étude NICO | helping to understand NDIT study
pour mieux comprendre

Survey cycle: 22
Participant name: _____

Date of birth: _____

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 in the pre-paid envelope, so that we know you have decided not to complete it. Thank you very much for your help!

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	☐
Biological father	☐
Step-mother	☐
Step-father	☐
Sister(s), step-sister(s), half sister(s)	☐ How many? _____
Brother(s), step-brother(s), half brother(s)	☐ How many? _____
Husband, wife	☐
Partner (girlfriend, boyfriend)	☐
Son(s), step-son(s)	☐ How many? _____
Daughter(s), step-daughter(s)	☐ How many? _____
Roomate(s)	☐ How many? _____
Other (specify) _____	☐ How many? _____

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

	Yes he/she smokes cigarettes
Biological mother	☐
Biological father	☐
Step-mother	☐
Step-father	☐
Sister(s), step-sister(s), half sisters(s)	☐ How many smoke? ____
Brother(s), step-brother(s), half brother(s)	☐ How many smoke? ____
Husband, wife	☐
Partner (girlfriend, boyfriend)	☐
Son(s), step-son(s)	☐ How many smoke? ____
Daughter(s), step-daughter(s)	☐ How many smoke? ____
Roomate(s)	☐ How many smoke? ____
Other (specify) _____	☐ How many smoke? ____

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

_____ Close friends

7. How many of your close friends smoke cigarettes?

_____ Close friends smoke

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

	Never	Rarely	Sometimes	Often
Want to smoke a cigarette	☐	☐	☐	☐
Need a cigarette	☐	☐	☐	☐
Crave a cigarette	☐	☐	☐	☐

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

	Not at all	A little bit	Quite	Very
Physically	☐	☐	☐	☐
Mentally	☐	☐	☐	☐

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

☐ No → **Go to question 52**
☐ Yes, 1 or 2 times
☐ Yes, 3 or 4 times
☐ Yes, 5 to 10 times
☐ Yes, more than 10 times

11. 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

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

I was _____ years old

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

I was _____ years old

☐ I have never done this

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

☐ No

☐ Yes

15. 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 → **Go to question 17**

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

	Not at all	A bit	A lot
Relaxation	☐	☐	☐
Nausea	☐	☐	☐
Dizziness	☐	☐	☐
Rush or buzz	☐	☐	☐
Coughing	☐	☐	☐
Burning in your throat	☐	☐	☐
Upset stomach	☐	☐	☐
Heart racing/pounding	☐	☐	☐
Other (specify)_____	☐	☐	☐

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

☐ No → **Go to question 26**

☐ Yes

18. During _____ (last month), 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 _____ (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

20. During _____ (2 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 _____ (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

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

☐ None → **Go to question 24**

☐ 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

23. 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

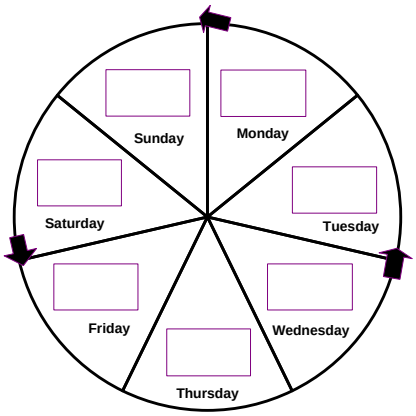
☐ More than 25

☐ Don't know

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

☐ No → **Go to question 26**
☐ Yes

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



26. How long ago did you smoke your last cigarette?

_____ minute(s) ago
_____ hour(s) ago
_____ day(s) ago
_____ month(s) ago
_____ year(s) ago
☐ Don't know

27. 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)

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

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

29. In the past 12 month, how often did you use the following contraband tobacco products…?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
"Discount" cigarettes (Peter Jackson, MacDonald, Viceroy)	☐	☐	☐	☐	☐
Indian brand cigarettes	☐	☐	☐	☐	☐
Indian brand cigarillos	☐	☐	☐	☐	☐
Foreign cigarette brands (Gauloises, Camel, Malboro)	☐	☐	☐	☐	☐
Foreign cigarillo brands (Prime Time, Bullseye)	☐	☐	☐	☐	☐

