



CARTaGENE HEALTH QUESTIONNAIRE

EXTENSION PHASE - 2012

ETHICS COMMITTEE VERSION - CONFIDENTIAL

NOVEMBER 2012

Table of content

PART 1: IDENTIFICATION	4
Domain GENDER.....	4
Domain AGE/DATE OF BIRTH.....	4
Domain Residence history	4
Domain BIRTH LOCATION AND ETHNICITY	5
PART 2: HEALTH QUESTIONNAIRE	9
SECTION A: INDIVIDUAL HISTORY OF DISEASES	9
Domain CANCERS	9
Domain ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES	12
Domain DISEASES OF THE CIRCULATORY SYSTEM	13
Domain DISEASES OF THE RESPIRATORY SYSTEM	14
Domain ALLERGIES AND FOOD INTOLERANCES	15
Domain DISEASES OF THE DIGESTIVE SYSTEM.....	15
Domain DISEASES OF THE GENITOURINARY SYSTEM	18
Domain DISEASES OF THE MUSKULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	18
Domain AUTOIMMUNE DISEASES	19
Domain DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....	19
Domain DISEASES OF THE EYES	20
ORAL HEALTH	23
Domain Genetic Conditions.....	24
Domain DISEASES OF THE NERVOUS SYSTEM.....	25
Domain Restless Legs Syndrome	25
Domain Mental Health.....	26
Domain GYNAECOLOGIC DISEASES (ONLY WOMEN)	27
Domain INDIVIDUAL HISTORY OF INJURIES	28
Domain Other chronic diseases.....	29
Domain INABILITY.....	29
SECTION B : MEDICAL CARE SYSTEM	30
Domain MAJOR OPERATIONS	30
Domain SCREENING TESTS.....	31
SECTION C: MEDICATION INTAKE.....	36
Domain PRESCRIBED MEDICATION	36
Domain OTHER PRODUCTS.....	37
SECTION D: WOMEN AND MEN’S HEALTH	38
Domain MENSTRUATION (WOMEN ONLY).....	38
Domain HORMONAL CONTRACEPTIVES (WOMEN ONLY)	38
Domain HORMONE REPLACEMENT THERAPY	38
Domain REPRODUCTION (WOMEN ONLY).....	39
Domain MENOPAUSE (WOMEN ONLY).....	40
Domain MEN’S REPRODUCTION	40
Domain SIBLING	41
SeCTION E: FAMILIAL HISTORY OF DISEASES.....	42

Domain NEOPLASMS	42
Domain OTHER DISEASES	43
Domain: LONGEVITY	46
PART 3: DEMOGRAPHIC AND LIFE HABITS QUESTIONNAIRE	48
SECTION B: DEMOGRAPHIC AND SOCIO-ECONOMIC FACTORS	48
Domain MARITAL STATUS	48
Domain HOUSEHOLD STATUS	48
Domain LANGUAGE.....	48
Domain EDUCATION LEVEL.....	49
Domain INCOME	50
Domain WORKING STATUS	50
SECTION C: LIFE HABITS/BEHAVIORS	54
Domain TOBACCO USE	54
Domain PASSIVE SMOKING EXPOSURE	58
Domain ALCOHOL INTAKE.....	59
Domain NUTRITION	61
Domain SLEEP	62
Domain UV EXPOSURE	63
Domain PHYSICAL ACTIVITY	65
SECTION D: MENTAL STATUS	67
Domain PERCEPTION OF GENERAL HEALTH.....	67
Domain DEPRESSIVE SYMPTOMS	67
Domain ANXIETY SYMPTOMS	68
SECTION E: PSYCHOSOCIAL ENVIRONMENT	69
Domain MAJOR LIFE EVENTS	69
Domain SOCIAL SUPPORT	69
PART 4 : MEASUREMENTS	69
SECTION F ANTHROPOMETRY	69
ANTHROPOMETRY	69
ANTHROPOMETRIC MEASUREMENTS	70
HEIGHT	71
WEIGHT	71
Waist and Hips	72
THANKS	74
LISTS OF COUNTRIES:	75

PART 1: IDENTIFICATION

Domain GENDER

1) What was your sex at birth?

- 1= Male
- 2= Female

Domain AGE/DATE OF BIRTH

1) What is your date of birth?

Instructions: if you are uncertain about your date of birth, please choose the 15th of the month and/or choose the month of June (6th month of the year).

CALENDAR STYLE

2) Your age is : <automatic calculated value> years old.

Domain Residence history

1) What are the first three characters of your postal code?

- 1=_____Postal code (X9X)
- 888= Prefer not to answer
- 999= Don't know

1.1) In which city, town or village do you live?

- 1=_____OPEN
- 88= Prefer not to answer
- 99= Don't know

2) How old were you when you started living in your current residence?

- 1=_____Years in the current place
- 888= Prefer not to answer
- 999= Don't know

Domain BIRTH LOCATION AND ETHNICITY

0) Now, some questions about you and your family's background.

1) In what country were you born?

CANADA
CHINA
UNITED-STATES
FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____ Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

Skip pattern: If CANADA, go to 2, otherwise, go to 4.

2) In what province?

Instructions: Write the full name.

24 = Quebec
35 = Ontario
10 = Newfoundland
11 = Edward Island Prince Edward Island
12 = Nova Scotia
13 = New-Brunswick
46 = Manitoba
47 = Saskatchewan
48 = Alberta
59 = British-Colombia 'B.-C.'
60 = Yukon Territories Northwest Territories, Nunavut
88 = Prefer not to answer
99 = Don't know

3) In which city, town or village were you born?

Instructions: Write the full name.

1=_____OPEN

88= Prefer not to answer

99= Don't know

Skip pattern: Go to 5

4) What was your age when you first came to Canada to live?

_____Age

888= Prefer not to answer

999= Don't know

5) In what country was your biological mother born?

CANADA

CHINA
UNITED-STATES
FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

6) In what country was your biological father born?

CANADA
CHINA
UNITED-STATES
FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

7) In what country was the mother of your mother born?

CANADA
CHINA
UNITED-STATES
FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

8) In what country was the father of your mother born?

CANADA
CHINA
UNITED-STATES

FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

9) In what country was the mother of your father born?

CANADA
CHINA
UNITED-STATES
FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

10) In what country was the father of your father born?

CANADA
CHINA
UNITED-STATES
FRANCE
GREECE
HAITI
ITALY
LEBANON
MOROCCO
PORTUGAL
UNITED-KINGDOM
VIETNAM

_____Others countries see the list of countries ((ISO- 3166 codes available at the end of this document)

8888= Prefer not to answer

9999= Don't know

11) What is your biological ethnic background?

- 1= White (European descent)
- 2= Black (African or Caribbean descent)
- 3 =Arab (e.g Egypt, Iraq, Jordan, Lebanon)
- 4 =Latin American/Hispanic
- 5 =Filipino

- 6 =South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)
- 7 =West Asian (e.g. Turkey, Iran,Afghanistan)
- 8 =East Asian (e.g. China, Japan, Korea, Taiwan)
- 9 =Jewish
- 10 =Southeast Asian (e.g. Malaysia, Indonesia, Vietnam)
- 11 =Aboriginal (e.g. First Nations, Métis, Inuit)
- 12 =Other ethnic group not listed above
- 88 =Prefer not to answer
- 99 =Don't know

12) What is the biological ethnic background of your mother?

- 1= White (European descent)
- 2= Black (African or Caribbean descent)
- 3 =Arab (e.g Egypt, Iraq, Jordan, Lebanon)
- 4 =Latin American/Hispanic
- 5 =Filipino
- 6 =South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)
- 7 =West Asian (e.g. Turkey, Iran,Afghanistan)
- 8 =East Asian (e.g. China, Japan, Korea, Taiwan)
- 9 =Jewish
- 10 =Southeast Asian (e.g. Malaysia, Indonesia, Vietnam)
- 11 =Aboriginal (e.g. First Nations, Métis, Inuit)
- 12 =Other ethnic group not listed above
- 88 =Prefer not to answer
- 99 =Don't know

13) What is the biological ethnic background of your father?

- 1= White (European descent)
- 2= Black (African or Caribbean descent)
- 3 =Arab (e.g Egypt, Iraq, Jordan, Lebanon)
- 4 =Latin American/Hispanic
- 5 =Filipino
- 6 =South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)
- 7 =West Asian (e.g. Turkey, Iran,Afghanistan)
- 8 =East Asian (e.g. China, Japan, Korea, Taiwan)
- 9 =Jewish
- 10 =Southeast Asian (e.g. Malaysia, Indonesia, Vietnam)
- 11 =Aboriginal (e.g. First Nations, Métis, Inuit)
- 12 =Other ethnic group not listed above
- 88 =Prefer not to answer
- 99 =Don't know

PART 2: HEALTH QUESTIONNAIRE

SECTION A: INDIVIDUAL HISTORY OF DISEASES

0) Now, indicate important health conditions which you may have, or have had.

Domain CANCERS

1) Has a doctor ever told you that you had cancer or a malignancy of any kind?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 20

2) What type of cancer or malignancy of any kind was it?

- _Cancer codes from the ICD 10 list (below)
- 22= Other
- 88= Prefer not to answer
- 99= Don't know

List of cancer ICD 10 codes:

- | | |
|--|--|
| 01= Breast | 17= Kidney |
| 02= Colon | 18= Bladder |
| 03= Bronchus and lung | 19= Malignant brain tumor |
| 04= Liver | 20= Benign brain tumor |
| 05= Prostate (men only) | 21= Thyroid |
| 06= Ovary | 22= Non-Hodgkin's lymphoma |
| 07= Pancreas | 23= Leukaemia |
| 08= Stomach | 24= Lymphoma (Hodgkin) |
| 09= Oesophagus | 25= Bones |
| 10= Larynx | 26= Throat (other than larynx and trachea) |
| 11= Trachea | 27= Eyes |
| 12= Rectum | 28= Intestine |
| 13= Malignant melanoma of the skin | 29= Liposarcoma |
| 14= Other non-melanoma malignant neoplasms of the skin | 88= Prefer not to answer |
| 15= Cervix (women only) | 99= Don't know |
| 16= Uterus (women only) | 77= Other (specify) _____ |

Source: ICD 10 codes (<http://www.who.int/classifications/apps/icd/icd10online/>)

IT: 1-The list of cancers is validated for all the questions where the type of cancer is asked. This list should be sorted alphabetically in order to facilitate search.

2- 06" OVARY", 14 "CERVIX" et 15" UTERUS" = ONLY POSSIBLE FOR WOMEN, 3- 05 "PROSTATE" = ONLY POSSIBLE FOR MEN

3) What was your age when this cancer was first diagnosed?

__Age

888= Prefer not to answer

999= Don't know

4) Did you receive any treatment for this cancer?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 7

5) What treatment did you receive?

Instructions: More than one answer is possible.

1.1 Chemotherapy

1.2 Radiation

1.3 Surgery

1.4 Other (specify) _____

88= Prefer not to answer

99= Don't know

Skip pattern: If OTHER = 1 (Yes), go to 6, otherwise go to 7.

7) If you then had another different cancer or a malignancy of any kind, what type was it?

__Cancer codes from the ICD 10 list

00= No second cancer

88= Prefer not to answer

99= Don't know

Skip pattern: If NO SECOND CANCER, go to 19, If OTHER go to 8, otherwise, go to 9.

9) What was your age when this cancer was first diagnosed?

__Age

888= Prefer not to answer

999= Don't know

10) Did you receive any treatment for this cancer?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 13

11) What treatment did you receive?

Instructions: More than one answer is possible.

1.1 Chemotherapy

1.2 Radiation

1.3 Surgery

1.4 Other (specify)

88= Prefer not to answer

99= Don't know

Skip pattern: If OTHER = 1 (Yes), go to 12, otherwise go to 13

13) If you then had another different cancer or a malignancy of any kind, what type was it?

__Cancer codes from the ICD 10 list

00= No third cancer

22= Other

88= Prefer not to answer

99= Don't know

Skip pattern: If NO THIRD CANCER, PREFER NOT TO ANSWER AND DON'T KNOW, go to 19, if other go 14, otherwise, go to 15

15) What was your age when this cancer was first diagnosed?

__Age

888= Prefer not to answer

999= Don't know

16) Did you receive any treatment for this cancer?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 19

17) What treatment did you receive?

Instructions: More than one answer is possible.

1.1 Chemotherapy

1.2 Radiation

1.3 Surgery

1.4 Other (specify)_____

88= Prefer not to answer

99= Don't know

Skip pattern: If OTHER = 1 (Yes), go to 18, otherwise go to 19

Domain ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES

19) Has a doctor ever told you that you had diabetes?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 22

20) Is (or was) it gestational diabetes only, type 1 or type 2 diabetes?

- 1= Gestational diabetes (women only)
- 2= Type 1
- 3= Type 2
- 8= Prefer not to answer
- 9= Don't know

Specifications: Type 1 diabetes: Formerly called juvenile-onset or insulin dependent diabetes, the body's immune system destroys the cells that release insulin, eventually eliminating insulin production from the body. People with type 1 diabetes have a total lack of insulin. All people with type 1 diabetes require treatment with insulin.

