ago
- Don't Know
- Prefer not to answer

Now please skip to **SW04**

SW03 If you have never had a Pap test, why not? **Select all that apply.**

- Didn't know I needed it
- Too busy
- Don't have a family doctor
- Family doctor hasn't recommended it
- Don't want to know the results
- Don't know where to go
- Pain or discomfort of the procedure
- Embarrassment
- No family history
- Don't Know
- Prefer not to answer

Mammography

SW04 Have you ever had a mammogram? A mammogram is a low-dose x-ray of the breast.

- Yes
- No → skip to **SW07**
- Don't know → skip to **SC01**
- Prefer not to answer → skip to **SC01**

SW05 When was the last time you had a mammogram?

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 year to less than 2 years ago
- 2 years to less than 3 years ago
- 3 or more years ago
- Don't Know
- Prefer not to answer

SW06 If you had a mammogram, why did you have it? **Select all that apply.**

- Family history of breast cancer
- Part of regular check-up/routine screening
- Experiencing signs or symptoms of concern
- Follow-up of breast cancer treatment
- Other
- Don't Know
- Prefer not to answer

Now please skip to **SC01**

SW07 If you have never had a mammogram, why not? **Select all that apply.**

- Didn't know I needed it
- Too busy
- Don't have a family doctor
- Family doctor hasn't recommended it
- Don't want to know the results
- Don't know where to go
- Pain or discomfort of the procedure
- Embarrassment
- No family history
- Fear or radiation
- Don't Know
- Prefer not to answer

Colorectal Screening

SC01 Have you ever had a fecal occult blood test or an FOBT? An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card.

- Yes
- No → skip to **SC04**
- Don't know → skip to **SC05**
- Prefer not to answer → skip to **SC05**

SC02 When was the last time you had an FOBT?

- | | |
|--|--|
| <input type="radio"/> Less than 6 months ago | <input type="radio"/> 3 or more years ago |
| <input type="radio"/> 6 months to less than 1 year ago | <input type="radio"/> Don't Know |
| <input type="radio"/> 1 year to less than 2 years ago | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 2 years to less than 3 years ago | |

SC03 If you had an FOBT, why did you have it? **Select all that apply.**

- | | |
|--|--|
| <input type="radio"/> Family history of colorectal cancer | <input type="radio"/> Follow-up of colorectal cancer treatment |
| <input type="radio"/> Part of regular check-up/routine screening | <input type="radio"/> Other |
| <input type="radio"/> Experiencing signs or symptoms of concern | <input type="radio"/> Don't Know |
| | <input type="radio"/> Prefer not to answer |

Now please skip to **SC05**

SC04 If you have never had an FOBT, why not? **Select all that apply.**

- | | |
|---|---|
| <input type="radio"/> Didn't know I needed it | <input type="radio"/> Pain or discomfort of the procedure |
| <input type="radio"/> Too busy | <input type="radio"/> Embarrassment |
| <input type="radio"/> Don't have a family doctor | <input type="radio"/> No family history |
| <input type="radio"/> Family doctor hasn't recommended it | <input type="radio"/> Don't Know |
| <input type="radio"/> Don't want to know the results | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Don't know where to go | |

SC05 Have you ever had a colonoscopy or sigmoidoscopy? These are tests where a long tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems.

- Yes
- No → skip to **SC08**
- Don't Know → skip to **SC09**
- Prefer not to answer → skip to **SC09**

SC06 When was the last time you had a colonoscopy or sigmoidoscopy?

- | | |
|--|--|
| <input type="radio"/> Less than 6 months ago | <input type="radio"/> 3 or more years ago |
| <input type="radio"/> 6 months to less than 1 year ago | <input type="radio"/> Don't Know |
| <input type="radio"/> 1 year to less than 2 years ago | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 2 years to less than 3 years ago | |

SC07 If you have had a colonoscopy or sigmoidoscopy, why did you have it? **Select all that apply.**

- Family history of colorectal cancer
- Part of regular check-up/routine screening
- Experiencing signs or symptoms of concern
- Follow-up of colorectal cancer treatment
- Follow-up of FOBT
- Other
- Don't Know
- Prefer not to answer

Now please skip to **SC09**

SC08 If you have never had a colonoscopy or sigmoidoscopy, why not? **Select all that apply.**

- Didn't know I needed it
- Too busy
- Don't have a family doctor
- Family doctor hasn't recommended it
- Don't want to know the results
- Don't know where to go
- Pain or discomfort of the procedure
- Embarrassment
- No family history
- Don't Know
- Prefer not to answer

SC09 Have you ever had a colorectal polyp removed?

- Yes
- No
- Don't Know
- Prefer not to answer

BEHAVIOURS

Sleep:

SL01 On average, how many hours per day do you usually sleep? Include time spent napping.