30. 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	Some-times	Often
Feeling irritable or angry	☐	☐	☐	☐
Feeling restless	☐	☐	☐	☐
Feeling nervous, anxious, or tense	☐	☐	☐	☐
Trouble concentrating	☐	☐	☐	☐
Feeling a strong urge or need to smoke	☐	☐	☐	☐
Trouble sleeping	☐	☐	☐	☐

31. How well do each of the following describe you? If I go too long without smoking…

	Describes me……			
	Not at all	A little	Well	Very well
The first thing I notice is a mild desire to smoke that I can ignore	☐	☐	☐	☐
The desire to smoke becomes so strong that it is hard to ignore and it interrupts my thinking	☐	☐	☐	☐
I just can't function right, and I know I will have to smoke just to feel normal again	☐	☐	☐	☐

32. 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

33. How long can you go without smoking 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) _____

34. How often do you smoke cigarettes when you are alone?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

35. 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)

36. 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

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

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

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

- ☐ No
- ☐ Yes

39. 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

40. 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	☐	☐	☐
A cigarette gives me energy when I'm tired	☐	☐	☐
When I'm feeling down, a cigarette makes me feel good	☐	☐	☐
Smoking cigarettes calms me down when I feel nervous	☐	☐	☐
Smoking cigarettes helps me control my weight	☐	☐	☐
Smoking cigarettes helps me concentrate on my work/homework	☐	☐	☐
Smoking cigarettes relieves tension when I am stressed	☐	☐	☐
I consider myself to be a social smoker	☐	☐	☐
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	☐	☐	☐
In situations where I need to go outside to smoke, it's worth it even in cold or rainy weather	☐	☐	☐
I have cut down or stopped physical activities or sports because of my smoking	☐	☐	☐
I can function much better in the morning after I've had a cigarette	☐	☐	☐
Compared to when I first started smoking, I need to smoke a lot more now to be satisfied	☐	☐	☐
Compared to when I first started smoking, I can smoke much more now before I start to feel nauseated or ill **OR** ☐ I've never felt nauseated or ill from smoking	☐	☐	☐
I often run out of cigarettes quicker than I thought I would	☐	☐	☐
I spend a lot of time getting cigarettes (going out of my way to buy cigarettes)	☐	☐	☐
I spend a lot of time smoking cigarettes (chain smoking, smoking a lot throughout the day)	☐	☐	☐
I've stopped hanging out with certain people because of my smoking	☐	☐	☐

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

- ☐ Never → **Go to question 43**
- ☐ Very rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

42. How strong are your cravings to smoke cigarettes?

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

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

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

44. 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

45. In the past 12 months, did you seriously try to quit smoking completely and forever?

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

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

- ☐ Never made a serious attempt to quit smoking

_____ day(s) ago
_____ month(s) ago
_____ year(s) ago

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

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

48. Think about the last time you tried to quit smoking. 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

49. How important to you are each of the following reasons to quit smoking?

	Not at all important	A little important	Quite important	Very important
I walk up stairs and I'm out of breath	☐	☐	☐	☐
I'm coughing up stuff every day	☐	☐	☐	☐
I can't breathe when exercising	☐	☐	☐	☐
I feel like cigarettes are controlling my life	☐	☐	☐	☐
Other people think that I smell or look bad (yellow teeth, bad breath)	☐	☐	☐	☐
I get sick more often because of smoking	☐	☐	☐	☐
Smoking gets me into trouble	☐	☐	☐	☐
My stuff gets damaged because of my smoking (my clothes get burned)	☐	☐	☐	☐
I keep smoking cigarettes out of habit, even though I don't want to	☐	☐	☐	☐
People I date or go out with don't like me smoking	☐	☐	☐	☐
My friends who don't smoke give me a hard time	☐	☐	☐	☐
My parents are really upset about me smoking	☐	☐	☐	☐
Joining a group or organization that doesn't like my smoking (sports team, youth group)	☐	☐	☐	☐
I don't want to get sick when I'm older (get cancer, lung damage)	☐	☐	☐	☐
I don't want to be smoking when I am older	☐	☐	☐	☐

50. In the past 12 months, did your doctor…?

	No	Yes	Not applicable
Ask if you smoke	☐	☐	☐
Advise you to quit smoking	☐	☐	☐
Give you any specific help or information to help you quit smoking	☐	☐	☐

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

	Yes		Yes
Nicotine patch	☐	Participated in a Quit and Win contest	☐
Nicotine gum (Nicorettes)	☐	Used other drugs more often (alcohol, marijuana, sleeping pills)	☐
Nicotine inhaler	☐	Spent time with friends who don't smoke	☐
Zyban, Wellbutrin, Bupropion	☐	Kept myself occupied by doing other things	☐
Stopped all at once (Cold Turkey)	☐	Attended a « Centre d'abondon du tabagisme »	☐
Cut down by only smoking at certain times or during certain situations	☐	Called a telephone help line	☐
Tried not to have cigarettes with me (threw them out)	☐	Other (specify) _____	☐

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

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

53. How many people smoke inside your home everyday or almost everyday?

☐ None OR _____ people

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

	Never	Rarely	Some-Times	Fairly often	Very often
At home	☐	☐	☐	☐	☐
In a car or other private vehicle	☐	☐	☐	☐	☐
In public places (bars, restaurants, shopping malls, arenas)	☐	☐	☐	☐	☐
When visiting friends or relatives	☐	☐	☐	☐	☐
At work or school	☐	☐	☐	☐	☐

55. 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

56. Which one of the following best describes the level of physical activity you had when you were in grade 7 (Secondary I)?

☐ All or most of my free time was spent doing things that involved little physical effort
☐ I sometimes (1-2 times/week) did physical activities in my free time (played sports, went running, swimming, bike riding, did aerobics)
☐ I often (3-4 times/week) did physical activities in my free time
☐ I did physical activities in my free time quite often (5-6 times/week)
☐ I did physical activities in my free time very often (7 or more times/week)

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

☐ None → **Go to question 59**

_____days in the last 7 days

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

_____minutes per day

59. 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 61**

_____days in the last 7 days

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

_____minutes per day

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

☐ None → **Go to question 63**

_____days in the last 7 days

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

_____minutes per day

63. In the past month, how many days per week did you do each of the following activities? Write "0" days if you did not do this. On average how many minutes did you spend each time you did this? What was your level of effort when you did the activity?

Commuting/Leisure time activities	Number of days/week	Number of minutes on each occasion	Level of effort
Walk to/from work or school (round trip)	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
Bicycle to/from work or school (round trip)	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
Walking	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
Bicycling	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
Gardening	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
Odd jobs	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
Sports/physical activity (specify)			
1_____	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
2_____	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
3_____	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense
4_____	___ days	___ minutes	☐ Light ☐ Moderate ☐ Intense

Household work/school activities	Number of days/week	Number of minutes on each occasion
Light household work (cooking, washing dishes, ironing, child care)	___ days	___ minutes
Intense household work (scrubbing floor, walking with heavy bags)	___ days	___ minutes
Light work (sitting/standing with some walking, e.g., desk job)	___ days	___ minutes
Intense work (regularly lifting heavy objects at work)	___ days	___ minutes

64. People engage in physical activity for many reasons. To what extent is each of the following is true for you?

	Not true for me	Rarely true for me	Some-times true for me	Often true for me	Very often true for me
I exercise because other people say I should	☐	☐	☐	☐	☐
I feel guilty when I don't exercise	☐	☐	☐	☐	☐
I value the benefits of exercise	☐	☐	☐	☐	☐
I exercise because it's fun	☐	☐	☐	☐	☐
I don't see why I should exercise	☐	☐	☐	☐	☐
I take part in exercise because my friends/family/partner say I should	☐	☐	☐	☐	☐
I feel ashamed when I miss an exercise session	☐	☐	☐	☐	☐
It's important to me to exercise regularly	☐	☐	☐	☐	☐
I can't see why I should bother exercising	☐	☐	☐	☐	☐
I enjoy my exercise sessions	☐	☐	☐	☐	☐
I exercise because others will not be pleased with me if I don't	☐	☐	☐	☐	☐
I don't see the point of exercising	☐	☐	☐	☐	☐
I feel like a failure when I haven't exercised for a while	☐	☐	☐	☐	☐
I think it's important to make the effort to exercise regularly	☐	☐	☐	☐	☐
I find exercise a pleasurable activity	☐	☐	☐	☐	☐
I feel under pressure from my friends and family to exercise	☐	☐	☐	☐	☐
I get restless if I don't exercise regularly	☐	☐	☐	☐	☐
I get pleasure and satisfaction from participating in exercise	☐	☐	☐	☐	☐
I think exercising is a waste of time	☐	☐	☐	☐	☐

65. Do you consider yourself….?

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

66. How much do you weigh?

_____ pounds **OR** _____ kilograms

67. How tall are you without your shoes on?

____ feet ____inches **OR** ____ meters ____cm

68. 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

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

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

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

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

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

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

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

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

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

72. How many hours do you usually spend reading (books, magazines, newspapers, homework) in a single day? Write "0" if none. Write "LT ½" if less than ½ hour.

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

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

73. How many minutes do you usually spend talking on your cell phone in a single day? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually talk _____ minutes(s) a day on my cell phone

On weekends, I usually talk _____ minutes(s) a day on my cell phone

74. In general, how would you rate…?

	Exc-ellent	Very good	Good	Fair	Poor
Your health	☐	☐	☐	☐	☐
Your mental health	☐	☐	☐	☐	☐
Your ability to handle unexpected and difficult problems (a family or personal crisis)	☐	☐	☐	☐	☐
Your ability to handle day-to-day demands in your life (work, family responsibilities)	☐	☐	☐	☐	☐
The overall quality of your sleep at night	☐	☐	☐	☐	☐
The quality of your sleep in the past month	☐	☐	☐	☐	☐

75. In the last 6 months, how often did you experience each of the following?

	Never	Rarely	Some-times	Often	Always
When I have eaten more than what I want, I experience feelings of guilt	☐	☐	☐	☐	☐
When I am in a situation where others can see my body (pool, changing room), I feel ashamed	☐	☐	☐	☐	☐
When I eat fattening food, I get distressed by the feeling that I did something wrong	☐	☐	☐	☐	☐
The appearance of my body is embarrassing for me in front of others	☐	☐	☐	☐	☐
When I can't manage to work out physically, I feel guilty	☐	☐	☐	☐	☐
When I think of the possibility that others can see my naked body, I would rather hide somewhere	☐	☐	☐	☐	☐
I am ashamed of myself when others get to know how much I really weigh	☐	☐	☐	☐	☐
When I can't get a grip on my weight, I blame myself	☐	☐	☐	☐	☐
I blame myself when I break a good resolution concerning my eating	☐	☐	☐	☐	☐
I avoid exerting myself physically in front of others since I feel embarrassed	☐	☐	☐	☐	☐
When I see myself in the mirror, I feel guilty and decide to do more for my figure	☐	☐	☐	☐	☐
Since the size of my clothes is embarrassing for me, I would rather avoid shopping for new clothes	☐	☐	☐	☐	☐

76. Please indicate your level of agreement with the following statements.

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

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

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

78. Have you ever in your life had a period lasting 2 weeks or longer when most of the day, nearly ever day, you…

	Yes	Age first happened
Felt sad, empty or depressed	☐	____ years
Were very discouraged about how things were going in your life	☐	____ years
Lost interest in most things you usually enjoy like work, hobbies, personal relationships	☐	____ years

79. 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)	☐
Tranquilizers (Valium, Ativan)	☐
Diet pills (Ponderal, Fastin)	☐
Anti-depressants (Prozac, Paxil, Effexor)	☐
Codeine, Demerol or morphine	☐
Allergy medicine (Allegra, Reactine)	☐
Asthma medications (inhalers, nebulizers)	☐
Cough or cold remedies	☐
Penicillin or other antibiotics	☐
Mood stabilizers (Lithium, Epival)	☐
Major tranquilizers, anti-psychotics, neuroleptics (Risperidol, Olanzapine, Seroquel)	☐
Thyroid medication (Synthroid, Levothyroxine)	☐
Steroids	☐
Insulin	☐
Pills to control blood sugar levels	☐
Sleeping pills (Imovane, Nytol, Starnoc, melatonin)	☐
Stomach remedies	☐
Laxatives	☐
Birth control pills	☐
Blood pressure medication	☐
Other (specify)_____	☐

80. Have you ever had a period lasting 4 or more days when you felt much more excited and full of energy than usual AND experienced other unusual changes (mind went too fast, you talked a lot, you were very restless, you needed less sleep, you were more social, you drove too fast, you spent too much money)?

☐ No

☐ Yes → This first happened when I was _____ years old

81. Have you ever seriously considered committing suicide or taking your own life?

☐ No
☐ Yes

82. 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

83. Have you ever had any of the following? How old were you when you first experienced this? Did you experience it in the past 12 months?

	Ever had this	Age first experienced	Experienced in past 12 months
Attack of fear or panic when all of a sudden you felt very frightened, anxious or uneasy	☐	____ years	☐
Attack when all of a sudden, you became dizzy, very uncomfortable, short of breath, dizzy, nauseous, your heart pounded, or you thought that you might lose control, die or go crazy	☐	____ years	☐
A time when you were a "worrier" (when you worried a lot more about things than other people with the same problems)	☐	____ years	☐
A period lasting 6 month or longer when you were anxious or worried most days	☐	____ years	☐
A time when you were much more nervous or anxious than most other people with the same problems	☐	____ years	☐
A time when you felt very afraid or really shy meeting new people, going to parties, going on a date	☐	____ years	☐
A time when you felt very afraid or uncomfortable when you had to do something in front of a group of people (giving a speech, speaking in class)	☐	____ years	☐
A time in your life when you felt afraid of being in crowd, going to public places, traveling alone	☐	____ years	☐
A time in your life when you became very upset or nervous in crowds, public places, or traveling	☐	____ years	☐

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

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

85. How hungry are you in the morning?

☐ Not at all
☐ A little
☐ Somewhat
☐ Moderately
☐ Very

86. In the past month, how often did you eat (snacks)…?

	Never	Rarely	Sometimes	Often
After breakfast, but before lunch	☐	☐	☐	☐
After lunch, but before supper	☐	☐	☐	☐
After supper, but before bedtime	☐	☐	☐	☐
When you woke up at night	☐	☐	☐	☐

87. Did you experience any of the following in the past 12 months? If yes, how stressed were you by the experience?

		Stressed by experience			
	Yes	Not at all	A little	Some-what	A lot
Break-up of relationship or marriage	☐	☐	☐	☐	☐
Kicked out of school	☐	☐	☐	☐	☐
Serious car accident	☐	☐	☐	☐	☐
Pregnancy	☐	☐	☐	☐	☐
Lost a job	☐	☐	☐	☐	☐
Major health problem	☐	☐	☐	☐	☐
Major and/or chronic financial problems	☐	☐	☐	☐	☐
Began college or university	☐	☐	☐	☐	☐
Sought psychological or psychiatric care	☐	☐	☐	☐	☐
Established a new steady relationship with a partner	☐	☐	☐	☐	☐
Got married	☐	☐	☐	☐	☐
Problems at work (with boss or co-workers)	☐	☐	☐	☐	☐
Changed job	☐	☐	☐	☐	☐
Problems with the law	☐	☐	☐	☐	☐
Death of a parent or other family member	☐	☐	☐	☐	☐
Major argument with parents	☐	☐	☐	☐	☐
Birth of a child	☐	☐	☐	☐	☐
A close relative or friend had a serious illness or injury	☐	☐	☐	☐	☐
Your spouse, parent, sibling or child died	☐	☐	☐	☐	☐
Another close relative died	☐	☐	☐	☐	☐
You had serious problems with a close friend, neighbour or relative	☐	☐	☐	☐	☐
You became much better off financially	☐	☐	☐	☐	☐
Other stressful event (specify) _____	☐	☐	☐	☐	☐