Type 2 diabetes: Formerly called mature-onset or non-insulin dependent diabetes) can develop at any age, but most commonly becomes apparent during adulthood mostly due to obesity. Type 2 diabetes is primarily characterized by insulin resistance in muscle, heart and adipose tissues (fat tissues). Patients with type 2 diabetes have too little insulin or cannot use insulin effectively. Some people with type 2 diabetes require treatment with insulin, but others are treated with alternative medication, or just with a diet.

If diabetes type 1 and/or 2, for each:

21a) What was your age when the diabetes type 1 was first diagnosed?

- __Age
- 888= Prefer not to answer
- 999= Don't know

21b) What was your age when the diabetes type 2 was first diagnosed?

- __Age
- 888= Prefer not to answer
- 999= Don't know

22) Has a doctor ever told you that you had thyroid disease?

- 0= No
- 1= Yes / AGE at diagnostic_____
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 25

23) If « Yes »: Which type of thyroid disease was it?

- 1=Underactive thyroid (Hypothyroidism)
- 2=Overactive thyroid (Hyperthyroidism)
- 3=Thyroid nodule(s) (One or more lumps in the thyroid)
- 4=Thyroiditis (inflammation of the thyroid)
- 8=Prefer not to answer
- 9=Don't know

25) Have you ever had your blood cholesterol measured?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

26) Has a doctor ever told you that your blood cholesterol was high?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 28

27) What was your age when high blood cholesterol was first diagnosed?

- __Age
- 888= Prefer not to answer
- 999= Don't know

28) Has a doctor ever told you that your blood sugar (or glucose) was high?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 30

29) What was your age when high blood sugar was first diagnosed?

- __Age
- 888= Prefer not to answer
- 999= Don't know

Domain DISEASES OF THE CIRCULATORY SYSTEM

30) Has a doctor ever told you that you had any of the following heart conditions?

- 1=Arterial Hypertension or high blood pressure (excluding during pregnancy)
- 2=Heart attack (myocardial infarction)
- 3=Heart failure
- 4=Heart disease
- 5=Atrial fibrillation
- 6=Angina
- 7=Atherosclerosis/Coronary Heart Disease (including angioplasty or stents)
- 8=Valvular heart disease (e.g., aortic stenosis, mitral valve prolapse)
- 9=Thrombotic stroke
- 10=Hemorrhagic stroke
- 11=Other heart condition (please specify) _____
- 0=No
- 88=Prefer not to answer
- 99=Don't know

31) For each condition selected:

- 1=Age at first diagnosis: _____

8=Prefer not to answer

9=Don't know

32) If "Valvular Heart Disease" is selected, please specify which type of valvular heart disease:

1=Aortic stenosis

2=Mitral stenosis

3=Mitral valve prolapse

4=Rheumatic heart disease

5=Other (please specify): _____

8=Prefer not to answer

9=Don't know

33) If "Angina" is selected: When was the last time you had an angina attack?

1=Less than 1 month ago

2=1 month to 6 months ago

3=6 months to less than 1 year ago

4=1 year to less than 2 years ago

5=2 or more years ago

8=Prefer not to answer

9=Don't know

34) If "Atrial Fibrillation" is selected: Have you ever been advised by health professional to take blood thinners (e.g., Coumadin or Pradox) to reduce your risk of stroke?

1=Yes

2=No

8=Prefer not to answer

9=Don't know

Domain DISEASES OF THE RESPIRATORY SYSTEM

35) Has a doctor ever told you that you have any of the following lung or respiratory conditions? Please select all that apply.

1=Asthma

2=Emphysema

3=Chronic obstructive pulmonary disorder (COPD)

4=Sleep apnea

5=Sinusitis

6=Chronic bronchitis

7=Other Breathing Condition (please specify) _____

0=No

88= Prefer not to answer

99= Don't know

Specifications: Chronic bronchitis is a form of chronic obstructive pulmonary disease (COPD). Chronic bronchitis is defined as a daily cough with production of sputum for at least 3 months in the year, for at least two years in a row, in the absence of any other known respiratory disease.

36) For each condition selected:

Age at first diagnosis: _____

8= Prefer not to answer

9= Don't know

Domain ALLERGIES AND FOOD INTOLERANCES

37) Has a doctor ever told you that you had allergies or food intolerances?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 39

38) What kinds of allergies were they?

Instructions: More than one answer is possible.

- 1.1 Animals
- 1.2 Food
- 1.3 Medication
- 1.4 Pollen
- 1.5 Metal - Jewellery
- 1.6 Insect strings, bites
- 1.7 Latex
- 1.8 Other (specify)
- 88= Prefer not to answer
- 99= Don't know

- **Domain ANEMIA**

39) Has a doctor ever told you that you had anemia or iron deficiency?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Domain DISEASES OF THE DIGESTIVE SYSTEM

a) Gastric Domain

40) Has a doctor ever told you that you have any of the following gastrointestinal conditions? Please select all that apply.

- 1=Reflux disease (GERD)
- 2=Eosinophilic esophagitis
- 3=Celiac disease
- 4=Diverticular disease
- 5=Stomach (or duodenal) ulcer

6=H. Pylori infection
 7=Crohn's disease
 8=Polyps
 9=Barrett's esophagus
 10=Indigestion (Dyspepsia)
 11=Ulcerative colitis
 12=Irritable bowel syndrome
 13=Other gastrointestinal condition (please specify) _____
 0=No
 88= Prefer not to answer
 99= Don't know

41) For each condition selected:

Age at first diagnosis: _____
 8= Prefer not to answer
 9= Don't know

41.1) If "Diverticular Disease"

Have you ever received antibiotics or been operated for a colonic diverticulitis ?

1=Yes, I've been operated
 2= Yes, I received antibiotics
 3=Yes, I received antibiotics and have been operated
 4=No
 8= Prefer not to answer
 9= Don't know

b) Intestinal Domain

42) During the past three month, how often did you have abdominal pain or incomfort ?

1= Never
 2= Less than once a month
 3= Once to twice a month
 4= 3 days a week
 5= Once a week
 6= More than once a week
 7= Everyday
 8= Prefer not to answer
 9= Don't know

43) For women only : Does this pain or discomfort occuring only during your menstruration and not at another time ?

1=No
 2=Yes
 8= Prefer not to answer
 9= Don't know

If « more than three times a week » question 42)	1	2	3	4	5	8	9
1= Never or rarely							
2= Sometimes							
3= Often							
4= Most of the time							
5=All the time							

8= Prefer not to answer 9= Don't know							
43.1) How often this pain or discomfort is improved (or disapear) after stool ?							
43.2) When you have this pain or discomfort, do you stool more often?							
43.3) When you have this pain or discomfort, do you stool less often?							
43.4) When you have this pain or discomfort, does your stools look less shaped, shredded, softer ?							
43.5) When you have this pain or discomfort, how often your stools are harder							

Domain DISEASES OF THE LIVER AND THE PANCREAS

44) Has a doctor ever told you that you have any of the following conditions affecting your liver? Please select all that apply.

- 1=Liver cirrhosis
- 2=Fatty liver (NAFLD / NASH)
- 3=Chronic hepatitis
- 4=Gallstones
- 5= Cholecystitis
- 6=Pancreatitis
- 7=Other liver condition (please specify): _____
- 8=No
- 88= Prefer not to answer
- 99= Don't know

45) For each condition selected:

- Age at first diagnosis: _____
- 8= Prefer not to answer
- 9= Don't know

Domain DISEASES OF THE GENITOURINARY SYSTEM

46) Has a doctor told you that you have kidney disease or failing or weak kidney?

- 1= Weak or failing kidney
- 2= Acute renal failure
- 3= Chronic renal failure
- 4= Kidney stones
- 5= Pyelonephritis (kidney infection)
- 6= Urinary tract infection (bladder infection)
- 7= Proteinuria (excess of proteins in urine)
- 8= Other renal condition (specify) _____
- 0= No
- 88= Prefer not to answer
- 99= Don't know

47) For each condition selected:

- Age at first diagnosis: _____
- 8= Prefer not to answer
- 9= Don't know

48) (If Yes) Do you know the cause of your kidney disease?

- 1=Glomerulonephritis
- 2=Diabetes
- 3=High blood pressure or arteriel hypertension
- 4=Diseased kidney blood vessels
- 5=Polycystic kidney disease
- 6=Other inherited condition
- 7=Other (specify)
- 8= Prefer not to answer
- 9= Don't know

Specifications: Acute renal failure is a temporary condition and after recovery the kidney is able to function adequately again. Chronic renal failure is a permanent reduction in kidney function that often gets worse over time and can lead to a need for a kidney transplant or long-term dialysis treatment.

49) Did you have or do you currently have dialysis?

- 1=Yes, I am currently on dialysis
- 2=Yes, I have had dialysis in the past but not currently
- 0= No
- 8= Prefer not to answer
- 9= Don't know

Domain DISEASES OF THE MUSKULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

51) Has a doctor ever told you that you have any of the following conditions? Please select all that apply.

- 1=Osteoporosis
- 2=Chronic neck pain
- 3=Arthritis
- 4=Gout
- 5=Fibromyalgia
- 6=Chronic back pain
- 7=Other bone or joint condition (please specify) _____
- 0=No

88= Prefer not to answer

99= Don't know

52) For each condition selected:

Age at first diagnosis: _____

8= Prefer not to answer

9= Don't know

53) If "Arthritis" is selected: Which type of arthritis was it?

1=Rheumatoid arthritis

2=Osteoarthritis

3=Ankylosing spondylitis

4=Psoriatic arthritis

5=Other arthritis (Please specify): _____

8= Prefer not to answer

9= Don't know

Domain AUTOIMMUNE DISEASES

54) Has a doctor ever told you that you have any of the following conditions? Please select all that apply

1= Systemic Lupus Erythematosus (often called SLE or "Lupus")

2= Sjögren Syndrome

3= Scleroderma

0= No

8= Prefer not to answer

9= Don't know

55) For each condition selected:

Age at first diagnosis: _____

8= Prefer not to answer

9= Don't know

Domain DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

56) Has a doctor ever told you that you have any of the following skin conditions? Please select all that apply.

1=Eczema

2=Psoriasis

3=Other skin condition (please specify) _____

0= No

8= Prefer not to answer

9= Don't know

57) For each condition selected:

Age at first diagnosis: _____

8= Prefer not to answer

9= Don't know

Domain DISEASES OF THE EYES

58) Has a doctor ever told you that you have any of the following eye or vision conditions? Please select all that apply.

- 1=Macular degeneration
- 2=Diabetic retinopathy
- 3=Glaucoma
- 4=Cataract
- 5=Colour vision problems
- 6= Double vision (diplopia)
- 7=Crossed eyes (strabismus)
- 8=Lazy eye (amblyopia)
- 9=Other eye or vision condition (please specify) _____
- 0=No
- 88= Prefer not to answer
- 99= Don't know

59) For each condition selected:

- Age at first diagnosis: _____
- 8=Don't know
- 9=Prefer not to answer

60) How would you describe your eyesight, using glasses or contact lenses if you use them?

- 1=Excellent
- 2=Very good
- 3=Good
- 4=Fair
- 5=Poor
- 8= Prefer not to answer
- 9= Don't know

61) Are you able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

- 1=Yes
- 2=No
- 8= Prefer not to answer
- 9= Don't know

62) Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

- 1=Yes
- 2=No
- 8= Prefer not to answer
- 9= Don't know

63) Do you wear glasses or contact lenses to see?

- 1=Yes
- 2=No
- 8= Prefer not to answer

64) Are you able to see well enough to recognize a friend on the other side of the street with glasses or contact lens?

- 1=Yes

2=No
8= Prefer not to answer
9= Don't know

65) Are you usually able to see well enough to read ordinary newsprint with glasses or contact lens?

1=Yes
2=No
8= Prefer not to answer
9= Don't know

Auditory Conditions

66) Has a doctor or audiologist ever told you that you have any of the following hearing conditions?

1=Tinnitus (sound in your ears or head)
3=Hearing loss
5=Chronic ear infections (otitis media)
2=Meniere's disease
4=Swimmer's ear (otitis externa)
6=Vertigo
7=Other hearing condition (specify)
0=No
88= Prefer not to answer
99= Don't know

67) For each condition selected:

Age at first diagnosis: _____
8= Prefer not to answer
9= Don't know

68) If "Tinnitus" selected: Do you experience tinnitus for longer than 5 minutes, which does not have an obvious cause?

1=Yes
2=No
8= Prefer not to answer
9= Don't know

69) What is the frequency of your tinnitus?

1=Intermittent
2=Constant
8= Prefer not to answer
9= Don't know

70) What is the nature of your tinnitus?

1=Ringling or hissing
2=Roaring
3=Pulsing
4=Other
8= Prefer not to answer
9= Don't know

71) Does tinnitus affect your daily life and activities?

1=Not at all
2=Occasionally
3=Frequently
4=Constantly

8= Prefer not to answer
9= Don't know

72) How much difficulty do you have hearing (without a hearing aid, if you use one) what is said : in a conversation with one other person?

1=No difficulty
2=Some difficulty
3=A lot of difficulty
4=I cannot hear
8= Prefer not to answer
9= Don't know

73) How much difficulty do you have hearing (without a hearing aid, if you use one) what is said: in a conversation with three other people?

1=No difficulty
2=Some difficulty
3=A lot of difficulty
4=I cannot hear
8= Prefer not to answer
9= Don't know

74) How much difficulty do you have hearing (without a hearing aid, if you use one) what is said: in a telephone conversation?

1=No difficulty
2=Some difficulty
3=A lot of difficulty
4=I cannot hear
8= Prefer not to answer
9= Don't know

75) Do you use a hearing aid or hearing aids?

1=Yes
2=No
8= Prefer not to answer
9= Don't know

IF NO, DON'T KNOW,PREFER NOT TO ANSWER, go to 79

76) With your hearing aid, how much difficulty do you have hearing what is said in a conversation: with one other person?

1=No difficulty
2=Some difficulty
3=A lot of difficulty
4=I cannot hear
8= Prefer not to answer
9= Don't know

77) With your hearing aid, how much difficulty do you have hearing what is said in a conversation: with three other people?

1=No difficulty
2=Some difficulty
3=A lot of difficulty
4=I cannot hear
8= Prefer not to answer
9= Don't know

78) With your hearing aid, how much difficulty do you have hearing what is said: in a telephone conversation?

- 1=No difficulty
- 2=Some difficulty
- 3=A lot of difficulty
- 4=I cannot hear
- 8= Prefer not to answer
- 9= Don't know

ORAL HEALTH

79) How would you describe the condition of your teeth?

- 1=Excellent
- 2=Very good
- 3=Good
- 4=Fair
- 5=Poor
- 6= I don't have any tooth left
- 8= Prefer not to answer
- 9= Don't know

80) Are any of your natural teeth missing for reasons other than injury or the removal of wisdom teeth?

- 1=Yes
- 2=No
- 8= Prefer not to answer
- 9= Don't know

81) In the last month, how often have you had any other persistent or ongoing pain in your mouth, including your teeth or gums?

- 1=Often
- 2=Sometimes
- 3=Rarely
- 4=Never

82) In the last month have you experienced any of the following issues?

No problem at all	<input type="checkbox"/>
Toothache	<input type="checkbox"/>
Pain in the teeth with hot/cold foods/fluids	<input type="checkbox"/>
Bleeding gums	<input type="checkbox"/>
Dry mouth	<input type="checkbox"/>
Bad breath	<input type="checkbox"/>

Domain INFECTIOUS DISEASES

83) Has a doctor ever told you that you had any of the following infectious diseases? Please select all that apply.

- 1=Meningitis or encephalitis
- 2=Human immunodeficiency virus (HIV)
- 3=Malaria
- 4=Tuberculosis (TB)
- 5= Chlamydia
- 6= Genital herpes
- 7=Gonorrhea
- 8= Syphilis
- 9=Genital warts
- 10=Lyme's disease
- 11= Poliomyelitis
- 12=Other infectious disease (please specify) _____
- 0=No
- 88= Prefer not to answer
- 99= Don't know

84) For each condition selected:

- Age at first diagnosis: _____
- 8= Prefer not to answer
- 9= Don't know

Domain Genetic Conditions

85) Has a doctor ever told you that you have any of the following genetic conditions? Please select all that apply.

- 1=Down's syndrome
- 2= Sickle cell anemia
- 3= Thalassemia
- 4= Congenital adrenal hyperplasia
- 5= Complete androgen insensitivity syndrome
- 6= Hemophilia
- 7= Cystic fibrosis
- 8= Klinefelter syndrome (XXY chromosomes)
- 9= Turner syndrome (XO chromosome)
- 10= Duchenne muscular dystrophy
- 11=Marfan Syndrome
- 12=Neurofibromatosis type 1
- 13=Other genetic condition (please specify) _____
- 0=No
- 88= Prefer not to answer
- 99= Don't know

86) For each condition selected:

- Age at first diagnosis: _____
- 8= Prefer not to answer
- 9= Don't know

Domain DISEASES OF THE NERVOUS SYSTEM

87) Has a doctor ever told you that you have any of the following neurological conditions? Please select all that apply.

- 1=Transient ischemic attack (mini-stroke)
- 2=Migraine
- 3=Epilepsy or seizure
- 4=Multiple sclerosis
- 5=Guillain Barré syndrome
- 6=Parkinson's disease
- 7= Alzheimer's disease
- 8=Spinal cord injury
- 9= Head injury
- 10= Peripheral neuropathy
- 11=Other neurological condition (please specify) _____
- 0=No
- 88= Prefer not to answer
- 99= Don't know

88) For each condition selected:

- Age at first diagnosis: _____
- 8= Prefer not to answer
- 9= Don't know

Domain Restless Legs Syndrome

Restless Legs Syndrome (RLS) is characterised by discomforts in the limbs with an irresistible desire to move. – According to this definition, please answer the following questions

89a) Do you have Restless Legs Syndrome?

- 1= Yes / Age when you began to have RLS: _____
- 2= No
- 8= Prefer not to answer
- 9= Don't know

Renvoi : If No, Prefer not answer, Don't know, go to Mental Health Domain

89b) Have you already been diagnosed with RLS?

- 1= Yes / Age at diagnostic: _____
- 2= No
- 8= Prefer not to answer
- 9= Don't know

89c) Generally, your discomforts are worse...

- 1= At rest
- 2= During activity
- 3= No difference
- 8= Prefer not to answer
- 9= Don't know

89d) Generally, your discomforts are relieved by...

- 1= Walking or movement
- 2= Immobility or relaxation
- 8= Prefer not to answer
- 9= Don't know

89e) Generally, your discomforts occur...

- 1=Less than once a week
- 2=1 to 3 times a week
- 3=More than 3 times a week
- 8= Prefer not to answer
- 9= Don't know

89f) Generally, your discomforts are worse...

- 1= In the morning
- 2= In the afternoon
- 3= Evening/bedtime
- 4= During the night
- 5= No difference
- 8= Prefer not to answer
- 9= Don't know

90) Since they appeared your discomforts...

- 1=Are stable
- 2=Have increased
- 3=Have decreased
- 8= Prefer not to answer
- 9= Don't know

91) Generally, your discomforts occur on what side of you body?

- 1= On the left side
- 2= On the right side
- 3= On one side but not always the same
- 4= Both sides at the same time
- 8= Prefer not to answer
- 9= Don't know

Domain Mental Health

92) Has a doctor ever told you that you have any of the following mental health conditions? Please select all that apply.

- 1=Major depression
- 2=Minor depression
- 3=Bipolar disorder
- 4=Post-traumatic stress disorder

5=Anxiety disorder
6=Eating disorder
7=Schizophrenia
8= Obsessive compulsive disorder
9= Autism or autism spectrum disorder
10=Addiction disorder (e.g., alcohol, drug or gambling dependence)
11=Other mental health condition (please specify) _____
0=No
88= Prefer not to answer
99= Don't know

93) For each condition selected:

Age at first diagnosis: _____
8= Prefer not to answer
9= Don't know

94a) If "Eating disorder" selected:

Which eating disorder were you diagnosed with? Please select all that apply.

1=Anorexia
2=Bulimia
3=Binge eating
4=Other (to specify)
8= Prefer not to answer
9= Don't know

94b) If other: What type of eating disorder was it?

OPEN

95) For each condition selected:

Age at first diagnosis: _____
8= Prefer not to answer
9= Don't know

Domain GYNAECOLOGIC DISEASES (ONLY WOMEN)

If MEN go to 98

96) Has a doctor ever told you that you have any of the following gynaecologic diseases ? Please select all that apply.

1=Polycystic Ovary Syndrome (PCOS)
2=Endometriosis
3=Uterine fibroids
4= Other gynaecologic condition (please specify) _____
0= Non
8= Préfère ne pas répondre
9= Ne sait pas

97) For each condition selected:

Age at first diagnosis: _____
8= Prefer not to answer
9= Don't know

Domain INDIVIDUAL HISTORY OF INJURIES

98) Has a doctor ever told you that you had fractured/broken any bones after the age of 40?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to 101

99) Please specify which bone/bones was/were broken/fractured?

Instructions: More than one answer is possible

Which bone(s) was (were) broken?

1= Vertebra (e)

2= Sternum

3= Sacrum

4=Wrist

5= Forearm

6= Humerus

7= Scapula

8= Clavicle

9= Rib (s)

10= Foot

11= Ankle

12= Tibia/ fibula

13= Femur

14= Hip

15= Pelvis

16= Other

88= Prefer not to answer

99= Don't know

Skip pattern: If OTHER = 1 (Yes) go to 100, otherwise go to 101

100) Please specify which other bone it was.

OPEN_____

88= Prefer not to answer
99= Don't know

Domain Other chronic diseases

101) Has a doctor ever told you that you had any other long-term conditions not covered by any of the questions above?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER OR DON'T KNOW, go to incapacity domain, question 106.

102) What other long-term condition was it?

OPEN _____
8= Prefer not to answer
9= Don't know

103) What was your age when it was first diagnosed?

__Age
888= Prefer not to answer
999= Don't know

104) If you had any other long-term conditions not covered by any of the questions above, what was it?

OPEN _____
00= No second other chronic disease
8= Prefer not to answer
9= Don't know

105) What was your age when it was first diagnosed?

__Age
888= Prefer not to answer
999= Don't know

Domain INABILITY

106) Are you usually free of pain or discomfort?

1=Yes
2=No
8= Prefer not to answer
9= Don't know

If YES, DON.T KNOW, PREFER NOT ANSWER, got to section B Medical Car System

107) How would you describe the usual intensity of your pain or discomfort?

1=Mild
2=Moderate
3=Severe
8= Prefer not to answer
9= Don't know

108) How many activities does your pain or discomfort prevent?

1=None

2=A few

3=Some

4=Most

8= Prefer not to answer

9= Don't know

SECTION B : MEDICAL CARE SYSTEM

Domain MAJOR OPERATIONS

1) Have you had any surgical procedures?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to "Screening tests domain", Question 1.1

2) What kind of major operation was it?

OPEN (Procedure) _____

8= Prefer not to answer

9= Don't know

2.1) What was your age when you had [insert the name of the operation]?

__Age

888= Prefer not to answer

999= Don't know

2.2) Have you had another surgical procedure? If yes, what kind of major operation was it?

I did not have any other major procedure

OPEN (Procedure) _____

8= Prefer not to answer

9= Don't know

2.3) What was your age when you had [insert the name of the operation]?

__Age

888= Prefer not to answer

999= Don't know

If MEN, go to SCREENING TEST, question 6

2.2) If women, did you have one or both ovaries removed?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If YES, go to 3.2

3.1) First, did you have just one or both ovaries removed?

- 1= One
- 2= Both
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If ONE, go to 4, If BOTH, go to 3.2. Otherwise, go to 6

3.2) Were both ovaries removed at the same time?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, go to 4, otherwise, go to 6

4) What was your age when you had your [ovary or ovaries] removed?

- _Age
- 888= Prefer not to answer
- 999= Don't know

Skip pattern: If BOTH ovaries were removed (question 3.1=2), and they were NOT removed at the same time (question 3.2 = 0) go to 5, otherwise go to 6.

IT: Only ask If Major Operation 1 is *Oophorectomy or ovariectomy (ovaries removed)*

5) What was your age when you had your second ovary removed?

- _Age
- 888= Prefer not to answer
- 999= Don't know

Domain SCREENING TESTS

6) When did you have a routine medical examination for the last time?

- 1= Less than 6 months ago
- 2= 6 months to less than 1 year ago
- 3=1 year to less than 2 years ago
- 4=2 years to less than 3 years ago
- 5=3 or more years ago
- 6=Never
- 8= Prefer not to answer
- 9= Don't know

7) When did you see a dental professional, including a dentist or a hygienist for the last time?

- 1= Less than 6 months ago
- 2= 6 months to less than 1 year ago
- 3=1 year to less than 2 years ago
- 4=2 years to less than 3 years ago
- 5=3 or more years ago
- 6=Never
- 8= Prefer not to answer
- 9= Don't know

For Women Only

8.1) Have you ever had mammography or a mammogram?

- 0= No

- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Specifications: A mammogram is an x-ray of the breast in a device that compresses and flattens the breast and is used as a screening test for breast cancer.

8.2) When was the last time you had a mammography?

Instructions: If participant give you his or her "age", read all categories.

- 1= Less than 6 months ago
- 2= 6 months to less than 1 year ago
- 3= 1 year to less than 2 years ago
- 4= 2 years to less than 3 years ago
- 5= 3 years or more years ago
- 88= Prefer not to answer
- 99= Don't know

8.3) Why did you have a mammogram?

- 1=Family history of breast cancer
- 2=Part of regular check-up / routine screening
- 3=Experiencing signs or symptoms of concern
- 4=Follow-up of breast cancer treatment
- 5=Other
- 8= Prefer not to answer
- 9= Don't know

9.1) Have you ever had a Pap test or a smear test?

- 1= Yes
- 2= No
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 11.1.

Specifications: A Pap smear test, sometimes called a cervical smear, is a procedure in which cells are scraped from the cervix by a physician for examination under a microscope. Amongst other uses, it is often used as a screening test for cervical cancer.

9.2) When was the last time you had a Pap test or a smear test?