Hours minutes

- Don't Know
- Prefer not to answer

SL02 How often do you have trouble going to sleep or staying asleep?

- | | |
|--|--|
| <input type="radio"/> Never | <input type="radio"/> All of the time |
| <input type="radio"/> Rarely | <input type="radio"/> Don't know |
| <input type="radio"/> Some of the time | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Most of the time | |

SL03 On average, how much light enters your room while you are sleeping?

- Virtually no light (could not see hand in front of face or wore a mask in bed)
- Some light (could see to the end of the bed)
- A lot of light (could almost read without a light)
- Don't know
- Prefer not to answer

Sun Exposure:

SU01 What is your natural hair colour? If your hair is now grey, please select the colour of your hair before it turned grey.

- | | |
|-----------------------------------|--|
| <input type="radio"/> Blonde | <input type="radio"/> Black |
| <input type="radio"/> Red | <input type="radio"/> Don't Know |
| <input type="radio"/> Light Brown | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Dark Brown | |

SU02 What would happen to your skin if it were exposed to bright sunlight for the first time in summer, for one hour in the middle of the day, without any protection? Would you get:

- | | |
|--|--|
| <input type="radio"/> A severe sunburn with blistering | <input type="radio"/> There would be no change |
| <input type="radio"/> A painful sunburn for a few days followed by peeling | <input type="radio"/> Other |
| <input type="radio"/> Mildly burnt followed by tanning | <input type="radio"/> Don't know |
| <input type="radio"/> Darker/brown without any sunburn | <input type="radio"/> Prefer not to answer |

SU03 On **weekdays** in the summer months, how much time are you in the sun between 11am and 4pm?

- | | |
|--|--|
| <input type="radio"/> Less than 30 minutes (includes no time in the sun) | <input type="radio"/> 3 hours to less than 4 hours |
| <input type="radio"/> 30 to 59 minutes | <input type="radio"/> 4 hours or more |
| <input type="radio"/> 1 hour to less than 2 hours | <input type="radio"/> Don't know |
| <input type="radio"/> 2 hours to less than 3 hours | <input type="radio"/> Prefer not to answer |

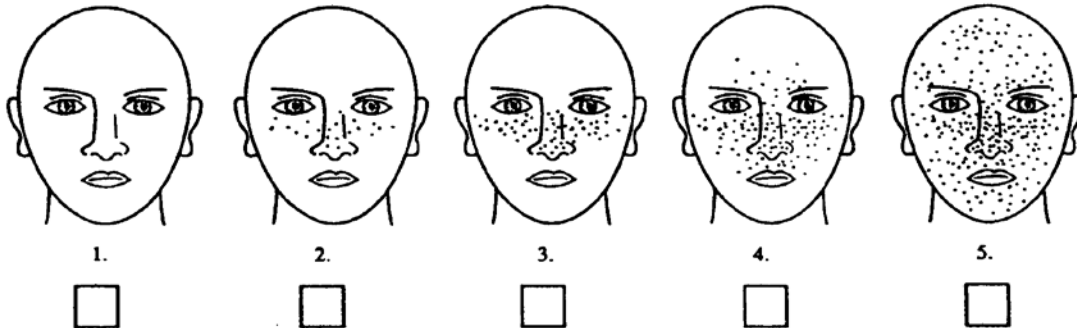
SU04 On **weekends** in the summer months, how much time are you in the sun between 11am and 4pm?

- Less than 30 minutes
(includes no time in the sun)
- 30 to 59 minutes
- 1 hour to less than 2 hours
- 2 hours to less than 3 hours
- 3 hours to less than 4 hours
- 4 hours or more
- Don't Know
- Prefer not to answer

SU05 In the summer months, when you are in the sun for 30 minutes or more, how often do you use sun protection including sunscreen lotion, a hat or protective clothing?

- Never
- Rarely
- Sometimes
- Often
- Always
- Don't Know
- Prefer not to answer

SU06 Which of these diagrams of freckle density is most like you in the summer? Please select the appropriate box.



- Don't Know
- Prefer not to answer

Tobacco Exposure:

The following questions ask you about tobacco smoking. Include both ready-made cigarettes, and ones you roll yourself **but do not include** cigars, cigarillos, marijuana or pipes.

TB01 In your lifetime have you ever smoked a total of 100 cigarettes or more?

- Yes
- No → skip to **TB09**
- Don't know → skip to **TB09**
- Prefer not to answer → skip to **TB09**

TB02 Do you currently smoke cigarettes?

