étude NICO NDIT study
pour mieux comprendre | helping to understand

QUESTIONNAIRE FOR FATHER OR STEP- FATHER

or person most like father (i.e., someone who is/was very close to "NDIT participant")

Please note that by returning your completed questionnaire to us, **YOU CONSENT** to participate in the parent questionnaire component of the NDIT Study. If you do not wish to complete the questionnaire, please return the blank copy of the 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 participation.

1. Your name:_____
First Last

2. Today's date :_____/_____/_____
Day Month Year

3. Your date of birth:_____/_____/_____
Day Month Year

IN THIS QUESTIONNAIRE, "NDIT participant" REFERS TO:

NDIT participant's name

4. What is your relationship with "NDIT participant"?

- ☐ Biological father
- ☐ Step- father
- ☐ Grandfather
- ☐ Other (specify)_____

5. How old was "NDIT participant" when you first began living with him/her at least half (50%) of the time?

_____ months old **OR** _____ years old

☐ I lived with "NDIT participant" all his/her life

6. How many years did/have you live(d) with "NDIT participant" at least half (50%) of the time?

_____ years

7. Have you ever smoked cigarettes?

- ☐ No → **Go to question 10**
- ☐ Yes

8. At what age did you smoke cigarettes for the first time?

_____ years

9. Have you smoked a total of 100 or more cigarettes (about 4 packs) in your lifetime?

- ☐ No
- ☐ Yes

10. Even if you do not smoke now, how often do you feel like you really need a cigarette?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

11. Even if you do not smoke now, how often do you have cravings to smoke cigarettes?

- ☐ Never → **Go to question 13**
- ☐ Very rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

12. How strong are your cravings to smoke cigarettes?

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

13. Even if you do not smoke now, do you ever feel addicted to smoking cigarettes …?

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

14. At the present time, do you smoke cigarettes…?

- ☐ Daily
- ☐ Occasionally
- ☐ Not at all → **Go to question 29**

15. On the days that you smoke, about how many cigarettes do you usually smoke each day?

_____ cigarettes each day

16. When you cut down or stop using cigarettes or when you cannot smoke for a long period (like most of the day), how often do you …?

	Never	Rarely	Some-times	Often	Don't know
Feel irritable or angry	☐	☐	☐	☐	☐
Feel restless	☐	☐	☐	☐	☐
Feel nervous, anxious or tense	☐	☐	☐	☐	☐
Have trouble concentrating	☐	☐	☐	☐	☐
Feel a strong urge or need to smoke	☐	☐	☐	☐	☐
Have trouble sleeping	☐	☐	☐	☐	☐

17. Has your doctor ever…

	No	Yes	Not applicable
Asked you if you smoke	☐	☐	☐
Advised you to quit smoking	☐	☐	☐
Given you specific advice or information to help you quit smoking	☐	☐	☐

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

☐ Not at all difficult
☐ A bit difficult
☐ Very difficult
☐ Don't know

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

☐ First cigarette of the day
☐ Another cigarette (specify) _____

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

☐ No
☐ Yes

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

	Not at all true	A bit true	Very true
Cigarettes are good for dealing with boredom.	☐	☐	☐
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.	☐	☐	☐
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 I am not allowed to smoke even though I might enjoy being 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 socializing with certain people because of my smoking	☐	☐	☐

22. 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 1 hour after waking, but before noon
☐ After noon or in the evening

23. If you are sick with a bad cold or sore throat, do you continue to 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

24. Have you ever tried to quit smoking or to reduce the amount of cigarettes that you smoke?

☐ No → **Go to question 29** ☐ Yes

25. When was the last time you tried to quit smoking or to reduce the amount of cigarettes that you smoke?

_____ months ago **OR** _____ years ago

26. The last time that you tried to quit or to reduce the amount of cigarettes that you smoke, did you…?

- ☐ Cut down a lot
- ☐ Cut down a little
- ☐ Smoke the same amount
- ☐ Quit completely for _____ days **OR** ____ months
- ☐ Quit completely and remain non-smoking

27. What is/are the reason(s) that you tried to quit or to reduce the amount of cigarettes that you smoke? *Check all that apply.*

- ☐ To maintain or improve your health
- ☐ To avoid exposing others to secondhand smoke
- ☐ Pressure from family
- ☐ Pressure from friends
- ☐ Pressure from people in general
- ☐ Because smoking in public places is restricted
- ☐ To save money
- ☐ Other (specify) _____

28. Did you use any of the following to help you quit or to reduce the amount of cigarettes that you smoke? *Check all that apply.*

- ☐ J'Arrête telephone quit-line
- ☐ J'Arrête website
- ☐ Quit-Smoking Center
- ☐ Consulted a physician
- ☐ Nicotine patch or gum
- ☐ Zyban, bupropion, other medication
- ☐ Other (specify) _____
- ☐ I did not use anything to help me

29. Do/did any of the following people smoke cigarettes?

Your…	Never	Occasionally	Daily	Not applicable
Biological mother	☐	☐	☐	☐
Biological father	☐	☐	☐	☐
Step-mother	☐	☐	☐	☐
Step-father	☐	☐	☐	☐
Sister, step-sister(s)	☐	☐	☐	☐
Brother, step-brother(s)	☐	☐	☐	☐

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

- ☐ No
- ☐ Smoking is not allowed at all → **Go to question 32**
- ☐ Smoking is allowed in certain rooms only
- ☐ Other (specify)_____

31. About how many people smoke daily or almost every day inside your home?

☐ None **OR** _____ people

32. How often are/do you…?

	Never	Rarely	Some-times	Often	Very often
Wide awake and alert most of the day	☐	☐	☐	☐	☐
Tired and grumpy during the day	☐	☐	☐	☐	☐
Have trouble getting out of bed in the morning	☐	☐	☐	☐	☐
Fall back to sleep after being awakened in the morning	☐	☐	☐	☐	☐
Need someone to wake you in the morning	☐	☐	☐	☐	☐
Think you need more sleep	☐	☐	☐	☐	☐
Stop breathing for short time periods while sleeping	☐	☐	☐	☐	☐
Have difficulty falling asleep	☐	☐	☐	☐	☐
Have an irresistible urge to move your legs while sleeping, to relieve abnormal sensations	☐	☐	☐	☐	☐

33. On weekdays during the past month, at what time did you usually…

Go to sleep	_____ o'clock in the evening
Wake up	_____ o'clock in the morning

34. 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

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

☐ None → **Go to question 37**

_____ days in the last 7 days

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

___ minutes per day

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

☐ None → **Go to question 39**

_____ days in the last 7 days

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

___ minutes per day

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

☐ None → **Go to question 41**

_____ days in the last 7 days

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

___ minutes per day

41. How tall are you without shoes on?

_____ feet ____inches **OR** _____ meters

☐ Don't know

42. How much do you weigh?

_____ pounds **OR** _____ kilograms

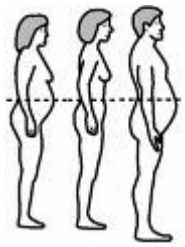
☐ Don't know

43. Do you consider yourself…?

- ☐ Too thin
- ☐ Just about right
- ☐ A little overweight
- ☐ Moderately overweight
- ☐ Very overweight

44. What is your waist circumference? Please use the measuring tape provided in your package.

(i) Locate the top of your hip bone.
(ii) Place the tape measure evenly around your bare abdomen at the level of this bone. Relax your abdomen and <u>do not hold your breath</u>. Make sure the tape is not too tight. HINT: To make it easier, level the measuring tape to your navel and hold it parallel to the floor.
(iii) Read the tape measure and record your waist circumference in centimetres or inches.



_____ centimeters **OR** _____ inches

45. In general, how would you rate your…?

	Excellent	Very good	Good	Fair	Poor
Physical health	☐	☐	☐	☐	☐
Mental health	☐	☐	☐	☐	☐
Ability to handle unexpected problems (family or personal crisis)	☐	☐	☐	☐	☐
Ability to handle day-to-day demands (work, family responsibilities)	☐	☐	☐	☐	☐

46. Have you ever been <u>diagnosed</u> by a health professional with any of the following? How old were you when first diagnosed? Have you ever been prescribed medication for this problem?