- 1= Less than 6 months ago
- 2= 6 months to less than 1 year ago
- 3= 1 year to less than 2 years ago
- 4= 2 years to less than 3 years ago
- 5= 3 years or more years ago
- 88= Prefer not to answer
- 99= Don't know

Skip pattern: Go to 4.1.

9.3) Have you ever had an abnormal pap smear?

- 1=Yes
- 2=No
- 8= Prefer not to answer
- 9= Don't know

For Men Only (Next 3 questions)

10.1) Have you ever had a blood test for prostate cancer, that is a PSA blood test?

Instructions: None

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 11.1.

Specifications: A PSA test is a specific blood test ordered by a doctor to test men for prostate cancer.

10.2) When was the last time you had a PSA blood test?

Instructions: If participant give you his or her "age", read all categories.

1= Less than 6 months ago

2= 6 months to less than 1 year ago

3= 1 year to less than 2 years ago

4= 2 years to less than 3 years ago

5= 3 years or more years ago

88= Prefer not to answer

99= Don't know

10.3) If you have had a PSA blood test, why have you had it?

Check any that apply.

1=Family history of prostate cancer

2=Part of regular check-up / routine screening

3=Experiencing signs or symptoms of concern

4=Follow-up of prostate cancer treatment

5=Other

8= Prefer not to answer

9= Don't know

11.1) Have you ever had a fecal occult blood test or a FOBT?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 11.4

11.2) When was the last time you had a FOBT?

Instructions: If participant give you his or her "age", read all categories.

1= Less than 6 months ago

2= 6 months to less than 1 year ago

3= 1 year to less than 2 years ago

4= 2 years to less than 3 years ago

5= 3 years or more years ago

88= Prefer not to answer

99= Don't know

11.3) If you have had an FOBT, why did you have it?

Check any that apply.

1=Family history of colorectal cancer

2=Part of regular check-up / routine screening

3=Experiencing signs or symptoms of concern

4=Follow-up of colorectal cancer treatment

5=Other

8= Prefer not to answer

9= Don't know

**11.4) Have you ever had a polyp removed from your colon?
A polyp is an abnormal growth of tissue.**

- 1=Yes
- 2=No
- 8= Prefer not to answer
- 9= Don't know

12.1) Have you ever had a colonoscopy?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to 12.3.

Specifications: These are tests where a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems.

12.2) When was the last time you had a colonoscopy?

- 1= Less than 6 months ago
- 2= 6 months to less than 1 year ago
- 3= 1 year to less than 2 years ago
- 4= 2 years to less than 3 years ago
- 5= 3 years or more years ago
- 88= Prefer not to answer
- 99= Don't know

12.3) Have you ever had a sigmoidoscopy?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Specifications: These are tests where a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems.

12.4) When was the last time you had a sigmoidoscopy?

- 1= Less than 6 months ago
- 2= 6 months to less than 1 year ago
- 3= 1 year to less than 2 years ago
- 4= 2 years to less than 3 years ago
- 5= 3 years or more years ago
- 88= Prefer not to answer
- 99= Don't know

If yes at 12.1

12.5) For what reason(s) did you have a colonoscopy?

- 1=Family history of colorectal cancer
- 2=Part of regular check-up / routine screening
- 3=Experiencing signs or symptoms of concern
- 4=Follow-up of colorectal cancer treatment
- 5=Follow-up of FOBT
- 6=Other
- 8= Prefer not to answer
- 9= Don't know

If yes at 12.3

12.6) For what reason(s) did you have a sigmoidoscopy?

- 1=Family history of colorectal cancer
- 2=Part of regular check-up / routine screening
- 3=Experiencing signs or symptoms of concern
- 4=Follow-up of colorectal cancer treatment
- 5=Follow-up of FOBT
- 6=Other
- 8= Prefer not to answer
- 9= Don't know

SECTION C: MEDICATION INTAKE

Domain PRESCRIBED MEDICATION

0) Now, we will be collecting the names of the prescribed medications you are currently taking.

1) Are you currently taking any prescribed medications?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to "Other products" domain, question 3.

Specification: Prescribed medications mean all medications including hormonal contraception and other hormonal therapies

2) How many prescribed medications are you taking?

Instructions: Take your medication and indicate all the information written on the bottle or use a printed list by the pharmacy.

List of medication	What is the name of the medication?	DIN CODE (if available)	Dose	How often do you take it?
Medication 1	OPEN 88= Prefer not to answer 99= Don't know			___ per day ___ per week ___ per month
Medication 2	Same as above			___ per day ___ per week ___ per month
Medication 3	Same as above			___ per day ___ per week ___ per month
Medication 4	Same as above			___ per day ___ per week ___ per month
Medication 5	Same as above			___ per day ___ per week ___ per month
Medication 6	Same as above			___ per day ___ per week ___ per month
Medication 7	Same as above			___ per day ___ per week ___ per month
Medication 8	Same as above			___ per day ___ per week ___ per month
Medication 9	Same as above			___ per day ___ per week ___ per month
Medication 10	Same as above			___ per day ___ per week ___ per month

Domain OTHER PRODUCTS

3) Are there any other tablets, medicines or other health products that you use on most days, but are not prescribed by your doctor?

Instructions: None

0=No

1=Yes

8=Prefer not to answer

9=Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to "women and men's health" section

4) Indicate all the other tablets, medicines or other health products that you use on most days, but are not prescribed by your doctor.

List of products	What is the name of the product?
Product 1	OPEN 88= Prefer not to answer 99= Don't know
Product 2	Same as above
Product 3	Same as above
Product 4	Same as above
Product 5	Same as above
Product 6	Same as above
Product 7	Same as above
Product 8	Same as above
Product 9	Same as above
Product 10	Same as above

SECTION D: WOMEN AND MEN'S HEALTH

Domain MENSTRUATION (WOMEN ONLY)

1) What was your age when your menstrual periods started?

_Age

88= Prefer not to answer

99= Don't know

Domain HORMONAL CONTRACEPTIVES (WOMEN ONLY)

2) Have you ever used any hormonal contraceptives for any reason?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW, go to reproduction question 3.

Specifications: Hormonal contraceptives include pills, implants, patches, injections and rings and hormone-releasing Intra-Uterine Devices only.

2.1) In total, for how many years did you use or have you been using hormonal contraceptives?

_Years

88= Prefer not to answer

99= Don't know

2.2) What was your age when you started using hormonal contraceptives?

_Age

88= Prefer not to answer

99= Don't know

Domain HORMONE REPLACEMENT THERAPY

10) Have you ever used any hormone replacement therapy, sometimes call HRT?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to section E

Specifications: A hormone replacement therapy includes oestrogen and/or progesterone treatment. It includes all forms including patches, rings, creams and other topical forms. It does not include thyroid hormonal treatment.

11) In total, for how many years did you use or have you been using hormone replacement therapy?

_Number of years

88= Prefer not to answer

99= Don't know

12) What was your age when you started using hormone replacement therapy?

_Age when started using hormone replacement therapy

888= Prefer not to answer
999= Don't know

Domain REPRODUCTION (WOMEN ONLY)

4a) How many times have you been pregnant, including live births, stillbirth, spontaneous miscarriage or abortions?

__Pregnancies NONE, 1 to 7 and more by increment of 1.
88= Prefer not to answer
99= Don't know

Skip pattern: If "0" or PREFER NOT TO ANSWER or DON'T KNOW, go to 6

Specifications: Stillbirth is a birth of a dead foetus after a pregnancy of at least 20 weeks or a birth weight of at least 500g if the gestational age is unknown.

3) Are you currently pregnant?

1=Oui
2=Non

4b) How many live births have you had?

Live births NONE, 1 to 7 and more by increment of 1.
88= Prefer not to answer
99= Don't know

Skip pattern: If "0" or PREFER NOT TO ANSWER or DON'T KNOW, go to 6

6) Have you ever received hormonal fertility treatment to help you try to get pregnant?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

7) Have you ever had a tubal ligation (had "your tubes tied")?

1=Yes
2= No
8= Prefer not to answer
9= Don't know

The online questionnaire will prompt the following questions for each pregnancy depending on the number of reported pregnancies.

	Prompt for each pregnancy reported in WH06
5.1) How old were you at the time of this pregnancy?	__Age in years 8= Prefer not to answer 9= Don't know
5.2) How many weeks did the pregnancy last?	_____ Number of weeks 8= Prefer not to answer 9= Don't know
5.3) Were you pregnant with twins or multiples?	1=Yes 2= No 8= Prefer not to answer 9= Don't know

Participants complete the following questions for each fetus if possible.	
5.4) What was the outcome of this pregnancy?	1= Live birth 2= Spontaneous miscarriage 3=Termination of pregnancy or therapeutic abortion 4=Stillborn 5=Other (SPECIFY : _____) 8= Prefer not to answer
5.5) What was the birth weight? Please answer the question using grams or pounds and ounces.	_____ grams OR _____ lbs and _____ oz 8= Prefer not to answer 9= Don't know
5.6) What was the sex of this baby?	1=Male 2=Female 8= Prefer not to answer 9= Don't know
5.7) Did you breastfeed this baby?	1= Yes If yes, total number of weeks after pregnancy _____ 2=No →Skip to <i>WH13</i> 8= Prefer not to answer 9= Don't know

Domain MENOPAUSE (WOMEN ONLY)

8) Have you ever gone through your menopause, meaning that your menstrual periods stopped for at least one year and did not restart?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to Hormone replacement Therapy domain, question 10.

9) What was your age when your menstrual periods stopped for at least one year and did not restart?

- _Age
- 888= Prefer not to answer
- 999= Don't know

Domain MEN'S REPRODUCTION

** Ask only if the participant is a man.*

13) How many children have you fathered?

- _Children fathered
- 88= Prefer not to answer
- 99= Don't know

14) Have you ever had a vasectomy?

- 1=Yes
- 2= No

8= Prefer not to answer
9= Don't know

Domain SIBLING

6) How many biological siblings do you have? Please include those who have died, and any half brothers or half-sisters?

1= _____ Siblings
88= Prefer not to answer
99= Don't know

Skip pattern: If "0" then code "Siblings older than you"= "0" (question 2) and "Twin or part of a multiple birth"= "0" (No) (question 3), then go to 4. Otherwise go to 2.

Specifications: Half siblings have one common parent. Do not include step siblings or adopted siblings.

7) How many biological siblings are, or were, older than you? Please include those who have died, and any half brothers or half-sisters?

1= _____ Siblings older
88= Prefer not to answer
99= Don't know

Specifications: Half siblings have one common parent. Do not include step siblings or adopted siblings. Do not count step siblings or adopted siblings. If you are part of a multiple birth, please treat all of the siblings that were born with you as being of the same age (i.e. not older) regardless of the order in which you were actually born.

8) Are you a twin or part of a multiple birth including stillborns and those who have died?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

Specifications: Multiple births include twins, triplets, quads, and higher order multiples

9) Were you adopted?

0= No
1= Yes
8= Prefer not to answer
9= Don't know

SECTION E: FAMILIAL HISTORY OF DISEASES

0) We wish to find out if certain diseases are particularly common in your biological family. We would therefore like to ask you some questions that will help us to construct a family disease history. We will focus ONLY on first degree relatives in your biological family. So we need to know about your mother, your father, any biological children, and any full and half siblings. DO NOT include relatives by marriage, stepbrothers and stepsisters, parents or siblings by adoption, stepchildren, or any children you may have adopted yourself.

1) Do you know about the health of your first degree biological relatives?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

Skip pattern: If NO or PREFER NOT TO ANSWER or DON'T KNOW, go to part 3.

Domain NEOPLASMS

2) Have any of your immediate blood relatives ever been diagnosed with cancer?

1=Yes

2=No

3=Prefer not to answer

4=Don't know

(If yes)

Please select all that apply.

	Mother	Father	Number of siblings	Number of children
Breast	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Colon	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Lung and Bronchus	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Ovary	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Esophagus	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Larynx	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Trachea	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Throat (other than larynx and trachea)	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings____	<input type="checkbox"/>
Rectum	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____	<input type="checkbox"/>

	Mother	Father	Number of siblings	Number of children
			# Half Siblings_____	
Malignant melanoma of the skin	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Other cancer of the skin	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Cervix	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Uterus	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Kidney	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Malignant brain tumor	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Benign brain tumor	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Non-Hodgkin Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Hodgkin Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Bones	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Eye	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Intestine	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Liposarcoma	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>

Domain OTHER DISEASES

3) Have any of your immediate blood relatives ever been diagnosed by a medical doctor with any of the following long-term health conditions? Please select all that apply.

	Mother	Father	Number of siblings	Children
Heart and Circulatory System				
High Blood Pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Heart Attack (myocardial infarction)	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____	<input type="checkbox"/>

	Mother	Father	Number of siblings	Children
			# Half Siblings_____	
Angina	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Neurological Conditions				
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Transient Ischemic Attack (TIA)	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Epilepsy or Seizure	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Alzheimer's disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Guillain Barré Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Restless Legs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Peripheral neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Lung/Respiratory Conditions				
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Endocrine or Metabolic Conditions				
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Gastrointestinal Conditions				
Reflux disease (GERD)	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Barrett's esophagus	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Eosinophilic esophagitis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Stomach (or duodenal) ulcer	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>
Celiac disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings_____ # Half Siblings_____	<input type="checkbox"/>

	Mother	Father	Number of siblings	Children
Diverticular disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Irritable Bowel Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Polyps	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Liver and Pancreas Conditions				
Liver Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Chronic Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Gallstones	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Cholecystite	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Mental Health Conditions				
Major Depression	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Autism or autism spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Schizophrenia or Schizoaffective Disorder	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Skin Conditions				
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Bone and Joint Conditions				
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Sjorgen Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Lupus	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Scleroderma	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Genetic Conditions				
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>

	Mother	Father	Number of siblings	Children
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Marfan Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Duchenne Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Neurofibromatosis type 1	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Eye and Vision Conditions				
Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Colour Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>
Other Conditions				
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	# Full Siblings____ # Half Siblings_____	<input type="checkbox"/>

Domain: LONGEVITY

4) Is your biological mother still living?

0= No GO to 6

1= Yes Go to 5

8= Prefer not to answer;

9= Don't know

5) How old is she?

__Age

888= Prefer not to answer;

999= Don't know

6) At what age did this she die?

__Age at death

888= Prefer not to answer;

999= Don't know

7) Is your biological father still living?

0= No GO to 9

1= Yes GO to 8

8= Prefer not to answer;

9= Don't know

8) How old is he?

__Age

888= Prefer not to answer;

999= Don't know

9) At what age did this he die?

__Age at death

888= Prefer not to answer;

999= Don't know

PART 3: DEMOGRAPHIC AND LIFE HABITS QUESTIONNAIRE

SECTION B: DEMOGRAPHIC AND SOCIO-ECONOMIC FACTORS

Domain MARITAL STATUS

3) What is your current marital status?

- 1= Married and/or living with a partner or common law partner
- 2= Divorced
- 3= Separated
- 3= Widowed
- 4= Single, never married
- 88= Prefer not to answer
- 99= Don't know

Domain HOUSEHOLD STATUS

4) How many adults including yourself are currently living in your household?

- 1=_____Adults
- 88= Prefer not to answer
- 99= Don't know

Specifications: Individuals who are 18 years or older are considered adults, those less than 18 are children.

5) How many children are currently living in your household?

- 1=_____Children
- 88= Prefer not to answer
- 99= Don't know

Specifications: Individuals who are less than 18 are considered children.

Domain LANGUAGE

11) How well can you speak and understand French?

- 1=Very well
- 2= Well
- 3= Not well
- 4= Not at all
- 8= Prefer not to answer

10) How well can you speak and understand English?

- 1=Very well
- 2= Well
- 3= Not well
- 4= Not at all
- 8= Prefer not to answer

12) In what official language do you prefer receiving health services?

- 2=French

1=English
8=Prefer not to answer

13.1) What is the language that you first learned at home in childhood and can still understand?

Instructions: More than one answer is possible only if languages were learned at the same time. Maximum 2 answers.

2= French	15= Polish
1= English	16= Portuguese
3= Arabic	17= Punjabi
4= Cree or any other Aboriginal language	18= Russian
5= Cantonese	19= Spanish
6= Dutch	20= Tagalog /Filipino
7= German	21= Tamil
8= Greek	22= Ukrainian
9= Hindi	23= Urdu
10= Hungarian	24= Vietnamese
11= Italian	25= Other
12= Korean	88= Prefer not to answer
13= Mandarin	99= Don't know
14= Persian /Farsi	

13.2) What language do you speak most often at home?

Instructions: More than one answer is possible only if languages were learned at the same time. Maximum 2 answers.

2= French	15= Polish
1= English	16= Portuguese
3= Arabic	17= Punjabi
4= Cree or any other Aboriginal language	18= Russian
5= Cantonese	19= Spanish
6= Dutch	20= Tagalog /Filipino
7= German	21= Tamil
8= Greek	22= Ukrainian
9= Hindi	23= Urdu
10= Hungarian	24= Vietnamese
11= Italian	25= Other
12= Korean	88= Prefer not to answer
13= Mandarin	99= Don't know
14= Persian /Farsi	

Domain EDUCATION LEVEL

Now some questions about your education and income

14) What is the highest level of education you have completed?

0= None
1= Elementary school
2= High school
3= Trade, technical or vocational school, apprenticeship training or technical CEGEP
4= Diploma from a community college, pre-university CEGEP or non-university certificate
5= University certificate below bachelor's level
6= Bachelor's degree
7= Graduate degree (MSc, MBA, MD, PhD, etc.)

88= Prefer not to answer

99= Don't know

Skip pattern: If "None", go to next domain.

15) What was your age when you completed this level of education?

1=_____ Age when completed this level of education

888= Prefer not to answer

999= Don't know

Domain INCOME

The next question asks for your household income. We understand that this information is very private but the question is important for two reasons. Research has shown that there is a connection between income and health status. The information also helps to determine whether the study includes a wide range of population.

16) What is the average total annual income, from all sources, before tax received by your entire household?

1= Less than 10 000 \$

2= 10 000 \$ - 24 999 \$

3= 25 000 \$ - 49 999 \$

4= 50 000 \$ - 74 999 \$

5= 75 000 \$ - 99 999 \$

6= 100 000 \$ - 149 999 \$

7= 150 000 \$ - 199 999 \$

8= 200 000 \$ and more

88= Prefer not to answer

99= Don't know

Specifications: Includes salaries, benefits, pensions, allowances

17) How many individuals does that income support, including children, parents and other persons living outside your home?

1=_____ Number Individuals 1 to 12 and more, by increment of 1

88= Prefer not to answer

99= Don't know

Domain WORKING STATUS

19) Which of the following describes your current situation?

Instructions: More than one answer is possible.

1.1 Employed

1.2 Retired

1.3 Looking after home and/or family

1.4 Unable to work because of sickness or disability

1.5 Unemployed

18) What is your job title?

1= _____ OPEN

88= Prefer not to answer

99= Don't know

*Specifications: Give full description: e.g., office clerk, factory worker, forestry technician.
Refer only to your current main job, the one at which you work the most hours.*

19.1) Are you working?

1= Employed

2= Self employed

3 = Employed and self-employed

8= Prefer not to answer

9= Don't know

19.2) Are you a full-time or part-time salaried worker?

1 Full-time salaried employed

2 Part-time salaried employed

8= Prefer not to answer

9= Don't know

19.3) Are you a full-time or part-time self employed worker?

1 Full-time salaried self-employed

2 Part-time salaried self-employed

8= Prefer not to answer

9= Don't know

20) Are you doing unpaid or voluntary work?

0= No

1= Yes

8= Prefer not to answer

9= Don't know

21) Are you student?

2.1.1 Full-time student

2.1.2 Part- time student

0= No

8= Prefer not to answer

9= Don't know

22) What kind of job do you do?

- 1= Legislators, senior-officials and managers
- 2= Professionals
- 3= Technicians and associate professionals
- 4= Clerks
- 5= Service workers and shop and market sales workers
- 6= Skill agricultural and fishery workers
- 7= Craft and related workers
- 8= Plant and machine operators and assemblers
- 9= Elementary occupations
- 10= Armed forces
- 77 = Other _____
- 88= Prefer not to answer
- 99= Don't know

List from ISCO-88 (First level of information)

<http://www2.warwick.ac.uk/fac/soc/ier/research/isco88/english/groups/>

22.1) What kind of business, industry or service it is?

OPEN

23) What was your age when you started working there?

- 1= _____ Age when started working there
- 88= Prefer not to answer
- 99= Don't know

24) Which of the following choices best describes your working schedule?

- 1= Regular - daytime schedule or shift
- 2= Regular - evening shift
- 3= Regular - night shift
- 4= Rotating shift, changing periodically from days to evenings or to nights
- 5= Split shift, consisting of two or more distinct periods each day
- 6= Irregular schedule, or on call
- 7= Other
- 88= Prefer not to answer
- 99= Don't know

Specifications: A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight.

25) Is this the occupation you have held for the longest time?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

If unemployed:

26) Have you ever undertaken employed or self-employed work?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

27) Considering the occupation you held for the longest time, what kind of business, industry or service was it?

OPEN

28) What was the job title of the occupation that you have held for the longest time?

- 1= Legislators, senior-officials and managers
- 2= Professionals
- 3= Technicians and associate professionals
- 4= Clerks
- 5= Service workers and shop and market sales workers
- 6= Skill agricultural and fishery workers
- 7= Craft and related workers
- 8= Plant and machine operators and assemblers
- 9= Elementary occupations
- 10= Armed forces
- 77= Other_____
- 88= Prefer not to answer
- 99= Don't know

List from ISCO-88 (First level of information)

<http://www2.warwick.ac.uk/fac/soc/ier/research/isco88/english/groups/>

Specifications: Give full description: e.g., office clerk, factory worker, forestry technician.

29) What was your age when you started working there?

- 1=_____Age when started working there
- 88= Prefer not to answer
- 99= Don't know

30) Which of the following best describes your working schedule for this occupation?

- 1= Regular - daytime schedule or shift
- 2= Regular - evening shift
- 3= Regular - night shift
- 4= Rotating shift, changing periodically from days to evenings or to nights
- 5= Split shift, consisting of two or more distinct periods each day
- 6= Irregular schedule, or on call
- 7= Other
- 88= Prefer not to answer
- 99= Don't know

Specifications: A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight.

31) What was your age when you stopped working there?

- 1=_____Age when stopped working there
- 888= Prefer not to answer
- 999= Don't know

SECTION C: LIFE HABITS/BEHAVIORS

Domain TOBACCO USE

1) In your lifetime have you smoked a total of 100 cigarettes or more?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW go to 9.

Specifications: A total of 100 cigarettes means about 5 packs.

2) Do you currently smoke cigarettes?

Instructions: Read all categories.

- 0= No
- 1= Occasionally
- 2= Daily
- 8= Prefer not to answer
- 9= Don't know

Specifications: Occasionally means smoke at least one cigarette in the past 30 days, but not every day. "No" means no cigarettes at all in the past 30 days.

If Occasional:

3a) On how many of the last 30 days did you smoke at least one cigarette?

- 1= 1 -5 days
- 2= 6-10 days
- 3= 11- 20days
- 4= 21-30 days
- 8= Prefer not to answer
- 9= Don't know

3b) How many cigarettes on average do you smoke on the days that you smoke, including hand-rolled cigarettes?

- 1= 1 -5 cigarettes
- 2= 6-10 cigarettes
- 3= 11-15 cigarettes
- 4= 16-20 cigarettes
- 5= 21-25 cigarettes
- 6= 26-50 cigarettes
- 7= 51 and more cigarettes
- 88= Prefer not to answer
- 99= Don't know

Specification: A pack usually contains 25 cigarettes

If Daily:

3c) On average how many cigarettes do you smoke per day, including hand-rolled cigarettes?

- 1= 1 -5 cigarettes
- 2= 6-10 cigarettes
- 3= 11-15 cigarettes

- 4= 16-20 cigarettes
- 5= 21-25 cigarettes
- 6= 26-50 cigarettes
- 7= 51 and more cigarettes
- 88= Prefer not to answer
- 99= Don't know

Specification: A pack usually contains 25 cigarettes

4) Have you ever smoked on most or all days?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

5) During the period you smoked the most, either it is current or in the past, about how many cigarettes did you smoke?

- 1= 1 -5 cigarettes
- 2= 6-10 cigarettes
- 3= 11-15 cigarettes
- 4= 16-20 cigarettes
- 5= 21-25 cigarettes
- 6= 26-50 cigarettes
- 7= 51 and more cigarettes
- 88= Prefer not to answer
- 99= Don't know

Skip pattern: A pack usually contains 25 cigarettes

6) For how long did this period last, in months or years?

Instructions: Use only one unit of time.

1=_____ Months

OR

2=_____ Years

- 88= Prefer not to answer
- 99= Don't know

7) What was your age when you first started smoking cigarettes on most days?

- 1=_____ Age when started smoking on most days
- 888= Prefer not to answer
- 999= Don't know

Skip pattern: If the participant doesn't smoke cigarettes currently (question 2) BUT has smoked cigarettes on most or all days at some point in his life (question 5), go to 8, otherwise, go to 9.

8) What was your age when you last smoked cigarettes on most days?

- 1=_____ Age when stopped smoking on most days
- 888= Prefer not to answer
- 999= Don't know

9) In your lifetime, have you ever used other types of tobacco on a regular basis and for a length of at least six months?

Instructions: More than one answer is possible.

0 NONE

1 Cigars

2 Small cigars

3 Pipes

4 Chewing tobacco and snuff

5 Betel nut

6 Paan

7 Sheesha

8 Other nicotine products

9 Nicotine patch

10 Nicotine gum

88 Prefer not to answer

99 Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER or DON'T KNOW to all, go to Passive Smoking exposure domain, question 16, otherwise, go to 10.

10) Do you currently use other types of tobacco?

Instructions: More than one answer is possible. .

0 NONE

1 Cigars

2 Small cigars

3 Pipes

4 Chewing tobacco and snuff

5 Betel nut

6 Paan

7 Sheesha

8 Other nicotine products

9 Nicotine patch

10 Nicotine gum

88 Prefer not to answer

99 Don't know

The following two questions will be asked of pregnant women only:

11) In the three months before becoming pregnant, did you smoke cigarettes daily, occasionally, or not at all?

- 1=Daily (At least one cigarette every day for the past 30 days)
- 2=Occasionally (At least one cigarette in the past 30 days, but not every day)
- 3=Not at all (You did not smoke at all in the past 30 days)
- 8=Prefer not to answer

12) In the three months before your pregnancy, how many cigarettes did you smoke each day?

- 1=1 - 5 cigarettes
- 2=6 - 10 cigarettes
- 3=11 - 15 cigarettes
- 4=16 - 20 cigarettes
- 5=21 - 25 cigarettes
- 6=26 - 50 cigarettes
- 7= 51 and more cigarettes
- 8=Prefer not to answer

13) For how many total years have you smoked daily?

Years: _____

8=Prefer not to answer

14) During the total years that you have smoked daily, about how many cigarettes per day have you usually smoked? (If your smoking pattern has changed over the years, make your best guess of the average number of cigarettes you have smoked per day.)

- 1=1 - 5 cigarettes
- 2=6 - 10 cigarettes
- 3=11 - 15 cigarettes
- 4=16 - 20 cigarettes
- 5=21 - 25 cigarettes
- 6=26 - 50 cigarettes
- 7=51 and more cigarettes
- 8=Prefer not to answer

The following question will be asked of pregnant women who reported smoking before pregnancy but are not smoking currently

15) When did you stop smoking cigarettes?

- 1=More than 2 weeks before you knew you were pregnant
- 2=Less than 2 weeks before you knew you were pregnant
- 3=When you found out you were pregnant
- 4=After you found out you were pregnant
- 5=I never smoked
- 8= Prefer not to answer
- 9= Don't know

Domain PASSIVE SMOKING EXPOSURE

16) Until the age of 18, for how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

- 1=_____Years
- 88= Prefer not to answer
- 99= Don't know

17) In your whole adult life, from age 18 years to now, for how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

- 1=_____Years
- 888= Prefer not to answer
- 999= Don't know

18) In your whole adult life, for how many years did you regularly work in an environment where other people smoked cigarettes, cigars or pipes in your presence?

- 1=_____Years
- 888= Prefer not to answer
- 999= Don't know

19) At home how often are you usually exposed to other people's tobacco smoke...?

- 0= Never
- 1= At least once a month
- 2= At least once a week
- 3= Almost every day
- 4= Every day
- 88= Prefer not to answer
- 99= Don't know

20) During leisure undertaken outside of your home, how often are you usually exposed to other people's tobacco smoke?

- 0= Never
- 1= At least once a month
- 2= At least once a week
- 3= Almost every day
- 4= Every day
- 88= Prefer not to answer
- 99= Don't know

21) At work how often are you usually exposed to other people's tobacco smoke?

- 0= Never
- 1= At least once a month
- 2= At least once a week
- 3= Almost every day
- 4= Every day
- 5=Does not apply
- 88= Prefer not to answer
- 99= Don't know

Domain ALCOHOL INTAKE

22) Have you ever drunk alcohol?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Skip pattern: If NO, PREFER NOT TO ANSWER, OR DON'T KNOW, go Nutrition domain, question 1.

23) About how often during the past 12 months did you drink alcohol?

Instructions: Read all categories.

- 7= Almost every day (including 6 times a week)
- 6= 4 to 5 times a week
- 5= 2 to 3 times a week
- 4= Once a week
- 3= 2 to 3 times a month
- 2= About once a month
- 1= Less than once a month
- 0= Never
- 88= Prefer not to answer
- 99= Don't know

Skip pattern: If NEVER, PREFER NOT TO ANSWER or DON'T KNOW, go to 21. If ONCE A WEEK OR MORE go to 20. If LESS THAN ONCE A WEEK go to 25.2 if male or to 25.3 if female.

Specifications: Alcohol includes red or white wine, beer, spirit or liquor and other kinds of alcohol including sake, cider, sparkling wine, rosé etc.

24) In a typical week, how many drinks of alcohol do you drink?

Type of alcohol	Number of drinks on a week
Red wine	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
White wine	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
Beer	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
Liquor and Spirit	_ _ _ Drinks 888= Prefer not to answer 999= Don't know
Other kind of alcohol	_ _ _ Drinks 888= Prefer not to answer 999= Don't know

Specifications: A drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1 and a 1/2 ounces of liquor.

25.1) During a typical week, do you drink alcohol mostly on weekend (or non working) days?

- 1=Yes
- 2=No
- 8=Prefer not to answer
- 9=Don't know

25.2) About how often during the past 12 months would you say you had five or more drinks at the same sitting or occasion?

Instructions: Ask only if the participant is a man otherwise go to 4.2. Read all categories.

- 8= Almost every day (including 6 times a week)
- 7= 4 to 5 times a week
- 6= 2 to 3 times a week
- 5= Once a week
- 4= 2 to 3 times a month
- 3= About once a month
- 2= 6 to 11 times a year
- 1= 1 to 5 times a year
- 0= Never
- 88= Prefer not to answer
- 99= Don't know

25.3) About how often during the past 12 months would you say you had four or more drinks at the same sitting or occasion?

Instructions: Ask only if the participant is a woman

- 8= Almost every day (including 6 times a week)
- 7= 4 to 5 times a week
- 6= 2 to 3 times a week
- 5= Once a week
- 4= 2 to 3 times a month
- 3= About once a month
- 2= 6 to 11 times a year
- 1= 1 to 5 times a year
- 0= Never
- 88= Prefer not to answer
- 99= Don't know

Specifications: A drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1 and a 1/2 ounces of liquor.

26) How does your current consumption of alcohol compare to your heaviest period of drinking?

- 1= About the same
- 2= Less than the heaviest period of drinking
- 88= Prefer not to answer
- 99= Don't know

Only for pregnant women

	Over the 12 months just before your pregnancy	Currently, during your pregnancy
27.1) How often did/do you drink alcohol?	1=6 to 7 times a week 2=4 to 5 times a week 3=2 to 3 times a week 4=Once a week 5=2 to 3 times a month 6=About once a month 7=Less than monthly	1=6 to 7 times a week 2=4 to 5 times a week 3=2 to 3 times a week 4=Once a week 5=2 to 3 times a month 6=About once a month 7=Less than monthly

	8=Never 8= Prefer not to answer 9=Don't know	8=Never 8= Prefer not to answer 9=Don't know
27.2) On average, how many drinks of alcohol did you have during a typical week?	<u>Red Wine</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>White Wine</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>Beer</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>Liquor/Spirits</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>Other Alcohol</u> Drinks per week: _____ 1=None 8=Prefer not to answer 9=Don't know	<u>Red Wine</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>White Wine</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>Beer</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>Liquor/Spirits</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know <u>Other Alcohol</u> Drinks per week: _____ 1=None 8= Prefer not to answer 9=Don't know

Domain NUTRITION

28) In a typical day, how many servings of vegetables do you eat? A serving of fresh, frozen, canned or cooked leafy vegetables is about ½ cup or 125mL.

1=_____servings/day
88= Prefer not to answer
99= Don't know

29) In a typical day, how many servings of fruit (not including fruit juice) do you eat? A serving is about ½ cup fresh, frozen or canned fruit.

1=_____servings/day
88= Prefer not to answer
99= Don't know

30) In a typical day, how many servings of 100% fruit or vegetable juice do you drink? This includes mixtures of fruits and vegetables juice, but not fruit drinks or fruit cocktails. A serving is about ½ cup or 125 mL.

1=_____servings/day
88= Prefer not to answer

99= Don't know

Domain SLEEP

31) On average how many hours per day do you usually sleep including naps?

1=_____Hours (3 to 16 by increment of 1)

88= Prefer not to answer

99= Don't know

Specifications: Here a day refers to a 24 hour period (the question does NOT refer to daytime versus night-time sleep.)

32) How often do you have trouble going to sleep or staying asleep?

Instructions: Read all categories..

0= None of the time

1= A little of the time

2= Some of the time

3= Most of the time

5= All of the time

88= Prefer not to answer

99= Don't know

33) On average how much light enters in your room while you are sleeping?

Instructions: Read all categories.

0= Virtually no light

1= Some light

2= A lot of light

88= Prefer not to answer

99= Don't know

34) Have you been told that you snore?

1=Yes

2=No

35) Has anyone noticed that you quit or stop breathing during your sleep?

1=Yes

2=No

36) For pregnant women only

In the three months before your pregnancy, on average how many hours per day did you usually sleep, including naps? A day refers to a 24 hour period. Please think of the total amount of sleep (including any naps) that you get in a 24 hour period.

Hours: _____

8= Prefer not to answer

9= Don't know

Domain UV EXPOSURE

37) What is your natural hair color? If your hair is now grey, please select the color of your hair before it turned grey.

- 1= Blonde
- 2= Red
- 3= Light Brown
- 4= Dark Brown
- 5= Black
- 88= Prefer not to answer
- 99= Don't know

38) What is your natural eye colour? Choose ONE only.

- 1=Amber
- 2=Blue
- 3=Brown
- 4=Grey
- 5=Green
- 6=Hazel
- 8=Prefer not to answer

39) In the summer months, how much time each day do you spend typically in the sun between 11 am and 4 pm on weekdays?

- 1= Less than 30 minutes
- 2= 30 to 59 minutes
- 3= 1 hour to less than 2 hours
- 4= 2 hours to less than 3 hours
- 5= 3 hours to less than 4 hours
- 6= 4 hours to 5 hours
- 88= Prefer not to answer
- 99= Don't know

40) In the summer months, how much time each day do you spend typically in the sun between 11 am and 4 pm on weekends?

- 1= Less than 30 minutes
- 2= 30 to 59 minutes
- 3= 1 hour to less than 2 hours
- 4= 2 hours to less than 3 hours
- 5= 3 hours to less than 4 hours
- 6= 4 hours to 5 hours
- 88= Prefer not to answer
- 99= Don't know

41) In the summer months, when you are in the sun for 30 minutes or more, how often do you use sun protection including sunscreen lotion, hat or protective clothing?

Instructions: Read all categories.

- 0= Never
- 1= Rarely
- 2= Sometimes
- 3= Often

4= Always
88= Prefer not to answer
99= Don't know

42) In the past 12 months, how many times have you used artificial tanning equipment such as a tanning bed, sunlamp or tanning light for any reason, including medical reasons?

Instructions: Read all categories.

0= Never
1= 1 to 4 times
2= 5 to 9 times
3= 10 to 14 times
4= 15 to 19 times
5= 20 to 24 times
6= More than 25 times
88= Prefer not to answer
99= Don't know

43) After several months of not being in the sun, if you then went out in the sun during the summer and in the middle of the day without sunscreen or protective clothing for one hour, which one of these would happen to your skin?

1= Nothing would happen in an hour
2= Turning darker without a sunburn
3= Mildly burned with some tanning
4= A severe sunburn for a few days with peeling
5= Get a severe sunburn with blisters
6= Other
88= Prefer not to answer
99= Don't know

Specifications: If you do not go out in the sun, make your best guess of what would happen if you did.

Domain PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days.

Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

44) During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

- 1= ____ Days per week
- 2=No vigorous physical activity
- 8888=Prefer not to answer
- 9999=Don't know

45) How much time did you usually spend doing vigorous physical activities on one of those days?

Indicate hours AND minutes.

- 1= ____ Hours per day
- 2= ____ Minutes per day
- 8888=Prefer not to answer
- 9999=Don't know

46) Think about all the moderate activities that you did in the last 7 days.

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis?

Do not include walking.

- 1= ____ Days per week
- 2= No moderate physical activities
- 8888=Prefer not to answer
- 9999=Don't know

47) How much time did you usually spend doing moderate physical activities on one of those days?

Indicate hours AND minutes.

- 1= ____ Hours per day
- 2= ____ Minutes per day
- 8888=Prefer not to answer
- 9999=Don't know

48) Think about the time you spent walking in the last 7 days.

This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

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

1= ____ Days per week
2=No walking
8888=Prefer not to answer
9999=Don't know

49) How much time did you usually spend walking on one of those days?

Indicate hours AND minutes.

1= ____ Hours per day
2= ____ Minutes per day
8888=Prefer not to answer
9999=Don't know

50) The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time.

This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you usually spend sitting on a week day?

Indicate hours AND minutes.

1= ____ Hours per day
2= ____ Minutes per day
8888=Prefer not to answer
9999=Don't know

SECTION D: MENTAL STATUS

Domain PERCEPTION OF GENERAL HEALTH

1) In general, would you say your health is...?

- 1= Poor
- 2= Fair
- 3= Good
- 4= Very Good
- 5= Excellent
- 8= Prefer not to answer
- 9= Don't know

2) Compared to one year ago, how would you say your health is now? Is it:

- 1= Much better now than one year ago
- 2= Somewhat better now than one year ago
- 3= About the same as one year ago
- 4= Somewhat worse now than one year ago
- 5= Much worse now than one year ago

Domain DEPRESSIVE SYMPTOMS

3) Over the last 2 weeks, how often have you been bothered by any of the following problems?

Instructions: Check ONE answer for each question.