- Yes, on most or all days
- Occasionally (>1 cigarette in the past 30 days but not every day)
- No (No cigarettes at all in the past 30 days) → skip to **TB04**
- Don't Know → skip to **TB04**
- Prefer not to answer → skip to **TB04**

TB03 On average, how many cigarettes do you smoke per day or per week, including hand-rolled cigarettes?

cigarettes per day **OR** cigarettes per week

- Don't Know
- Prefer not to answer

TB04 Currently or in your past have you ever smoked on most or all days?

- Yes
- No → skip to **TB07**
- Don't know → skip to **TB07**
- Prefer not to answer → skip to **TB07**

TB05 How old were you when you first started smoking cigarettes on **most days**?

age

- Don't Know
- Prefer not to answer

TB06 How old were you when you last smoked cigarettes on **most days**?

age

- Don't Know
- Prefer not to answer

TB07 During the period you smoked the most, about how many cigarettes did you smoke?

cigarettes per day **OR** cigarettes per week

- Don't Know
- Prefer not to answer

TB08 How many months or years did the period you smoked the most last?

months **OR** years

- Don't Know
- Prefer not to answer

TB09 In your lifetime, have you ever used other types of tobacco on a regular basis and for a length of at least six months?

- Yes
- No → skip to **ET01**
- Don't know → skip to **ET01**
- Prefer not to answer → skip to **ET01**

TB10 If yes, what other types of tobacco have you ever used? **Select all that apply.**

- Cigars
- Small cigars
- Pipes
- Smokeless tobacco (chewing tobacco and snuff)
- Betel nut
- Paan
- Sheesha
- Other nicotine products
- Don't Know
- Prefer not to answer

TB11 If yes, what other types of tobacco do you currently use? **Select all that apply.**

- Cigars
- Small cigars
- Pipes
- Smokeless tobacco (chewing tobacco and snuff)
- Betel nut
- Paan
- Sheesha
- Other nicotine products
- I do not currently use other nicotine products
- Don't Know
- Prefer not to answer

Environmental Tobacco Smoke:

ET01 **Until the age of 18**, how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

years

- None
- Don't Know
- Prefer not to answer

ET02 In your whole adult life, from age 18 years to now, for how many years did you live with a person who regularly smoked cigarettes, cigars or pipes inside your home?

years → if 0, skip to **ET04**

- Don't Know → skip to **ET04**
- Prefer not to answer → skip to **ET04**

ET03 At home, how often are you **currently** exposed to other people's tobacco smoke?

- Every day
- Almost every day
- At least once a week
- At least once a month
- Never/Rarely
- Don't Know
- Prefer not to answer

ET04 In your whole adult life, for how many years did you work in an environment where other people regularly smoked cigarettes, cigars, or pipes in your presence?

years → if 0, skip to **ET06**

- Don't Know → skip to **ET06**
- Prefer not to answer → skip to **ET06**

ET05 At work, how often are you currently exposed to other people's tobacco smoke?

- Every day
- Almost every day
- At least once a week
- At least once a month
- Never/Rarely
- Don't Know
- Prefer not to answer

ET06 During your leisure time (outside home and work), how often are you usually exposed to other people's tobacco smoke?

- Every day
- Almost every day
- At least once a week
- At least once a month
- Never/Rarely
- Don't Know
- Prefer not to answer

Alcohol Consumption:

The following questions ask you about alcohol. Alcohol includes any type of wine, beer, fermented cider, sake, liquor, coolers, or spirits.

Please note: when we use the word ‘drink’, we mean one 341 ml (12 ounce) bottle of beer or glass of draft, one 142 ml (5 ounce) glass of wine, or one straight or mixed drink with 1 ½ ounces of hard liquor.

AL01 In your lifetime, have you ever consumed alcohol?

- Yes
- No → skip to **DP01**
- Don't Know → skip to **DP01**
- Prefer not to answer → skip to **DP01**

AL02 About how often during the past 12 months did you drink alcohol?

- Almost every day
- 4 to 5 times a week
- 2 to 3 times a week
- Once a week
- 2 to 3 times a month → skip to **AL15**
- About once a month → skip to **AL15**
- Less than once a month → skip to **AL15**
- Never → skip to **AL15**
- Don't Know → skip to **AL15**
- Prefer not to answer → skip to **AL15**

The following questions ask about alcohol you drank on weekdays and weekend days. By weekday, we mean any day that you work (typically Monday to Friday). By weekend day, we mean any day that you don't work (typically Saturday and Sunday).

