

Questionnaire on the health and neighbourhoods of young adult Montrealers

Thank you very much for your interest in the ISIS Project! Your participation is very important to us.

In the following pages we will ask you questions about different aspects of your life. We would like some information from you so that we can better understand the link between neighbourhoods and health among young adult Montrealers. More specifically, the questions are about:

- Your neighbourhood
- Your health
- Your cigarette use
- Your life and your social network
- Your cultural background and religious beliefs
- Your work and your studies
- Your housing
- Your expenses
- 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 by filling in the appropriate circle.
- Choose only one answer for each question, unless the instructions say otherwise.
- When you have finished, please mail us the questionnaire and the signed consent form in the envelope provided.

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

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

QUESTIONS ABOUT ELIGIBILITY

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

A1. Are you between 18 and 25 years of age?

- Yes
 No → We're sorry, but you cannot take part in the study. Thank you for your time.

A2. What is your birth date?

DAY MONTH YEAR

A3. What is your current address?

NUMBER AND STREET NAME:

CITY:

PROVINCE:

POSTAL CODE:

A4. How long have you been living at your current address?

- Less than 1 year → We're sorry, but you cannot take part in the study. Thank you for your time.
 1 year or more → Go to question 1

YOUR NEIGHBOURHOOD

1. When thinking about your neighbourhood, what comes to mind?

- The street or the block where your home is located
 A few streets or blocks around your home
 The area covered by a 15-minute walk from your home
 An area covered by a walk that is more than 15 minutes from your home

2. 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:

3. I can trust the people in my neighbourhood.

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

4. 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

5. 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

YOUR HEALTH

6. 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

7. 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

8. When you have questions about your health, who do you ask first? Choose all the answers that apply to you.

- A health professional (for example, a doctor, pharmacist, or nurse)
- A member of your family
- A friend or another person (for example, a co-worker, a neighbour, or someone else you know)
- You look for answers on the Internet
- You don't ask anyone

9. When you were a child, how much importance did your parents attribute to a healthy lifestyle?

- No importance
- Little importance
- Some importance
- A lot of importance
- I don't know

10. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raise your upper body from a lying position without using your arms (sit-up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carry 2 heavy suitcases up 3 flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk 20 minutes (about 2 kilometres or 1 mile) at a sustained pace without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Run 6 minutes (about 1 kilometre or ½ mile) without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Run 30 minutes (about 5 kilometres or 3 miles) without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touch the floor with your hands while sitting in a chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touch the floor with your hands while standing (without bending your knees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touch your knees with your head while standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Completely able	Somewhat able	Not very able	Not at all able	I don't know
Stay balanced on one leg (at least 15 seconds) without holding on to anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do a somersault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jump over a 1-meter (3-foot) high fence by supporting yourself on it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. 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

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

- Yes → go to question 14
 No

13. Have you ever smoked an entire cigarette?

- Yes
 No → go to question 29

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

_____ years

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

- Every day
 Sometimes → go to question 20
 Never → go to question 26

If you smoke every day

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

_____ years

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

_____ cigarette(s) per day

18. 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: _____

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

- As singles → go to question 29
- By the pack → go to question 29
- As a carton → go to question 29
- In a plastic bag (Ziploc®-type) → go to question 29
- As rolling tobacco → go to question 29
- Other, specify: _____ → go to question 29

If you smoke sometimes

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

_____ cigarette(s) per day

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

_____ day(s)

22. 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: _____

23. 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: _____

24. Have you ever smoked cigarettes every day?

- Yes
- No → go to question 29

25. When did you stop smoking every day?

- Less than 1 year ago → go to question 29
- From 1 year ago to less than 2 years ago → go to question 29
- From 2 years ago to less than 3 years ago → go to question 29
- 3 or more years ago → go to question 29

If you never smoke

26. Have you ever smoked cigarettes every day?

- Yes
- No → go to question 28

27. When did you stop smoking every day?

- Less than 1 year ago → go to question 29
- From 1 year ago to less than 2 years ago → go to question 29
- From 2 years ago to less than 3 years ago → go to question 29
- 3 or more years ago → go to question 29

28. 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

29. How many of your friends smoke?

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

30. How many members of your immediate family smoke?

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

YOUR LIFE AND YOUR SOCIAL NETWORK

31. What is your marital status?

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

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

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

33. Is there anyone in your social circle (your friends or family, or other people you trust) that you can confide in and talk openly with about your problems?

