



Survey Cycle: 23
 By returning your completed questionnaire to us, **YOU CONSENT** to participate in the questionnaire component of the NDIT Study. If you do not wish to participate, please return the blank questionnaire to us, so that we know you have decided not to complete it. Thank you very much for your help!

Name: _____

ID:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

1. What is today's date?

| | | |
|-----|-------|------|
| | | |
| Day | Month | Year |

2. What is your home postal code?

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

3. Do you currently live alone?

- Yes → **Go to question 5**
- No

4. Do you live with your...? Check all that apply.

| | Yes |
|--|--------------------------|
| Biological mother | <input type="checkbox"/> |
| Biological father | <input type="checkbox"/> |
| Step-mother | <input type="checkbox"/> |
| Step-father | <input type="checkbox"/> |
| Sister(s), step-sister(s), half-sister(s) | <input type="checkbox"/> |
| Brother(s), step-brother(s), half-brother(s) | <input type="checkbox"/> |
| Husband, wife | <input type="checkbox"/> |
| Partner (girlfriend, boyfriend) | <input type="checkbox"/> |
| Son(s), step-son(s) | <input type="checkbox"/> |
| Daughter(s), step-daughter(s) | <input type="checkbox"/> |
| Roommate(s) | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

5. Does this person currently smoke cigarettes? Your....

| | Yes |
|---|--------------------------|
| Biological mother | <input type="checkbox"/> |
| Biological father | <input type="checkbox"/> |
| Step-mother | <input type="checkbox"/> |
| Step-father | <input type="checkbox"/> |
| Any sister, step-sister, half-sisters | <input type="checkbox"/> |
| Any brother, step-brother, half-brother | <input type="checkbox"/> |
| Husband, wife | <input type="checkbox"/> |
| Partner (girlfriend, boyfriend) | <input type="checkbox"/> |
| Any son, step-son | <input type="checkbox"/> |
| Any daughter, step-daughter | <input type="checkbox"/> |
| Any roommate | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

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

_____ Close friends

7. How many of your close friends smoke cigarettes?

_____ Close friends smoke

8. Indicate your level of agreement with the following...

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I feel a bond with my close friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel that I am similar to my close friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a sense of belonging with my close friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a lot in common with my close friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Even if you do not currently smoke cigarettes, how often do you...?

| | Never | Rarely | Sometimes | Often |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Want to smoke a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Need a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crave a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Even if you do not currently smoke cigarettes, how addicted to smoking cigarettes are you...?

| | Not at all | A little bit | Quite | Very |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Physically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No → **Go to question 43**
- Yes, 1 or 2 times
- Yes, 3 or 4 times
- Yes, 5 to 10 times
- Yes, more than 10 times

12. Check the box that describes you best...

- I have smoked cigarettes, but not at all in the past 12 months
- I smoked cigarettes once or a couple of times in the past 12 months
- I smoke cigarettes once or a couple of times each month
- I smoke cigarettes once or a couple of times each week
- I smoke cigarettes every day

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

- No
- Yes

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

I was _____ years old

- I have never done this

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

- No → **Go to question 22**
- Yes

16. During _____ (last month), on how many days did you smoke cigarettes, even just a puff?

- None → **Go to question 18**
- 1 day
- 2-3 days
- 4-5 days
- 6-10 days
- 11-15 days
- 16-20 days
- 21-30 days
- Every day
- Don't know

17. On the days that you smoked during _____ (last month), how many cigarettes did you usually smoke each day?

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

18. During _____ (2 months ago), on how many days did you smoke cigarettes, even just a puff?

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

19. On the days that you smoked during _____ (2 months ago), how many cigarettes did you usually smoke each day?

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

20. During _____ (3 months ago), on how many days did you smoke cigarettes, even just a puff?

- None → **Go to question 22**
- 1 day
- 2-3 days
- 4-5 days
- 6-10 days
- 11-15 days
- 16-20 days
- 21-30 days
- Every day
- Don't know

21. On the days that you smoked during _____ (3 months ago), how many cigarettes did you usually smoke each day?

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

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

- No
- Sometimes
- Often/always
- Never tried to quit
- Other (please explain) _____
- Don't know (I smoke so little)

