CARTaGENE - ENVIRONMENT AND NUTRITION COMPONENT

CONSENT FORM: ENVIRONMENT MODULE

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Collaborators: the questionnaires were developed in collaboration with a group of environmental experts (*CPTP-Environmental Task Force*) under the coordination of Anya Keefe (University of British Columbia).

Source of funding: Canadian Partnership Against Cancer (CPAC).

The aim of CARTaGENE's Environment module is to add to its database, data relating to residential and work environmental exposures.

By signing this consent form, I agree to participate in CARTaGENE's Environment module and attest the following:

- I have read and understood the Environment and Nutrition component information brochure. I have been given sufficient time to think and make a decision regarding my participation.
- I agree to complete the questionnaire on residential and work environments.
- > I agree that the data gathered from the questionnaire be transmitted in coded form to CARTaGENE.
- I agree that my personal information be stored by the Call Centre until the end of the Environment and Nutrition component, and then by the RAMQ or any other body designated by CARTaGENE.
- I understand that the addresses supplied as answers for the questionnaire will not be integrated in the CARTaGENE database, and therefore will not be transmitted to any researcher.
- I understand and agree that the complete postal code constitutes personal information that could, in certain circumstances, lead to identify an individual, a family or a community. Therefore, I have the choice to indicate only the first three (3) characters or all six (6) characters of my postal code. I also understand that my complete postal code will never be given to researchers.
- I understand and agree that I will never have access to the data concerning me, collected for the Environment module, and that CARTaGENE will store this data.
- I agree that the data kept by CARTaGENE be destroyed at the planned end of CARTaGENE, on December 31, 2058, unless CARTaGENE decides otherwise and upon approval of the body responsible for CARTaGENE's ethical evaluation and monitoring.
- I agree that all data collected about me, once coded, will be used by researchers in Québec, elsewhere in Canada and in other countries, for research in health and genomics, who have obtained scientific and ethical approvals.
- I understand that I will receive no benefit, financial or otherwise, for my participation in the Environment module, even if my data stored in CARTaGENE contributes to the development of a product that is commercialized.
- I understand that after my death, my data cannot be removed from CARTaGENE, unless clear instructions have been given in either my will or other legal document.
- I understand that my participation is completely voluntary and that I can withdraw at any time without giving any reason by calling 1-877-263-2360. I authorize the RAMQ, or any other body acting on behalf of CARTaGENE, to inform CARTaGENE of my decision to withdraw, so that they may destroy all the data that I have given that have not yet been used by researchers.







Contact

To obtain additional information:

- Visit the CARTaGENE website at <u>www.cartagene.qc.ca</u>
- Contact our toll-free Call Centre (Jolicoeur et Associés):
 - Call 1-800-636-3106 ext. 104
 - E-mail <u>cartagene@etudesondage.com</u>

To withdraw from CARTaGENE:

• Contact the RAMQ toll-free at 1-877-263-2360

Any complaint concerning your participation in this research can be addressed to the Ombudsman at the *Université de Montréal* by calling 514-343-2100 or by e-mailing <u>ombudsman@umontreal.ca</u> (collect calls are agreeed).

By agreeing to participate in this component, you do not waive any of your rights nor do you release any researchers or the institution from their civil and professional responsibilities.

Participant's signature:		_ Date :	
Or contact information (Online Application)			
Last name:	First name:		Date :
Address:			

A copy of this form must be kept by the participant.

ENVIRONMENT QUESTIONNAIRE		Version Q-ENV-A 1.0 - 2011
ID-Recontact	Questionnaire number	
Please indicate if you are 🗌 a woman 🗌 a man		
What is your date of birth?/ (dd/mm/yyyy)		

INSTRUCTIONS: before completing each section of the questionnaire, please read the related instructions. For purposes of input, please fill out the questionnaires in block letters, clear and legible, and return it in the enclosed postage paid envelope.

Residential history

The questions in the residential history section are about your living environment. Residence is a well-known risk indicator of environmental exposure and disease. It is used to estimate, for instance, exposure to toxins (such as asbestos), air pollutants (in or outdoor), or the impact on walkability (walking and physical activity). Thus, to the best of your ability, please complete the following for each home in which **you have lived in Canada**. Include only those in which you have lived for at **LEAST 12 MONTHS**. Include your most recent address, even if you have lived there for less than 12 months, and continue backward to the first address that you can remember. If you lived in more than 10 residences, continue on additional sheets of paper and indicate the questions according to the below example.

Residence #	Residence #11	Residence #12
Question 1 :	1975 to 1980	
Question 1.1		3
Question 2 :	No	Yes
Question 2.1 :	Yes	
Question 3 :	CP : X1X-2Y2	3333, Kent street # 2, Montreal, QC, H3V11A2
Question 4 :	3	5
Question 5 :	Don't recall	1950
Question 6 :	Electric	Oil furnace
Question 7 :	Don't know	Private well
Question 8 :	Use a gas fireplace,	Open the windows, Use fans for cooling,
Question 9 :	3	6
Question 10 :	Basement	Ground floor
Question 11 :	1	1
Question 12 :	No	No
Question 13 :	Yes	Yes
Question 14 :	Yes	Yes
Question 14.1 :	Yes	
Question 14.2 :	More than three	







ENVIRONMENT QUESTIONNAIRE 2011 Occupational history

The questions are about your work environment. As in the case of residential environment, work environement has an impact on health. The risk of exposure can be estimated by knowing the workplace and its surroundings areas, exposure to hazardous products, commuting distances, and exposure to air pollution etc. Thus, to the best of your ability, please complete the following for EACH JOB OR OCCUPATION YOU HELD FOR AT LEAST 3 MONTHS IN CANADA OR ELSEWHERE. Include full-time, seasonal work, part-time, volunteer work and military service if you worked the cumulative equivalent of 3 MONTHS per year or more. Also include your current job, even if you have had this for less than 3 months. Begin with your most recent job and continue back to your first job. Even if you are retired, we still require the information. Do not include time spent as a full-time house-wife or house-husband.

If the number of jobs you need to cite is more than 10, continue on additional sheets of paper and indicate the questions according to the below example.

Job #	Job # 11	Job # 12
Question 1 :	Automobile machiniste	Mechanic
Question 2 :	Rransmissions repair	Car Engine Repair
Question 3 : Début :; Fin :;	Start : 12/1982; End :05/1995	
Question 3.1 :		5 months, 8 years
Question 4 :	DEF Automotive Inc.	Honda Dealer
Question 5 :	Full Service Maintenance and Repair	Sales and maintenance of cars
Question 6 :		Oui
Question 6.1	Yes	
Question 7 :	H3R	7000, Henri-Bourassa Est blvd, Montreal-Nord, QC, H1G 6C4
Question 8 :	568, La peltrie street, Laval, QC	
Question 9 :	35 hours	42 hours
Question 10 :	45 weeks	42 weeks
Question 11 :	1 day	0 day
Question 12 :	Regular daytime schedule or shift	Regular daytime schedule or shift
Question 13 :	25%	0%
Question 13.1 :	Yes	No
Question 14 :	1-2 heures	
Question 14.1 :,,	Car: 45 min/d	Car: 60 min/d
Question 14.2 : :,,	Walk : 20 min/d, Train : 45 min/d	Car: 60 min/d

ABBREVIATIONS AND SYMBOLS FOR THE NAMES OF THE PROVINCES AND TERRITORIES

Province / Territory	Symbol	Province / Territory	Symbol
Alberta	AB	Nova Scotia	NS
British Columbia	BC	Prince Edward Island	PE
Manitoba	MB	Ontario	ON
New Brunswick	NB	Quebec	QC
Newfoundland and Labrador	NL	Saskatchewan	SK
Northwest Territories	NT	Yukon	YT

ENVIRONMENT QUESTIONNAIRE 2011 3		
SECTION 1 - RESIDENTIAL HISTORY (read instructions on page 1)		
RESIDENCE # 1		
 1 - I have lived in this residence since (yyyy) 1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you have been 		
living there: years		
2 - Do you agree to provide the FULL address of this residence? Yes No		
If Yes, go to question 3		
2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes		
[If Yes , complete only the postal code field in the ADDRESS box at the bottom of the page]		
[If No, go to question 4]		
3 - What is your address? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural		
location. For a rural residence without address, provide the legal land description.		
4 - How many people normally live in this residence? Don't know		
5- Approximately when was this residence built? (yyyy) Can't recall		
6- What is the MAIN source of heat in this residence? (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)		
Electric Wood burning fireplace or stove Gas Coal		
Oil furnace Other, specify		
7 - What is the source of water in this residence?		
Municipal treated water Private well (dug well) Private well (drilled well)		
Other, specify Don't know		
8 - In this residence, do you generally: (Choose all applicable answers)		
Use a gas fireplace? Use fans for cooling? Open your windows?		
Use central air conditioning? Use an air exchanger? Use a humidifier? Use window/wall air conditioning? Use storm windows? Use a dehumidifier?		
9 - How many bedrooms does this residence have? Can't recall		
10 - In this residence, where is your room located where you have spent the most time?		
Basement Ground floor Upstairs, specify the floor number Don't know		
11 - How many people (including yourself) sleep in this bedroom?		
One Two Three More than three Don't know		
12 - Is it a student residence? Yes No Don't know		
13 - Does this bedroom face the street? Yes No Don't know		
14 - Is there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)		
14.1 - Is this garage underground? Yes No Don't know		
14.2 How many care are normally narked in this garage?		
14.2 - How many cars are normally parked in this garage? Integration of the state of the		
ADDRESS : (Province: Please check the table of abbreviations of the provinces and territories on page 2)		
Number Street Direction Cross street		
City Province Nearest town or village		
Postal Code Region Legal land description		

ENVIRONMENT QUESTIONNAIRE 2011	4	
RESIDENCE # 2		
1 - I lived in this residence from to (yyyy)		
1.1 - If you cannot remember the exact year you started living in this resid	lence, estimate the number of years you lived there:	
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No	
 2.1 - If No, do you agree to provide ONLY the first 3 characters of the pos [If Yes, complete only the postal code field in the ADDRESS bo 		
[If No , go to question 4]		
3 - What was your address? Please complete the information in the ADDRE your exact street address, tell us the name of the nearest cross-street or the nearest cross-st		
location. For a rural residence without address, provide the legal land des		
4 - How many people normally lived in this residence?	Don't know	
5- Approximately when was this residence built? (yyyy)	Can't recall	
6- What was the MAIN source of heat in this residence? (Choose more the while you were living in this residence)	han one answer if the MAIN source of heat has been changed	
while you were living in this residence)	Gas	
Oil furnace Other, specify	Oda	
7 - What was the source of water in this residence?		
	ell (drilled well)	
Other, specify	Don't know	
8 - In this residence, did you generally: (Choose all applicable answers)		
Use a gas fireplace?	Open your windows?	
Use central air conditioning? Use an air exchanger?	Use a humidifier?	
Use window/wall air conditioning? Use storm windows?	Use a dehumidifier?	
9 - How many bedrooms did this residence have?	_ Can't recall	
10 - In this residence, where was your bedroom located where you h Basement Ground floor Upstairs, specify the floor number		
11 - How many people (including yourself) slept in this bedroom?		
One Two Three	More than three Don't know	
12 - Was it a student residence?	Yes No Don't know	
13 - Did this bedroom face the street?	Yes No Don't know	
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know	
14.1 - Was this garage underground?	Yes No Don't know	
14.2 - How many cars were normally parked in this garage?		
	Three More than three Don't know	
ADDRESS :		
Number Street	Direction Cross street	
City Provi		
Postal Code Region Legal land de	scription	

ENVIRONMENT QUESTIONNAIRE 2011 5			
RESIDENCE # 3			
1 - I lived in this residence from to (yyyy)			
1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there: years			
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No		
2.1 - If No , do you agree to provide ONLY the first 3 characters of the pos	tal code? Yes No		
[If Yes, complete only the postal code field in the ADDRESS box [If No, go to question 4]			
3 - What was your address? Please complete the information in the ADDRE	SS box at the bottom of the page. If you cannot recall		
your exact street address, tell us the name of the nearest cross-street or t			
location. For a rural residence without address, provide the legal land desidence?	•		
4 - How many people normally lived in this residence?	Don't know		
5- Approximately when was this residence built? (yyyy)	Can't recall		
6- What was the MAIN source of heat in this residence? (Choose more the	nan one answer if the MAIN source of heat has been changed		
while you were living in this residence)] Gas 🗌 Coal		
Oil furnace Other, specify			
7 - What was the source of water in this residence?			
Municipal treated water Private well (dug well) Private we	ll (drilled well)		
Other, specify	Don't know		
8 - In this residence, did you generally: (Choose all applicable answers)			
Use a gas fireplace?	Open your windows?		
Use central air conditioning? Use an air exchanger?	Use a humidifier?		
9 - How many bedrooms did this residence have?	Can't recall		
10 - In this residence, where was your bedroom located where you have a second floor Basement Ground floor Upstairs, specify the floor number			
11 - How many people (including yourself) slept in this bedroom?	More than three Don't know		
12 - Was it a student residence?			
13 - Did this bedroom face the street?	Yes No Don't know		
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know		
14.1 - Was this garage underground?	Yes No Don't know		
14.2 - How many cars were normally parked in this garage?			
	Three More than three Don't know		
ADDRESS :			
Number Street	Direction Cross street		
City Provi	nce Nearest town or village		
Postal Code Region Legal land des	scription		

ENVIRONMENT QUESTIONNAIRE 2011	6	
RESIDENCE # 4		
1 - I lived in this residence from to (yyyy)		
1.1 - If you cannot remember the exact year you started living in this resid	lence, estimate the number of years you lived there:	
2 - Do you agree to provide the FULL address of this residence?	Yes No	
2.1 - If No, do you agree to provide ONLY the first 3 characters of the pos		
[If Yes, complete only the postal code field in the ADDRESS bo [If No, go to question 4]		
3 - What was your address? Please complete the information in the ADDRE your exact street address, tell us the name of the nearest cross-street or the nearest cross-st		
location. For a rural residence without address, provide the legal land des	scription.	
4 - How many people normally lived in this residence?	Don't know	
5- Approximately when was this residence built? (yyyy)	Can't recall	
6- What was the MAIN source of heat in this residence? (Choose more t while you were living in this residence)	han one answer if the MAIN source of heat has been changed	
Electric Wood burning fireplace or stove	Gas Coal	
Oil furnace Other, specify	Don't know	
7 - What was the source of water in this residence?		
	ell (drilled well)	
Other, specify	Don't know	
8 - In this residence, did you generally: (Choose all applicable answers)		
Use a gas fireplace?	Open your windows?	
Use central air conditioning? Use an air exchanger? Use window/wall air conditioning? Use storm windows?	Use a humidifier?	
9 - How many bedrooms did this residence have?		
10 - In this residence, where was your bedroom located where you h Basement Ground floor Upstairs, specify the floor number		
11 - How many people (including yourself) slept in this bedroom?		
	More than three Don't know	
12 - Was it a student residence?	Yes No Don't know	
13 - Did this bedroom face the street?	Yes No Don't know	
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know	
14.1 - Was this garage underground?	Yes No Don't know	
14.2 - How many cars were normally parked in this garage?		
	Three More than three Don't know	
ADDRESS :		
Number Street	Direction Cross street	
City Province Nearest town or village		
Postal Code Region Legal land de	escription	

ENVIRONMENT QUESTIONNAIRE 2011 7		
RESIDENCE # 5		
1 - I lived in this residence from to (yyyy)		
1.1 - If you cannot remember the exact year you started living in this resid years	ence, estimate the number of years you lived there:	
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No	
If Yes, go to question 3		
2.1 - If No, do you agree to provide ONLY the first 3 characters of the pos		
[If Yes, complete only the postal code field in the ADDRESS box	x at the bottom of the page]	
[If No, go to question 4]	SS hav at the better of the name. If you cannot recall	
3 - What was your address? Please complete the information in the ADDRE your exact street address, tell us the name of the nearest cross-street or t		
location. For a rural residence without address, provide the legal land des		
4 - How many people normally lived in this residence?	Don't know	
5- Approximately when was this residence built? (yyyy)	Can't recall	
6- What was the MAIN source of heat in this residence? (Choose more the	nan one answer if the MAIN source of heat has been changed	
while you were living in this residence)		
Electric Wood burning fireplace or stove] Gas 🔄 Coal	
Oil furnace Other, specify	Don't know	
7 - What was the source of water in this residence?		
Municipal treated water Private well (dug well) Private we		
Other, specify	Don't know	
Use a gas fireplace?	Open your windows?	
Use central air conditioning?	Use a humidifier?	
Use window/wall air conditioning?	Use a dehumidifier?	
9 - How many bedrooms did this residence have? Can't recall		
10 - In this residence, where was your bedroom located where you have		
Basement Ground floor Upstairs, specify the floor number	•	
11 - How many people (including yourself) slept in this bedroom?		
One Two Three	More than three Don't know	
12 - Was it a student residence?	Yes No Don't know	
13 - Did this bedroom face the street?	Yes No Don't know	
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know	
14.1 - Was this garage underground?	Yes No Don't know	
14.2 - How many cars were normally parked in this garage?		
	Three More than three Don't know	
ADDRESS :		
Number Street	Direction Cross street	
$\left\{ \underbrace{}_{1}, $		
City Province Nearest town or village		
Postal Code Region Legal land de	scription	

ENVIRONMENT QUESTIONNAIRE 2011 8			
RESIDENCE # 6			
1 - I lived in this residence from to (yyyy)			
1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there: years			
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No		
2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 4]			
3 - What was your address? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural			
location. For a rural residence <u>without address</u> , provide the legal land des 4 - How many people normally lived in this residence?	Don't know		
5- Approximately when was this residence built? (yyyy)	Can't recall		
6- What was the MAIN source of heat in this residence? (Choose more the			
while you were living in this residence)			
Electric Wood burning fireplace or stove] Gas 🗌 Coal		
Oil furnace Other, specify	Don't know		
7 - What was the source of water in this residence? Municipal treated water Private well (dug well)	ll (drilled well)		
Other, specify	Don't know		
8 - In this residence, did you generally: (Choose all applicable answers)			
Use a gas fireplace?	Open your windows?		
Use central air conditioning? Use an air exchanger?	Use a humidifier?		
9 - How many bedrooms did this residence have?			
10 - In this residence, where was your bedroom located where you have a second floor Upstairs, specify the floor number	•		
11 - How many people (including yourself) slept in this bedroom?	More than three Don't know		
12 - Was it a student residence?	Yes No Don't know		
13 - Did this bedroom face the street?	Yes No Don't know		
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know		
14.1 - Was this garage underground?	Yes No Don't know		
14.2 - How many cars were normally parked in this garage?	None One Two Three More than three Don't know		
Number Street	Direction Cross street		
City Province Nearest town or village			
Postal Code Region Legal land de	scription		

ENVIRONMENT QUESTIONNAIRE 2011 9			
RESIDENCE # 7			
1 - I lived in this residence from to (yyyy)			
1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there: years			
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No		
 2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 4] 			
3 - What was your address? Please complete the information in the ADDRE your exact street address, tell us the name of the nearest cross-street or to location. For a rural residence without address, provide the legal land destant of the strength of the strengt of the strength of the	he nearest town or village if you live in a rural		
4 - How many people normally lived in this residence?	Don't know		
5- Approximately when was this residence built? (yyyy)	Can't recall		
6- What was the MAIN source of heat in this residence? (Choose more t			
while you were living in this residence)			
Electric Wood burning fireplace or stove	Gas Coal		
Oil furnace Other, specify	Don't know		
7 - What was the source of water in this residence? Municipal treated water Private well (dug well) Private well (dug well)			
Other, specify	Don't know		
8 - In this residence, did you generally: (Choose all applicable answers)			
Use a gas fireplace?	Open your windows?		
Use central air conditioning? Use an air exchanger? Use window/wall air conditioning? Use storm windows?	Use a humidifier?		
9 - How many bedrooms did this residence have?			
10 - In this residence, where was your bedroom located where you had spent the most time? Basement Ground floor Upstairs, specify the floor number Don't know			
11 - How many people (including yourself) slept in this bedroom?	More than three Don't know		
12 - Was it a student residence?			
13 - Did this bedroom face the street?	Yes No Don't know		
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know		
14.1 - Was this garage underground?	Yes No Don't know		
14.2 - How many cars were normally parked in this garage?	None One Two Three More than three Don't know		
ADDRESS :			
Number Street	Direction Cross street		
City Province Nearest town or village			
	scription		
Postal Code Region Legal land de	Scription		

ENVIRONMENT QUESTIONNAIRE 2011 10				
RESIDENCE # 8				
1 - I lived in this residence from to (yyyy)				
1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there: years				
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No			
2.1 - If No , do you agree to provide ONLY the first 3 characters of the pos	tal code? Yes No			
[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 4]				
3 - What was your address? Please complete the information in the ADDRE	SS box at the bottom of the page. If you cannot recall			
your exact street address, tell us the name of the nearest cross-street or the	• •			
 Iocation. For a rural residence <u>without address</u>, provide the legal land desidence 4 - How many people normally lived in this residence? 	cription.			
5- Approximately when was this residence built? (yyyy)	Can't recall			
6- What was the MAIN source of heat in this residence? (Choose more th				
while you were living in this residence)	ian one answer if the MAIN source of heat has been changed			
Electric Wood burning fireplace or stove] Gas 🗌 Coal			
Oil furnace Other, specify	Don't know			
7 - What was the source of water in this residence?				
Municipal treated water Private well (dug well) Private we				
Other, specify	Don't know			
8 - In this residence, did you generally : (Choose all applicable answers) Use a gas fireplace?	Open your windows?			
Use central air conditioning?	Use a humidifier?			
Use window/wall air conditioning?	Use a dehumidifier?			
9 - How many bedrooms did this residence have?	Can't recall			
10 - In this residence, where was your bedroom located where you ha				
Basement Ground floor Upstairs, specify the floor number				
11 - How many people (including yourself) slept in this bedroom?				
	More than three Don't know			
12 - Was it a student residence?	Yes No Don't know			
13 - Did this bedroom face the street?	Yes No Don't know			
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know			
14.1 - Was this garage underground?	Yes No Don't know			
14.2 - How many cars were normally parked in this garage?	None One Two			
	Three More than three Don't know			
ADDRESS :				
Number Street	Direction Cross street			
City Provin	L Nearest town or village			
Postal Code Region Legal land des	scription			

ENVIRONMENT QUESTIONNAIRE 2011 11					
RESIDENCE # 9					
1 - I lived in this residence from to (yyyy)					
1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there: years					
2 - Do you agree to provide the FULL address of this residence? If Yes, go to question 3	Yes 🗌 No				
 2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 4] 					
3 - What was your address? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.					
4 - How many people normally lived in this residence?	Don't know				
5- Approximately when was this residence built? (yyyy)	Can't recall				
6- What was the MAIN source of heat in this residence? (Choose more t					
while you were living in this residence)	-				
] Gas 📃 Coal				
Oil furnace Other, specify	Don't know				
	ell (drilled well)				
Other, specify	Don't know				
8 - In this residence, did you generally : (Choose all applicable answers) Use a gas fireplace? Use fans for cooling?	Open your windows?				
Use central air conditioning?	Use a humidifier?				
Use window/wall air conditioning?	Use a dehumidifier?				
9 - How many bedrooms did this residence have?	Can't recall				
10 - In this residence, where was your bedroom located where you h	ad spent the most time?				
Basement Ground floor Upstairs, specify the floor numbe	r Don't know				
11 - How many people (including yourself) slept in this bedroom?					
	More than three Don't know				
12 - Was it a student residence?	Yes No Don't know				
13 - Did this bedroom face the street?	Yes No Don't know				
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know				
14.1 - Was this garage underground?	Yes No Don't know				
14.2 - How many cars were normally parked in this garage?	None One Two Three More than three Don't know				
Number Street	Direction Cross street				
City Provi	ince Nearest town or village				
Postal Code Region Legal land de	escription				

ENVIRONMENT QUESTIONNAIRE 2011 12				
RESIDENCE # 10				
1 - I lived in this residence from to (yyyy)				
1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there: years				
2 - Do you agree to provide the FULL address of this residence?	Yes 🗌 No			
2.1 - If No , do you agree to provide ONLY the first 3 characters of the pos	tal code? 🏾 Yes 🖳 No			
[If Yes, complete only the postal code field in the ADDRESS boy [If No, go to question 4]				
3 - What was your address? Please complete the information in the ADDRE	SS box at the bottom of the page. If you cannot recall			
your exact street address, tell us the name of the nearest cross-street or the				
location. For a rural residence without address, provide the legal land deso	cription.			
4 - How many people normally lived in this residence?	Don't know			
5- Approximately when was this residence built? (yyyy)	Can't recall			
6- What was the MAIN source of heat in this residence? (Choose more the while you were living in this residence)	nan one answer if the MAIN source of heat has been changed			
Electric Wood burning fireplace or stove] Gas 🗌 Coal			
Oil furnace Other, specify	Don't know			
7 - What was the source of water in this residence?				
Municipal treated water Private well (dug well) Private we				
Other, specify	Don't know			
8 - In this residence, did you generally : (Choose all applicable answers) Use a gas fireplace?	Open your windows?			
Use a gas meplace?	Use a humidifier?			
Use window/wall air conditioning?	Use a dehumidifier?			
9 - How many bedrooms did this residence have?	Can't recall			
10 - In this residence, where was your bedroom located where you ha				
Basement Ground floor Upstairs, specify the floor number				
11 - How many people (including yourself) slept in this bedroom?				
	More than three Don't know			
12 - Was it a student residence?	Yes No Don't know			
13 - Did this bedroom face the street?	Yes No Don't know			
14 - Was there a garage attached to this residence? (The garage has to be connected to the residence and may be underground, or at the ground level)	Yes No Don't know			
14.1 - Was this garage underground?	Yes No Don't know			
14.2 - How many cars were normally parked in this garage?	None One Two			
	Three More than three Don't know			
ADDRESS :				
Number Street	Direction Cross street			
City	Image			
	Too Troatest town of village			
Postal Code Region Legal land des	scription			

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ENVIRONMENT QUESTIONNAIRE 2011	13	
SECTION 2 - TIME SPENT AWAY FROM YOUR PRIMARY RESIDENCE		
To the best of your ability, please complete the following questions for each time period spent away from your primary residence. 1 - Do you (or did you ever) regularly spend time at a recreational property for a period of 1 to 6 MONTHS during the year (not		
necessarily consecutive)? (eg. cabin, cottage, resort, second home		
2 - If Yes, Provide the location of the property, the <u>number of da</u>		
you have owned or visited multiple recreational properties, please		
to the first address that you can remember. [If No, go to section		
RECREATIONAL PROPERTY # 1	RECREATIONAL PROPERTY # 2	
1 - I spent time in this recreational property	1 - I spent time in this recreational property	
from(yyyy) to(yyyy).	from(yyyy) to(yyyy).	
1.1 - If you can't remember the exact years, estimate how many	1.1 - If you can't remember the exact years, estimate how many	
years you have spent time there years	years you have spent time there years	
2 - Estimate how many days per year you have spent time there days/year	2 - Estimate how many days per year you have spent time there days/year	
Note that: Week-ends throughout the year = 105 days	Note that: Week-ends throughout the year = 105 days	
Summer week-ends = 26 days	Summer week-ends = 26 days	
· · · · · · · · · · · · · · · · · · ·	3 - Is (or was) this property in Canada	
3 - Is (or was) this property in Canada	Yes	
	No [If No , complete only the city, province/state and	
□ No [If No , complete only the city, province/state and	country in the ADDRESS box at the bottom of the page and	
country in the ADDRESS box at the bottom of the page and	then after go to question 5]	
then after go to question 5]		
3.1 - Do you agree to provide the FULL address of this	3.1 - Do you agree to provide the FULL address of this	
recreational property?	recreational property?	
[If Yes , go to question 4]	[If Yes , go to question 4]	
[If No , do you agree to provide ONLY the first 3 characters	[If No, do you agree to provide ONLY the first 3	
of the postal code? 🔄 Yes 🔄 No	characters of the postal code? Yes No	
[If Yes, complete only the postal code field in the	[If Yes, complete only the postal code field in the	
ADDRESS box at the bottom of the page]	ADDRESS box at the bottom of the page]	
[If No , go to question 5]	[If No , go to question 5]	
4 - ADDRESS: Please complete the information in the ADDR		
exact street address, tell us the name of the nearest cross-stree	it, the nearest town or a physical landmark.	
5 - I have usually spent time there during: (Check any that	5 - I have usually spent time there during: (Check any that	
apply)	apply)	
🗋 Spring 🗋 Summer 🔄 Fall 📄 Winter 🔄 All year long	🗍 Špring 🗌 Summer 🗌 Fall 🗌 Winter 🗌 All year long	
ADDRESS : Recreational property # 3	ADDRESS : Recreational property # 4	
Number Street	Number Street	
City	City	
Postal code Cross street	Postal code Cross street	
Contry Physical landmark (e.g lake)	Contry Physical landmark (e.g lake)	

RECREATIONAL PROPERTY # 3 1 - I spent time in this recreational property from(yyyy) to(yyyy). 1.1 - If you can't remember the exact years, estimate how many years you have spent time there years 2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days	RECREATIONAL PROPERTY # 4 1 - I spent time in this recreational property from(yyyy) to(yyyy). 1.1 - If you can't remember the exact years, estimate how many years you have spent time there years 2 - Estimate how many days per year you have spent time		
from(yyyy) to(yyyy). 1.1 - If you can't remember the exact years, estimate how many years you have spent time there years 2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days	from(yyyy) to(yyyy). 1.1 - If you can't remember the exact years, estimate how many years you have spent time there years		
1.1 - If you can't remember the exact years, estimate how many years you have spent time there years 2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days	1.1 - If you can't remember the exact years, estimate how many years you have spent time there years		
years you have spent time there years 2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days	years you have spent time there years		
2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days			
there days/year Note that: Week-ends throughout the year = 105 days	2 - Estimate how many days per year you have spent time		
Note that: Week-ends throughout the year = 105 days	there days/year		
	Note that: Week-ends throughout the year = 105 days		
	Summer week-ends = 26 days		
3 - Is (or was) this property in Canada	3 - Is (or was) this property in Canada		
Yes			
No [If No, complete only the city, province/state and	□ No [If No , complete only the city, province/state and		
country in the ADDRESS box at the bottom of the page and	country in the ADDRESS box at the bottom of the page and		
then after go to question 5]	then after go to question 5]		
3.1 - Do you agree to provide the FULL address of this	3.1 - Do you agree to provide the FULL address of this		
recreational property?	recreational property?		
[If Yes , go to question 4]	[If Yes , go to question 4]		
[If No , do you agree to provide ONLY the first 3 characters	[If No , do you agree to provide ONLY the first 3 characters		
of the postal code? Yes No [If Yes, complete only the postal code field in the	of the postal code? Yes No [If Yes, complete only the postal code field in the		
ADDRESS box at the bottom of the page]	ADDRESS box at the bottom of the page]		
[If No , go to question 5]	[If No , go to question 5]		
- ADDRESS: Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your examples at the address, tell us the name of the nearest cross-street, the nearest town or a physical landmark.			
5 - I have usually spent time there during: (Check any that	5 - I have usually spent time there during: (Check any that		
apply)	apply)		
Spring Summer Fall Winter All year long	Spring Summer Fall Winter All year long		
ADDRESS : Recreational property # 3	ADDRESS : Recreational property # 4		
Number Street	Number Street		
City Province	City Province		
Postal code Cross street	Postal code Cross street		
II I			
Contry Physical landmark (e.g lake)	Contry Physical landmark (e.g lake)		

ENVIRONMENT QUESTIONNAIRE 2011		
RECREATIONAL PROPERTY # 5	RECREATIONAL PROPERTY # 6	
1 - I spent time in this recreational property	1 - I spent time in this recreational property	
from(yyyy) to(yyyy).	from(yyyy) to(yyyy).	
1.1 - If you can't remember the exact years, estimate how many	1.1 - If you can't remember the exact years, estimate how many	
years you have spent time there years	years you have spent time there years	
2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days	2 - Estimate how many days per year you have spent time there days/year Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days	
 3 - Is (or was) this property in Canada Yes No [If No, complete only the city, province/state and country in the ADDRESS box at the bottom of the page and then after go to question 5] 	 3 - Is (or was) this property in Canada Yes No [If No, complete only the city, province/state and country in the ADDRESS box at the bottom of the page and then after go to question 5] 	
3.1 - Do you agree to provide the FULL address of this recreational property? Yes Yes No [If Yes, go to question 4] [If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 5]	3.1 - Do you agree to provide the FULL address of this recreational property? Yes No [If Yes, go to question 4] Yes No [If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 5]	
4 - ADDRESS: Please complete the information in the ADDRI exact street address, tell us the name of the nearest cross-stree		
5 - I have usually spent time there during: (Check any that apply)	5 - I have usually spent time there during: (Check any that apply)	
ADDRESS : Recreational property # 5	ADDRESS : Recreational property # 6	
Number Street	Number Street	
City	City Province	
Postal code Cross street	Postal code Cross street	
Contry Physical landmark (e.g lake)	Contry Physical landmark (e.g lake)	

ENVIRONMENT QUESTIONNAIRE 2011	16	
RECREATIONAL PROPERTY # 7	RECREATIONAL PROPERTY # 8	
1 - I spent time in this recreational property	1 - I spent time in this recreational property	
from(yyyy) to(yyyy).	from(yyyy) to(yyyy).	
1.1 - If you can't remember the exact years, estimate how many	1.1 - If you can't remember the exact years, estimate how many	
years you have spent time there years	years you have spent time there years	
2 - Estimate how many days per year you have spent time	2 - Estimate how many days per year you have spent time	
there days/year	there days/year	
Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days	Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days	
	•	
3 - Is (or was) this property in Canada	3 - Is (or was) this property in Canada ☐ Yes	
No [If No , complete only the city, province/state and	No [If No , complete only the city, province/state and	
country in the ADDRESS box at the bottom of the page and	country in the ADDRESS box at the bottom of the page and	
then after go to question 5]	then after go to question 5]	
3.1 - Do you agree to provide the FULL address of this	3.1 - Do you agree to provide the FULL address of this	
recreational property?	recreational property?	
[If Yes , go to question 4]	[If Yes , go to question 4]	
[If No, do you agree to provide ONLY the first 3 characters	[If No, do you agree to provide ONLY the first 3 characters	
of the postal code? Yes No	of the postal code? Yes No	
[If Yes , complete only the postal code field in the	[If Yes, complete only the postal code field in the	
ADDRESS box at the bottom of the page]	ADDRESS box at the bottom of the page]	
[If No, go to question 5]	[If No, go to question 5]	
4 - ADDRESS: Please complete the information in the ADDRES	SS box at the bottom of the page. If you cannot recall your exact	
street address, tell us the name of the nearest cross-street, the		
5 - I have usually spent time there during: (Check any that	5 - I have usually spent time there during: (Check any that	
apply)	apply)	
Spring Summer Fall Winter All year long	Spring Summer Fall Winter All year long	
ADDRESS : Recreational property # 7	ADDRESS : Recreational property # 8	
Number Street I <td< td=""><td>Number Street</td></td<>	Number Street	
City Province	City Province	
Postal code Cross street	Postal code Cross street	
Contry Physical landmark (e.g lake)	Contry Physical landmark (e.g lake)	
	1	

ENVIRONMENT QUESTIONNAIRE 2011			1		
SECTION 3 - TRAVELS					
To the best of your ability, please complete the following questions.					
	1 - Do you (or did you ever) spend time traveling in more than one place for a period of 1 to 6 MONTHS during the year? (e.g: in a recreational vehicle, camping, road trips) Yes No				
[If No , go to section 4]	•				
If Yes, specify the region where you					
traveled there. If you have traveled in to the first place that you can remem	traveled there. If you have traveled in different regions, please begin with the most recent trip and continue backward				
	TRAVEL # 1				
1 - I have spent time traveling from	(уууу) to(уу	/у).			
1.1 - If you cannot remember the exact y	years, estimate how m	any years you have travele	ed in that region: years		
2 - Estimate the number of days per yea			_ days/year		
Note: week-ends throughout the year=105 days; su					
3 - Please, specify the region(s) where y	ou have traveled:				
(eg. Gaspésie, south of France)					
4 - I have usually traveled in that region	during: (Check any that	at apply):			
Spring Summer	🗌 Fall	Winter	All year long		
	TRAVEL	# 2			
1 - I have spent time traveling from	(уууу) to(уу	/у).			
1.1 - If you cannot remember the exact y	years, estimate how m	any years you have travele	ed in that region: years		
2 - Estimate the number of days per yea	ar you usually have tra	veled in that region:	days/year		
Note: week-ends throughout the year=105 days; su					
3 - Please, specify the region(s) where you have traveled:					
(eg. Gaspésie, south of France)					
4 - I have usually traveled in that region	during: (Check any that	at apply):			
Spring Summer	🗌 Fall	Winter	All year long		
	TRAVEL	# 3			
1 - I have spent time traveling from	(уууу) to(уу	/у).			
1.1 - If you cannot remember the exact y	years, estimate how m	any years you have travele	ed in that region: years		
2 - Estimate the number of days per yea Note: week-ends throughout the year=105 days; su		-	_ days/year		
3 - Please, specify the region(s) where y	ou have traveled:				
(eg. Gaspésie, south of France)					
4 - I have usually traveled in that region	during: (Check any that	at apply):			
Spring Summer	🗌 Fall	Winter	All year long		

TRAVEL # 4				
1 - I have spent time traveling fro	om(yyyy) to	(уууу).		
1.1 - If you cannot remember the	e exact years, estimat	e how many year	rs you have tra	veled in that region: years
2 - Estimate the number of days Note: week-ends throughout the year=10	5 days; summer week-ends	s = 26 days	that region:	days/year
3 - Please, specify the region(s)	where you have trave	eled:		
(eg. Gaspésie, south of France)				
4 - I have usually traveled in that	t region during: (Cheo	ck any that apply):		
Spring Sumr	mer 🗌 Fa	all	U Winter	All year long
		TRAVEL # 5		
1 - I have spent time traveling fro	om(yyyy) to	(уууу).		
1.1 - If you cannot remember the	e exact years, estimat	e how many year	rs you have tra	veled in that region: years
2 - Estimate the number of days Note: week-ends throughout the year=10	5 days; summer week-ends	s = 26 days	• –	days/year
3 - Please, specify the region(s)	where you have trave	eled:		
(eg. Gaspésie, south of France)				
4 - I have usually traveled in that	t region during: (Cheo	ck any that apply):		
Spring Sumr	mer 🗌 Fa	all	U Winter	All year long
		TRAVEL # 6		
1 - I have spent time traveling fro	om(yyyy) to	(уууу).		
1.1 - If you cannot remember the	e exact years, estimat	e how many year	rs you have tra	veled in that region: years
2 - Estimate the number of days Note: week-ends throughout the year=10			that region:	days/year
3 - Please, specify the region(s)				
 (eg. Gaspésie, south of France)				
4 - I have usually traveled in that	t region during: (Che	rk any that apply).		
Spring		all	☐ Winter	All year long
		TRAVEL # 7		
1 - I have spent time traveling fro				
1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: years				
2 - Estimate the number of days Note: week-ends throughout the year=10	per year you usually	have traveled in	that region:	days/year
3 - Please, specify the region(s)				
(eg. Gaspésie, south of France)				
4 - I have usually traveled in that	t region during: (Cheo	ck any that apply):		
Spring Sumr	mer 🗌 Fa	all	U Winter	All year long

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ENVIRONMENT QUESTIONNAIRE 2011		19			
SECTION 4 - GAPS IN RESIDENTIAL HISTORY					
Describe any gaps in your Canadian residential history or any extended periods when you were OUTSIDE CANADA for AT LEAST 6 CONSECUTIVE MONTHS . This includes periods when you had no fixed address.					
Did you live outside Canada for more than 6 consecutive months? Yes No [If Yes, complete the following questions], [If No, go to section 5]					
PERIOD # 1					
When did this period of absence from your primary residence start?	_/ (mm/yyyy)				
When this period of absence from your primary residence did end?	/ (mm/vvvv)				
What was the reason for the gap or period away from your primary reside					
Traveling Studing abroad Traveling abroad Other,	specify	Don't know			
PERIOD # 2					
When did this period of absence from your primary residence start?	_/ (mm/yyyy)				
When this period of absence from your primary residence did end?	/ (mm/vvvv)				
What was the reason for the gap or period away from your primary reside					
Traveling Studing abroad Traveling abroad Other,	specify	Don't know			
PERIOD # 3					
When did this period of absence from your primary residence start?	_/ (mm/yyyy)				
When this period of absence from your primary residence did end?	/ (mm/yyyy)				
What was the reason for the gap or period away from your primary reside	ence?				
Traveling Studing abroad Traveling abroad Other,	specify	Don't know			
PERIOD # 4					
When did this period of absence from your primary residence start?	_/(mm/yyyy)				
When this period of absence from your primary residence did end?	_/ (mm/yyyy)				
What was the reason for the gap or period away from your primary reside	ence?				
Traveling Studing abroad Traveling abroad Other,	specify	Don't know			
PERIOD # 5					
When did this period of absence from your primary residence start?	_/ (mm/yyyy)				
When this period of absence from your primary residence did end?	/ (mm/vvvv)				
What was the reason for the gap or period away from your primary reside	ence?				
Traveling Studing abroad Traveling abroad Other,	specify	Don't know			
PERIOD # 6					
When did this period of absence from your primary residence start?	_/ (mm/yyyy)				
When this period of absence from your primary residence did end?	_/ (mm/yyyy)				
What was the reason for the gap or period away from your primary reside	ence?				
Traveling Studing abroad Traveling abroad Other,	specify	Don't know			

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ENVIRONMENT QUESTIONNAIRE 2011 21
SECTION - 5 OCCUPATIONAL HISTORY (read instructions on page 2)
Have you ever have a job for more than 3 months? 🗌 Yes [If Yes, complete the following questions] 🗌 No [If No, go to section 8]
1- Job title: eg. Automobile machinist
2 - Job description:
e.g. Repaired transmissions and brakes; cleaned and degreased parts;
3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the current month and
year as end date.
Start date :/ (mm/yyyy) End date :/ (mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years
3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years
4 – Company's name: eg. DEF Automotive Inc.
5 - What does (or did) your company do at this site?
eg. Full service vehicule maintenance and car repairs
6 - Do you agree to provide the FULL address of this company? Yes No, If Yes, go to question 7]
6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes
[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 8]
7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the bottom of the
page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural
location. Specify the region if it is (or was) not a fixed workplace.
For jobs with changing work schedules, AVERAGE your work load over the whole year.
8 - On average, how many HOURS PER WEEK do (or did) you work? hours Can't recall
9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks Can't recall
10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between
midnight and sam? days
11 - For this job, which of the following BEST describes your work pattern?
Regular daytime schedule or shift Rotating shift, changing periodically from days to evenings or to nights
Regular evening shift (shift ends before midnight)
Regular night shift (between midnight and 5am)
Other, specify Don't know
12 - What percentage of time do (or did you) spend working outdoors?% [If 0%, go to question 14]
13 - Do (or did you) your work require you to work outdoors in the summer months? 🗌 Yes 🗌 No
13.1 - If Yes, on average, how much time each day are (or were) you in the sun between 11am and 4pm?
Less than 1 hour 1-2 hours 2-4 hours More than 4 Can't recall
14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the
following means of transportation?
14.1 - During the summer Car min/day Train min/day Walk min/day
months (June-Aug) Bus min/day Subway min/day Other, specify , min/day
14.2 - During the coole Car min/day Train min/day Walk min/day months (Sept-May) Bus min/day Subway min/day Other, specify , min/day
months (Sept-May) Bus min/day Subway min/day Other, specify,min/day
ADDRESS
Number Street Direction Cross street (if address unknown)
City Province Rural address: nearest town or village
Postal code Region

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l	JOB # 2			
	1- Job title:	eg. Automobile machinist		
Ī	2 - Job description:			
	e.g. Repaired transmissions and brakes; cleaned and degreased parts;			
	3 - Please indicate the start and end dates of your most recent je	b: For ongoing job please indicate the current month and		
ļ	year as end date.			
ļ	Start date :/ (mm/yyyy) E	nd date :/(mm/yyyy)		
ļ	3.1 - If you cannot remember the exact dates, estimate the duration of	of this job: months, years		
	4 – Company's name:	eg. DEF Automotive Inc.		
ſ	5 - What does (or did) your company do at this site?			
	or Full contine webicule maintenance and contransite			
ŀ	eg. Full service vehicule maintenance and car repairs 6 - Do you agree to provide the FULL address of this company?	Ves No If Yes go to question 71		
	6.1 - If No, do you agree to provide ONLY the first 3 characters of the	postal code? Yes No		
	[If Yes, complete only the postal code field in the ADDRESS box	at the bottom of the page] [If No, go to question 8]		
ŀ	7 - What is (or was) the address of the company? Please complete	the information in the ADDRESS box at the bottom of the		
	page. If you cannot recall the exact street address, tell us the name of the			
	location. Specify the region if it is (or was) not a fixed workplace.			
	For jobs with changing work schedules, AVERAGE your work lo			
	8 - On average, how many HOURS PER WEEK do (or did) you work			
	9 - On average, how many WEEKS PER YEAR do (or did) you work			
	10 - On average, how many DAYS PER MONTH do (or did) you wor	k 3 or more hours between 🗌 Can't recal		
ŀ	midnight and 5am? days 11 - For this job, which of the following BEST describes your wo	nrk nattern?		
		ting shift, changing periodically from days to evenings or to nights		
		shift, consisting of two or more distinct periods each day		
		ular schedule, or on call		
		know		
Ī	12 What parcentage of time do (or did you) spand working out	decre? % [If 0% go to question 1/1]		
	12 - What percentage of time do (or did you) spend working out			
	13 - Do (or did you) your work require you to work outdoors in t			
	13.1 - If Yes , on average, how much time each day are (or were) you			
		-4 hours		
	14 - On average, how many MINUTES PER DAY do (or did) you s following means of transportation?	pend commuting TO AND FROM work via the		
ł	14.1 - During the summer Car min/day Train	min/dayWalkmin/day		
	months (June-Aug) Bus min/day Subway			
ł	14.2 - During the coole Car min/day Train	min/dayOther, specify,,,,,		
	months (Sept-May) Bus min/day Subway	min/dayOther, specify,min/day		
L				
Γ	ADDRESS			
Ī				
ļ	Number Street	Direction Cross street (if address unknown)		
1	City	Province Rural address: nearest town or village		
ļ				
1	Postal code Region			

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1- Job title: eg. Automobile machin	nist
2 - Job description:	
e.g. Repaired transmissions and brakes; cleaned and degreased parts;	
3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the	current month and
year as end date.	
Start date :/ (mm/yyyy) End date :/ (mm/yyyy)	
3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, y	ears
	DEF Automotive Inc.
5 - What does (or did) your company do at this site?	
eg. Full service vehicule maintenance and car repairs 6 - Do you agree to provide the FULL address of this company? Yes No, If Yes, go to quest	ion 71
6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes	
[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to	o question 8]
7 What is (ar was) the address of the company? Places complete the information in the ADDDESS have the	- bottom of the
7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you cannot recall the exact street address.	
location. Specify the region if it is (or was) not a fixed workplace.	
For jobs with changing work schedules, AVERAGE your work load over the whole year.	
8 - On average, how many HOURS PER WEEK do (or did) you work? hours	Can't recall
9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks	Can't recall
10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between	
midnight and 5am? days	Can't recal
11 - For this job, which of the following BEST describes your work pattern?	
Regular daytime schedule or shift Rotating shift, changing periodically from days to ev	
Regular evening shift (shift ends before midnight)	each day
Regular night shift (between midnight and 5am)	
Other, specify Don't know	
12 - What percentage of time do (or did you) spend working outdoors?% [If 0%, go to question	14]
13 - Do (or did you) your work require you to work outdoors in the summer months? Yes No	
13.1 - If Yes, on average, how much time each day are (or were) you in the sun between 11am and 4pm?	
Less than 1 hour 1-2 hours 2-4 hours More than 4	Can't recall
14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM wo	ork via the
following means of transportation?	
14.1 - During the summer Car min/day Train min/day Walk min/day months (June-Aug) Bus min/day Subway min/day Other, specify	min/dov
	,min/day
14.2 - During the coole Car min/day Train min/day Walk min/day months (Sept-May) Bus min/day Subway min/day Other, specify	,min/day
	,înin/day
ADDRESS	
Number Street Direction Cross street (if a	address unknown)
City Province Rural address: nearest to	
	own or village
Postal code Region	

JOB # 3

JOB # 4	
1- Job title:	eg. Automobile machinist
2 - Job description:	
e.g. Repaired transmissions and brakes; cleaned and degreased parts;	
3 - Please indicate the start and end dates of your most recent	job: For ongoing job please indicate the current month and
year as end date.	
Start date :/(mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration	End date :/(mm/yyyy)
3.1 - If you cannot remember the exact dates, estimate the duration	of this job: months, years
4 – Company's name:	eg. DEF Automotive Inc.
5 - What does (or did) your company do at this site?	0
eg. Full service vehicule maintenance and car repairs	
6 - Do you agree to provide the FULL address of this company	
6.1 - If No, do you agree to provide ONLY the first 3 characters of th [If Yes, complete only the postal code field in the ADDRESS bo	e postal code? Yes No
7 - What is (or was) the address of the company? Please complete	
page. If you cannot recall the exact street address, tell us the name of the	nearest cross-street or the nearest town if you worked in a rural
location. Specify the region if it is (or was) not a fixed workplace.	
For jobs with changing work schedules, AVERAGE your work	
8 - On average, how many HOURS PER WEEK do (or did) you wor	
9 - On average, how many WEEKS PER YEAR do (or did) you wor	
10 - On average, how many DAYS PER MONTH do (or did) you wo midnight and 5am? days	ork 3 or more hours between 🛛 Can't recal
11 - For this job, which of the following BEST describes your w	ork nattern?
	ating shift, changing periodically from days to evenings or to nights
	It shift, consisting of two or more distinct periods each day
	gular schedule, or on call
	i't know
12 - What percentage of time do (or did you) spend working ou	tdoors?% [If 0%, go to question 14]
13 - Do (or did you) your work require you to work outdoors in	
13.1 - If Yes, on average, how much time each day are (or were) yo	·
Less than 1 hour 1-2 hours	2-4 hours
14 - On average, how many MINUTES PER DAY do (or did) you	spend commuting TO AND FROM work via the
following means of transportation?	
14.1 - During the summer 🛛 Car min/day 🗌 Train	min/day 🔄 Walk min/day
months (June-Aug) 🔄 Bus min/day 🔄 Subway	min/day 🔄 Other, specify,min/day
14.2 - During the coole Car min/day Train	min/day 🔄 Walkmin/day
months (Sept-May) 🛛 Bus min/day 🗌 Subway	min/day Other, specify,min/day
ADDRESS	
Number Street	Direction Cross street (if address unknown)
	Province Rural address: nearest town or village
	FIDVINGE TARALAUGESS. NEALEST LOWITOR VIIIAGE
Postal code Region	

1- Job title: eq. Automobile machinist 2 - Job description: e.g. Repaired transmissions and brakes; cleaned and degreased parts; 3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the current month and year as end date. _____ Start date :_____(mm/yyyy) • End date :____/ (mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years 4 – Company's name: eg. DEF Automotive Inc. 5 - What does (or did) your company do at this site? eg. Full service vehicule maintenance and car repairs 6 - Do you agree to provide the FULL address of this company? Yes No, **If Yes**, go to question 71 6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? TYes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 8] 7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace. For jobs with changing work schedules, AVERAGE your work load over the whole year. 8 - On average, how many HOURS PER WEEK do (or did) you work? Can't recall hours 9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks Can't recall 10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between Can't recal midnight and 5am? davs 11 - For this job, which of the following BEST describes your work pattern? Regular daytime schedule or shift Rotating shift, changing periodically from days to evenings or to nights Regular evening shift (shift ends before midnight) Split shift, consisting of two or more distinct periods each day Regular night shift (between midnight and 5am) Irregular schedule, or on call Other, specify Don't know 12 - What percentage of time do (or did you) spend working outdoors? ____% [If 0%, go to question 14] 13 - Do (or did you) your work require you to work outdoors in the summer months? Yes No **13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm? Less than 1 hour 1-2 hours 2-4 hours More than 4 Can't recall 14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation? 14.1 - During the summer 🛛 Car _____ Train _____ min/day min/day Walk min/dav Other, specify____] Bus _____ months (June-Aug) Subway_____ min/day min/day min/day Train Walk 14.2 - During the coole Car _ min/day min/day min/day months (Sept-May)] Subwav Bus Other. specify min/dav min/dav min/dav ADDRESS Cross street (if address unknown) Number Street Direction City Province Rural address: nearest town or village Postal code Region

JOB # 5

JOB # 6	
	bile machinist
2 - Job description:	
e.g. Repaired transmissions and brakes; cleaned and degreased parts;	inche the everyont month and
3 - Please indicate the start and end dates of your most recent job: For ongoing job please indi	cate the current month and
year as end date.	
Start date :/(mm/yyyy) End date :/(mm/y 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months,	years
	,
4 - Company's name:	eg. DEF Automotive Inc.
5 - What does (or did) your company do at this site?	
eg. Full service vehicule maintenance and car repairs	
6 - Do you agree to provide the FULL address of this company? Yes No, If Yes, go	
	No. as to substice 91
[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If I	
7 - What is (or was) the address of the company? Please complete the information in the ADDRESS	
page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest	t town if you worked in a rural
location. Specify the region if it is (or was) not a fixed workplace.	
For jobs with changing work schedules, AVERAGE your work load over the whole year.	
8 - On average, how many HOURS PER WEEK do (or did) you work? hours	
9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks	Can't recall
10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am? days	Can't recal
11 - For this job, which of the following BEST describes your work pattern?	
Regular daytime schedule or shift	davs to evenings or to nights
Regular evening shift (shift ends before midnight)	
Regular night shift (between midnight and 5am)	, ,
Other, specify Don't know	
42 What necessary of time do (or did you) enand working outdoors? 0/ [[f 00/ go to a	unation 141
12 - What percentage of time do (or did you) spend working outdoors?% [If 0%, go to q	
13 - Do (or did you) your work require you to work outdoors in the summer months? Yes	
13.1 - If Yes, on average, how much time each day are (or were) you in the sun between 11am and	•
Less than 1 hour 1-2 hours 2-4 hours More that	
14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FF	ROM work via the
following means of transportation?	
	min/day
months (June-Aug) Bus min/day Subway min/day Other, specify	,min/day
	min/day
months (Sept-May) Bus min/day Subway min/day Other, specify	,min/day
ADDRESS	
Number Street Direction Cross st	treet (if address unknown)
City Province Rural address:	: nearest town or village
Postal code Region	

L

1- Job title: eq. Automobile machinist 2 - Job description: e.g. Repaired transmissions and brakes; cleaned and degreased parts; 3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the current month and year as end date. _____ • Start date :____/____(mm/yyyy) • End date :____/ (mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years 4 – Company's name: eg. DEF Automotive Inc. 5 - What does (or did) your company do at this site? eg. Full service vehicule maintenance and car repairs 6 - Do you agree to provide the FULL address of this company? Yes No, **If Yes**, go to question 71 6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? TYes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 8] 7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace. For jobs with changing work schedules, AVERAGE your work load over the whole year. 8 - On average, how many HOURS PER WEEK do (or did) you work? Can't recall hours 9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks Can't recall 10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between Can't recal midnight and 5am? davs 11 - For this job, which of the following BEST describes your work pattern? Regular daytime schedule or shift Rotating shift, changing periodically from days to evenings or to nights Regular evening shift (shift ends before midnight) Split shift, consisting of two or more distinct periods each day Regular night shift (between midnight and 5am) Irregular schedule, or on call Other, specify Don't know 12 - What percentage of time do (or did you) spend working outdoors? ____% [If 0%, go to question 14] 13 - Do (or did you) your work require you to work outdoors in the summer months? Yes No **13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm? Less than 1 hour 1-2 hours 2-4 hours More than 4 Can't recall 14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation? 14.1 - During the summer 🛛 Car _____ Train _____ min/day min/day Walk min/dav Other, specify____ months (June-Aug) Bus _____ Subway____ min/day min/day min/day Train Walk 14.2 - During the coole Car _ min/day min/day min/day months (Sept-May) Bus Subwav Other. specify min/dav min/dav min/dav ADDRESS Cross street (if address unknown) Number Street Direction City Province Rural address: nearest town or village Postal code Region

JOB # 7

JOB # 8	
1- Job title: eg. Automobile machinist	
2 - Job description:	
e.g. Repaired transmissions and brakes; cleaned and degreased parts;	
3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the current month an	٦d
year as end date.	
Start date :/ (mm/yyyy) End date :/ (mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years	
3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years	
4 – Company's name:eg. DEF Automotive Inc.	
5 - What does (or did) your company do at this site?	
eg. Full service vehicule maintenance and car repairs	_
6 - Do you agree to provide the FULL address of this company? Yes No, If Yes, go to question 7]	
6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes	
[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 8]	
7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the bottom of the	
page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rura	al
location. Specify the region if it is (or was) not a fixed workplace.	
For jobs with changing work schedules, AVERAGE your work load over the whole year.	
8 - On average, how many HOURS PER WEEK do (or did) you work? hours Can't recall	
9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks Can't recall	
10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between	
midnight and sam? days	
11 - For this job, which of the following BEST describes your work pattern?	
Regular daytime schedule or shift Rotating shift, changing periodically from days to evenings or to nights	
Regular evening shift (shift ends before midnight) Split shift, consisting of two or more distinct periods each day	
Regular night shift (between midnight and 5am)	
Other, specify Don't know	
12 - What percentage of time do (or did you) spend working outdoors?% [If 0%, go to question 14]	
13 - Do (or did you) your work require you to work outdoors in the summer months? Yes No	
13.1 - If Yes, on average, how much time each day are (or were) you in the sun between 11am and 4pm?	
Less than 1 hour 1-2 hours 2-4 hours More than 4 Can't recall	
14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the	
following means of transportation?	
14.1 - During the summer Car min/day Train min/day Walk min/day	
months (June-Aug)Busmin/daySubwaymin/dayOther, specify,min/da	зу
14.2 - During the coole Car min/day Train min/day Walk min/day	
months (Sept-May) 🔄 Bus min/day 🔄 Subway min/day 📄 Other, specify,min/da	зy
Number Street Direction Cross street (if address unknown)	
City Province Rural address: nearest town or village	
Postal code Region	

1- Job title: eq. Automobile machinist 2 - Job description: e.g. Repaired transmissions and brakes; cleaned and degreased parts; 3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the current month and year as end date. _____ • Start date :____ (mm/yyyy) • End date :____/ (mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years 4 – Company's name: eg. DEF Automotive Inc. 5 - What does (or did) your company do at this site? eg. Full service vehicule maintenance and car repairs 6 - Do you agree to provide the FULL address of this company? Yes No, **If Yes**, go to question 71 6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? TYes No [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to question 8] 7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace. For jobs with changing work schedules, AVERAGE your work load over the whole year. 8 - On average, how many HOURS PER WEEK do (or did) you work? Can't recall hours 9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks Can't recall 10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between Can't recal midnight and 5am? davs 11 - For this job, which of the following BEST describes your work pattern? Regular daytime schedule or shift Rotating shift, changing periodically from days to evenings or to nights Regular evening shift (shift ends before midnight) Split shift, consisting of two or more distinct periods each day Regular night shift (between midnight and 5am) Irregular schedule, or on call Other, specify Don't know 12 - What percentage of time do (or did you) spend working outdoors? ____% [If 0%, go to question 14] 13 - Do (or did you) your work require you to work outdoors in the summer months? Yes No **13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm? Less than 1 hour 1-2 hours 2-4 hours More than 4 Can't recall 14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation? 14.1 - During the summer 🛛 Car _____ Train _____ min/day min/day Walk min/dav Other, specify____] Bus _____ months (June-Aug) Subway_____ min/day min/day min/day Train Walk 14.2 - During the coole Car _ min/day min/day min/day months (Sept-May)] Subwav Bus Other. specify min/dav min/dav min/dav ADDRESS Cross street (if address unknown) Number Street Direction City Province Rural address: nearest town or village Postal code Region

JOB # 9

1- Job title: eq. Automobile machinist 2 - Job description: e.g. Repaired transmissions and brakes; cleaned and degreased parts; 3 - Please indicate the start and end dates of your most recent job: For ongoing job please indicate the current month and vear as end date. _____ Start date : ____/ (mm/yyyy)
 End date : ____/ (mm/yyyy) 3.1 - If you cannot remember the exact dates, estimate the duration of this job: months, years 4 – Company's name: eg. DEF Automotive Inc. 5 - What does (or did) your company do at this site? eg. Full service vehicule maintenance and car repairs 6.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code? Yes No. If Yes, go to question 7] [If Yes, complete only the postal code field in the ADDDECC. [If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page] [If No, go to guestion 8] 7 - What is (or was) the address of the company? Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace. For jobs with changing work schedules, AVERAGE your work load over the whole year. 8 - On average, how many HOURS PER WEEK do (or did) you work? Can't recall hours 9 - On average, how many WEEKS PER YEAR do (or did) you work? weeks Can't recall 10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between Can't recal midnight and 5am? davs 11 - For this job, which of the following BEST describes your work pattern? Regular daytime schedule or shift Rotating shift, changing periodically from days to evenings or to nights Regular evening shift (shift ends before midnight) Split shift, consisting of two or more distinct periods each day Regular night shift (between midnight and 5am) Irregular schedule, or on call Other, specify_ Don't know 12 - What percentage of time do (or did you) spend working outdoors? ____% [If 0%, go to question 14] 13 - Do (or did you) your work require you to work outdoors in the summer months? Yes No **13.1 - If Yes,** on average, how much time each day are (or were) you in the sun between 11am and 4pm? Less than 1 hour 1-2 hours 2-4 hours More than 4 Can't recall 14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation? 14.1 - During the summer Car _____ min/day Train min/day Walk min/dav months (June-Aug) Other, specify_____ Bus _____ min/day Subway_____ min/day min/day Walk min/day 14.2 - During the coole _ min/day Train min/day Car months (Sept-May) Subway Other, specify Bus min/dav min/dav min/dav ADDRESS Cross street (if address unknown) Street Direction Number City Province Rural address: nearest town or village Postal code Region

JOB # 10

SECTION 6 - SUPPLEMENTARY TASKS			
In your working career, did you perform any tasks or activities as part of your normal duties that may have exposed you to potentially hazardous agents? (eg. dyes, metals, mineral dusts, nitrogen compounds, pesticides, physical agents, radioactivity, plastics & rubber, solvents, toxic gases & vapours, biological materials, cosmetics products or others) Yes Don't know [If No or Don't know, go to section 7]			
Welding: Yes No Can't recall If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Can't recall Painting: Yes No Can't recall If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Can't recall Degreasing parts or equipment Yes No Can't recall If yes, in which of the listed jobs did you perform this task? If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Working where pesticides were used Yes If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Can't recall Handling asbestos-containing materials Yes No Can't recall If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Can't recall Sandblasting Yes No Can't recall If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Can't recall Working with or near diesel-powered equipment Yes No Can't recall If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly Can't recall Working with or around live animals Yes No Can't recall If yes, in which of the listed jobs did you perform this task?			
Approximately how often did you perform this task? Hourly Daily Weekly Monthly			

Industrial firefighting	Yes	No	Can't recall		
If yes, in which of the li		u perform th	is task?		
	, ,	•			
Approximately how of	iten did vou pe	rform this t	ask?		
Hourly	Daily		Weekly	Monthly	Can't recall
Volunteer firefighting	Yes	No	Can't recall		
	<u>г</u> . г				
If Yes Urban	Rural	Forest	Can't recall		
If the second second second second		f 41. 5	- t L O		
If yes, in which of the lis	stea jobs ala you	i perform thi	s task?		
Approximately how of		rform this t			
Hourly	Daily		Weekly	Monthly	Can't recall
				·	
Didagona					
		may have	exposed you to	potentially hazardous agents?	
Please specify the task	:	_		potentially hazardous agents?	
	:	_		potentially hazardous agents?	
Please specify the task In which of the listed jol	: os did you perfo	rm this task'	?	potentially hazardous agents?	
Please specify the task In which of the listed job Approximately how of	: os did you perfor iten_did you per	rm this task'	?	potentially hazardous agents?	
Please specify the task In which of the listed jol	: os did you perfo	rm this task'	?	potentially hazardous agents?	Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly	: os did you perfor iten did you pe r Daily	rm this task'	? ask? Weekly	Monthly	Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly Did you perform any of	: os did you perfor f ten did you pe r Daily Daily	rm this task'	? ask? Weekly		Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly Did you perform any of Please specify the task	: os did you perfor iten did you pe r Daily o ther tasks that	rm this task' rform this t : may have	? ask? Weekly exposed you to	Monthly	Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly Did you perform any of	: os did you perfor iten did you pe r Daily o ther tasks that	rm this task' rform this t : may have	? ask? Weekly exposed you to	Monthly	Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly Did you perform any of Please specify the task	: os did you perfor iten did you pe r Daily o ther tasks that	rm this task' rform this t : may have	? ask? Weekly exposed you to	Monthly	Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly Did you perform any of Please specify the task	: os did you perfor ften did you per Daily other tasks that cos did you perfor	rm this task' rform this t t may have rm this task'	? ask? Weekly exposed you to ?	Monthly	Can't recall
Please specify the task In which of the listed jol Approximately how of Hourly Did you perform any of Please specify the task In which of the listed jol	: os did you perfor ften did you per Daily other tasks that cos did you perfor	rm this task' rform this t t may have rm this task'	? ask? Weekly exposed you to ?	Monthly	Can't recall

SECTION 7 - EMPLOYMENT GAPS				
Were there any gaps in your work history or any extended periods of absence from work of at least 3 CONSECUTIVE				
MONTHS that have not been captured above?				
Yes [If Yes, describe any interruptions or any extended absences]				
🗌 No				
Can't recall [If No or can't rec	all, go to section 8]			
	PERIOD	#1		
When: Beginning date of the gap:/_	(mm/yyyy)	Ending date of the gap:/(mm/yyyy)		
What was the reason for the gap or period of absence from work?				
Education	Illness	Care giving, support to a relative		
Pregnancy	Retirement	Other, specify		
PERIOD # 2				
When: Beginning date of the gap:/_	(mm/yyyy)	Ending date of the gap:/ (mm/yyyy)		
What was the reason for the gap or period of absence from work?				
Education	Illness	Care giving, support to a relative		
Pregnancy	Retirement	Other, specify		
PERIOD # 3				
When: Beginning date of the gap:/_	(mm/yyyy)	Ending date of the gap:/(mm/yyyy)		
What was the reason for the gap or period of absence from work?				
Education	Illness	Care giving, support to a relative		
Pregnancy	Retirement	Other, specify		

PERIOD # 4					
When: Beginning date of the gap:/	(mm/yyyy) Ending	date of the gap:/	(mm	l/yyyy)	
What was the reason for the gap or period	of absence from work?				
Education] Illness	Care giving, supp	ort to a r	elative	
Pregnancy	Retirement	Other, specify			
	PERIOD # 5				
When: Beginning date of the gap:/ (mm/yyyy) /	Ending date of the ga	ap:/ (mm/yyy	/y)		
What was the reason for the gap or period	of absence from work?				
Education] Illness	Care giving, supp	ort to a r	elative	
Pregnancy	Retirement	Other, specify			
	PERIOD # 6				
When: Beginning date of the gap:/		date of the gap:/	(mm	l/yyyy)	
What was the reason for the gap or period	of absence from work?				
Education] Illness	Care giving, supp	ort to a r	elative	
Pregnancy	Retirement	Other, specify			
SECTION 8 - ETHNIC BACKGROUND					
The following questions are about your ethnicity.					
as age, gender, education, marital status, social o	class and ethnicity (cultural factors)). Therfore, to the best of y	our abilit	y, please co	omplete
the following questions.					
1 - In what county were you born?	nada, 🗌 Other, Specify	Don't	know		
2 - If you were born outside Canada, at what age or in what year did you first come to Canada to live?					
Age when you first came to Canada to live years OR Year when first came to Canada to live (yyyy)					
 Don't know			()))))		
3 - What is your ethnic background and th	e ethnic background of vour	biological parents? (Ch	neck all t	hat apply)	
		U	You	Mother	Father
White (European descent)					
Black (African or Caribbean descent)					
South Asian (e.g. India, Sri Lanka, Pakistan, Ban	gladesh)				
East Asian (e.g. China, Japan, Korea, Taiwan)					
Southeast Asian (e.g. Malaysia, Indonesia, Vietna	am)				
Filipino					
Arab (e.x Egypt, Iraq, Jordan, Lebanon)					
West Asian (e.g. Turkey, Iran, Afghanistan)					
Jewish					
Aboriginal (e.g. First Nations, Métis, Inuit)					
Latin American/Hispanic					
Other ethnic group					
Don't know					

(Go to next page for the remainder of the questionnaire)

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4 - In what country were your biological parents born?			
Mother	Father		
Canada	Canada		
Other, specify	Other, specify		
Don't know	Don't know		
Maternal grand-father	Paternal grand-mother		
Canada If born in Canada, specify::	Canada If born in Canada, specify::		
City : Don't know	City : Don't know		
Province :	Province :		
Other, specify	Other, specify		
Don't know	Don't know		
Maternal grand-father	Paternal grand-father		
Canada If born in Canada, specify::	Canada If born in Canada, specify::		
City : Don't know	City : Don't know		
Province :	Province :		
Other, specify	Other, specify		
Don't know	Don't know		

THANK YOU FOR YOUR COOPERATION

DO NOT FORGET TO RETURN THE QUESTIONNAIRE IN THE **ENCLOSED STAMPED** ENVELOPE

Production of this brochure has been made possible through a finacial contribution from Health Canada, through the Canadian Partneship Against Cancer.