	No	Yes	Age first diag-nosed	Prescribed medication	
Asthma	☐	☐	___ years	☐No	☐Yes
Migraine headaches	☐	☐	___ years	☐No	☐Yes
High blood pressure	☐	☐	___ years	☐No	☐Yes
Diabetes	☐	☐	___ years	☐No	☐Yes
Cholesterol or lipid problems	☐	☐	___ years	☐No	☐Yes
Cancer (specify)_____	☐	☐	___ years	☐No	☐Yes
Thyroid condition	☐	☐	___ years	☐No	☐Yes
COPD (chronic bronchitis or emphysema)	☐	☐	___ years	☐No	☐Yes
Back problem	☐	☐	___ years	☐No	☐Yes
Gum or periodontal disease	☐	☐	___ years	☐No	☐Yes
Learning disability (dyslexia)	☐	☐	___ years	☐No	☐Yes
Bowel disorder (Crohn's disease, ulcerative colitis, irritable bowel)	☐	☐	___ years	☐No	☐Yes
Eating disorder (anorexia, bulimia)	☐	☐	___ years	☐No	☐Yes
Intestinal or stomach ulcers	☐	☐	___ years	☐No	☐Yes
Separation anxiety disorder	☐	☐	___ years	☐No	☐Yes
Other anxiety disorder (phobia, obsessive-compulsive disorder, panic attacks, generalized anxiety disorder)	☐	☐	___ years	☐No	☐Yes
ADHD (attention deficit-hyperactivity disorder)	☐	☐	___ years	☐No	☐Yes
Behavioral problems (oppositional defiant disorder, conduct disorder)	☐	☐	___ years	☐No	☐Yes
Depression	☐	☐	___ years	☐No	☐Yes
Bipolar disorder	☐	☐	___ years	☐No	☐Yes
Schizophrenia or psychosis	☐	☐	___ years	☐No	☐Yes
Drug problem	☐	☐	___ years	☐No	☐Yes
Alcohol problem	☐	☐	___ years	☐No	☐Yes
Sleep disorder	☐	☐	___ years	☐No	☐Yes
Gambling problems	☐	☐	___ years	☐No	☐Yes
Cardiovascular disease	☐	☐	___ years	☐No	☐Yes
Other (specify)_____	☐	☐	___ years	☐No	☐Yes

47. How often do you…?

	Never	Rarely	Some-times	Often	Very often
Smoke cigars	☐	☐	☐	☐	☐
Smoke a pipe	☐	☐	☐	☐	☐
Smoke cigarillos	☐	☐	☐	☐	☐
Use Bidis (a tobacco product from India)	☐	☐	☐	☐	☐
Use chewing tobacco	☐	☐	☐	☐	☐
Use snuff	☐	☐	☐	☐	☐
Use a water pipe (hubble bubble, nargilé, shisha)	☐	☐	☐	☐	☐
Drink alcoholic beverages (beer, wine, liquor)	☐	☐	☐	☐	☐
Drink 5 or more alcoholic beverages on one occasion	☐	☐	☐	☐	☐
Play games (cards, bingo, dice) for money	☐	☐	☐	☐	☐
Bet money (slot machines, sports pool, casino, over the Internet)	☐	☐	☐	☐	☐
Buy lottery tickets (6-49, Sports Select, Instant lottery, Scratch and win)	☐	☐	☐	☐	☐
Use marijuana, cannabis, hashish	☐	☐	☐	☐	☐
Use other illicit drug(s)	☐	☐	☐	☐	☐

48. How often have you…

	Never	Rarely	Some-times	Often	Very often
Talked to "NDIT participant" about the risks or consequences of gambling	☐	☐	☐	☐	☐
Gambled with "NDIT participant"	☐	☐	☐	☐	☐
Worried about "NDIT participant's" gambling	☐	☐	☐	☐	☐
Worried or been stressed about your relationship with "NDIT participant"	☐	☐	☐	☐	☐
Worried or been stressed about financial problems in your family	☐	☐	☐	☐	☐

49. The following statements are about families and family relationships. For each one, please indicate which response best describes your family.

	Strongly disagree	Dis-agree	Agree	Strongly agree
Planning family activities is difficult because we misunderstand each other	☐	☐	☐	☐
In times of crisis we can turn to each other for support	☐	☐	☐	☐
We cannot talk to each other about sadness we feel	☐	☐	☐	☐
Individuals (in the family) are accepted for what they are	☐	☐	☐	☐
We avoid discussing our fears and concerns	☐	☐	☐	☐
We express feelings to each other	☐	☐	☐	☐
There are lots of bad feelings in our family	☐	☐	☐	☐
We feel accepted for what we are	☐	☐	☐	☐
Making decisions is a problem for our family	☐	☐	☐	☐
We are able to make decisions about how to solve problems	☐	☐	☐	☐
We don't get along well together	☐	☐	☐	☐
We confide in each other	☐	☐	☐	☐

50. Canadians come from many cultural and racial backgrounds. Which best describes your background and that of your biologic parents?

	You	Your biological mother	Your biological father
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) _____	☐	☐	☐

51. What is your current marital status?

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

52. What is the highest level of education that you have attained?

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

53. At the present time, which of the following best describes your main occupation?

- ☐ Full-time job (35 or more hours a week)
- ☐ Part-time job (less than 35 hours a week)
- ☐ Full-time student
- ☐ Part-time student
- ☐ Homemaker
- ☐ Not working for health reasons
- ☐ Unemployed
- ☐ On welfare (social assistance)
- ☐ Other (specify) _____

54. 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 - $124,999
- ☐ $125 000- $149 999
- ☐ $150 000 - $249 999
- ☐ More than $250 000
- ☐ Don't know

End of questions. Thank you very much!