AL03 On a typical **weekday**, how many glasses of **red wine** do you drink? We will ask about white wine separately. One glass of wine is 142mL or 5 ounces.

glasses

- None
- Don't Know
- Prefer not to answer

AL04 On a typical **weekend day**, how many glasses of **red wine** do you drink? We will ask about white wine separately. One glass of wine is 142mL or 5 ounces.

glasses

- None
- Don't Know
- Prefer not to answer

AL05 On a typical **weekday**, how many glasses of **white wine** do you drink? One glass of wine is 142mL or 5 ounces.

glasses

- None
- Don't Know
- Prefer not to answer

AL06 On a typical **weekend day**, how many glasses of **white wine** do you drink? One glass of wine is 142mL or 5 ounces.

glasses

- None
- Don't Know
- Prefer not to answer

AL07 On a typical **weekday**, how many servings of **beer** do you drink? One serving of beer is equal to one bottle or can or a glass of draft that is 341mL or 12 ounces.

servings

- None
- Don't Know
- Prefer not to answer

AL08 On a typical **weekend day**, how many servings of **beer** do you drink? One serving of beer is equal to one bottle or can or a glass of draft that is 341mL or 12 ounces.

servings

- None
- Don't Know
- Prefer not to answer

AL09 On a typical **weekday**, how many servings of **liquor or spirits** do you drink? One serving is equal to one straight or mixed drink with 44mL or 1.5 ounces of liquor.

servings

- None
- Don't Know
- Prefer not to answer

AL10 On a typical **weekend day**, how many servings of **liquor or spirits** do you drink? One serving is equal to one straight or mixed drink with 44mL or 1.5 ounces of liquor.

servings

- None
- Don't Know
- Prefer not to answer

AL11 On a typical **weekday**, how many servings of **other kinds of alcohol** do you drink?

servings

- None
- Don't Know
- Prefer not to answer

AL12 On a typical **weekend day**, how many servings of **other kinds of alcohol** do you drink?

servings

- None
- Don't Know
- Prefer not to answer

AL14 About how often during the past 12 months would you say you had 4 or more drinks at the same sitting or occasion?

- | | |
|---|--|
| <input type="radio"/> Never | <input type="radio"/> About once a month |
| <input type="radio"/> Daily or almost daily | <input type="radio"/> 6 to 11 times a year |
| <input type="radio"/> 4 to 5 times a week | <input type="radio"/> 1 to 5 times a year |
| <input type="radio"/> 2 to 3 times a week | <input type="radio"/> Don't Know |
| <input type="radio"/> Once a week | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 2 or 3 times a month | |

AL15 How does your current consumption of alcohol compare to your heaviest period of drinking?

- About the same
- Less than the heaviest period of drinking
- Don't Know
- Prefer not to answer

DIET

The next few questions ask about food you eat in a typical week. Since diet is a very important area, we will ask more about this in the future. Today we will ask only a few basic questions.

Dietary Patterns:

DP01 In a typical day, how many total servings of **vegetables** do you eat? A serving is about ½ cup of fresh, frozen, canned or cooked vegetables, or a full cup of raw leafy vegetables.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP02 In a typical day, how many servings of **fruit** (not including fruit juice) do you eat? A serving is about ½ cup fresh, frozen or canned fruit.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP03 In a typical day, how many servings of **100% fruit or vegetable juice** do you drink? This includes mixtures of fruit and vegetable juice, but **not** fruit drinks or fruit cocktails. A serving of fruit juice is about ½ cup or 125 ml.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP04 In a typical day, how many servings of **whole grain products** do you eat? Examples of whole grains are breads made from whole-wheat flour, bulgur, oatmeal, whole cornmeal and brown rice. A serving is equivalent to a slice of bread, ½ cup cooked rice, ¾ cup hot cereal.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP05 In a typical day, how many servings of **refined/milled grains** do you eat? Examples of refined grains are breads made from white flour, and white rice. A serving is equivalent to a slice of bread or ½ cup cooked rice.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP06 In a typical day, how many servings of **milk and dairy products or milk substitutes** do you eat? Examples of milk and dairy products include liquid milk, powdered milk made up with water, yogurt, cheese, fortified soy beverages and rice milk. A serving is equivalent to 1 cup of liquid milk (250mL), ¾ cup of yogurt or 50 grams of cheese.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP07 In a typical week, how many **eggs** do you eat?

eggs

- Less than one egg
- None
- Don't Know
- Prefer not to answer

DP08 In a typical day, how many servings of **meat/poultry** do you eat? A serving is about ½ cup or 75 grams of meat.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP09 In a typical day, how many servings of **fish** do you eat? A serving is about ½ cup or 75 grams of fish.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP10 In a typical day, how many servings of **tofu or bean curd** do you eat? A serving is about ¾ cup or 150 grams.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP11 In a typical day, how many servings of **beans or other legumes** do you eat? Examples include lentils, beans (fresh, frozen, or canned), and edamame. A serving is about ¾ cup or 175mL.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP12 In a typical day, how many servings of **nuts or seeds** do you eat? Examples include almonds, peanuts, hazelnuts, pumpkin seeds, and sunflower seeds. A serving is about ¼ cup shelled nuts or seeds.

servings

- Less than one serving
- None
- Don't Know
- Prefer not to answer

DP13 How many times per week do you eat **snack food**? Examples of snack foods are pretzels, potato chips, buttered pop corn and crackers.

- Never/Rarely
- Once per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week or more
- Don't know
- Prefer not to answer

DP14 How many times per week do you eat **desserts or sweet snacks**? Examples of desserts and sweet snacks include cookies, cakes, pies, chocolate and candy.

- Never/Rarely
- Once per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week or more
- Don't know
- Prefer not to answer

Tea and Coffee Consumption:

For each of the following beverages, how many cups do you drink each day? A cup is 8 ounces or 250ml.

TC02 Regular coffee cups/day

TC03 Decaffeinated coffee cups/day

TC04 Black Tea cups/day

TC05 Green Tea cups/day

TC06 Other Tea cups/day

- None
- Don't Know
- Prefer not to answer

TC07 How often do you add artificial sweeteners such as Equal, Splenda or SugarTwin to your tea or coffee?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always
- Don't Know
- Prefer not to answer

TC08 What kind of milk or milk substitutes do you usually drink?

- Don't drink milk/substitutes
- Whole milk/homogenized milk
- 2% fat cow's milk
- 1% fat cow's milk
- Skim, nonfat, or ½% fat cow's milk
- Soy milk
- Rice milk
- Goat's milk
- Other
- Don't Know
- Prefer not to answer

Soft Drinks and Pop:

SP01 How often do you drink diet or sugar-free drinks or pop?

- Never
- 1 time per month or less
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day
- Don't Know
- Prefer not to answer

SP02 How often do you drink regular or non-diet soft drinks or pop?

- Never → skip to **FP01**
- 1 time per month or less
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day
- Don't Know
- Prefer not to answer

SP03 Each time you drink regular or non-diet soft drinks or pop, how much do you drink?

- Less than 12 ounces or less than 1 can or bottle
- 12 to 16 ounces or 1 can or bottle
- More than 16 ounces or more than 1 can or bottle
- I do not drink soft drinks or pop
- Don't know
- Prefer not to answer

Food Preparation Methods:

FP01 Which type(s) of oil/fat do you normally use in cooking? **Select all that apply.**

- Margarine (including low-fat)
- Butter (including low-fat)
- Lard or bacon fat
- Olive oil
- Corn oil
- Canola or rapeseed oil
- Oil spray such as Pam or others
- Ghee
- Other kinds of oil
- None of the above
- Don't know
- Prefer not to answer

FP02 How often do you add salt to your food at the table?

- Never
- Rarely
- Sometimes
- At most meals or eating occasions
- Don't know
- Prefer not to answer

FP03 How often do you season your food with soy sauce or fish sauce at the table?

- Never
- Rarely
- Sometimes
- At most meals or eating occasions
- Don't know
- Prefer not to answer

FP04 Typically, how often do you purchase food at a fast-food restaurant?

- Never
- Less than once per month
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day
- Don't know
- Prefer not to answer

PHYSICAL ACTIVITY

Job-Related Physical Activity:

The first section is about your work. This includes paid jobs, farming, volunteer work, coursework and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family.

JA01 Do you currently have a job or do any unpaid work outside your home?

- Yes
- No → skip to **TA01**
- Don't Know → skip to **TA01**
- Prefer not to answer → skip to **TA01**

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

JA02 During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as **part of your work**? Think about only those physical activities that you did for at least 10 minutes at a time.

days per week

- No vigorous job-related physical activity → skip to **JA04**
- Don't Know → skip to **JA04**
- Prefer not to answer → skip to **JA04**

JA03 How much time in total did you usually spend on one of those days doing vigorous physical activities **as part of your work**?

hours minutes

- Don't Know
- Prefer not to answer

JA04 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? (Please do not include walking).

days per week

- No moderate job-related physical activity → skip to **JA06**
- Don't Know → skip to **JA06**

Prefer not to answer → skip to **JA06**

JA05 How much time in total did you usually spend on one of those days doing moderate physical activities **as part of your work?**

hours minutes

- Don't Know
 Prefer not to answer

JA06 During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time **as part of your work?** Please do not count any walking you did to travel to or from work.

days per week

- No job-related walking → skip to **TA01**
 Don't Know → skip to **TA01**
 Prefer not to answer → skip to **TA01**

JA07 How much time in total did you usually spend on one of those days walking **as part your work?**

hours minutes

- Don't Know
 Prefer not to answer

Transportation Physical Activity:

These questions are about **how you traveled from place to place**, including to places like work, stores, movies and so on.

