Thank you for participating once again in the NDIT Study! Your contributions to NDIT are invaluable. Because of the recent legalization of recreational cannabis use in Canada in 2018, we are particularly interested in learning more about cannabis use among NDIT participants in this round of data collection, in addition to the usual questions.

NOTE FOR THOSE WHO COMPLETE THE QUESTIONNAIRE ON LIMESURVEY: You can follow your progress through the questionnaire using the bar at the top of the screen. Please note that questions with an asterisk are mandatory. Also, your responses are automatically saved - you can stop responding at any time and return later to complete the questionnaire.

YOUR CANNABIS USE

In this questionnaire, the term **cannabis** includes marijuana (pot, weed), hashish (hash), liquid extracts or concentrates (cannabis oil), solid extracts or concentrates (shatter, budder, wax) or any other products made from the cannabis plant, but not synthetic cannabinoids (Spice, K2, Yucatan Fire, etc.).

Cannabis use includes smoking cannabis, vaping it, eating it and consuming it in any other way, whether for medical or non-medical purposes.

1. Please think about your use of cannabis for recreational or medicinal purposes. Check the one box below that describes you best.

1. ☐ I have never used cannabis in my life → **Go to Question 17**
2. ☐ I have used cannabis, but not in the past 12 months → **Go to Question 15**
3. ☐ I used cannabis once or a couple of times in the past 12 months
4. ☐ I use cannabis once or a couple of times each month
5. ☐ I use cannabis once or a couple of times each week
6. ☐ I use cannabis every day

2. In the past 12 months, how often did you use cannabis products containing…...?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day	Don't know
THC only	1☐	2☐	3☐	4☐	5☐	6☐
More THC than CBD	1☐	2☐	3☐	4☐	5☐	6☐
About the same amounts of THC and CBD	1☐	2☐	3☐	4☐	5☐	6☐
More CBD than THC	1☐	2☐	3☐	4☐	5☐	6☐
CBD only	1☐	2☐	3☐	4☐	5☐	6☐

3. In the past 12 months, how often did you use each of the following methods to consume cannabis?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Smoking in a joint, bong, pipe or blunt	1☐	2☐	3☐	4☐	5☐
Dabbing (with a hot knife, needle or nail)	1☐	2☐	3☐	4☐	5☐
Vaping in e-liquid form with an e-cigarette	1☐	2☐	3☐	4☐	5☐
Vaporizing with a stationary or portable vaporizer	1☐	2☐	3☐	4☐	5☐
Eating in food (brownies, cakes, cookies, candy)	1☐	2☐	3☐	4☐	5☐

Drinking in tea, cola, alcohol or other drinks	1☐	2☐	3☐	4☐	5☐
Consuming in a pill, soft gel capsule, oral drops or spray	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

4. In the past 12 months, how often did you use cannabis for……?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Medical purposes with a prescription	1☐	2☐	3☐	4☐	5☐
Medical purposes without a prescription	1☐	2☐	3☐	4☐	5☐
Recreational purposes	1☐	2☐	3☐	4☐	5☐

5. In the past 12 months, how often did you use cannabis to help you with ……...?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Symptoms of depression	1☐	2☐	3☐	4☐	5☐
Anxiety/your nerves	1☐	2☐	3☐	4☐	5☐
Sleep problems (insomnia, difficulty falling asleep)	1☐	2☐	3☐	4☐	5☐
Pain	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

6. Thinking about the past 12 months, how would you describe the effect of your cannabis use on your mental health?

Very negative — No effect — Very positive

-5☐	-4☐	-3☐	-2☐	-1☐	0☐	1☐	2☐	3☐	4☐	5☐

7. In the past 12 months, how often did you use cannabis…?

	Never	Rarely	From time to time	Fairly often	Very often
While alone	1☐	2☐	3☐	4☐	5☐
With a spouse or partner	1☐	2☐	3☐	4☐	5☐
With a family member(s) or relative(s)	1☐	2☐	3☐	4☐	5☐
With friend(s)	1☐	2☐	3☐	4☐	5☐
With co-worker(s)	1☐	2☐	3☐	4☐	5☐
With stranger(s)	1☐	2☐	3☐	4☐	5☐
With dealer(s)	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

8. In the past 12 months, how often did you use cannabis……?

	Never	Rarely	From time to time	Fairly often	Very often
Inside a private home	1☐	2☐	3☐	4☐	5☐
Outside a private home (backyard, balcony)	1☐	2☐	3☐	4☐	5☐
At a concert, sports event, festival	1☐	2☐	3☐	4☐	5☐
Inside or outside a bar or restaurant	1☐	2☐	3☐	4☐	5☐
Inside or outside a secondary school, CEGEP/college, or university	1☐	2☐	3☐	4☐	5☐
Inside or outside your workplace	1☐	2☐	3☐	4☐	5☐
Inside a car	1☐	2☐	3☐	4☐	5☐
In an outdoor public location (street, park, alley)	1☐	2☐	3☐	4☐	5☐
In nature (in the woods, while camping, fishing)	1☐	2☐	3☐	4☐	5☐
Other (specify)	1☐	2☐	3☐	4☐	5☐

9. In the past 12 months, how often did you use the following substances at the same time as cannabis so that the effects overlap?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Over-the-counter medication (melatonin, cough or cold remedies)	1☐	2☐	3☐	4☐	5☐
Alcohol	1☐	2☐	3☐	4☐	5☐
Tobacco or nicotine products (combustible cigarettes, e-cigarettes, blunts, spliff)	1☐	2☐	3☐	4☐	5☐
Pain relief medications that are usually prescribed (Percocet, Percodan, Demerol, OxyNEO, OxyContin, codeine)	1☐	2☐	3☐	4☐	5☐
Illegal drugs (cocaine, speed (amphetamines), ecstasy (MDMA), hallucinogens (PCP, LSD (acid), mushrooms), inhalants (glue, gasoline), heroin (smack, junk))	1☐	2☐	3☐	4☐	5☐

10. Some people use cannabis to replace other substances because they believe that cannabis is less harmful. In the past 12 months, how often did you use cannabis instead of the following to reduce harm?

	Never	Rarely	From time to time	Fairly often	Very often
Prescription drugs	1☐	2☐	3☐	4☐	5☐
Alcohol	1☐	2☐	3☐	4☐	5☐
Illegal drugs (cocaine, speed (amphetamines), ecstasy (MDMA), hallucinogens (PCP, LSD (acid), mushrooms), inhalants (glue, gasoline), heroin (smack, junk))	1☐	2☐	3☐	4☐	5☐
IF YOU CHECKED "NEVER" TO EACH OF THESE THREE ITEMS → Go to Question 12					

11. In the past 12 months, did you use cannabis instead of another substance for any of the following reasons?

	No	Yes
Fewer adverse side effects from cannabis	1☐	2☐
Fewer withdrawal symptoms with cannabis	1☐	2☐
Cannabis is easier to obtain than other substances	1☐	2☐
Cannabis is more socially acceptable than other substances	1☐	2☐
I obtain better symptom management from cannabis than from other drugs	1☐	2☐
I use cannabis as a treatment for alcohol and/or drug dependence	1☐	2☐
Other (specify)	1☐	2☐

12. In the past 12 months how often did...?

	Never	Rarely	From time to time	Fairly often	Very often
You use cannabis before midday	1☐	2☐	3☐	4☐	5☐
You use cannabis when you were alone	1☐	2☐	3☐	4☐	5☐
You have memory problems when you used cannabis	1☐	2☐	3☐	4☐	5☐
Friends or family members tell you that you should reduce or stop your cannabis use	1☐	2☐	3☐	4☐	5☐
You try to reduce or stop your cannabis use without succeeding	1☐	2☐	3☐	4☐	5☐
You have problems because of your cannabis use (arguments, accidents, problems at work)	1☐	2☐	3☐	4☐	5☐

13. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for cannabis without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave cannabis	1☐	2☐	3☐	4☐	5☐
My urges keep getting stronger if I don't use cannabis	1☐	2☐	3☐	4☐	5☐
Cannabis controls me	1☐	2☐	3☐	4☐	5☐
My cannabis use is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to use cannabis right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without using cannabis	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost using cannabis without thinking about it	1☐	2☐	3☐	4☐	5☐
Using cannabis would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
Using cannabis helps me think better	1☐	2☐	3☐	4☐	5☐
I would feel alone without my cannabis	1☐	2☐	3☐	4☐	5☐
I would find it really hard to stop using cannabis	1☐	2☐	3☐	4☐	5☐
I would find it hard to stop using cannabis for a week	1☐	2☐	3☐	4☐	5☐

After not using cannabis for a while, I need to use cannabis in order to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not using cannabis for a while, I need to use cannabis in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

14. In the past 12 months, did you find it difficult to keep from using cannabis in places where it was prohibited?

1☐ No
2☐ Yes

15. Did you use cannabis for the first time <u>after</u> it became legal in Canada on October 17, 2018?

1☐ No
2☐ Yes

16. Since cannabis became legal in Canada, would you say that your cannabis use has...?

1☐ Increased
2☐ Decreased
3☐ Remained the same

YOUR CIGARETTE USE

17. Now please think about cigarette smoking. How many people including you smoke cigarettes inside your home every day or almost every day?

8888☐ None OR people

18. Please check the one box below that describes you best.

1☐ I have never smoked a cigarette in my life, even just a puff (drag, hit, haul) → **Go to Question 36**
2☐ I have smoked cigarettes, but not in the past 12 months → **Go to Question 34**
3☐ I smoked cigarettes once or a couple of times in the past 12 months
4☐ I smoke cigarettes once or a couple of times each month
5☐ I smoke cigarettes once or a couple of times each week
6☐ I smoke cigarettes every day

19. Did you smoke cigarettes (even just a puff) in the past three months?

1☐ No → **Go to Question 26**
2☐ Yes

20. During _____ (last month), on how many days did you smoke cigarettes, even just a puff?

1☐ None → **Go to Question 22**
2☐ 1 day
3☐ 2-3 days
4☐ 4-5 days
5☐ 6-10 days
6☐ 11-15 days
7☐ 16-20 days
8☐ 21-30 days
9☐ Every day
10☐ Don't know

21. On the days that you smoked during _____ (last month), how many cigarettes did you usually smoke each day?

1. ☐ Less than 1 cigarette (one or a few puffs)
2. ☐ 1 cigarette
3. ☐ 2-3 cigarettes
4. ☐ 4-5 cigarettes
5. ☐ 6-10 cigarettes
6. ☐ 11-15 cigarettes
7. ☐ 16-20 cigarettes
8. ☐ 21-25 cigarettes
9. ☐ More than 25
10. ☐ Don't know

22. During _____ (2 months ago), on how many days did you smoke cigarettes, even just a puff?

1. ☐ None → **Go to Question 24**
2. ☐ 1 day
3. ☐ 2-3 days
4. ☐ 4-5 days
5. ☐ 6-10 days
6. ☐ 11-15 days
7. ☐ 16-20 days
8. ☐ 21-30 days
9. ☐ Every day
10. ☐ Don't know

23. On the days that you smoked during _____ (2 months ago), how many cigarettes did you usually smoke each day?

1. ☐ Less than 1 cigarette (one or a few puffs)
2. ☐ 1 cigarette
3. ☐ 2-3 cigarettes
4. ☐ 4-5 cigarettes
5. ☐ 6-10 cigarettes
6. ☐ 11-15 cigarettes
7. ☐ 16-20 cigarettes
8. ☐ 21-25 cigarettes
9. ☐ More than 25
10. ☐ Don't know

24. During _____ (3 months ago), on how many days did you smoke cigarettes, even just a puff?

1. ☐ None → **Go to Question 26**
2. ☐ 1 day
3. ☐ 2-3 days
4. ☐ 4-5 days
5. ☐ 6-10 days
6. ☐ 11-15 days
7. ☐ 16-20 days
8. ☐ 21-30 days
9. ☐ Every day
10. ☐ Don't know

25. On the days that you smoked during_____ (3 months ago), how many cigarettes did you usually smoke each day?

1. ☐ Less than 1 cigarette (one or a few puffs)
2. ☐ 1 cigarette
3. ☐ 2-3 cigarettes
4. ☐ 4-5 cigarettes
5. ☐ 6-10 cigarettes
6. ☐ 11-15 cigarettes
7. ☐ 16-20 cigarettes
8. ☐ 21-25 cigarettes
9. ☐ More than 25
10. ☐ Don't know

26. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for cigarettes without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave cigarettes	1☐	2☐	3☐	4☐	5☐
My urges keep getting stronger if I don't smoke cigarettes	1☐	2☐	3☐	4☐	5☐
Tobacco products control me	1☐	2☐	3☐	4☐	5☐
My cigarette use is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to smoke cigarettes right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without smoking cigarettes	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost smoking cigarettes without thinking about it	1☐	2☐	3☐	4☐	5☐
Smoking cigarettes would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
Smoking cigarettes helps me think better	1☐	2☐	3☐	4☐	5☐
I would feel alone without my cigarettes	1☐	2☐	3☐	4☐	5☐
I would find it really hard to stop smoking cigarettes	1☐	2☐	3☐	4☐	5☐
I would find it hard to stop smoking cigarettes for a week	1☐	2☐	3☐	4☐	5☐
After not smoking cigarettes for a while, I need to smoke cigarettes in order to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not smoking cigarettes for a while, I need to smoke cigarettes in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

27. In the past 12 months, did you find it difficult to keep from smoking cigarettes in places where it was prohibited?

1☐ No
2☐ Yes

28. How strong are your cravings to smoke cigarettes?

1☐ I don’t have cravings to smoke cigarettes
2☐ Not at all strong
3☐ A bit strong
4☐ Quite strong
5☐ Very strong

29. Do you smoke cigarettes now because it’s really hard to quit?

1☐ No
2☐ Sometimes
3☐ Often/always
4☐ Never tried to quit

[5]☐ Other (specify)
[6]☐ Don't know (I smoke so little)

30. When you cut down or stop using cigarettes, or when you are not able to smoke for a long period (like most of the day), how often do you experience…?

	Never	Rarely	Sometimes	Often
Feeling irritable or angry	[1]☐	[2]☐	[3]☐	[4]☐
Feeling restless	[1]☐	[2]☐	[3]☐	[4]☐
Feeling nervous, anxious, or tense	[1]☐	[2]☐	[3]☐	[4]☐
Trouble concentrating	[1]☐	[2]☐	[3]☐	[4]☐
Feeling a strong urge or need to smoke	[1]☐	[2]☐	[3]☐	[4]☐

31. How true are each of the following statements for you?

	Not at all true	A bit true	Very true
I avoid going to a friend's house where you're not allowed to smoke even though I might enjoy hanging out with him/her	[1]☐	[2]☐	[3]☐
In situations where I need to go outside to smoke, it's worth it even in cold or rainy weather	[1]☐	[2]☐	[3]☐
I have cut down or stopped physical activities or sports because of my smoking	[1]☐	[2]☐	[3]☐
Compared to when I first started smoking, I need to smoke a lot more now to be satisfied	[1]☐	[2]☐	[3]☐
Compared to when I first started smoking, I can smoke much more now before I start to feel nauseated or ill **OR** ☐ I've never felt nauseated or ill from smoking	[1]☐	[2]☐	[3]☐
I spend a lot of time getting cigarettes (going out of my way to buy cigarettes)	[1]☐	[2]☐	[3]☐
I've stopped hanging out with certain people because of my smoking	[1]☐	[2]☐	[3]☐

32. If you are sick with a bad cold or sore throat, do you smoke cigarettes?

[1]☐ No, I stop smoking when I'm sick
[2]☐ Yes, but I cut down on the amount I smoke
[3]☐ Yes, I smoke the same amount as when I'm not sick

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

[1]☐ Not at all difficult → **Go to Question 36**
[2]☐ A bit difficult → **Go to Question 36**
[3]☐ Very difficult → **Go to Question 36**

34. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for cigarettes without thinking about it	1☐	2☐	3☐	4☐	5☐
I frequently crave cigarettes	1☐	2☐	3☐	4☐	5☐
I have urges to smoke cigarettes	1☐	2☐	3☐	4☐	5☐
Tobacco products control me	1☐	2☐	3☐	4☐	5☐
My cigarette use is out of control	1☐	2☐	3☐	4☐	5☐
I usually want to smoke cigarettes right after I wake up	1☐	2☐	3☐	4☐	5☐
I can only go a couple of hours without wanting to smoke cigarettes	1☐	2☐	3☐	4☐	5☐
I frequently find myself almost smoking cigarettes without thinking about it	1☐	2☐	3☐	4☐	5☐
Smoking cigarettes would really help me feel better if I've been feeling down	1☐	2☐	3☐	4☐	5☐
Smoking cigarettes would help me think better	1☐	2☐	3☐	4☐	5☐
I feel really alone without my cigarettes	1☐	2☐	3☐	4☐	5☐
I find it really hard to not smoke cigarettes	1☐	2☐	3☐	4☐	5☐
I would find it hard to not smoke cigarettes for another week	1☐	2☐	3☐	4☐	5☐
After not smoking cigarettes for a while, I would like to smoke cigarettes in order to feel less restless and irritable	1☐	2☐	3☐	4☐	5☐
After not smoking cigarettes for a while, I feel like I need to smoke cigarettes in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

35. In the past 12 months, did you find it difficult to keep from smoking cigarettes in places where it was prohibited?

1☐ No
2☐ Yes

YOUR ALCOHOL USE

36. In the past 12 months, how often did you have a drink containing alcohol?

1☐ Never → **Go to Question 41**
2☐ Less than monthly
3☐ Monthly
4☐ Once per week
5☐ 2-3 times per week
6☐ 4-6 times per week
7☐ Daily

37. How many standard drinks containing alcohol do you have on a typical day when drinking? NOTE: *A standard drink is one 12 fluid oz (341 mL) can of 5% alcohol content beer, one 5 fl oz (142 mL) glass of 12% alcohol content wine or one 1.25 fl oz (43 mL) shot of 80 proof (40% alcohol content) whiskey or other hard liquor. For example, a 1.18L "strong beer" would count as 3.5 standard drinks.*

[1]☐ 1 drink
[2]☐ 2 drinks
[3]☐ 3 drinks
[4]☐ 4 drinks
[5]☐ 5 to 6 drinks
[6]☐ 7 to 9 drinks
[7]☐ 10 or more drinks

38. *Women:* In the past 12 months, how often have you had 4 or more standard drinks on a single occasion?
***Men:* In the past 12 months, how often have you had 5 or more standard drinks on a single occasion?**

[1]☐ Never
[2]☐ Less than monthly
[3]☐ Monthly
[4]☐ Once per week
[5]☐ 2-3 times per week
[6]☐ 4-6 times per week
[7]☐ Daily

39. How true are each of the following statements for you?

	Not true of me at all 1	2	3	4	Extremely true of me 5
I find myself reaching for a drink without thinking about it	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I frequently crave alcohol	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
My urges keep getting stronger if I don't use alcohol	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Alcohol controls me	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
My drinking is out of control	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I usually want to drink right after I wake up	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I can only go a couple of hours without drinking	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I frequently find myself almost drinking without thinking about it	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Drinking would really help me feel better if I've been feeling down	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
Drinking helps me think better	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I would feel alone without alcohol	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I would find it really hard to stop drinking	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
I would find it hard to stop drinking for a week	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐
After not drinking for a while, I need to drink in order to feel less restless and irritable	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐

After not drinking for a while, I need to drink in order to keep myself from experiencing any discomfort	1☐	2☐	3☐	4☐	5☐

40. In the past 12 months, did you find it difficult to keep from drinking alcohol in places where it was prohibited?

1☐ No
2☐ Yes

YOUR USE OF OTHER SUBSTANCES

41. In the past 12 months, how often did you use…?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Electronic cigarettes without nicotine	1☐	2☐	3☐	4☐	5☐
Electronic cigarettes with nicotine	1☐	2☐	3☐	4☐	5☐
Tobacco products other than combustible cigarettes such as cigars, cigarillos, little cigars, bidis, chewing tobacco, snuff, waterpipe (hubble bubble, nargilé, shisha), snus, dissolvable tobacco	1☐	2☐	3☐	4☐	5☐
Pain relief pills (Percocet, Percodan, Demerol, OxyNEO, OxyContin, codeine) without a prescription or without a doctor telling you to take them	1☐	2☐	3☐	4☐	5☐
Cocaine, speed (amphetamines), ecstasy (MDMA) or other similar drugs, hallucinogens (PCP, LSD (acid), mushrooms), inhalants (glue, gasoline), heroin (smack, junk), another illegal drugs	1☐	2☐	3☐	4☐	5☐

42. How socially acceptable do you think it is to use the following substances from time to time?

	Completely unacceptable	Somewhat unacceptable	Somewhat acceptable	Completely acceptable	No opinion
Cannabis for non-medical purposes	1☐	2☐	3☐	4☐	5☐
Cannabis for medical purposes	1☐	2☐	3☐	4☐	5☐
Alcohol	1☐	2☐	3☐	4☐	5☐
Tobacco	1☐	2☐	3☐	4☐	5☐
E-cigarettes	1☐	2☐	3☐	4☐	5☐

YOUR DIET

43. How many times per day OR per week OR per month (ANSWER ONLY ONE) do you consume the following……?

	Never		Times per day		Times per week		Times per month
100% fruit juice (with no sugar or sweetener added) such as orange, grapefruit, or tomato juice	☐	or		or		or	
Fruit (not counting juice). This can include canned, frozen and fresh fruit, eaten on its own or with other food, cooked or raw	☐	or		or		or	

	Never		Times per day		Times per week		Times per month
Green salad including lettuce with or without other ingredients	☐	or		or		or	
Potatoes, not including French fries, fried potatoes or potato chips	☐	or		or		or	
Carrots	☐	or		or		or	
Other vegetables, not counting carrots, potatoes or green salad	☐	or		or		or	

44. In the past 12 months, have you tried any of the following diets to lose weight?

	No	Yes	I have never heard of this diet
Intermittent fasting	1☐	2☐	3☐
Clean eating	1☐	2☐	3☐
The zone diet	1☐	2☐	3☐
The Mediterranean diet	1☐	2☐	3☐
Low-fat diet	1☐	2☐	3☐
The ketogenic diet	1☐	2☐	3☐
Counting calories/macros	1☐	2☐	3☐
Vegan diet	1☐	2☐	3☐
Paleo diet	1☐	2☐	3☐
Other (specify)	1☐	2☐	3☐

45. In the past 12 months, how often did you use a smartphone APP to track your food intake (My Fitness Pal, Carbon Diet Coach, Lifesum, Noom)?

1☐ Never → **Go to Question 47**
2☐ Less than once a month
3☐ 1-3 times per month
4☐ 1-6 times per week
5☐ Every day

46. Did you use the food tracking app to help you……

1☐ Lose weight
2☐ Gain weight
3☐ Maintain your weight
4☐ Other (specify)

YOUR SLEEP

47. In the past month, what time did you usually go to bed at night?

hour minutes

48. In the past month, how long did it usually take you to fall asleep at night?

minutes

49. In the past month, what time did you usually get up in the morning?

hour minutes

50. In the past month, how many hours of actual sleep did you usually get at night?

hours of sleep

51. Think about your sleep in the past month. How often did you experience each of the following?

	Never	Less than once a week	1-2 times per week	3 or more times per week
Unable to get to sleep within 30 minutes	1☐	2☐	3☐	4☐
Woke up in the middle of the night or early morning	1☐	2☐	3☐	4☐
Had to get up to use the bathroom	1☐	2☐	3☐	4☐
Could not breathe comfortably	1☐	2☐	3☐	4☐
Coughed or snored loudly	1☐	2☐	3☐	4☐
Felt too cold	1☐	2☐	3☐	4☐
Felt too hot	1☐	2☐	3☐	4☐
Had bad dreams	1☐	2☐	3☐	4☐
Had pain	1☐	2☐	3☐	4☐
Took prescribed or over-the-counter medication to help you sleep	1☐	2☐	3☐	4☐
Had trouble staying awake while driving, eating meals, engaging in social activities	1☐	2☐	3☐	4☐

52. In the past month, has it been a problem for you to keep up enough enthusiasm to get things done?

1☐ No problem at all
2☐ Only a very slight problem
3☐ Somewhat of a problem
4☐ A very big problem

YOUR PHYSICAL AND MENTAL HEALTH

53. In general, how would you rate…?

	Poor	Fair	Good	Very good	Excellent
Your health	1☐	2☐	3☐	4☐	5☐
Your mental health	1☐	2☐	3☐	4☐	5☐
Your emotional health	1☐	2☐	3☐	4☐	5☐

The quality of your sleep in the past month	1☐	2☐	3☐	4☐	5☐

54. Has a health professional ever diagnosed you with a …..?

	No	Yes
Mood disorder (depression, bipolar disorder)	1☐	2☐
Anxiety disorder (phobia, fear of social situations, obsessive-compulsive disorder, panic disorder, generalized anxiety disorder)	1☐	2☐
Other mental health disorder(s) (specify)	1☐	2☐

55. Think about the amount of stress in your life. Would you say that most days are…?

☐ Not at all stressful
☐ Not very stressful
☐ A bit stressful
☐ Quite stressful
☐ Extremely stressful

56. In the past 2 weeks, how often did you worry about….

	Never	Rarely	Some of the time	Often	Very often
Your mental health	1☐	2☐	3☐	4☐	5☐
Your physical health	1☐	2☐	3☐	4☐	5☐
Drinking too much	1☐	2☐	3☐	4☐	5☐
Your eating habits	1☐	2☐	3☐	4☐	5☐
Your smoking habits	1☐	2☐	3☐	4☐	5☐
Not being able to exercise as usual	1☐	2☐	3☐	4☐	5☐
Your restricted freedom or liberties	1☐	2☐	3☐	4☐	5☐
Being or becoming unemployed	1☐	2☐	3☐	4☐	5☐
Not being able to pay your bills	1☐	2☐	3☐	4☐	5☐
Not being able to visit people who depend on you	1☐	2☐	3☐	4☐	5☐
Having to defend a decision not to participate in a social event	1☐	2☐	3☐	4☐	5☐
Your sleeping habits	1☐	2☐	3☐	4☐	5☐
Your weight	1☐	2☐	3☐	4☐	5☐
Your family	1☐	2☐	3☐	4☐	5☐
Your friends	1☐	2☐	3☐	4☐	5☐
The state of the world	1☐	2☐	3☐	4☐	5☐
The future	1☐	2☐	3☐	4☐	5☐

Other (specify)	1☐	2☐	3☐	4☐	5☐

57. In the past month, how often did you feel…?

	Never	Rarely	Sometimes	Often	Most of the time	Always
Happy	1☐	2☐	3☐	4☐	5☐	6☐
Interested in life	1☐	2☐	3☐	4☐	5☐	6☐
Satisfied	1☐	2☐	3☐	4☐	5☐	6☐
You had something important to contribute to society	1☐	2☐	3☐	4☐	5☐	6☐
You belonged to a community (like a social group, or your neighborhood)	1☐	2☐	3☐	4☐	5☐	6☐
That our society is a good place, or is becoming a better place, for all people	1☐	2☐	3☐	4☐	5☐	6☐
That people are basically good	1☐	2☐	3☐	4☐	5☐	6☐
That the way our society works makes sense to you	1☐	2☐	3☐	4☐	5☐	6☐
That you liked most parts of your personality	1☐	2☐	3☐	4☐	5☐	6☐
Good at managing the responsibilities of your daily life	1☐	2☐	3☐	4☐	5☐	6☐
You had warm and trusting relationships with others	1☐	2☐	3☐	4☐	5☐	6☐
You had experiences that challenged you to grow and become a better person	1☐	2☐	3☐	4☐	5☐	6☐
Confident to think or express your own ideas and opinions	1☐	2☐	3☐	4☐	5☐	6☐
Your life has a sense of direction or meaning to it	1☐	2☐	3☐	4☐	5☐	6☐

58. In the past 2 weeks, how often have you been bothered by …?

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	1☐	2☐	3☐	4☐
Not being able to stop or control worrying	1☐	2☐	3☐	4☐
Worrying too much about different things	1☐	2☐	3☐	4☐
Trouble relaxing	1☐	2☐	3☐	4☐
Being so restless that it's hard to sit still	1☐	2☐	3☐	4☐
Becoming easily annoyed or irritable	1☐	2☐	3☐	4☐
Feeling afraid as if something awful might happen	1☐	2☐	3☐	4☐

59. In the past 2 weeks, how much of the time have you…?

	At no time	Some of the time	Slightly less than half of the time	Slightly more than half of the time	Most of the time	All the time
Felt low in spirits or sad	1☐	2☐	3☐	4☐	5☐	6☐
Lost interest in, or could no longer enjoy your daily activities	1☐	2☐	3☐	4☐	5☐	6☐
Felt lacking in energy and strength	1☐	2☐	3☐	4☐	5☐	6☐
Felt less self-confident	1☐	2☐	3☐	4☐	5☐	6☐
Had a bad conscience or feelings of guilt	1☐	2☐	3☐	4☐	5☐	6☐
Felt that life wasn't worth living	1☐	2☐	3☐	4☐	5☐	6☐
Had difficulty concentrating (when reading the newspaper or watching TV)	1☐	2☐	3☐	4☐	5☐	6☐
Felt very restless	1☐	2☐	3☐	4☐	5☐	6☐
Felt subdued or slowed down	1☐	2☐	3☐	4☐	5☐	6☐
Had trouble sleeping at night or waking up too early	1☐	2☐	3☐	4☐	5☐	6☐
Suffered from reduced appetite	1☐	2☐	3☐	4☐	5☐	6☐
Suffered from increased appetite	1☐	2☐	3☐	4☐	5☐	6☐

60. These questions ask about how you control (regulate and manage) your emotions. Indicate the extent to which you agree with each of the following.

	Strongly disagree 1	2	3	Neutral 4	5	6	Strongly agree 7
When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about	1☐	2☐	3☐	4☐	5☐	6☐	7☐
I keep my emotions to myself	1☐	2☐	3☐	4☐	5☐	6☐	7☐
When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about	1☐	2☐	3☐	4☐	5☐	6☐	7☐
When I am feeling positive emotions, I am careful not to express them	1☐	2☐	3☐	4☐	5☐	6☐	7☐
When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm	1☐	2☐	3☐	4☐	5☐	6☐	7☐
I control my emotions by not expressing them	1☐	2☐	3☐	4☐	5☐	6☐	7☐
When I want to feel more positive emotion, I change the way I'm thinking about the situation	1☐	2☐	3☐	4☐	5☐	6☐	7☐
I control my emotions by changing the way I think about the situation I'm in	1☐	2☐	3☐	4☐	5☐	6☐	7☐
When I am feeling negative emotions, I make sure not to express them	1☐	2☐	3☐	4☐	5☐	6☐	7☐
When I want to feel less negative emotion. I change the way I'm thinking about the situation	1☐	2☐	3☐	4☐	5☐	6☐	7☐

61. People react to difficult, stressful, or upsetting situations in different ways. How often do you do each of the following when you experience such a situation?

	Never	Rarely	Sometimes	Often	Very often
Focus on the problem and see how I can solve it	1☐	2☐	3☐	4☐	5☐
Blame myself for having gotten into this situation	1☐	2☐	3☐	4☐	5☐
Treat myself to a favorite food or snack	1☐	2☐	3☐	4☐	5☐
Think about how I have solved similar problems	1☐	2☐	3☐	4☐	5☐
Feel anxious about not being able to cope	1☐	2☐	3☐	4☐	5☐
Go out for a snack or meal	1☐	2☐	3☐	4☐	5☐
Determine a course of action and follow it	1☐	2☐	3☐	4☐	5☐
Blame myself for being too emotional about the situation	1☐	2☐	3☐	4☐	5☐
Buy myself something	1☐	2☐	3☐	4☐	5☐
Work to understand the situation	1☐	2☐	3☐	4☐	5☐
Become very upset	1☐	2☐	3☐	4☐	5☐
Visit a friend	1☐	2☐	3☐	4☐	5☐
Take corrective action immediately	1☐	2☐	3☐	4☐	5☐
Blame myself for not knowing what to do	1☐	2☐	3☐	4☐	5☐
Spend time with someone special to me	1☐	2☐	3☐	4☐	5☐
Think about the event and learn from my mistakes	1☐	2☐	3☐	4☐	5☐
Wish that I could change what has happened or how I felt	1☐	2☐	3☐	4☐	5☐
Phone a friend	1☐	2☐	3☐	4☐	5☐
Analyze the problem before reacting	1☐	2☐	3☐	4☐	5☐
Focus on my general inadequacies	1☐	2☐	3☐	4☐	5☐
Take time off and get away from the situation	1☐	2☐	3☐	4☐	5☐

62. Please think about how you typically act towards yourself in difficult times. How often you react or behave in the following ways?

	Almost never				Almost always
When I fail at something important to me, I become consumed by feelings of inadequacy	1☐	2☐	3☐	4☐	5☐
I try to be understanding and patient towards those aspects of my personality I don't like	1☐	2☐	3☐	4☐	5☐
When something painful happens, I try to take a balanced view of the situation	1☐	2☐	3☐	4☐	5☐
When I'm feeling down, I tend to feel like most other people are probably happier than I am	1☐	2☐	3☐	4☐	5☐
I try to see my failings as part of the human condition	1☐	2☐	3☐	4☐	5☐

When I'm going through a very hard time, I give myself the caring and tenderness I need	1☐	2☐	3☐	4☐	5☐
When something upsets me, I try to keep my emotions in balance	1☐	2☐	3☐	4☐	5☐
When I fail at something that's important to me, I tend to feel alone in my failure	1☐	2☐	3☐	4☐	5☐
When I'm feeling down, I tend to obsess and fixate on everything that's wrong	1☐	2☐	3☐	4☐	5☐
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people	1☐	2☐	3☐	4☐	5☐
I'm disapproving and judgmental about my own flaws and inadequacies	1☐	2☐	3☐	4☐	5☐
I'm intolerant and impatient towards those aspects of my personality I don't like	1☐	2☐	3☐	4☐	5☐

YOUR SOCIAL SUPPORT

63. Social support is the assistance or comfort that you receive from other people to help you cope with problems. Currently, how satisfied are you with…

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
The **amount** of social support that you receive	1☐	2☐	3☐	4☐	5☐
The **quality** of social support that you receive	1☐	2☐	3☐	4☐	5☐

64. Think about the groups that you belonged to in the past year (choir, book club, music band, cooking group) excluding physical activity and sports groups. Indicate your level of agreement with each of the following.

	Strongly disagree 1	2	3	4	Strongly agree 5
I belong to lots of different groups	1☐	2☐	3☐	4☐	5☐
I join in the activities of lots of different groups	1☐	2☐	3☐	4☐	5☐
I have friends who are members of lots of different groups	1☐	2☐	3☐	4☐	5☐
I have strong ties with lots of different groups	1☐	2☐	3☐	4☐	5☐

YOUR PHYSICAL ACTIVITY

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

0☐ None → **Go to Question 67**

☐☐ days in the last 7 days

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

☐☐☐ minutes per day

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

[0] ☐ None → **Go to Question 69**

days in the last 7 days

68. On the days that you did moderate physical activities, how many minutes did you usually spend per day?

minutes per day

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

[0] ☐ None → **Go to Question 71**

days in the last 7 days

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

minutes per day

71. In the last 7 days, how much time did you spend sitting (including time spent at work, at home, while doing course work and during leisure time) on a weekday? Please answer in hours or in minutes.

hours per day

OR

minutes per day

72. In the last 7 days, how much time did you spend sitting (including time spent at work, at home, while doing course work and during leisure time) on a weekend day? Please answer in hours or in minutes.

hours per day

OR

minutes per day

73. Which statement best describes your usual daily activities or work habits in the past month?

[1] ☐ Usually sit during the day and don't walk around very much

[2] ☐ Stand or walk quite a lot during the day but don't have to carry or lift things very often → **Go to Question 76**

[3] ☐ Usually lift or carry light loads, or have to climb stairs or hills often → **Go to Question 76**

[4] ☐ Do heavy work or carry very heavy loads → **Go to Question 76**

74. During the time that you spent sitting, did you ever take any short breaks from sitting of at least 5 minutes to stand up, stretch or take a short walk?

[1] ☐ No, I usually remained sitting for prolonged periods of time

[2] ☐ Yes, 1 tried to take a break of at least 5 minutes every hour

[3] ☐ Yes, I tried to take two or more breaks of at least 5 minutes every hour

75. During a typical 7-day period in the last month, how many times did you participate in resistance or strength exercise (lifting weights, push ups, sit ups, resistance bands)?

[0] ☐ None → **Go to Question 78**

time(s) per week

76. When you participated in resistance or strength exercise, how many minutes did you usually spend per session?

minutes per session

77. How often in the past 12 months did you participate in the following (either in-person or online)?

	Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week
Organized team sports in which you practice with teammates or play against other teams	1☐	2☐	3☐	4☐	5☐	6☐
Physical activity with at least one other person (yoga class, running club, playing tennis with a friend)	1☐	2☐	3☐	4☐	5☐	6☐
Individual physical activity with no one else present	1☐	2☐	3☐	4☐	5☐	6☐
Individual physical activity with a pet	1☐	2☐	3☐	4☐	5☐	6☐
Outdoor physical activity (hiking, climbing, kayaking, skiing)	1☐	2☐	3☐	4☐	5☐	6☐

78. Think about the one team or physical activity group or sports team that you belonged to in the past 12 months that is most important to you. Indicate your level of agreement with the following statements.

	Strongly disagree				Strongly agree	Not applicable
I feel committed to the group	1☐	2☐	3☐	4☐	5☐	6☐
I am glad to be part of the group	1☐	2☐	3☐	4☐	5☐	6☐
Being in the group is an important part of how I see myself	1☐	2☐	3☐	4☐	5☐	6☐
I identify with the group	1☐	2☐	3☐	4☐	5☐	6☐

79. In the past 12 months, how often did you…?

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Use a smartphone APP to monitor your physical activity (Google Fit, Runkeeper, Strava)	1☐	2☐	3☐	4☐	5☐
Wear a fitness device to monitor your physical activity (Fitbit, Garmin, Apple Watch)	1☐	2☐	3☐	4☐	5☐

YOUR EXERGAMING

80. Have you ever played an active videogame (exergamed) that uses a console (Nintendo WII, Nintendo Switch, XBOX 360, Kinect, Sony Play Station Move, Sony Eye Toy: Kinetic), a cell phone, or a mobile APP (Zombies, RUN!, Nike+ Running APP, Pokémon Go, Zwift) or interactive fitness equipment (Peloton, Zwift, Electronic Mirror)?

1☐ No → **Go to Question 85**

[2]☐ Yes

81. In the past 12 months, how often did you exergame…?

	Never	Less than once a month	1-3 times per month	Less than 1 day per week	1-3 times a week	4-6 times per week	Every day
Using a console	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐	[7]☐
Using a cellphone or mobile APP	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐	[7]☐
Using interactive fitness equipment	[1]☐	[2]☐	[3]☐	[4]☐	[5]☐	[6]☐	[7]☐

82. In the past month, how many days per week did you exergame? Write "LT 1" if less than 1 day per week.

[0]☐ None → **Go to Question 85**

day(s) per week

83. On average, how many minutes did you spend each time you exergamed?

minutes on average

84. What was your usual level of effort when you exergamed?

[1]☐ Light
[2]☐ Moderate
[3]☐ Intense

YOUR SCREEN TIME

85. How many hours per day do you usually spend in front of a screen (computer, hand-held device) for work or for school? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually spend hour(s) per day in front of a screen for work or school

On weekends, I usually spend hour(s) per day in front of a screen for work or school

86. During your leisure time, how many hours per day do you usually spend in front of a screen (computer, TV, hand-held device)? Write "0" if none. Write "LT ½" if less than ½ hour.

On weekdays, I usually spend hour(s) per day in front of a screen in my leisure time

On weekends, I usually spend hour(s) per day in front of a screen in my leisure time

87. How many minutes per day do you usually spend on social media (Facebook, Twitter, Instagram, Snapchat) posting and/or browsing? Write "0" if none.

On weekdays, I usually spend _____ minute(s) per day posting and/or browsing on social media

On weekends, I usually spend _____ minute(s) per day posting and/or browsing on social media

YOUR BODY

88. Are you or your partner currently pregnant?

[1] ☐ No/not applicable
[2] ☐ Yes, I am pregnant
[3] ☐ Yes, my partner is pregnant

89. The following questions ask about how you feel about your appearance. How often do you feel each of the following?

	Never	Rarely	Sometimes	Often	Always
I feel ashamed of my appearance	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐
I feel guilty that I don't do more to improve my appearance	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐
I feel embarrassed about my appearance	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐
I am proud of my appearance because it reflects my hard work	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐
When I compare my appearance to others, I feel envy	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐
My appearance is superior to others	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐

90. Do you consider yourself to be….?

[1] ☐ Too thin
[2] ☐ Just about right
[3] ☐ A little too heavy
[4] ☐ Much too heavy

91. How much do you weigh?

_____ pounds **OR** _____ kilograms

92. How tall are you without your shoes on? Please complete in imperial (feet, inches) or in metric (meters, centimeters).

_____ feet _____ inches **OR** _____ meters _____ cm

93. Currently, what are you doing about your weight?

[1] ☐ I'm trying to lose weight
[2] ☐ I'm trying to gain weight
[3] ☐ I want to maintain my weight
[4] ☐ I'm not doing anything about my weight

94. Please indicate your level of agreement with each of the following statements.

	Strongly disagree 1	2	3	Neutral 4	5	6	Strongly agree 7
I feel anxious about my weight because of what people might think of me.	1☐	2☐	3☐	4☐	5☐	6☐	7☐
Whenever I think a lot about my weight, I feel depressed.	1☐	2☐	3☐	4☐	5☐	6☐	7☐
I dislike myself because of my weight.	1☐	2☐	3☐	4☐	5☐	6☐	7☐

95. In the past 12 months, how often did people in your life…?

	Never	Rarely	Sometimes	Often	Always
Make negative comments about your weight	1☐	2☐	3☐	4☐	5☐
Encourage you to lose weight	1☐	2☐	3☐	4☐	5☐
Encourage you to gain weight	1☐	2☐	3☐	4☐	5☐
Make positive comments about your weight	1☐	2☐	3☐	4☐	5☐

DEMOGRAPHICS

96. Do you currently live alone?

1☐ No
2☐ Yes

97. Are there any children living with you at your current place of residence?

1☐ No → **Go to Question 100**
2☐ Yes

98. Please indicate the age of each child that you live with. Write LT 1 if child is less than 1 year.

Age of child 1 years

Age of child 2 years

Age of child 3 years

Age of child 4 years

Age of child 5 years

Age of child 6 years

99. How far have you gone in school?

1☐ Attended high school, **but did not graduate**
2☐ High school diploma or equivalent
3☐ CEGEP (DEP, DEC), community/technical college, vocational school, apprenticeship training, some other post-secondary education, **but did not graduate**

4☐ Completed studies in a CEGEP (DEP, DEC), community/technical college, vocational school, apprenticeship training, other post-secondary education
5☐ Attended university, **but did not graduate**
6☐ Bachelor's degree or university certificate below bachelor's level
7☐ Master's degree or university certificate below Master's level
8☐ PhD or a professional doctorate degree (MD, Pharm.D)
9☐ Other (specify)

100. What is your current marital status?

1☐ Single
2☐ Married
3☐ Common law/partnered
4☐ Divorced
5☐ Separated
6☐ Other (specify)

101. Are you currently working at a job or business (paid or unpaid)?

1☐ No
2☐ Yes

102. What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

1☐ Less than $20 000
2☐ 20 000$ - 29 999$
3☐ 30 000$ - 39 999$
4☐ 40 000$ - 49 999$
5☐ 50 000$ - 59 999$
6☐ 60 000$ - 69 999$
7☐ 70 000$ - 79 999$
8☐ 80 000$ - 99 999$
9☐ 100 000$ - 119 999$
10☐ 120 000$ - 149 999$
11☐ 150 000$ or more
12☐ Don't know

103. In NDIT, we sometimes conduct one-on-one virtual interviews (using an online platform like Skype, Zoom, or Google Meets) or "Ecological Momentary Assessments" that require responding to a short questionnaire on your smartphone in real time. Would you be interested in participating in these types of studies?

1☐ Yes, I would be interested

104. What is the postal code of your current place of residence?

105. What is the address of your current place of residence?

_ _____ _____ _____ _____
Number Street Apt City

106. To help us locate you for the next follow-up, what is your….?

Home telephone number

Cell phone number

Email address 1

Email address 2

107. Any comments for us?

108. To make sure you receive your $50 INTERAC transfer, please:

(i) Select the method you would like us to use for the money transfer

☐ Email (insert email address)

☐ Text message (insert phone number)

(ii) Submit your completed questionnaire

(iii) We will send your money transfer by email or text message. Note that the answer to the security question is: ndit

THANK YOU SO MUCH FOR COMPLETING THIS QUESTIONNAIRE!