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
b. Feeling down, depressed, or hopeless	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
d. Feeling tired or having little energy	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
e. Poor appetite or overeating	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

4) If you checked off any problem on question 1 so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- 0= Not difficult at all
- 1= Somewhat Difficult
- 2= Very Difficult
- 3= Extremely Difficult

Domain ANXIETY SYMPTOMS

5) Over the last 2 weeks, how often have you been bothered by any of the following problems?

Instructions: Check ONE answer for each question.

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
2. Not being able to stop or control worrying	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
3. Worrying too much about different things	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
4. Trouble relaxing	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
5. Being so restless that it is hard to sit still	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
6. Becoming easily annoyed or irritable	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
7. Feeling afraid as if something awful might happen	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

6) If you checked off any problem on question 1 so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- 0= Not difficult at all
- 1= Somewhat Difficult
- 2= Very Difficult
- 3= Extremely Difficult

SECTION E: PSYCHOSOCIAL ENVIRONMENT

Domain MAJOR LIFE EVENTS

1) In the course of the last 12 months, have you experienced any major stressful events such as the loss of a loved one, a serious illness, or serious family or financial difficulties?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

Domain SOCIAL SUPPORT

2) Is there anyone to whom you can speak to about your feelings and worries?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

3) Is there anyone you trust to give you advice when you need to take important personal decisions?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

4) Is there anyone who makes you feel loved?

- 0= No
- 1= Yes
- 8= Prefer not to answer
- 9= Don't know

PART 4 : MEASUREMENTS

SECTION F ANTHROPOMETRY

ANTHROPOMETRY

3) Please think of your appearance when you were a CHILD, about 10 years old, and compare it to other children your age. When you were a child, were you...?

Instructions: Read all categories.

- 1= Much slimmer than other children your age
- 2= Slimmer than other children your age
- 3= Similar to other children your age
- 4= Heavier than other children your age
- 5= Much heavier than other children your age
- 88= Prefer not to answer
- 99= Don't know

4) About how much did you weigh at each of the following ages?

20 years old: _____ lbs _____ kg
 30 years old: _____ lbs _____ kg
 40 years old: _____ lbs _____ kg
 50 years old: _____ lbs _____ kg
 60 years old: _____ lbs _____ kg
 70 years old: _____ lbs _____ kg
 80 years old: _____ lbs _____ kg

The following questions will be asked of pregnant women in addition to the questions above:

5) How much did you weigh just before this pregnancy? Please answer the question using pounds or kilograms.

1= _____ Pounds OR
 2= _____ Kilograms
 8= Prefer not to answer
 9= Don't know

6) Do you regard yourself as being left or right-handed, or ambidextrous?

An ambidextrous person is able to use either hand with equal dexterity.

1= Left
 2= Right
 3= Ambidextrous
 8= Prefer not to answer

ANTHROPOMETRIC MEASUREMENTS

1) Are you able to stand without assistance?

1= Yes
 2= No

If question 1 = 1:

2) Since you are capable to STAND WITHOUT ASSISTANCE, you can continue with some basic physical measurements.

Theses questions are optionnal.

Each question will ask you to take PHYSICAL MEASUREMENTS.

You will need a tape measure.

If you do not have a tape measure available to you, consider using a piece of string or cord and a ruler to make the measurements.

0= No, I DON'T WANT TO continue and take my physical measurements.
 1= Yes, I WANT TO continue and take my physical measurements.
 8= Prefer not to answer
 9= Don't know

If question 2 = 0 or question 1 = 2:

3) To your knowledge, how tall are you?

Please answer the question using feet and inches OR centimeters.

1= _____ Feet
 2= _____ Inches
 3= _____ centimetres
 8= Prefer not to answer

9=Don't know

4) To your knowledge, how much do you weight?

Please answer the question using pounds OR kilograms.

1= _____ pounds

2= _____ kilograms

8=Prefer not to answer

9=Don't know

If question 2 = 1:

HEIGHT

- Remove your shoes and any accessories in your hair (ex: hair clips, hat) ;
- Stand up straight against a wall, feet joined, heels, buttocks and blades against the wall;
- Look straight and place a book cover on your head;
- Using a pencil, draw a line where the bottom of the book cover touches the wall;
- Measure the distance between the ground and the line;
- Repeat the measurement. The difference between the two measurements must not exceed one-half inch (or centimeter). If this is not the case, perform a third measure and record the two closest measurements;
- Note your height in inches OR centimeters.

First measurement feet inches **OR** centimetres

Second measurement feet inches **OR** centimetres

WEIGHT

- Adjust your balance to indicate "zero";
- Weigh yourself without clothes or with light clothing. Do not forget to remove your shoes;
- Step on the scale. Make sure your feet are completely on the balance;
- Weight yourself twice. The difference between the two measurements must not exceed one pound or kilogram. If this is not the case, weight yourself a third time and note the nearest of the two measurements;
- Enter your weight in pounds **OR** kilograms.

First measurement pounds **OR** kilograms

Second measurement pounds **OR** kilograms

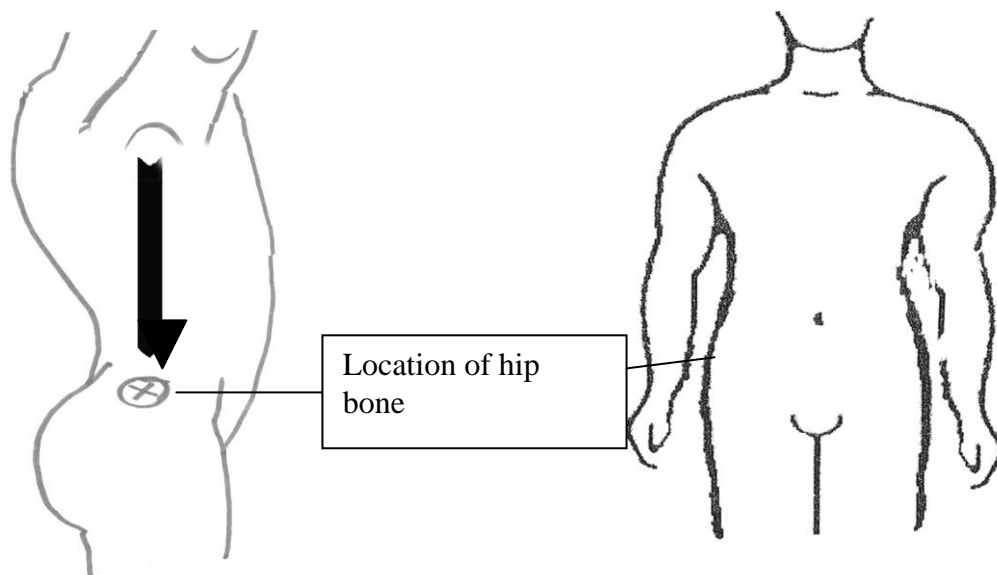
Waist and Hips

Ideally, these measurements should be taken without clothing or in loose fitting underwear.

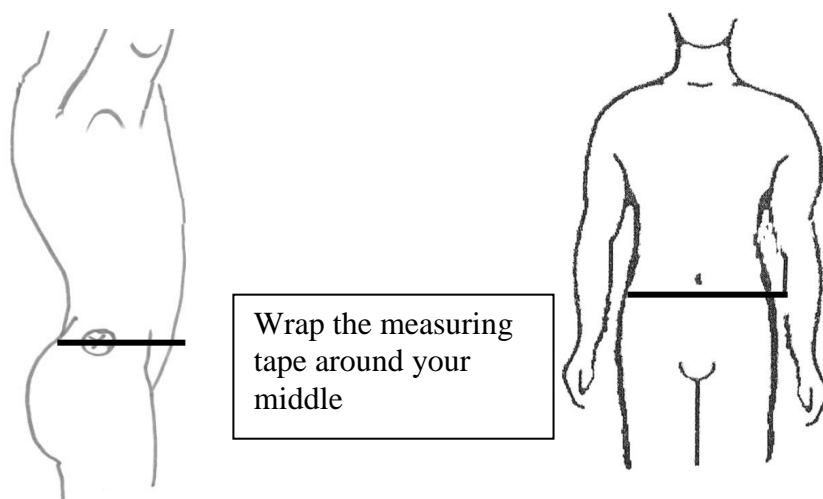
1. Stand in front of a mirror to help position the measuring tape correctly.
2. Pull the measuring tool tight enough that it does not slide, but not too tight to indent the skin.
3. Record the measurement in inches or centimetres.

Waist Measurement

This measurement is taken at a specific spot found along your side. To find the spot simply place your thumb under your armpit, then slide your thumb straight down until you find the hip bone (see diagram)



Using the mirror, line up the bottom edge of the measuring tape with the top of the hipbones on both sides of your body.



- Look in the mirror and turn in a circle to ensure the measuring tape is in a straight line and is not twisted at any point. Relax and take two normal breaths. After the second breath out, gently tighten the tape around your waist.

- Take the measurement, EVEN IF THIS IS NOT YOUR USUAL WAISTLINE.
- Record your measurement to the nearest inch OR centimetre.

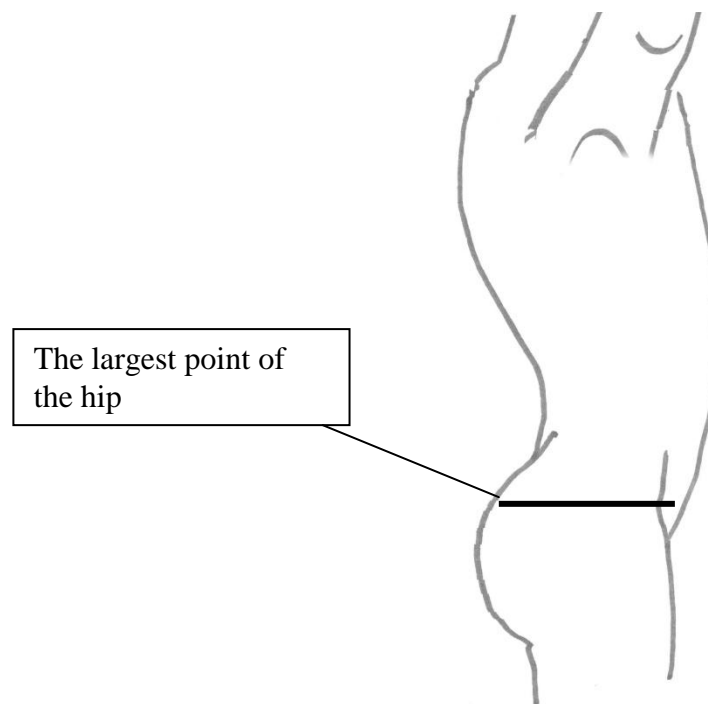
First measurement inches **OR** centimetres

Second measurement inches **OR** centimetres

Hips Measurement

Stand in profile to a mirror with your feet shoulder width apart.

Look for the largest point of your buttocks and place the measuring tape at that position.



- Now turn in a full circle in front of the mirror to be certain that the measuring tape is in a straight line and is not twisted at any point.
- Take the measurement.
- Record the measurement to the nearest inch or centimetre.

First measurement inches **OR** centimetres

Second measurement inches **OR** centimetres

THANKS

Thank you for having completed this survey.

Do not miss new updates of our project on our website!

LISTS OF COUNTRIES:

ANDORRA	ANDORRE	1	AD
UNITED ARAB EMIRATES	ÉMIRATS ARABES UNIS	2	AE
AFGHANISTAN	AFGHANISTAN	4	AF
ANTIGUA AND BARBUDA	ANTIGUA ET BARBUDA	5	AG
ANGUILLA	ANGUILLA	6	AI
ALBANIA	ALBANIE	7	AL
ARMENIA	ARMÉNIE	8	AM
NETHERLANDS ANTILLES	ANTILLES NÉERLANDAISES	10	AN
ANGOLA	ANGOLA	11	AO
ANTARCTICA	ANTARCTIQUE	12	AQ
ARGENTINA	ARGENTINE	13	AR
AMERICAN SAMOA	SAMOA AMÉRICAINES	14	AS
AUSTRIA	AUTRICHE	15	AT
AUSTRALIA	AUSTRALIE	16	AU
ARUBA	ARUBA	17	AW
ÅLAND ISLANDS	ÅLAND, ÎLES	18	AX
AZERBAIJAN	AZERBAÏDJAN	19	AZ
BOSNIA AND HERZEGOVINA	BOSNIE-HERZÉGOVINE	20	BA
BARBADOS	BARBADE	21	BB
BANGLADESH	BANGLADESH	22	BD
BELGIUM	BELGIQUE	23	BE
BURKINA FASO	BURKINA FASO	24	BF
BULGARIA	BULGARIE	25	BG
BAHRAIN	BAHREÏN	26	BH
BURUNDI	BURUNDI	27	BI
BENIN	BÉNIN	28	BJ
SAINT BARTHÉLEMY	SAINT-BARTHÉLEMY	29	BL
BERMUDA	BERMUDES	30	BM
BRUNEI DARUSSALAM	BRUNÉI DARUSSALAM	31	BN
BOLIVIA	BOLIVIE	32	BO
BRAZIL	BRÉSIL	33	BR
BAHAMAS	BAHAMAS	34	BS
BHUTAN	BHOUTAN	35	BT
BOUVET ISLAND	BOUVET, ÎLE	36	BV
BOTSWANA	BOTSWANA	37	BW
BELARUS	BÉLARUS	38	BY

BELIZE	BELIZE	39	BZ
CANADA	CANADA	40	CA
COCOS (KEELING) ISLANDS	COCOS (KEELING), ÎLES	41	CC
CONGO, THE DEMOCRATIC REPUBLIC OF THE	CONGO, LA RÉPUBLIQUE DÉMOCRATIQUE DU	42	CD
CENTRAL AFRICAN REPUBLIC	CENTRAFRICAINE, RÉPUBLIQUE	43	CF
CONGO	CONGO	44	CG
SWITZERLAND	SUISSE	45	CH
CÔTE D'IVOIRE	CÔTE D'IVOIRE	46	CI
COOK ISLANDS	COOK, ÎLES	47	CK
CHILE	CHILI	48	CL
CAMEROON	CAMEROUN	49	CM
CHINA	CHINE	50	CN
COLOMBIA	COLOMBIE	51	CO
COSTA RICA	COSTA RICA	52	CR
CUBA	CUBA	53	CU
CAPE VERDE	CAP-VERT	54	CV
CHRISTMAS ISLAND	CHRISTMAS, ÎLE	55	CX
CYPRUS	CHYPRE	56	CY
CZECH REPUBLIC	TCHÈQUE, RÉPUBLIQUE	57	CZ
GERMANY	ALLEMAGNE	58	DE
DJIBOUTI	DJIBOUTI	59	DJ
DENMARK	DANEMARK	60	DK
DOMINICA	DOMINIQUE	61	DM
DOMINICAN REPUBLIC	DOMINICAINE, RÉPUBLIQUE	62	DO
ALGERIA	ALGÉRIE	63	DZ
ECUADOR	ÉQUATEUR	64	EC
ESTONIA	ESTONIE	65	EE
EGYPT	ÉGYPTE	66	EG
WESTERN SAHARA	SAHARA OCCIDENTAL	67	EH
ERITREA	ÉRYTHRÉE	68	ER
SPAIN	ESPAGNE	69	ES
ETHIOPIA	ÉTHIOPIE	70	ET
FINLAND	FINLANDE	71	FI
FIJI	FIDJI	72	FJ
FALKLAND ISLANDS (MALVINAS)	FALKLAND, ÎLES (MALVINAS)	73	FK
MICRONESIA, FEDERATED STATES OF	MICRONÉSIE, ÉTATS FÉDÉRÉS DE	74	FM
FAROE ISLANDS	FÉROÉ, ÎLES	75	FO

FRANCE	FRANCE	76	FR
GABON	GABON	77	GA
UNITED KINGDOM	ROYAUME-UNI	78	GB
GRENADA	GRENADE	79	GD
GEORGIA	GÉORGIE	80	GE
FRENCH GUIANA	GUYANE FRANÇAISE	81	GF
GUERNSEY	GUERNESEY	82	GG
GHANA	GHANA	83	GH
GIBRALTAR	GIBRALTAR	84	GI
GREENLAND	GROENLAND	85	GL
GAMBIA	GAMBIE	86	GM
GUINEA	GUINÉE	87	GN
GUADELOUPE	GUADELOUPE	88	GP
EQUATORIAL GUINEA	GUINÉE ÉQUATORIALE	89	GQ
GREECE	GRÈCE	90	GR
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	GÉORGIE DU SUD ET LES ÎLES SANDWICH DU SUD	91	GS
GUATEMALA	GUATEMALA	92	GT
GUAM	GUAM	93	GU
GUINEA-BISSAU	GUINÉE-BISSAU	94	GW
GUYANA	GUYANA	95	GY
HONG KONG	HONG-KONG	96	HK
HEARD ISLAND AND MCDONALD ISLANDS	HEARD, ÎLE ET MCDONALD, ÎLES	97	HM
HONDURAS	HONDURAS	98	HN
CROATIA	CROATIE	99	HR
HAITI	HAÏTI	100	HT
HUNGARY	HONGRIE	101	HU
INDONESIA	INDONÉSIE	102	ID
IRELAND	IRLANDE	103	IE
ISRAEL	ISRAËL	104	IL
ISLE OF MAN	ÎLE DE MAN	105	IM
INDIA	INDE	106	IN
BRITISH INDIAN OCEAN TERRITORY	Océan Indien, territoire britannique de l'	107	IO
IRAQ	IRAQ	108	IQ
IRAN, ISLAMIC REPUBLIC OF	IRAN, République islamique d'	109	IR
ICELAND	ISLANDE	110	IS
ITALY	ITALIE	111	IT
JERSEY	JERSEY	112	JE

JAMAICA	JAMAÏQUE	113	JM
JORDAN	JORDANIE	114	JO
JAPAN	JAPON	115	JP
KENYA	KENYA	116	KE
KYRGYZSTAN	KIRGHIZISTAN	117	KG
CAMBODIA	CAMBODGE	118	KH
KIRIBATI	KIRIBATI	119	KI
COMOROS	COMORES	120	KM
SAINT KITTS AND NEVIS	SAINT-KITTS-ET-NEVIS	121	KN
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	CORÉE, RÉPUBLIQUE POPULAIRE DÉMOCRATIQUE DE	122	KP
KOREA, REPUBLIC OF	CORÉE, RÉPUBLIQUE DE	123	KR
KUWAIT	KOWEÏT	124	KW
CAYMAN ISLANDS	CAÏMANES, ÎLES	125	KY
KAZAKHSTAN	KAZAKHSTAN	126	KZ
LAO PEOPLE'S DEMOCRATIC REPUBLIC	LAO, RÉPUBLIQUE DÉMOCRATIQUE POPULAIRE	127	LA
LEBANON	LIBAN	128	LB
SAINT LUCIA	SAINTE-LUCIE	129	LC
LIECHTENSTEIN	LIECHTENSTEIN	130	LI
SRI LANKA	SRI LANKA	131	LK
LIBERIA	LIBÉRIA	132	LR
LESOTHO	LESOTHO	133	LS
LITHUANIA	LITUANIE	134	LT
LUXEMBOURG	LUXEMBOURG	135	LU
LATVIA	LETTONIE	136	LV
LIBYAN ARAB JAMAHIRIYA	LIBYENNE, JAMAHIRIYA ARABE	137	LY
MOROCCO	MAROC	138	MA
MONACO	MONACO	139	MC
MOLDOVA	MOLDOVA	140	MD
MONTENEGRO	MONTÉNÉGRO	141	ME
SAINT MARTIN	SAINT-MARTIN	142	MF
MADAGASCAR	MADAGASCAR	143	MG
MARSHALL ISLANDS	MARSHALL, ÎLES	144	MH
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MACÉDOINE, L'EX-RÉPUBLIQUE YUGOSLAVE DE	145	MK
MALI	MALI	146	ML
MYANMAR	MYANMAR	147	MM
MONGOLIA	MONGOLIE	148	MN
MACAO	MACAO	149	MO

NORTHERN MARIANA ISLANDS	MARIANNES DU NORD, ÎLES	150	MP
MARTINIQUE	MARTINIQUE	151	MQ
MAURITANIA	MAURITANIE	152	MR
MONTSERRAT	MONTSERRAT	153	MS
MALTA	MALTE	154	MT
MAURITIUS	MAURICE	155	MU
MALDIVES	MALDIVES	156	MV
MALAWI	MALAWI	157	MW
MEXICO	MEXIQUE	158	MX
MALAYSIA	MALAISIE	159	MY
MOZAMBIQUE	MOZAMBIQUE	160	MZ
NAMIBIA	NAMIBIE	161	NA
NEW CALEDONIA	NOUVELLE-CALÉDONIE	162	NC
NIGER	NIGER	163	NE
NORFOLK ISLAND	NORFOLK, ÎLE	164	NF
NIGERIA	NIGÉRIA	165	NG
NICARAGUA	NICARAGUA	166	NI
NETHERLANDS	PAYS-BAS	167	NL
NORWAY	NORVÈGE	168	NO
NEPAL	NÉPAL	169	NP
NAURU	NAURU	170	NR
NIUE	NIUÉ	171	NU
NEW ZEALAND	NOUVELLE-ZÉLANDE	172	NZ
OMAN	OMAN	173	OM
PANAMA	PANAMA	174	PA
PERU	PÉROU	175	PE
FRENCH POLYNESIA	POLYNÉSIE FRANÇAISE	176	PF
PAPUA NEW GUINEA	PAPOUASIE-NOUVELLE-GUINÉE	177	PG
PHILIPPINES	PHILIPPINES	178	PH
PAKISTAN	PAKISTAN	179	PK
POLAND	POLOGNE	180	PL
SAINT PIERRE AND MIQUELON	SAINT-PIERRE-ET-MIQUELON	181	PM
PITCAIRN	PITCAIRN	182	PN
PUERTO RICO	PORTO RICO	183	PR
PALESTINIAN TERRITORY, OCCUPIED	PALESTINIEN OCCUPÉ, TERRITOIRE	184	PS
PORTUGAL	PORTUGAL	185	PT
PALAU	PALAU	186	PW
PARAGUAY	PARAGUAY	187	PY

QATAR	QATAR	188	QA
RÉUNION	RÉUNION	189	RE
ROMANIA	ROUMANIE	190	RO
SERBIA	SERBIE	191	RS
RUSSIAN FEDERATION	RUSSIE, FÉDÉRATION DE	192	RU
RWANDA	RWANDA	193	RW
SAUDI ARABIA	ARABIE SAOUDITE	194	SA
SOLOMON ISLANDS	SALOMON, ÎLES	195	SB
SEYCHELLES	SEYCHELLES	196	SC
SUDAN	SOUDAN	197	SD
SWEDEN	SUÈDE	198	SE
VATICAN CITY STATE	VATICAN, ÉTAT DE LA CITÉ DU	199	VA
SINGAPORE	SINGAPOUR	200	SG
SAINT HELENA	SAINTE-HÉLÈNE	201	SH
SLOVENIA	SLOVÉNIE	202	SI
SVALBARD AND JAN MAYEN	SVALBARD ET ÎLE JAN MAYEN	203	SJ
SLOVAKIA	SLOVAQUIE	204	SK
SIERRA LEONE	SIERRA LEONE	205	SL
SAN MARINO	SAINT-MARIN	206	SM
SENEGAL	SÉNÉGAL	207	SN
SOMALIA	SOMALIE	208	SO
SURINAME	SURINAME	209	SR
SAO TOME AND PRINCIPE	SAO TOMÉ-ET-PRINCIPE	210	ST
EL SALVADOR	EL SALVADOR	211	SV
SYRIAN ARAB REPUBLIC	SYRIENNE, RÉPUBLIQUE ARABE	212	SY
SWAZILAND	SWAZILAND	213	SZ
TURKS AND CAICOS ISLANDS	TURKS ET CAÏQUES, ÎLES	214	TC
CHAD	TCHAD	215	TD
FRENCH SOUTHERN TERRITORIES	TERRES AUSTRALES FRANÇAISES	216	TF
TOGO	TOGO	217	TG
THAILAND	THAÏLANDE	218	TH
TAJIKISTAN	TADJIKISTAN	219	TJ
TOKELAU	TOKELAU	220	TK
TIMOR-LESTE	TIMOR-LESTE	221	TL
TURKMENISTAN	TURKMÉNISTAN	222	TM
TUNISIA	TUNISIE	223	TN
TONGA	TONGA	224	TO
TURKEY	TURQUIE	225	TR

TRINIDAD AND TOBAGO	TRINITÉ-ET-TOBAGO	226	TT
TUVALU	TUVALU	227	TV
TAIWAN, PROVINCE OF CHINA	TAÏWAN, PROVINCE DE CHINE	228	TW
TANZANIA, UNITED REPUBLIC OF	TANZANIE, RÉPUBLIQUE-UNIE DE	229	TZ
UKRAINE	UKRAINE	230	UA
UGANDA	OUGANDA	231	UG
UNITED STATES MINOR OUTLYING ISLANDS	ÎLES MINEURES ÉLOIGNÉES DES ÉTATS-UNIS	232	UM
UNITED STATES	ÉTATS-UNIS	233	US
URUGUAY	URUGUAY	234	UY
UZBEKISTAN	OUZBÉKISTAN	235	UZ
HOLY SEE (VATICAN CITY STATE)	SAINT-SIÈGE (ÉTAT DE LA CITÉ DU VATICAN)	236	VA
SAINT VINCENT AND THE GRENADINES	SAINT-VINCENT-ET-LES GRENADINES	237	VC
VENEZUELA	VENEZUELA	238	VE
VIRGIN ISLANDS, BRITISH	ÎLES VIERGES BRITANNIQUES	239	VG
VIRGIN ISLANDS, U.S.	ÎLES VIERGES DES ÉTATS-UNIS	240	VI
VIET NAM	VIET NAM	241	VN
VANUATU	VANUATU	242	VU
WALLIS AND FUTUNA	WALLIS ET FUTUNA	243	WF
SAMOA	SAMOA	244	WS
YEMEN	YÉMEN	245	YE
MAYOTTE	MAYOTTE	246	YT
SOUTH AFRICA	AFRIQUE DU SUD	247	ZA
ZAMBIA	ZAMBIE	248	ZM
ZIMBABWE	ZIMBABWE	249	ZW