TA01 During the last 7 days, on how many days did you travel in a motor vehicle like a train, bus, car or streetcar?

days per week

- No traveling in a motor vehicle → skip to **TA03**
 Don't Know → skip to **TA03**
 Prefer not to answer → skip to **TA03**

TA02 How much time in total did you usually spend on one of those days **traveling in a car, bus, train or other kind of motor vehicle?**

hours minutes

- Don't Know

Prefer not to answer

TA03 Now think only about the bicycling and walking you might have done to travel to and from work, to do errands, or to go from place to place. During the last 7 days, on how many days did you **bicycle** for at least 10 minutes at a time to go from place to place?

days per week

- No bicycling from place to place → skip to **TA05**
- Don't Know → skip to **TA05**
- Prefer not to answer → skip to **TA05**

TA04 How much time in total did you usually spend on one of those days to bicycle from place to place?

hours minutes

- Don't Know
- Prefer not to answer

TA05 During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time to go from place to place?

days per week

- No walking from place to place → skip to **HA01**
- Don't Know → skip to **HA01**
- Prefer not to answer → skip to **HA01**

TA06 How much time in total did you usually spend on one of those days walking from place to place?

hours minutes

- Don't Know
- Prefer not to answer

Housework, House Maintenance and Caring for Family:

This section is about some of the physical activities you might have done in the last 7 days **in and around your home**, like housework, gardening, yard work, general maintenance work, and caring for your family.

HA01 Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?

days per week

- No vigorous activity in garden or yard → skip to **HA03**
- Don't Know → skip to **HA03**
- Prefer not to answer → skip to **HA03**

HA02 How much time in total did you usually spend on one of those days doing vigorous physical activities **in the garden or yard**?

hours minutes

- Don't Know
- Prefer not to answer

HA03 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?

days per week

- No moderate activity or yard work → skip to **HA05**
- Don't Know → skip to **HA05**
- Prefer not to answer → skip to **HA05**

HA04 How much time in total did you usually spend on one of those days doing moderate physical activities **in the garden or yard**?

hours minutes

- Don't Know
- Prefer not to answer

HA05 Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?

days per week

- No moderate activity inside the home → skip to **RA01**
- Don't Know → skip to **RA01**
- Prefer not to answer → skip to **RA01**

HA06 How much time in total did you usually spend on one of those days doing moderate physical activities **inside your home**?

hours minutes

- Don't Know
- Prefer not to answer

Recreation, Sport and Leisure-time Physical Activity:

This section is about all the physical activities that you did in the last 7 days solely for **recreation, sport, exercise or leisure**. Please **do not** include any activities you have already mentioned.

RA01 Not counting any walking you have already mentioned, during the last 7 days, on how many days did you walk for at least 10 minutes at a time **in your leisure time**?

days per week

- No walking in leisure time → skip to **RA03**
- Don't Know → skip to **RA03**
- Prefer not to answer → skip to **RA03**

RA02 How much time in total did you usually spend on one of those days walking **in your leisure time**?

hours minutes

- Don't Know
- Prefer not to answer

RA03 Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time?**

days per week

- No vigorous activity in leisure time → skip to **RA05**
- Don't Know → skip to **RA05**
- Prefer not to answer → skip to **RA05**

RA04 How much time in total did you usually spend on one of those days doing vigorous physical activities **in your leisure time?**

hours minutes

- Don't Know
- Prefer not to answer

RA05 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time?**

days per week

- No moderate activity in leisure time → skip to **TS01**
- Don't Know → skip to **TS01**
- Prefer not to answer → skip to **TS01**

RA06 How much time in total did you usually spend on one of those days doing moderate physical activities **in your leisure time?**

hours minutes

- Don't Know
- Prefer not to answer

Time Spent Sitting:

The next two questions are about the time you currently (over the last week) spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. **Do not** include any time spent sitting in a motor vehicle that you have already mentioned.

TS01 How much time do you usually spend **sitting on a typical week day?**

hours minutes

- Don't Know
- Prefer not to answer

TS02 How much time do you usually spend **sitting on a typical weekend day?**

hours minutes

- Don't Know
- Prefer not to answer

General Activity:

GA01 Please indicate the total amount of time you usually spend in front of a computer, including the hours you spend on a computer at work and at home.

hours per day **OR**

hours per week **OR**

hours per month

- I don't use a computer
- Don't Know
- Prefer not to answer

GA02 On average, how much time does it take for you to get to where you work each day? Please indicate the amount of time required **per trip** – not in total.

minutes **OR**

hours

- Don't Know
- Prefer not to answer

GA03 What mode of transportation do you use to get to work? **Select all that apply.**

- Bicycle or rollerblade
- Car
- Commuter train or bus
- Public transportation (bus, subway, streetcar)
- Walk
- Other
- Don't know
- Prefer not to answer

RESIDENTIAL INFORMATION

Current Residence:

CR01 How old were you when you first moved to your present address?

age

- Don't Know
- Prefer not to answer

CR02 Is this the place in which you have lived for the longest time throughout your life?