- Yes
- No → go to question 35
- I don't know → go to question 35

34. How many people?

- 1
- 2
- 3
- 4
- 5 or more

35. Is there anyone in your social circle (your friends or family) who can help you if you have a problem?

- Yes
- No → go to question 37
- I don't know → go to question 37

36. How many people?

- 1
- 2
- 3
- 4
- 5 or more

37. Is there anyone in your social circle (friends or family) that you feel close to and is affectionate toward you?

- Yes
- No → go to question 39
- I don't know → go to question 39

38. How many people?

- 1
- 2
- 3
- 4
- 5 or more

YOUR CULTURAL BACKGROUND AND RELIGIOUS BELIEFS

39. Were you born in Canada?

- Yes → go to question 42
- No

40. In what country were you born?

Name of country: _____

41. How old were you when you immigrated to Canada?

_____ year(s)

42. In what country/countries were your parents born?

Mother: _____

Father: _____

43. What language(s) do you speak most often at home? Choose all the answers that apply to you.

- 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 WORK AND YOUR STUDIES

47. 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

48. Please estimate how many books were in your home when you were a child. Were there...

- Fewer than 10 books
- Between 10 and 49 books
- Between 50 and 199 books
- Between 200 and 399 books
- 400 books or more
- I don't know

49. What is the highest level of education you have completed?

- 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 chiropractic
- University graduate certificate
- Master's degree
- Earned doctorate

YOUR HOUSING

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

- 1 → go to question 52
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

51. 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

52. Who owns the home you live in?

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

- Owner of the home
- Tenant in the home

53. 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

54. 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...			<u>If 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"/>

55. 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"/>

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 the place where you do the activity in question, giving the exact address if you know it or the intersection and/or a landmark closest to the place, as well as the neighbourhood and the city. For some types of activities, you can indicate two places, starting with the one you go to most often.

Studies

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

Yes

No → go to question 60

57. 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 :

58. 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:

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

_____ hour(s) per week

Work

60. 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 71

61. 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

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

Job or workplace 1

NAME OF COMPANY OR EMPLOYER:

63. Usually, do you work mostly :

- from home → go to question 65
- on the road → go to question 66
- neither at home nor on the road

64. What is the address of this workplace?

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

POSTAL CODE :

NEIGHBOURHOOD :

CITY:

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

_____ hour(s) per week

66. 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 68
- No, I always work in the same place → go to question 71

Job or workplace 2

67. Where do you work mostly?

NAME OF COMPANY OR EMPLOYER:

68. Usually, do you work :

- from home → go to question 70
- on the road → go to question 71
- neither at home nor on the road

69. What is the address of this second workplace?

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

POSTAL CODE :

NEIGHBOURHOOD :

CITY:

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

_____ hour(s) per week

Grocery shopping

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

- Only you
- Partly you
- Someone other than you → go to question 77

72. 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:

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

_____ time(s) in the past month

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

Yes

No → go to question 77

Second place

75. 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:

76. 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

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

- Yes
- No → go to question 81

78. 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 80
- 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 81

79. 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:

80. 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

81. Do you regularly engage in leisure activities?

- Yes
- No → go to question 85

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

- Yes, I usually do these types of activities at home → go to question 84
- 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 85

83. Where do you usually engage in leisure activities?

NAME OF THE PLACE :

NUMBER AND/OR STREET NAME:

INTERSECTION :

_____ AND _____

CLOSEST LANDMARK :

NEIGHBOURHOOD :

CITY:

84. 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

85. 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 93

86. 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:

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

_____ hour(s) per week

88. What do you usually do there?

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

Yes

No → go to question 93

90. 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:

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

_____ hour(s) per week

92. What do you usually do there?

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

93. Do you have a driver's license?

Yes

No

94. 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

95. 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 it if you could answer the three following 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.

96. 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

97. Do you have any financial investments (for example, savings bonds, RRSPs, TFSAs, certificates of deposit, stocks, etc.)?

- Yes
- No

98. 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 within the next two years to find out whether your address has changed before sending you the new questionnaire. We might also email you to share the results 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: _____

<input type="checkbox"/> 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:
