

Questionnaire on the health and neighbourhoods of young adult Montrealers

Dear ISIS participant,

It has been two years since you completed the first ISIS questionnaire (how time flies!). We truly appreciate your interest in this project. Your ongoing participation is very important because it allows us to better understand the link between neighbourhoods and young adults' health in Montreal. Thanks to your participation we will be able to develop strategies to improve our city's neighbourhoods for the benefit of all its inhabitants.

This questionnaire is similar to the first, but includes new questions. It will allow us to assess if there have been changes in certain aspects of your life over the past two years. In particular, the questions concern the following subjects:

- Your health
- Your cigarette use
- Places where you get health care
- Your relationships and the scope of possibilities in your life
- The languages you speak and your religious beliefs
- Your studies and your work
- Your housing
- Your expenses
- Your neighbourhood
- Places where you spend time

We pledge to never publish any personal information that would make it possible to identify you. If there is any question you would rather not answer, please just go on to the next one.

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

- Most of the questions are multiple choice. Select the answer that applies to you.
- Choose only one answer for each question, unless the instructions say otherwise.
- On the next page you will find the consent form. Please read it carefully. At the bottom of the form you will be asked to decide whether you accept or refuse to participate in this study.
- Make sure to click on "validate" at the end of the questionnaire.

If you have any questions, please don't hesitate to contact us:

☎ (514) 343-2414 or ✉ isis@umontreal.ca

QUESTIONS ABOUT ELIGIBILITY

The following questions are to confirm that you are eligible to take part in this study.

A1. What is your home address?

NUMBER AND STREET NAME:

CITY:

PROVINCE:

POSTAL CODE:

A2. Do you live on the island of Montreal?

Yes →go to question A4

No

A3. In which city or municipality of the Montreal metropolitan region do you live?

- | | | |
|---|---|--|
| <input type="radio"/> Beauharnois, | <input type="radio"/> Les Coteaux, | <input type="radio"/> Saint-Lazare, |
| <input type="radio"/> Beloeil, | <input type="radio"/> Longueuil, | <input type="radio"/> Saint-Mathias-sur-Richelieu, |
| <input type="radio"/> Blainville, | <input type="radio"/> Lorraine, | <input type="radio"/> Saint-Mathieu, |
| <input type="radio"/> Bois des filions, | <input type="radio"/> Léry, | <input type="radio"/> Saint-Mathieu-de-Beloeil, |
| <input type="radio"/> Boisbriand, | <input type="radio"/> Mascouche, | <input type="radio"/> Saint-Philippe, |
| <input type="radio"/> Boucherville, | <input type="radio"/> McMasterville, | <input type="radio"/> Saint-Placide, |
| <input type="radio"/> Brossard, | <input type="radio"/> Mercier, | <input type="radio"/> Saint-Sulpice, |
| <input type="radio"/> Candiac, | <input type="radio"/> Mirabel, | <input type="radio"/> Saint-Zotique, |
| <input type="radio"/> Carignan, | <input type="radio"/> Mont-Saint-Hilaire, | <input type="radio"/> Sainte-Anne-des-Plaines, |
| <input type="radio"/> Chambly, | <input type="radio"/> Notre-Dame-de-l'Île-Perrot, | <input type="radio"/> Sainte-Catherine, |
| <input type="radio"/> Charlemagne, | <input type="radio"/> Oka, | <input type="radio"/> Sainte-Julie, |
| <input type="radio"/> Châteauguay, | <input type="radio"/> Otterburn Park, | <input type="radio"/> Sainte-Marthe-sur-le-Lac, |
| <input type="radio"/> Coteau-du-Lac, | <input type="radio"/> Pincourt, | <input type="radio"/> Sainte-Thérèse, |
| <input type="radio"/> Delson, | <input type="radio"/> Pointe-Calumet, | <input type="radio"/> Terrasse-Vaudreuil, |
| <input type="radio"/> Deux-Montagnes, | <input type="radio"/> Pointe-des-Cascades, | <input type="radio"/> Terrebonne, |
| <input type="radio"/> Gore, | <input type="radio"/> Repentigny, | <input type="radio"/> Varennes, |
| <input type="radio"/> Hudson, | <input type="radio"/> Richelieu, | <input type="radio"/> Vaudreuil-Dorion, |
| <input type="radio"/> Kahnawake, | <input type="radio"/> Rosemère, | <input type="radio"/> Vaudreuil-sur-le-Lac, |
| <input type="radio"/> Kanesatake, | <input type="radio"/> Saint-Amable, | <input type="radio"/> Verchères, |
| <input type="radio"/> L'Assomption, | <input type="radio"/> Saint-Basil-le-Grand, | <input type="radio"/> NONE OF THE ABOVE → |
| <input type="radio"/> L'Épiphanie, | <input type="radio"/> Saint-Bruno-de-Montarville, | We're sorry to inform you that |
| <input type="radio"/> L'Île-Cadieux, | <input type="radio"/> Saint-Colomban, | this questionnaire only pertains |
| <input type="radio"/> L'Île-Dorval, | <input type="radio"/> Saint-Constant, | to residents of the Montreal |
| <input type="radio"/> L'Île-Perrot, | <input type="radio"/> Saint-Eustache, | metropolitan region. You are |
| <input type="radio"/> La Prairie, | <input type="radio"/> Saint-Isidore, | therefore not eligible. Thank |
| <input type="radio"/> Laval, | <input type="radio"/> Saint-Joseph-du-Lac, | you for your participation! |
| <input type="radio"/> Lavaltrie, | <input type="radio"/> Saint-Jérôme, | |
| <input type="radio"/> Les Cèdres, | <input type="radio"/> Saint-Lambert, | |