23. 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling restless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling nervous, anxious, or tense | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling a strong urge or need to smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. How well do each of the following describe you?

| | Describes me... | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Not at all | A little | Pretty well | Very well |
| If I go too long without a cigarette, I begin to feel angry or irritable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I go too long without a cigarette, I feel stressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I usually want to smoke or use dip right after I wake up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I go too long without smoking, the first thing I notice is a mild desire to smoke that I can ignore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I go too long without smoking, the desire for a cigarette becomes so strong that it is hard to ignore and it interrupts my thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I go too long without smoking, I just can't function right, and I know I will have to smoke just to feel normal again | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. When you see other people smoking cigarettes, how easy is it for you not to smoke?

- Very easy
- Quite easy
- A bit difficult
- Very difficult

26. How long can you go without smoking a cigarette before you feel a strong desire to smoke that is hard to ignore?

- Less than an hour
- 1-2 hours
- 3-5 hours
- 6-10 hours
- 11-15 hours
- 16-23 hours
- 1 day
- 2 days
- More than 2 days, less than a week
- A week or more
- Other (specify) _____

27. How deeply do you usually inhale?

- Just into my mouth
- Back into my throat
- Into my lungs shallow
- Into my lungs deep
- Don't know (I smoke so little)

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

- Within 5 minutes
- 6 - 30 minutes after waking
- 31 - 60 minutes after waking
- More than 60 minutes after waking

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

- Not at all difficult
- A bit difficult
- Very difficult

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

- No
- Yes

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

- No, I stop smoking when I'm sick
- Yes, but I cut down on the amount I smoke
- Yes, I smoke the same amount as when I'm not sick

32. How true is each of the following for you?

| | Not at all true | A bit true | Very true |
|--|--------------------------|--------------------------|--------------------------|
| Cigarettes are good for dealing with boredom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A cigarette gives me energy when I'm tired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I'm feeling down, a cigarette makes me feel good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking cigarettes calms me down when I feel nervous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking cigarettes helps me control my weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking cigarettes helps me concentrate on my work/homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking cigarettes relieves tension when I am stressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I consider myself to be a social smoker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I avoid going to a friend's house where you're not allowed to smoke even though I might enjoy hanging out with him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In situations where I need to go outside to smoke, it's worth it even in cold or rainy weather | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have cut down or stopped physical activities or sports because of my smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can function much better in the morning after I've had a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compared to when I first started smoking, I need to smoke a lot more now to be satisfied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compared to when I first started smoking, I can smoke much more now before I start to feel nauseated or ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | | |
| <input type="checkbox"/> I've never felt nauseated or ill from smoking | | | |
| I often run out of cigarettes quicker than I thought I would | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I spend a lot of time getting cigarettes (going out of my way to buy cigarettes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I spend a lot of time smoking cigarettes (chain smoking, smoking a lot throughout the day) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've stopped hanging out with certain people because of my smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Never → Go to question 35
- Very rarely
- Sometimes
- Often
- Very often

34. How strong are your cravings to smoke cigarettes?

- Not at all strong
- A bit strong
- Quite strong
- Very strong

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

- The first one of the day
- Another one
- Don't know (I smoke so little)

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

- Not at all
- A little bit
- Quite a bit
- A whole lot

37. In the last 12 months, did you seriously try to quit smoking cigarettes completely and forever?

- No
- Yes, once
- Yes, two or more times

38. When was the last time you made a serious attempt to quit smoking cigarettes?

- Never made a serious attempt to quit smoking
- _____ day(s) ago
_____ month(s) ago
_____ year(s) ago

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

- Very confident
- Fairly confident
- Not very confident
- Not at all confident

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

- Never tried to quit
- No, but I cut down a lot
- No, but I cut down a little
- No, the amount I smoke didn't change at all
- Yes → I quit completely for _____ days
- Yes → I quit completely and have remained non-smoking ever since