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

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Smoke cigars	☐	☐	☐	☐	☐
Smoke cigarellos	☐	☐	☐	☐	☐
Smoke a pipe	☐	☐	☐	☐	☐
Use Bidis (a tobacco product from India)	☐	☐	☐	☐	☐
Use chewing tobacco	☐	☐	☐	☐	☐
Use snuff	☐	☐	☐	☐	☐
Use a waterpipe (hubble bubble, nargilé, shisha)	☐	☐	☐	☐	☐
Drink alcoholic beverages (beer, wine, liquor)	☐	☐	☐	☐	☐
Drink 5 or more alcoholic beverages on one occasion	☐	☐	☐	☐	☐
Use marijuana, cannabis, hashish	☐	☐	☐	☐	☐
Use cocaine	☐	☐	☐	☐	☐
Use speed (amphetamines)	☐	☐	☐	☐	☐
Use ecstasy (MDMA) or other similar drugs	☐	☐	☐	☐	☐
Use hallucinogens (PCP, LSD (acid), mushrooms)	☐	☐	☐	☐	☐
Use inhalants (glue, gasoline)	☐	☐	☐	☐	☐
Use heroin (smack, junk)	☐	☐	☐	☐	☐
Use another illicit drug	☐	☐	☐	☐	☐
Play physically active video games (WII, WII fit, Dance Dance Revolution, EyeToy)	☐	☐	☐	☐	☐
Felt suicidal	☐	☐	☐	☐	☐
Seriously considered committing suicide or taking your own life	☐	☐	☐	☐	☐

89. Have you ever in your life used a waterpipe (hubble bubble, nargilé, shisha)?

- ☐ No → **Go to question 94**
- ☐ Yes, 1 or 2 times
- ☐ Yes, 3 or 4 times
- ☐ Yes, 5 to 10 times
- ☐ Yes, more than 10 times

90. When you use a waterpipe, how long does each waterpipe session usually last?

- ☐ Less than one hour
- ☐ 1-2 hours
- ☐ More than 2 hours

91. How old were you when you used a waterpipe for the first time?

_____years

92. How often do you use a waterpipe…?

	Never	Rarely	Sometimes	Often
Alone	☐	☐	☐	☐
In your home	☐	☐	☐	☐
At a café or restaurant	☐	☐	☐	☐
At a friend's house	☐	☐	☐	☐
Sharing the waterpipe hose with other people	☐	☐	☐	☐

93. Do you buy tobacco for the waterpipe…?

	Never	Rarely	Sometimes	Often
On the Internet	☐	☐	☐	☐
In a tobacco shop	☐	☐	☐	☐
At a convenience store	☐	☐	☐	☐
Other (specify)_____	☐	☐	☐	☐

94. Compared to smoking cigarettes, smoking a waterpipe is…

	Strongly agree	Agree	Disagree	Strongly disagree
Less harmful	☐	☐	☐	☐
Less addictive	☐	☐	☐	☐

95. In the past month, how many days per week did you play active video games (Wii, Dance Dance Revolution)?

☐ None → **Go to question 100**

_____days per week

96. On average how many minutes did you spend each time you did this?

_____minutes

97. What was your level of effort when you did the activity?

☐ Light
☐ Moderate
☐ Intense

98. Do you play any of the following active video games…. in your own home or at a friend's home? Check all that apply

	At home	At a friend's house
Wii Sports (ex.: Snowboarding)	☐	☐
Boxing (ex. : Punchout)	☐	☐
Dance Dance Revolution	☐	☐
Pump it up	☐	☐
Eye toy (ex. : Groove)	☐	☐
Jenny McCarthy «in shape»	☐	☐
EA active	☐	☐
Wii Fit:Yoga	☐	☐
Powergrid Fitness Kilowatt	☐	☐
Yourself Fitness!	☐	☐
Cyclescore	☐	☐
Other: _____	☐	☐

99. How often do you play active video games…?

	Never	Rarely	Sometimes	Often
Alone	☐	☐	☐	☐
With friends	☐	☐	☐	☐

100. How true is each of the following for you…?

	Not at all true	A bit true	Very true
I like to play active video games	☐	☐	☐
I prefer to play active video games more than outdoor sports	☐	☐	☐
I prefer to play active video games more than indoor sports	☐	☐	☐
I like to play active video games with friends	☐	☐	☐
I like to play active video games with my family	☐	☐	☐
I think that playing active video games is a good way to integrate physical activity into my life	☐	☐	☐
I think that I will play active video games for many years	☐	☐	☐

101. In the past 12 months, how often did you play each of the following games for money?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Lottery	☐	☐	☐	☐	☐
Horse racing	☐	☐	☐	☐	☐
Betting on professional sports	☐	☐	☐	☐	☐
Betting on college sports	☐	☐	☐	☐	☐
Bingo	☐	☐	☐	☐	☐
Slot machines	☐	☐	☐	☐	☐
Video Lottery Terminals (VLTs)	☐	☐	☐	☐	☐
Casino table games (Blackjack, poker)	☐	☐	☐	☐	☐
Dice/Craps	☐	☐	☐	☐	☐
Poker	☐	☐	☐	☐	☐
Blackjack	☐	☐	☐	☐	☐
Internet gambling (includes online poker)	☐	☐	☐	☐	☐
Other (specify)_____	☐	☐	☐	☐	☐

102. During the past 12 months, how often…?

	Never	Rarely	Some-times	Often
Have you been preoccupied with gambling (thinking about gambling, planning to gamble, thinking about ways to get money to gamble)	☐	☐	☐	☐
Have you needed to gamble with more and more money in order to get the amount of excitement you want	☐	☐	☐	☐
Have you tried to control, cut back or stop gambling without being able to	☐	☐	☐	☐
Have you felt restless or irritable when attempting to cut down or stop gambling	☐	☐	☐	☐
Have you gambled to escape from problems or when you were feeling bad	☐	☐	☐	☐
After losing money gambling, did you return another day to get even (try to win back money you lost)	☐	☐	☐	☐
Has your gambling led to lying to family members, your therapist, or other people, in order to conceal your involvement with gambling	☐	☐	☐	☐
Has your gambling led you to commit illegal acts such as forgery, fraud, theft, or embezzlement to finance it	☐	☐	☐	☐
Has your gambling led you to jeopardize or lose a significant relationship, job, or career or educational opportunity	☐	☐	☐	☐
Have you had to rely on others to provide money to relieve a desperate financial situation caused by gambling	☐	☐	☐	☐

103. In contrast to just feeling tired, how likely are you to doze off or fall asleep….?

	Not at all likely	A little likely	Quite likely	Very likely
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (theatre, meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after a lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in traffic	☐	☐	☐	☐

104. Have you ever received treatment for a sleep disorder?

☐ No → **Go to question 106**
☐ Yes

105. What type of treatment did you receive? Check all that apply.

☐ CPAP (Continuous Positive Airway Pressure)
☐ Surgery
☐ Medication (specify)_____

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

_____

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

_____ minutes

108. During the past month, what time did you usually get up in the morning?

_____

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

_____ hours of sleep

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

	Never	Rarely	Some-times	Often	Very Often
Focus on the problem and see how I can solve it	☐	☐	☐	☐	☐
Blame myself for having gotten into this situation	☐	☐	☐	☐	☐
Treat myself to a favorite food or snack	☐	☐	☐	☐	☐
Think about how I have solved similar problems	☐	☐	☐	☐	☐
Feel anxious about not being able to cope	☐	☐	☐	☐	☐
Go out for a snack or meal	☐	☐	☐	☐	☐
Determine a course of action and follow it	☐	☐	☐	☐	☐
Blame myself for being too emotional about the situation	☐	☐	☐	☐	☐
Buy myself something	☐	☐	☐	☐	☐
Work to understand the situation	☐	☐	☐	☐	☐
Become very upset	☐	☐	☐	☐	☐
Visit a friend	☐	☐	☐	☐	☐
Take corrective action immediately	☐	☐	☐	☐	☐
Blame myself for not knowing what to do	☐	☐	☐	☐	☐
Spend time with a special person	☐	☐	☐	☐	☐
Think about the event and learn from my mistakes	☐	☐	☐	☐	☐
Wish that I could change what has happened or how I felt	☐	☐	☐	☐	☐
Phone a friend	☐	☐	☐	☐	☐
Analyze the problem before reacting	☐	☐	☐	☐	☐
Focus on my general inadequacies	☐	☐	☐	☐	☐
Take time off and get away from the sitaution	☐	☐	☐	☐	☐

111. Do you have a bed partner or roommate?

- ☐ No bed partner or roommate → **Go to question 113**
- ☐ Partner/roommate in other room
- ☐ Partner in same room, but not same bed
- ☐ Partner in same bed

112. How often in the past month did your roommate or bed partner mention that you had…?

	Not at all	Less than once a week	1-2 times per week	3 or more times per week
Loud snoring	☐	☐	☐	☐
Long pauses between breaths while asleep	☐	☐	☐	☐
Legs twitching or jerking while you sleep	☐	☐	☐	☐
Episodes of disorientation or confusion during sleep	☐	☐	☐	☐
Other restlessness while you sleep (specify) _____	☐	☐	☐	☐

113. During 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	☐	☐	☐	☐
Woke up in the middle of the night or early morning	☐	☐	☐	☐
Had to get up to use the bathroom	☐	☐	☐	☐
Could not breathe comfortably	☐	☐	☐	☐
Coughed or snored loudly	☐	☐	☐	☐
Felt too cold while sleeping	☐	☐	☐	☐
Felt too hot while sleeping	☐	☐	☐	☐
Had bad dreams	☐	☐	☐	☐
Had pain while sleeping	☐	☐	☐	☐
Took medicine to help you sleep (prescribed or "over the counter")	☐	☐	☐	☐
Had trouble staying awake while driving, eating meals, engaging in social activities	☐	☐	☐	☐

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

- ☐ Not problem at all
- ☐ Only a very slight problem
- ☐ Somewhat of a problem
- ☐ A very big problem

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

	Not at all true	A bit true	Very true
I make mistakes because I don't pay attention or I have difficulty paying attention to detail	☐	☐	☐
I have difficulty concentrating when I work or play	☐	☐	☐
I have difficulty listening to what people say to me	☐	☐	☐
I have difficulty finishing my school work or other tasks I have to do	☐	☐	☐
I have difficulty organizing tasks and activities	☐	☐	☐
I do not like school or other work where I need to think a lot	☐	☐	☐
I lose things necessary for me to complete tasks or activities (pencils, book, tools)	☐	☐	☐
I am distracted when things happen around me	☐	☐	☐
I am distracted during my daily activities	☐	☐	☐
I squirm and fidget nervously with my hands and feet or I wriggle in my chair	☐	☐	☐
I leave my seat even though I am not supposed to (at school)	☐	☐	☐
I am agitated or very active	☐	☐	☐
I have difficulty doing leisure activities calmly	☐	☐	☐
I am always moving around (to do things)	☐	☐	☐
I talk too much	☐	☐	☐
I answer questions even before people finish asking the question	☐	☐	☐
I have difficulty waiting in line or waiting my turn	☐	☐	☐
I interrupt others while they are working	☐	☐	☐

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

- ☐ White
- ☐ Chinese
- ☐ South Asian (East Indian, Pakistani, Sri Lankan)
- ☐ Black
- ☐ Latin American
- ☐ Southeast Asian (Cambodian, Indonesian, Laotian, Vietnamese)
- ☐ Arabic
- ☐ West Asian (Afghan, Iranian)
- ☐ Other (specify)_____

117. 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)_____

118. What is your current marital status?

- ☐ Single
- ☐ Married
- ☐ Living as married (common-law)
- ☐ Divorced
- ☐ Separated
- ☐ Other (specify) _____

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

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

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

- ☐ No → **Go to question 122**
- ☐ Yes

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

_____hours per week

122. 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?

- ☐ Less than $20 000
- ☐ 20 000$ - 29 999$
- ☐ 30 000$ - 39 999$
- ☐ 40 000$ - 49 999$
- ☐ 50 000$ - 59 999$
- ☐ 60 000$ - 69 999$
- ☐ 70 000$ - 79 999$
- ☐ 80 000$ - 99 999$
- ☐ 100 000$ - 119 999$
- ☐ 120 000$ - 149 999$
- ☐ 150 000$ or more
- ☐ Don't know

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

Home address: _____

Home telephone number: _____

Cell phone number: _____

E-mail address: _____

Work address: _____

Work telephone number: _____

Name and contact information for one friend/relative whom we could contact in case we have difficulty contacting you?

Name of friend or relative: _____

Relation to this person _____

Address: _____

_____

_____

Telephone number: _____

E-mail address: _____

Any comments for us:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

End of questions
Thank you so much for responding!