A3. How long have you been living at your current address?

- Less than 1 year
- More than 1 year but less than 2 years
- Between 2 and 5 years
- More than 5 years

YOUR HEALTH

1. Compared to other people your age, would you say that, in general, your physical health is:

- Excellent
- Very good
- Pretty good
- Fair
- Poor
- I don't know

2. Compared to other people your age, would you say that, in general, your mental health is:

- Excellent
- Very good
- Pretty good
- Fair
- Poor
- I don't know

3. How do you feel about your life as a whole right now?

Please select a value from 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied".

- 0 – Very dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Very satisfied

4. Are you able to...

[Please check one answer per line]

	Completely able	Somewhat able	Not very able	Not at all able	I don't know
Carry an 8-kg (18 lbs) weight up 3 flights of stairs (for example, 6 full bags of groceries)	<input type="radio"/>				
Raise your upper body from a lying position without using your arms (sit-up)	<input type="radio"/>				
Carry 2 heavy suitcases up 3 flights of stairs	<input type="radio"/>				
Walk 20 minutes (about 2 kilometres or 1 mile) at a sustained pace without a break	<input type="radio"/>				

	Completely able	Somewhat able	Not very able	Not at all able	I don't know
Run 6 minutes (about 1 kilometre or ½ mile) without a break	<input type="radio"/>				
Run 30 minutes (about 5 kilometres or 3 miles) without a break	<input type="radio"/>				
Touch the floor with your hands while sitting in a chair	<input type="radio"/>				
Touch the floor with your hands while standing (without bending your knees)	<input type="radio"/>				
Touch your knees with your head while standing	<input type="radio"/>				
Stay balanced on one leg (at least 15 seconds) without holding on to anything	<input type="radio"/>				
Do a somersault	<input type="radio"/>				
Jump over a 1-meter (3-foot) high fence by supporting yourself on it	<input type="radio"/>				

5. Do you suffer from one of the following health problems: chronic bronchitis, persistent cough or asthma?

- Yes
- No
- I don't know

YOUR CIGARETTE USE

6. In your life, have you smoked a total of 100 cigarettes or more (around 4 packs)?

- Yes → go to question 8
- No

7. Have you ever smoked an entire cigarette?

- Yes
- No → go to question 33

8. How old were you when you smoked an entire cigarette for the first time?

_____ years

9. During the past 30 days (past month), have you smoked part or all of a cigarette?

- Yes
- No

10. Currently, do you smoke cigarettes every day, sometimes or never?

- Every day
- Sometimes → go to question 18
- Never → go to question 28

If you smoke every day

11. How old were you when you started smoking cigarettes every day?

_____ years

12. Currently, how many cigarettes do you smoke each day?

_____ cigarette(s) per day

13. How do you get your tobacco products (cigarettes, rolling tobacco, cigarillos)? Choose all the answers that apply to you.

- At the convenience store (dépanneur) or the tobacco store
- At the grocery store
- From friends, co-workers or other people you know
- From members of your family
- On an Indian reserve
- Other, specify: _____

14. In what form do you get cigarettes? Choose all the answers that apply to you.

- As singles
- By the pack
- As a carton
- In a plastic bag (Ziploc®-type)
- As rolling tobacco
- Other, specify: _____

15. Are you seriously considering quitting smoking in the next 30 days?

- Yes
- No

16. In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

- Yes
- No → go to question 33

17. How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit.)

_____ times → go to question 33

If you smoke sometimes

18. On the days when you smoke, how many cigarettes do you usually smoke?

_____ cigarette(s) per day

19. In the past month, how many days did you smoke one cigarette or more?

_____ day(s)

20. How do you get your tobacco products (cigarettes, rolling tobacco, cigarillos)? Choose all the answers that apply to you.

- At the convenience store (dépanneur) or the tobacco store
- At the grocery store
- From friends, co-workers or other people you know
- From members of your family
- On an Indian reserve
- Other, specify: _____

21. In what form do you get cigarettes? Choose all the answers that apply to you.

- As singles
- By the pack
- As a carton
- In a plastic bag (Ziploc®-type)
- As rolling tobacco
- Other, specify: _____

22. Have you ever smoked cigarettes every day?

- Yes
- No → go to question 25

23. How old were you when you started smoking cigarettes every day?

_____ years

24. When did you stop smoking every day?

- Less than 1 year ago
- From 1 year ago to less than 2 years ago
- From 2 years ago to less than 3 years ago
- 3 or more years ago

25. Are you seriously considering quitting smoking in the next 30 days?

- Yes
- No

26. In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

- Yes
- No → go to question 33

27. How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit.)

_____ times → go to question 33

If you never smoke

28. Have you ever smoked cigarettes every day?

- Yes
- No → go to question 32

29. How old were you when you started smoking cigarettes every day?

_____ years

30. When did you stop smoking every day?

- Less than 1 year ago
- From 1 year ago to less than 2 years ago → go to question 32
- From 2 years ago to less than 3 years ago → go to question 32
- 3 or more years ago → go to question 32

31. How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit.)

_____ times

32. When was the last time you smoked a cigarette?

- Less than 1 year ago
- From 1 year ago to less than 2 years ago
- From 2 years ago to less than 3 years ago
- 3 or more years ago

33. How many of your friends smoke?

- None
- One or a few
- About half
- Most
- All
- I don't know

34. How many members of your immediate family smoke?

- None
- One or a few
- About half
- Most
- All
- I don't know

PLACES WHERE YOU GET HEALTH CARE

35. Do you have a regular medical doctor (also known as a family doctor)?

- Yes
- No
- I don't know

36. Is there a place that you usually go to when you are sick or need advice about your health?

- Yes
- No → go to question 40
- I don't know

37. What kind of place is it?

If there is more than one usual place, please choose the place that you go to most often.

- Doctor's office
- Community health centre/CLSC
- Walk-in clinic
- Appointment clinic
- Telephone health line (for example, Health-Line, TeleCare, InfoSanté) → go to question 40
- Hospital emergency room
- Hospital outpatient clinic
- Other

38. What is the name of this place?

39. What is the address of this place?

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

YOUR RELATIONSHIPS AND THE SCOPE OF POSSIBILITIES IN YOUR LIFE

40. What is your marital status?

- Single
- Married
- Common-law or in a couple
- Separated or divorced
- Widowed

41. In general, how satisfied are you with your relationships with your friends?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

42. I feel the scope (possibilities)...

Please check one answer per line

	Very good	Good	Somewhat good	Neutral	Somewhat bad	Bad	Very bad
to seek happiness in my life is...	<input type="radio"/>						
to achieve things in my life is...	<input type="radio"/>						
to live a healthy life is...	<input type="radio"/>						
for intellectual stimulation in my life is...	<input type="radio"/>						
to form satisfying social relations in my life is...	<input type="radio"/>						
for being in pleasant environments (taking home, work, and leisure together) in my life is...	<input type="radio"/>						
to act with personal integrity in my life is...	<input type="radio"/>						
of my options are...	<input type="radio"/>						

THE LANGUAGES YOU SPEAK AND YOUR RELIGIOUS BELIEFS

43. What language(s) do you speak most often at home?

Choose all the answers that apply to you if these languages are spoken equally often at home.

- French
- English
- Other, specify: _____

44. Do you identify with any religion?

- Yes
- No → go to question 47

45. How important is your religion to you?

- Not at all important
- Not very important
- Somewhat important
- Very important

46. In the past 12 months, how often did you attend or participate in religious activities, services or meetings, aside from weddings or funerals?

- At least once a week
- At least once a month
- At least 3 times a year
- Once or twice a year
- Never

YOUR STUDIES AND YOUR WORK

47. What is the highest level of education you have completed (this does not include current studies)?

- No school, or only kindergarten
- Elementary school
- Secondary 4 or less (10th grade or less)
- Secondary 5 (11th grade)
- Diploma or certificate of studies in a technical program at a CEGEP, a trade school, a commercial or private college, a technical institute, or a nursing school
- Diploma or certificate of studies in a general program at a CEGEP
- University undergraduate certificate
- Bachelor's degree
- Degree in medicine, dentistry, veterinary medicine, optometry or chiropracy
- University graduate certificate
- Master's degree
- Earned doctorate

The following four questions are regarding the education levels and age of your mother and of your father or of the person who took the role of your mother and/or of your father while you were growing up.

48. What was the highest level of education that your mother attained (this does not include current studies)?

- No school, or only kindergarten
- Elementary school
- Secondary 4 or less (10th grade or less)
- Secondary 5 (11th grade)
- Diploma or certificate of studies in a technical program at a CEGEP, a trade school, a commercial or private college, a technical institute, or a nursing school
- Diploma or certificate of studies in a general program at a CEGEP
- University undergraduate certificate
- Bachelor's degree
- Degree in medicine, dentistry, veterinary medicine, optometry or chiropracy
- University graduate certificate
- Master's degree
- Earned doctorate
- I don't know

49. What was the highest level of education that your father attained (this does not include current studies)?

- No school, or only kindergarten
- Elementary school
- Secondary 4 or less (10th grade or less)
- Secondary 5 (11th grade)
- Diploma or certificate of studies in a technical program at a CEGEP, a trade school, a commercial or private college, a technical institute, or a nursing school
- Diploma or certificate of studies in a general program at a CEGEP
- University undergraduate certificate
- Bachelor's degree
- Degree in medicine, dentistry, veterinary medicine, optometry or chiropracy
- University graduate certificate
- Master's degree
- Earned doctorate
- I don't know

50. How old is your mother?

(If your mother has passed away, please indicate the age she would have been today)

_____ years

51. How old is your father?

(If your father has passed away, please indicate the age he would have been today)

_____ years

52. If needed, can anyone in your family put you in contact with people who can help you improve your employment situation?

- Most probably
- Probably
- Not very probably
- Not at all probably
- Does not apply (no contact, deceased, etc.)
- I don't know

YOUR HOUSING

53. Including yourself, how many people currently live or reside at your address?

- 1 → go to question 55
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

54. Who do you currently live with? Choose all the answers that apply to you.

I live...

- With both my parents
- With one of my parents
- With my brothers and sisters
- With grandparents or other members of my family
- With my partner/spouse
- With my children or my partner/spouse's children
- With roommates, friends or other people I know
- Other

55. Who owns the home you live in?

I am / a member of my family is the ...

- Owner of the home
- Tenant in the home

56. How many rooms are there in the home you live in?

Please include all the rooms except the bathroom and hallway(s).

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

YOUR EXPENSES

57. With the following questions we want to find out whether, in the past 12 months, you ever didn't have enough money to pay for various things needed for daily life. If this has happened to you, we would like to know how serious that situation was.

On each line, please check one answer in the first section; if your answer is "yes", please also check one box in the second section

	In the <u>past 12 months</u> , did you, or the person responsible for this expense, ever not have enough money to...			If <u>yes</u> , how serious was this lack of money?				
	Yes	No	I don't know	Not at all serious	A little serious	Somewhat serious	Very serious	I don't know
... pay the rent or mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... pay for electricity, hot water, or heat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... buy food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. If you needed money urgently, could you borrow \$500 quickly from the following persons?

Please check one answer on each line

	Yes	No	Does not apply (no contact, deceased, etc.)	I don't know
Your mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A grandparent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A co-worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR NEIGHBOURHOOD

The following questions are about how you perceive your residential neighbourhood to be.