41. How true for you are each of the following reasons to quit smoking cigarettes?

| | Not at all true | A little true | Moderately true | Quite true | Extremely true |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Because I am concerned that I will suffer from a serious illness if I don't quit smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To show myself that I can quit smoking if I really want to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So that my hair and clothes won't smell | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So that my spouse, children, or another person I am close to will stop nagging me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I have noticed physical symptoms that smoking is hurting my health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I will like myself better if I quit smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So that I will save money on smoking-related costs such as dry cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because someone has given me an ultimatum to quit (made a threat) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I can graphically picture the effects that smoking has on my body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So that I can feel in control of my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I won't burn holes in clothing or furniture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I will receive a special gift if I quit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I know other people who have died from serious illnesses caused by smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because quitting smoking will prove that I can accomplish other things that are important to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I want to save the money that I spend on cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because people I am close to will be upset with me if I don't quit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I am concerned that smoking will shorten my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To prove to myself that I am not addicted to cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So that I won't have to clean my house or car as often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I will receive a financial reward (money from a friend or family member, bonus from work) for quitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I want to set a good example for my children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because I (or my partner) is pregnant or planning to become pregnant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because my doctor advised me to quit smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

42. Did you ever try any of the following to help you quit smoking cigarettes? If yes, was this in the past 12 months? Did it help you to quit?

| | Ever tried | Tried in the past 12 months | Helped me quit |
|--|--------------------------|-----------------------------|--------------------------|
| | Yes | Yes | Yes |
| Nicotine patch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nicotine gum (Nicorette) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nicotine inhaler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Zyban, Wellbutrin, Bupropion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Varenicline (Champix) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic cigarettes with nicotine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic cigarettes without nicotine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold Turkey | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cutting down by only smoking at certain times or in certain situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not having cigarettes with me (threw them out) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using other drugs (alcohol, marijuana, sleeping pills) more often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spending more time with friends who don't smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Keeping myself occupied by doing other things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a quit smoking APP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a quit smoking SMS program (SMAT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

43. Are there any restrictions on smoking cigarettes in your home? Check all that apply.

- No; smoking is permitted anywhere in my home anytime
- Yes; smoking is not permitted at all inside my home
- Yes; smoking is permitted in certain rooms only
- Yes; smoking is restricted in the presence of children
- Yes; other (specify) _____

44. Are there any restrictions on smoking cigarettes in your car or in the car you travel in most often? Check all that apply.

- No; smoking is permitted anytime
- Yes; smoking is not permitted at all in the car
- Yes; smoking is not permitted when there are children in the car
- Not applicable (I do not/infrequently travel by car)

45. How many people smoke cigarettes inside your home every day or almost every day?

- None OR _____ people

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

| | Never | Rarely | Sometimes | Fairly often | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Inside your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a car or other private vehicle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inside public places (bars, restaurants, shopping malls, arenas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When visiting the homes of friends or relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside a restaurant on a patio or terrace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

None OR _____ teams

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

None → Go to question 50

_____ days in the last 7 days

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

_____ minutes per day

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

None → Go to question 52

_____ days in the last 7 days

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

_____ minutes per day

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

None → Go to question 54

_____ days in the last 7 days

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

_____ minutes per day

54. To what extent is each of the following true for you?

| | Not true | Rarely true | Sometimes true | Often true | Very often true |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| It's important to me to exercise regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't see why I should have to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exercise because it's fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel guilty when I don't exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exercise because it's consistent with my life goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exercise because other people say I should | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I value the benefits of exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can't see why I should bother exercising | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I enjoy my exercise sessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel ashamed when I miss an exercise session | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I consider exercise part of my identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I take part in exercise because my friends/family/partner say I should | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think it's important to make the effort to exercise regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't see the point in exercising | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I find exercise a pleasurable activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel like a failure when I haven't exercised in a while | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I consider exercise a fundamental part of who I am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exercise because others will not be pleased with me if I don't | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get restless if I don't exercise regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think exercising is a waste of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get pleasure and satisfaction from participating in exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would feel bad about myself if I was not making time to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I consider exercise consistent with my values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel under pressure from my friends/family to exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

55. How true are each of the following for you? When I exercise, I feel like...

| | False | Mostly false | More false than true | More true than false | Mostly true | True |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I engage in a variety of exercises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I try a range of exercises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I change the type of exercise that I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My exercise program is varied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experience variety in my exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

56. How many of your close friends ...?

| | None | A few | Some | Most | All |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Exercise most days of the week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

57. How important is it for your close friends to...?

| | Not very important | Somewhat important | Very important |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Exercise most days of the week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

58. Indicate your level of agreement with the following. My close friends ...

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Encourage me to be physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would disapprove if they saw me just sitting around | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Think I should exercise most days of the week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Think I should be physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

59. During one hour of sitting in a typical 7-hour (work)day, how many breaks from sitting (standing up, stretching, taking a short walk) do you usually take? Write "0" if you usually do not take any breaks.

_____ break(s)

60. In a typical 7-hour (work)day, how many minutes do you spend in short physical activity breaks? Write "0" if you usually do not take any breaks.

_____ minute(s)

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

- Usually sit during the day and don't walk around very much
- Stand or walk quite a lot during the day but don't have to carry or lift things very often
- Usually lift or carry light loads, or have to climb stairs or hills often
- Do heavy work or carry very heavy loads

62. Do you consider yourself....?

- Too thin
- Just about right
- A little too heavy
- Much too heavy

63. How much do you weigh?

_____ pounds **OR** _____ kilograms

64. How tall are you without your shoes on?

_____ feet _____ inches **OR** _____ meters _____ cm

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

- I'm trying to lose weight
- I'm trying to gain weight
- I want to maintain my weight
- I'm not doing anything about my weight

66. Are you or your partner currently pregnant?

- No/Not applicable → **Go to question 68**
- Yes, I am pregnant
- Yes, my partner is pregnant

67. How many weeks pregnant are you or your partner?

_____ week(s) pregnant

68. How often do you overeat (eat more than usual, more than you wanted, more than you think is good for you)?

- Never → **Go to question 70**
- Rarely
- Sometimes
- Often
- Very often

69. Do you do any of the following to compensate for overeating during the 24 hours after overeating?

| | Never | Rarely | Sometimes | Often | Very often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Exercise or go for a walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purge (vomit) or use laxatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skip meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Give up on my diet for the rest of the day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat fruits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat more high-protein foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat fewer fried foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat fewer sweets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat foods that are low in calories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat more because I blew my diet for the day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do nothing differently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

70. In the past 2 years, how often did people in your life...?

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Make negative comments about your weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourage you to lose weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourage you to gain weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

71. 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 "LT 1/2" if less than 1/2 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

72. How many hours per day, during your leisure time, do you usually spend in front of a screen (computer, TV, hand-held device)? Write "0" if none. Write "LT 1/2" if less than 1/2 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

73. How many minutes per day do you usually spend on social media (Facebook, Twitter, Instagram, Snapchat) posting or browsing? Write “0” if none. Write “LT ½” if less than ½ hour.

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

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

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

| | Never | or | Times per day | or | Times per week | or | Times per month |
|---|--------------------------|----|---------------|----|----------------|----|-----------------|
| Donuts or cakes or pastries | <input type="checkbox"/> | or | | or | | or | |
| Candy or chocolate bars | <input type="checkbox"/> | or | | or | | or | |
| Ice cream/frozen yogurt | <input type="checkbox"/> | or | | or | | or | |
| Potato chips, Fritos, Doritos | <input type="checkbox"/> | or | | or | | or | |
| Diet soft drinks | <input type="checkbox"/> | or | | or | | or | |
| Regular soft drinks | <input type="checkbox"/> | or | | or | | or | |
| Deli or charcuterie meats | <input type="checkbox"/> | or | | or | | or | |
| Fried chicken (Kentucky) | <input type="checkbox"/> | or | | or | | or | |
| Hot dogs | <input type="checkbox"/> | or | | or | | or | |
| Hamburgers | <input type="checkbox"/> | or | | or | | or | |
| French fries or poutine | <input type="checkbox"/> | or | | or | | or | |
| Bacon or sausages | <input type="checkbox"/> | or | | or | | or | |
| 100% fruit juice (orange, grapefruit, or tomato juice) | <input type="checkbox"/> | or | | or | | or | |
| Fruit (not including juice) | <input type="checkbox"/> | or | | or | | or | |
| Green salad | <input type="checkbox"/> | or | | or | | or | |
| Potatoes (not including French fries, fried potatoes, potato chips) | <input type="checkbox"/> | or | | or | | or | |
| Carrots | <input type="checkbox"/> | or | | or | | or | |
| Other vegetables (not including carrots, potatoes, green salad) | <input type="checkbox"/> | or | | or | | or | |
| Walnuts, seeds or other nuts and nut butters (including peanuts or peanut butter) | <input type="checkbox"/> | or | | or | | or | |
| Milk (including chocolate milk, hot chocolate, café au lait, in cereal) | <input type="checkbox"/> | or | | or | | or | |
| Milk alternatives (almond, soy, rice) | <input type="checkbox"/> | or | | or | | or | |
| Yogurt, kefir, excluding frozen yogurt | <input type="checkbox"/> | or | | or | | or | |
| Processed cheese slices or spreads (Kraft slices, Vache Qui Rit, Cheez Wiz, Velveeta) | <input type="checkbox"/> | or | | or | | or | |
| Other cheeses | <input type="checkbox"/> | or | | or | | or | |
| Cereal (hot or cold) | <input type="checkbox"/> | or | | or | | or | |
| Rice and other grains (quinoa) | <input type="checkbox"/> | or | | or | | or | |

| | Never | or | Times per day | or | Times per week | or | Times per month |
|---|--------------------------|----|---------------|----|----------------|----|-----------------|
| Pasta, couscous | <input type="checkbox"/> | or | | or | | or | |
| Bread, bagels, pita, tortilla wraps | <input type="checkbox"/> | or | | or | | or | |
| Red Meat (beef, pork, lamb, horse, veal) | <input type="checkbox"/> | or | | or | | or | |
| Chicken/poultry | <input type="checkbox"/> | or | | or | | or | |
| Fresh/frozen fish and fish products (canned tuna) | <input type="checkbox"/> | or | | or | | or | |
| Seafood (shrimp, lobster, scallops) | <input type="checkbox"/> | or | | or | | or | |
| Tofu, Veggie burgers, Veggie hot dogs, TVP | <input type="checkbox"/> | or | | or | | or | |
| Eggs and egg dishes | <input type="checkbox"/> | or | | or | | or | |
| Cooked/canned dried peas, lentils, beans, Falafel, Hummus | <input type="checkbox"/> | or | | or | | or | |
| Pizza (frozen, fast-food or delivery) | <input type="checkbox"/> | or | | or | | or | |
| Frozen meals | <input type="checkbox"/> | or | | or | | or | |
| Tea and tisanes | <input type="checkbox"/> | or | | or | | or | |
| Coffee | <input type="checkbox"/> | or | | or | | or | |

75. Have you ever exergamed (played an active videogame) that uses a console (Nintendo Wii, XBOX 360, Kinect, Sony Play Station Move, Sony Eye Toy: Kinetic), a cell phone or a mobile APP (RUN!, Nike+ Running APP, Pokémon Go)?

- No → Go to question 83
 Yes

76. In the past 12 months, how often did you exergame...?

| | Never | Less than once a month | 1-3 times per month | 1-3 times a week | 4-6 times per week | Every day |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Using a console | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a cellphone or mobile APP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

77. In the past month, how many days per week did you exergame?

- None → Go to question 80
_____ days per week

78. On average, how many minutes did you spend each time you exergamed?

_____ minutes on average

79. In the past month, what was your usual level of effort when you exergamed?

- Light
- Moderate
- Intense

80. How true is each of the following for you?

| | Completely false | Slightly false | Neither true nor false | Slightly True | Completely true |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I like to exergame | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I prefer exergaming over outdoor sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I prefer exergaming over indoor sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like to exergame with friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like to exergame with my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think that exergaming is a good way to integrate physical activity into my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think that I will exergame for many years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Given the chance I would exergame in my free time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exergaming is boring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I prefer exergaming over traditional video games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exergames are irritating to play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exergames are calming to play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I prefer exergaming over watching TV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I prefer exergaming over being on social media (facebook, instagram, snapchat) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exergaming is exciting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to be more active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to lose weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to maintain my weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to maintain my level of fitness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to gain strength | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to "bulk up" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to gain flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to gain balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame just for fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I exergame to be social | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exergaming is the only type of videogame I like | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Videogames other than exergames bore me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

81. How often do you exergame...?

| | Never | Rarely | Sometimes | Often | Very often |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

82. How important are the following in motivating you to continue exergaming...?

| | Very important | Important | Neither important nor unimportant | Unimportant | Very unimportant |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| I am able to play well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game gets harder as you progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The goal of the game (winning, scoring high point totals) is easy to understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tips in the game help me play better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game provides feedback on how to improve my play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like the sound effects in the game | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel like I am really part of what is happening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game is addictive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I lose track of time while playing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game provides interesting options and choices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I try to figure out new ways to play the game | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel like I can control what is happening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning the game controls (Wii-mote, Kinect, PS Move) is easy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel like my movements control the game | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game is challenging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game keeps me on my toes, but does not overwhelm me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game includes challenges within each level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know what I have to do to win | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game provides feedback on how I am doing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am able to practice skills within a game, which helps me play better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like the graphics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Very important | Important | Neither important nor unimportant | Unimportant | Very unimportant |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| I discover new things about the game the more I play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I find myself getting totally absorbed in the game | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game allows me to do interesting things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am able to play the game the way I want to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The game controller (tennis racquet, bowling ball) tracks my movements well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If I want to do something in the game, it is easy to remember the correct control (Wii-mote, Kinect, PS Move) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

83. In general, how would you rate...?

| | Poor | Fair | Good | Very good | Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Your health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your ability to handle unexpected and difficult problems (a family or personal crisis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your ability to handle day-to-day demands in your life (work, family responsibilities) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The overall quality of your sleep at night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The quality of your sleep in the past month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

84. How often do you feel...?

| | Never | Rarely | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ashamed of the way you look | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud that you are more attractive than others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud that you are a good-looking person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate when you think about your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ashamed of your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud of your superior appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud of the effort you place on maintaining your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud of your efforts to improve the way you look | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud that you have achieved your appearance goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud of your appearance efforts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ashamed that you are a person who is unattractive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guilty that you do not do enough to improve the way you look | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guilty that you look the way you do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regret that you do not work on improving your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regret that you do not put effort into your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proud that you are an attractive person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Envious of another person's appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inferior when you think about your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frustrated to see some people who have a great appearance with little effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfair that some people have the "perfect" appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Embarrassed about your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foolish when your body and appearance are on display | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awkward when you are trying to improve your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nervous when you think about others seeing your appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

85. Indicate your level of agreement with the following...

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| On the whole, I am satisfied with myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At times, I think I am no good at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel that I have a number of good qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am able to do things as well as most other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel I do not have much to be proud of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I certainly feel useless at times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel that I'm a person of worth, at least on an equal place with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I wish I could have more respect for myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All in all, I am inclined to feel that I am a failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I take a positive attitude toward myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

86. Has a health professional ever diagnosed you with the following? How old were you when first diagnosed?

| | Yes | Age first diagnosed |
|---|--------------------------|---------------------|
| Asthma | <input type="checkbox"/> | ___ years |
| Migraine headaches | <input type="checkbox"/> | ___ years |
| Food allergies | <input type="checkbox"/> | ___ years |
| Other allergies | <input type="checkbox"/> | ___ years |
| Thyroid condition | <input type="checkbox"/> | ___ years |
| Mood disorder (depression, bipolar disorder) | <input type="checkbox"/> | ___ years |
| Anxiety disorder (phobia, fear of social situations, obsessive-compulsive disorder, panic disorder, generalized anxiety disorder) | <input type="checkbox"/> | ___ years |
| Learning disability (attention deficit disorder, dyslexia) | <input type="checkbox"/> | ___ years |
| Eating disorder (anorexia, bulimia) | <input type="checkbox"/> | ___ years |
| Back problems | <input type="checkbox"/> | ___ years |
| Intestinal or stomach ulcers | <input type="checkbox"/> | ___ years |
| Bowel disorder (Crohn's disease, ulcerative colitis, irritable bowel) | <input type="checkbox"/> | ___ years |
| Cholesterol or lipid problems | <input type="checkbox"/> | ___ years |
| Diabetes (type 1) | <input type="checkbox"/> | ___ years |
| Diabetes (type 2) | <input type="checkbox"/> | ___ years |
| High blood pressure (hypertension) | <input type="checkbox"/> | ___ years |
| Insomnia | <input type="checkbox"/> | ___ years |
| Obstructive sleep apnea | <input type="checkbox"/> | ___ years |
| Other sleep disorder | <input type="checkbox"/> | ___ years |
| Concussion | <input type="checkbox"/> | ___ years |
| Other (specify) _____ | <input type="checkbox"/> | ___ years |