- Yes → skip to **HC01**
- No
- Don't Know
- Prefer not to answer

CR03 How old were you when you started living at the place you lived for the longest time? If you lived there from birth, please enter 0 for age.

age

- Don't Know
- Prefer not to answer

CR04 How old were you when you stopped living at the place you lived for the longest time?

age

- Don't Know
- Prefer not to answer

Housing Characteristics:

HC01 Do you own or rent your current home?

- Rent
- Own
- Other
- Don't know
- Prefer not to answer

HC02 What kind of building is your current home?

- Apartment
- Condominium
- Detached house
- Semi-detached house
- Mobile home or trailer
- Townhouse
- Other
- Don't know
- Prefer not to answer

HC03 What is the main source of heat in this home? **Select all that apply.**

- Electric heat
- Gas fireplace or furnace
- Oil furnace
- Wood-burning fireplace or stove
- Other
- Don't know
- Prefer not to answer

HC04 What kind of cooking stove do you have in your home at this time? **Please select all that apply.**

- Electric stove
- Gas stove
- Wood-burning oven
- Other
- Don't know
- Prefer not to answer

HC05 What is the source of tap water in this home? **Please select all that apply.**

- Municipally treated water
- Private well – dug well
- Private well – drilled well
- Surface source such as natural spring, lake, river, lagoon, dugout
- None, there is no tap water in this home
- Other
- Don't know
- Prefer not to answer

HC06 Is the tap water in this home also treated using additional methods?

- Yes
- No → skip to **SD01**
- Don't know → skip to **SD01**
- Prefer not to answer → skip to **SD01**

HC07 If yes, how is this done? **Please select all that apply.**

- Filter (e.g. Brita® filter)
- Water softener
- Ultraviolet system
- Reverse osmosis
- Don't know
- Prefer not to answer

SOCIO-DEMOGRAPHIC INFORMATION

Education:

SD01 What is the highest level of education you have completed?

- Elementary School
- High School
- Trade, technical or vocation school, apprenticeship training or technical CEGEP
- Diploma for a community college, pre-university CEGEP or non-university certificate
- University certificate below bachelor's level
- Bachelor's degree
- Graduate degree (MSc, MBA, MD, PhD, etc.)
- I have no formal education → skip to **SE01**
- Don't know → skip to **SE01**
- Prefer not to answer → skip to **SE01**

SD02 What was your age when you completed this level of education?

age

- Don't Know
- Prefer not to answer

Current Employment Status:

SE01 What is your current employment status? Please choose **ALL** that apply. If you are self-employed, choose full-time or part-time as appropriate.

- Working in paid or self-employed job full-time (30 hours or more per week)
- Working in paid or self-employed job part-time (Less than 30 hours per week)
- Unable to work because of sickness or disability → skip to **SF01**
- Looking after home and/or family → skip to **SF01**
- Student → skip to **SF01**
- Retired → skip to **SF01**
- Unemployed → skip to **SF01**
- Doing unpaid or voluntary work → skip to **SF01**
- Don't know → skip to **SF01**
- Prefer not to answer → skip to **SF01**

SE02 What is your current occupation? Please choose **ONE** only.

Legislators, Senior Officials and Managers

- Legislators and Senior Officials
- Corporate Managers
- General Managers

Professionals

- Physical, Mathematical and Engineering Science Professionals
- Life Science and Health Professionals
- Teaching Professionals
- Other Professionals

Technicians and Associate Professionals

- Physical and Engineering Science Associate Professionals
- Life Science and Health Associate Professionals
- Teaching Associate Professionals
- Other Associate Professionals

Clerks

- Office Clerks
- Customer Service Clerks

Service Workers and Shop and Market Sales Workers

- Personal and Protective Service Workers
- Models, Salespersons and Demonstrators

Skilled Agricultural and Fishery Workers

- Market-Oriented Skilled Agriculture and Fishery Workers
- Subsistence Agriculture and Fishery Workers

Craft and Related Trades Workers

- Extraction and Building Trades Workers
- Metal, Machinery and Related Trades Workers
- Precision, Handicraft, Printing and Related Trades Workers
- Other Craft and Related Trades Workers

Plant and Machine Operators and Assemblers

- Stationary-Plant and Related Operators
- Machine Operators and Assemblers
- Drivers and Mobile-Plant Operators

Elementary Occupations

- Sales and Services Elementary Occupations
- Agricultural, Fishery, and Related Labourers
- Labourers in Mining, Construction, Manufacturing and Transport

Armed Forces Occupations

- Armed Forces

Other Occupations

- Don't know
- Prefer not to answer

We will ask you more about your occupational history in a future questionnaire.

SE03 Which of the following best describes your working schedule? Please choose **ONE** only.

- Daytime schedule or shift
- Evening shift
- Night shift
- Rotating shift, changing periodically from days to evenings or nights
- Split shift, consisting of two or more distinct periods each day
- Compressed work week
- On-call or casual, no pre-arranged schedules, but called as need arises
- Irregular schedule, usually prearranged one week or more in advance
- Seasonal
- Other
- Don't know
- Prefer not to answer

Family Characteristics:

SF01 What is your current marital status? Please choose the **ONE** status that best describes your current situation.

- Married and/or living with a partner
- Divorced
- Widowed
- Separated
- Single, never married
- Don't know
- Prefer not to answer

SF02 How many **biological** brothers and sisters do you have? Please include those who have died and any half brothers or sisters.

number of brothers

number of sisters

- None → skip to **SF06**
- Don't Know → skip to **SF06**
- Prefer not to answer → skip to **SF06**

SF03 How many **biological** siblings are, or were, older than you? Please include those who have died and any half brothers or sisters.

number of siblings

- Don't Know
- Prefer not to answer

SF04 Are you a twin or part of a multiple birth (e.g. triplet)?

- Yes
- No → skip to **SF06**
- Don't know → skip to **SF06**
- Prefer not to answer → skip to **SF06**

SF05 If yes, please specify:

- Identical twin
- Non-identical twin
- Triplet
- Four or more
- Don't know
- Prefer not to answer

SF06 Were you adopted?

- Yes
- No
- Don't Know
- Prefer not to answer

SF07 What is the language that you first learned at home in childhood and can still understand?
If more than one, **select all that apply.**

- English
- French
- Arabic
- Aboriginal language(s)
- Bengali
- Cantonese
- Danish
- Dutch
- Filipino (Tagalog)
- Finnish
- Gaelic
- German
- Greek
- Hindi
- Hungarian
- Icelandic
- Italian
- Korean
- Mandarin
- Norwegian
- Persian (Farsi)
- Polish
- Portuguese
- Punjabi
- Russian
- Spanish
- Swedish
- Tamil
- Ukrainian
- Urdu
- Vietnamese
- Welsh
- Other
- Don't know
- Prefer not to answer

SF08 What is **your** ethnic background? **Please select all that apply.**

- White (European descent)
- Black (African or Caribbean descent)
- South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)
- East Asian (e.g. China, Japan, Korea, Taiwan)
- Southeast Asian (e.g. Malay, Indonesian, Vietnamese)
- Filipino
- Arab (e.g. Egypt, Iraq, Jordan, Lebanon)
- West Asian (e.g. Turkey, Iran, Afghanistan)
- Ashkenazi Jewish
- Jewish (non-Ashkenazi)
- Aboriginal (e.g. First Nations, Métis, Inuit)
- Latin American/Hispanic
- Other ethnic group not listed above
- Don't know
- Prefer not to answer

SF09 What is the ethnic background of your biological parents and grandparents (mother, father, mother's parents, father's parents)? **Please select all that apply.**

- White (European descent)
- Black (African or Caribbean descent)
- South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)
- East Asian (e.g. China, Japan, Korea, Taiwan)
- Southeast Asian (e.g. Malay, Indonesian, Vietnamese)
- Filipino
- Arab (e.g. Egypt, Iraq, Jordan, Lebanon)
- West Asian (e.g. Turkey, Iran, Afghanistan)
- Ashkenazi Jewish
- Jewish (non-Ashkenazi)
- Aboriginal (e.g. First Nations, Métis, Inuit)
- Latin American/Hispanic
- Other ethnic group not listed above
- Don't know
- Prefer not to answer

Income:

SI01 How many adults (18 years of age and older) including yourself, currently live in your home?

adults

- Don't Know
- Prefer not to answer

SI02 How many children (under the age of 18) currently live in your home?

children

- Don't Know
- Prefer not to answer

The next question asks for your household income. We understand that this information is very private but the question is important because it helps to determine whether the **BC Generations Project** includes a wide range of British Columbians.

SI03 What was your approximate total **household** income (from all sources) before taxes last year? Please choose **ONE** answer.

- Less than \$10, 000
- \$10, 000 – \$24, 999
- \$25, 000 - \$49, 999
- \$50, 000 - \$74, 999
- \$75, 000 - \$99, 999
- 100,000 - \$149,999
- \$150,000 - \$199,999
- \$200, 000 or more
- Don't know
- Prefer not to answer

SI04 How many individuals does this income support? Include the support of any children, adults and parents living outside the home.

individuals

- Don't Know
- Prefer not to answer

You're Finished. Thank You for Participating!