59. In your neighbourhood, how many people can you say hello to on a regular basis?

- No one
- A few people
- Several people
- Most people

Please indicate how much you agree or disagree with the following three statements:

60. I can trust the people in my neighbourhood.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

61. I feel safe going out alone at night in my neighbourhood.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

62. The people in my neighbourhood help each other out (for example, lending tools, picking up mail, letting others use their telephone, etc.).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

63. To what extent do you agree with the following statements regarding the neighbourhood where you live?

Please check one answer per line

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	I don't know
There are enough businesses (grocery stores, shops, cafés, etc.) in the neighbourhood where I live	<input type="radio"/>				
There are enough sport and recreation areas in the neighbourhood where I live	<input type="radio"/>				
There are enough health care services in the neighbourhood where I live	<input type="radio"/>				

64. The previous questions were about your neighbourhood (the people who live there and the services you find there, etc.).

To help us understand what geographical area you are referring to, please name three or four places and/or streets that mark the boundaries of your neighbourhood as you perceive them to be.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PLACES WHERE YOU SPEND TIME

Your neighbourhood and the places where you spend time might affect your health. The following questions are about the places where you spend time on a regular basis. For each category, please identify as precisely as possible on the map the place where you do the activity in question. For some types of activities you can indicate two places, starting with the one you go to most often.

Studies

65. Are you currently a student (either full-time, part-time, or in an internship program)?

- Yes
 No → go to question 70

66. What is the name of the institution you attend for your studies, including the campus and the building (if these apply)?

NAME OF THE INSTITUTION:

NAME OF THE CAMPUS :

NAME OF THE BUILDING :

67. What is the address of this study location? If you are studying at home or doing a distance learning program, please indicate it here.

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

68. In a typical 7-day week, how many hours do you spend at this place for school purposes?

_____ hour(s) per week

69. To what extent do you agree with the following statements regarding the place where you go to study:

	Strongly agree	Somewhat agree	Strongly disagree	Somewhat disagree	I don't know
There are enough businesses (grocery stores, shops, cafés, etc.) near the place where I study	<input type="radio"/>				
There are enough sport and recreation areas near the place where I study	<input type="radio"/>				
There are enough health care services near the place where I study	<input type="radio"/>				

Work

70. Are you currently in paid employment?

This includes full-time work or part-time work, whether you are an employee, self-employed, a freelancer, on contract, in an internship, on vacation, on parental leave, on sick leave or work-accident leave, on strike or lock-out situation.

Yes

No → go to question 82

71. If you are currently in paid employment, do you work...

Choose all the answers that apply to you.

Full-time

Part-time

On contract or freelance

72. Where do you work? You can name up to two jobs or workplaces, if necessary.

Job or workplace 1

NAME OF COMPANY OR EMPLOYER:

73. Usually, do you work mostly :

- from home → go to question 75
- on the road → go to question 77
- neither at home nor on the road

74. What is the address of this workplace?

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

POSTAL CODE :

NEIGHBOURHOOD :

CITY:

75. In a typical 7-day week, how many hours do you spend at this place for work purposes?

_____ hour(s) per week

76. To what extent do you agree with the following statements regarding your workplace:

	Strongly agree	Somewhat agree	Strongly disagree	Somewhat disagree	I don't know
There are enough businesses (grocery stores, shops, cafés, etc.) near my workplace	<input type="radio"/>				
There are enough sport and recreation areas near my workplace	<input type="radio"/>				
There are enough health care services near my workplace	<input type="radio"/>				

77. Do you work anywhere else, either as part of this job, or for another job?

- Yes, I have another job
- Yes, I work somewhere else as part of this same job → go to question 79
- No, I always work in the same place → go to question 82

Job or workplace 2

78. Where do you work mostly?

NAME OF COMPANY OR EMPLOYER:

79. Usually, do you work :

- from home → go to question 81
- on the road → go to question 82
- neither at home nor on the road

80. What is the address of this second workplace?

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

POSTAL CODE :

NEIGHBOURHOOD :

CITY:

81. In a typical 7-day week, how many hours do you spend at this place for work purposes?

_____ hour(s) per week

Grocery shopping

82. In your household, who does the grocery shopping?

- Only you
- Partly you
- Someone other than you → go to question 88

83. When you are the one doing the grocery shopping, where do you go? You can name up to two places (if necessary), starting with the place you go to most often.