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

| | Yes |
|---|--------------------------|
| Pain relievers (aspirin, Tylenol, arthritis medicine, anti-inflammatories) | <input type="checkbox"/> |
| Tranquilizers (Valium, Ativan) | <input type="checkbox"/> |
| Diet pills (Ponderal, Fastin) | <input type="checkbox"/> |
| Anti-depressants (Prozac, Paxil, Effexor) | <input type="checkbox"/> |
| Codeine, Demerol or morphine | <input type="checkbox"/> |
| Allergy medicine (Allegra, Reactine) | <input type="checkbox"/> |
| Asthma medications (inhalers, nebulizers) | <input type="checkbox"/> |
| Cough or cold remedies | <input type="checkbox"/> |
| Penicillin or other antibiotics | <input type="checkbox"/> |
| Mood stabilizers (Lithium, Epival) | <input type="checkbox"/> |
| Major tranquilizers, anti-psychotics, neuroleptics (Risperidol, Olanzapine, Seroquel) | <input type="checkbox"/> |
| Thyroid medication (Synthroid, Levothyroxine) | <input type="checkbox"/> |
| Steroids | <input type="checkbox"/> |
| Insulin | <input type="checkbox"/> |
| Pills to control blood sugar levels | <input type="checkbox"/> |
| Sleeping pills (Imovane, Nytol, Starnoc, melatonin) | <input type="checkbox"/> |
| Stomach remedies | <input type="checkbox"/> |
| Laxatives | <input type="checkbox"/> |
| Birth control pills | <input type="checkbox"/> |
| Blood pressure medication | <input type="checkbox"/> |
| Cholesterol pills (Lipitor, Statins) | <input type="checkbox"/> |
| Other (specify)_____ | <input type="checkbox"/> |

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

- Not at all stressful
- Not very stressful
- A bit stressful
- Quite stressful
- Extremely stressful

89. In the past two 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lost interest in, or could no longer enjoy your daily activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt lacking in energy and strength | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt less self-confident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had a bad conscience or feelings of guilt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt that life wasn't worth living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had difficulty concentrating (when reading the newspaper or watching TV) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt very restless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt subdued or slowed down | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had trouble sleeping at night or waking up too early | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffered from reduced appetite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffered from increased appetite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

90. Have you ever...?

| | Yes |
|--|--------------------------|
| Seriously considered committing suicide (taking your own life) | <input type="checkbox"/> |
| Attempted to commit suicide (tried taking your own life) | <input type="checkbox"/> |
| Spoken to a health professional about your suicidal thoughts | <input type="checkbox"/> |

91. 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not being able to stop or control worrying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worrying too much about different things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble relaxing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Being so restless that it's hard to sit still | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Becoming easily annoyed or irritable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling afraid as if something awful might happen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

93. 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 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Use electronic cigarettes without nicotine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use electronic cigarettes with nicotine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use electronic cigarettes to smoke marijuana, hash oil, liquid or wax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke flavored cigarettes or cigarillos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke cigars or a pipe, use bidis, chewing tobacco and/or snuff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke cigarillos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a waterpipe (hubble bubble, nargilé, shisha) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink energy drinks (Red Bull, Monster) without alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink energy drinks mixed with alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink alcoholic beverages (beer, wine, liquor) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink 5 or more alcoholic beverages on one occasion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use pain relief pills (Percocet, Percodan, Demerol, OxyNeo, OxyCotin, codeine) without a prescription or without a doctor telling you to take them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana, cannabis or hashish without tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana, cannabis or hashish mixed with tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use speed (amphetamines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use ecstasy (MDMA) or other similar drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use hallucinogens (PCP, LSD (acid), mushrooms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use inhalants (glue, gasoline) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use heroin (smack, junk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use another illicit drug | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Play games (cards, bingo, dice) for money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bet money (slot machines, sports pool, casino, over the Internet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buy lottery tickets (6-49, Sports Select, Instant lottery, Scratch and win) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a smartphone APP (Moves and Strava) that monitors your physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wear a fitness device (Fitbit, Jawbone, Apple Watch) that monitors your physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

95. In the past month, how long has it usually taken you to fall asleep at night?

_____ minutes

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

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

_____ hours of sleep

98. 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Woke up in the middle of the night or early morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had to get up to use the bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Could not breathe comfortably while sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coughed or snored loudly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt too cold while sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt too hot while sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had bad dreams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had pain while sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took prescribed or "over the counter" medicine to help you sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had trouble staying awake while driving, eating meals, engaging in social activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No problem at all
- Only a very slight problem
- Somewhat of a problem
- A very big problem

100. How long before going to bed at night do you usually...?

| | Less than 30 minutes | Between 30-59 minutes | Between 1-2 hours | More than 2 hours | Not applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink coffee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use screens (TV, iPad, reading tablet, smartphone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meditate or do yoga | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Not at all true | A bit true | Very true |
|--|--------------------------|--------------------------|--------------------------|
| Cigarette ads are 'cool' | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ads in magazines tell the truth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TV ads are boring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TV beer commercials make me want to be like the people in them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like to read ads in magazines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warnings on cigarettes packages make me afraid to smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like to watch TV ads | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cigarette ads make me want to smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ads make us buy things we don't really need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People who smoke are very influenced by cigarette ads | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ads help keep people up to date about new products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I usually want the products advertised on TV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

102. People living in Canada come from many backgrounds. Are you...?

- White (British, French, Italian, Portuguese, Ukrainian, Russian, Israeli)
- Chinese
- South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan)
- Black
- Latin American, Central American, South American (Mexican, Brazilian, Chilean, Guatemalan, Venezuelan, Colombian, Argentinian, Salvadorian, Costa Rican)
- Southeast Asian (Cambodian, Indonesian, Laotian, Vietnamese, Malaysian)
- Arabic
- West Asian (Afghan, Iranian)
- Aboriginal (First Nations, Inuit, Métis, non-status Indian)
- Japanese
- Other (specify) _____

103. How far have you gone in school?

- Attended high school, but did not graduate
- Graduated high school
- Attended CEGEP, community/technical college, but did not graduate
- Graduated CEGEP, community/technical college
- Attended university (or teacher's college), but did not graduate
- Graduated university with a Bachelor's degree
- Graduated university with a Master's degree
- Graduated university with a PhD
- Other (specify) _____

104. What is your current marital status?

- Single
- Married
- Common-law
- Divorced
- Separated
- Other (specify) _____

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

- No
- Yes, Full-time. Where? _____
- Yes, Part-time. Where? _____

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

- No → **Go to question 108**
- Yes

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

_____ hours per week

108. 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?

- | | |
|--|--|
| <input type="checkbox"/> Less than \$20 000 | <input type="checkbox"/> 70 000\$ - 79 999\$ |
| <input type="checkbox"/> 20 000\$ - 29 999\$ | <input type="checkbox"/> 80 000\$ - 99 999\$ |
| <input type="checkbox"/> 30 000\$ - 39 999\$ | <input type="checkbox"/> 100 000\$ - 119 999\$ |
| <input type="checkbox"/> 40 000\$ - 49 999\$ | <input type="checkbox"/> 120 000\$ - 149 999\$ |
| <input type="checkbox"/> 50 000\$ - 59 999\$ | <input type="checkbox"/> 150 000\$ or more |
| <input type="checkbox"/> 60 000\$ - 69 999\$ | <input type="checkbox"/> Don't know |

109. Please complete this chart about your residential history beginning with where you currently live and working back to where you last lived in high school (13-14 years ago).

| | | Number and Street | City | Number of years lived at this address (if less than 12, write LT12) |
|---|--------------------|-------------------|------|---|
| 1 | Current address | | | |
| 2 | Address prior to 1 | | | |
| 3 | Address prior to 2 | | | |
| 4 | Address prior to 3 | | | |
| 5 | Address prior to 4 | | | |
| 6 | Address prior to 5 | | | |

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

Home telephone number _____

Cell phone number _____

E-mail address _____

Comments for us:

**END OF QUESTIONS
THANK YOU SO MUCH FOR RESPONDING!**