Primary place:

NAME OF THE PLACE (example: "Such-and-such" grocery store, "Such-and-such" convenience store, "Such-and-such" public market) :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

84. In the past month, how many times have you gone to this place to buy groceries?

_____ time(s) in the past month

85. Is there another place where you regularly do your grocery shopping?

Yes

No → go to question 88

Second place

86. What are the name and the address of this second place where you do your grocery shopping?

NAME OF THE PLACE (example: "Such-and-such" grocery store, "Such-and-such" convenience store, "Such-and-such" public market) :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

87. In the past month, how many times have you gone to this place to buy groceries?

_____ time(s) in the past month

Physical activities and sports

88. Do you regularly engage in physical activity or sports?

- Yes
 No → go to question 93

89. Do you usually engage in physical activity or sports in a particular place?

- Yes, I usually do these types of activities at home → go to question 91
 Yes, I usually do these types of activities other than at home, in one specific place that I go to regularly
 No, I do not do these types of activities at one specific place on a regular basis → go to question 92

90. Where do you usually engage in physical activity or sports?

NAME OF THE PLACE :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

91. In a typical 7-day week, how many hours do you spend at this place doing physical activity or sports?

_____ hour(s) per week

Leisure activities

92. Do you regularly engage in leisure activities?

- Yes
 No → go to question 96

93. Do you usually engage in leisure activities in a particular place?

- Yes, I usually do these types of activities at home → go to question 95
 Yes, I usually do these types of activities other than at home, in one specific place that I go to regularly
 No, I do not do these types of activities at one specific place on a regular basis → go to question 96

94. Where do you usually engage in leisure activities?

NAME OF THE PLACE :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

95. In a typical 7-day week, how many hours do you spend at this place doing leisure activities?

_____ hour(s) per week

Other places where you spend time

96. Aside from the places you've already mentioned, are there other places where you regularly spend time?

These could be public places or private homes (yours or someone else's). They could be places where you spend time with friends, your partner/spouse or members of your family, or where you engage in sports or leisure, or where you are doing a study or professional internship, volunteering, or engaging in social or religious activities.

Yes

No → go to question 104

97. What are the name and address of this place where you regularly spend time? You will be able to name up to two places (if necessary), starting with the one where you spend the most time.

NAME OF THE PLACE :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

98. In a typical 7-day week, how many hours do you spend at this place?

_____ hour(s) per week

99. What do you usually do there?

100. Is there another place where you regularly spend time?

Yes

No → go to question 104

101. What are the name and address of this other place where you regularly spend time?

NAME OF THE PLACE :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

102. In a typical 7-day week, how many hours do you spend at this place?

_____ hour(s) per week

103. What do you usually do there?

The following three questions are about your access to different means of transportation.

104. Do you have a driver's license?

Yes

No

105. Do you own a car, or have a car at your disposal (for example, the car of a friend or family member, or membership in a car sharing system such as *Communauto*, etc.)?

Yes

No

106. Do you have a monthly public transit pass (bus, metro and/or train)?

- Yes
- No

A FEW LAST QUESTIONS

Even though healthcare expenses are partly covered by Quebec's public health insurance program, there continues to be a link between health status and income. We would appreciate if you could answer the following two questions so that we can study this link. Please be assured that all the information collected as part of this study will be treated strictly confidentially.

107. Approximately what was your total personal income LAST YEAR, before tax deductions?

Please include any financial aid you may have received (for example, a scholarship, employment insurance benefits, CSST or other insurance benefits, etc.)

- No personal income
- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 and more
- I don't know

108. In the past 12 months, have you received any social assistance, that is, financial aid provided as a last resort (also known as welfare assistance)?

- Yes
- No

END OF THE QUESTIONNAIRE

SELECT YOUR GIFT CERTIFICATE

As a way to thank you for completing this questionnaire, the ISIS team will give you a \$10 gift certificate redeemable at one of the following retailers. Please choose the retailer for which you would like a gift certificate (only one selection per participant).

- iTunes
- Renaud-Bray
- Cineplex Odeon

YOUR CONTACT INFORMATION

We might contact you again during the next few years to share news and findings of the study. We will contact you a maximum of three times per year, and you can choose at any time to stop these contacts. We would therefore appreciate it very much if you would give us your email address and telephone number, as well as the contact information of a person close to you, so that we can make sure to reach you for the next phase of the study. This person will only be contacted if we are having trouble reaching you.

Your email address: _____

Your telephone number: _____

The name of a person close to you who we can contact if we are having trouble reaching you:

Your relationship with this person: _____

This person's email address: _____

This person's telephone number: _____

I will inform this person about this study and the reasons why I gave his/her contact information

COMMENTS

If you have any comments or suggestions about this questionnaire, please feel free to write them below:
