



**PARTNERSHIP FOR TOMORROW'S HEALTH**  
For the Benefit of Future Generations

# Questions Unique to the Atlantic Provinces

The Atlantic Path Research Project

Please return this part to Atlantic Path  
in the envelope provided. Thank you.



## SOME FINAL QUESTIONS

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The questions in the Core Questionnaire cover a broad range of topics. But here in Atlantic Canada, we live and work a little differently from the rest of Canada. Our lives are affected by different patterns. The weather, the water we drink, and even the air we breathe is different from province to province.

The Atlantic Path Research Study wants to make sure we gather the information we need to have sufficient data available on people here in the Atlantic provinces.

We have developed a Questionnaire which covers things we are interested in specifically, questions that are not included in the Core Questionnaire, which is being used nationally.

Some questions here and in the core questionnaire may seem odd and you may wonder why we ask them. They are all designed to increase our knowledge in areas that researchers believe may help explain why some of us develop cancer and other chronic diseases, while others do not.

Thank you for taking the time to complete this Atlantic questionnaire. It will give us the information we need to understand what affects our health here in Atlantic Canada.

## ABOUT YOUR HOME

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*sq1* What kind of cooking stove do you have in your home at this time? *Please select all that apply.*

- Electric stove
- Gas stove
- Wood-burning oven
- Other
- Don't know
- Skip this question

*sq2* What is the source of tap water in this home? *Please select all that apply.*

- Municipally treated water
- Private well – dug well
- Private well – drilled well
- Surface source such as natural spring, lake, river, lagoon, dugout
- Other
- None, there is no tap water in this home **Skip** to question SQ4
- Don't know
- Skip this question

- SQ3 Is the tap water in this home treated using: *Please select all that apply.*
- Water runs through a filter, for example a Brita® filter
  - Water runs through a water softener
  - Water runs through an ultraviolet system
  - Water is treated using reverse osmosis
  - Other
  - No treatment
  - Don't know
  - Skip this question

## ABOUT ALLERGIES

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- SQ4 Do you have any allergies?
- Yes       No *Skip to SQ6*       Skip this question
- SQ5 Do you currently have allergies to any of the following? *Select all that apply.*
- Cats, dogs or other animals
  - Foods
  - Insect bites or stings
  - Latex
  - Medications
  - Metal - Jewellery
  - Mold or dust
  - Pollen, plants, grasses or trees
  - Skip this question

## ABOUT WHAT YOU EAT AND DRINK

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- SQ6 In the **past 12 months**, how often have you avoided eating particular foods because of problems with your mouth? (*By "mouth", we mean teeth or dentures, tongue, gums, lips and jaw joints.*)
- Often
  - Sometimes
  - Rarely
  - Never
  - Skip this question

- sq7 Which of these do you eat most often with bread? (Please check one.)
- Butter
  - Oliver Oil
  - Margarine
  - Reduced or low fat margarine
  - None of these
  - Skip this question
- sq8 In a typical week, how many days do you eat food with garlic, hot spices or ginger?  
0 1 2 3 4 5 6 7 (Please circle one)  Skip this question
- sq9 In a typical **week**, how many days do you eat 5 or more servings of fruits and vegetables?  
0 1 2 3 4 5 6 7 (Please circle one)  Skip this question
- sq10 In a typical day, how many servings of dark green vegetables do you eat? Examples include broccoli, spinach, and romaine lettuce. *One serving is about ½ cup of fresh, frozen, canned or cooked vegetables, or a full cup of raw leafy vegetables.*  
\_\_\_\_\_ servings per day  Skip this question
- sq11 In a typical day, how many servings of whole grain products do you eat? *Examples of whole grains are breads made from whole-wheat flour, bulgur, oatmeal, whole cornmeal and brown rice. One serving is equivalent to a slice of bread, ½ cup cooked rice, or ¾ cup hot cereal.*  
\_\_\_\_\_ servings per day  Skip this question
- sq12 In a typical day, how many servings of refined/milled grains do you eat? *Refined grains are breads made from white flour, and white rice. One serving is equivalent to a slice of bread or ½ cup cooked rice.*  
\_\_\_\_\_ servings per day  Skip this question
- sq13 In a typical day, how many servings of milk and dairy products do you eat? *Milk and dairy products include liquid milk, powdered milk made up with water, yogurt, cheese, fortified soy beverages and rice milk. One serving is equivalent to 1 cup of liquid milk (250ml), ¾ cup of yogurt or 50 grams of cheese.*  
\_\_\_\_\_ servings per day  Skip this question
- sq14 In a typical week, how many **eggs** do you eat?  
\_\_\_\_\_ servings per day  Skip this question
- sq15 In a typical day, how many servings of meat/poultry do you eat? *One serving is about ½ cup or 75 grams of meat.*  
\_\_\_\_\_ servings per day  Skip this question
- sq16 In a typical **day**, how many servings of **fish** do you eat? *One serving is about ½ cup or 75 grams of fish.*  
\_\_\_\_\_ servings per day  Skip this question

sq17 In a typical **day**, how many servings of **tofu or bean curd** do you eat? *One serving is about  $\frac{3}{4}$  cup or 150 grams.*

\_\_\_\_\_servings per day

Skip this question

sq18 In a typical **day**, how many servings of **beans or other legumes** do you eat? *Examples include lentils, beans (fresh, frozen or canned), and edamame. One serving is about  $\frac{3}{4}$  cup or 175ml.*

\_\_\_\_\_servings per day

Skip this question

sq19 In a typical **day**, how many servings of **nuts or seeds** do you eat? *Examples include almonds, peanuts, hazelnuts, pumpkin seeds, and sunflower seeds. One serving is about  $\frac{1}{4}$  cup shelled nuts or seeds.*

\_\_\_\_\_servings per day

Skip this question

sq20 How many times per **week** do you eat **snack food**? *Examples include pretzels, potato chips, buttered pop corn and crackers.*

- Never/rarely
- Once per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week or more
- Skip this question

sq21 How many times per **week** do you eat **desserts or sweet snacks**? *Examples include cookies, cakes, pies, chocolate and candy.*

- Never/rarely
- Once per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week or more
- Skip this question

sq22 For each of the following beverages, how many cups do you drink each **day**?

Regular coffee \_\_\_\_\_ cups/day

Decaffeinated coffee \_\_\_\_\_ cups/day

Black Tea \_\_\_\_\_ cups/day

Green Tea \_\_\_\_\_ cups/day

Other Tea \_\_\_\_\_ cups/day

Skip this question

- SQ23 How often do you add artificial sweeteners such as Equal, Splenda or SugarTwin to your tea or coffee?
- Almost never or never
  - About ¼ of the time
  - About ½ of the time
  - About ¾ of the time
  - Almost always or always
  - Skip this question
- SQ24 What kind of milk do you usually drink?
- Whole milk/homogenized milk
  - 2% fat cow's milk
  - 1% fat cow's milk
  - Skim, non-fat or ½% fat cow's milk
  - Soy milk
  - Rice milk
  - Goat's milk
  - Other
  - Skip this question
- SQ25 How often do you drink 100% fruit juice or 100% fruit juice mixtures (such as orange, apple, grape, pineapple or others)?
- Never
  - 1 time per month or less
  - 2-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2-3 times per day
  - 4-5 times per day
  - 6 or more times per day
  - Skip this question
- SQ26 How often do you drink regular or non-diet soft drinks or pop?
- Never **Skip to SQ29**
  - 1 time per month or less
  - 2-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2-3 times per day
  - 4-5 times per day
  - 6 or more times per day
  - Skip this question

- sq27 Each time you drink regular or non-diet soft drinks or pop, how much do you drink?
- Less than 12 ounces or less than 1 can or bottle
  - 12 to 16 ounces or 1 can or bottle
  - More than 16 ounces or more than 1 can or bottle
  - Skip this question
- sq28 How often do you drink diet or sugar-free drinks or pop?
- Never
  - 1 time per month or less
  - 2-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2-3 times per day
  - 4-5 times per day
  - 6 or more times per day
  - Skip this question
- sq29 Which type(s) of oil/fat do you use most often in cooking? *(Please check all that apply)*
- Margarine (including low-fat)
  - Butter (including low-fat)
  - Lard or bacon fat
  - Olive Oil
  - Corn Oil
  - Canola or Rapeseed Oil
  - Oil spray such as Pam or others
  - Ghee
  - Other kinds of Oil
  - None of the above
- sq30 How often do you season your food with soy sauce or fish sauce at the table?
- Never
  - Rarely
  - Sometimes
  - At most meals or eating occasions
  - Skip this question
- sq31 How often do you add salt to your food at the table?
- Never
  - Rarely
  - Sometimes
  - At most meals or eating occasions
  - Skip this question



SQ32 How often do you typically purchase food at a fast-food restaurant?

- Never
- Less than once per month
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day
- Skip this question

### ABOUT THE WAY YOU FEEL

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SQ33 Over the last 2 weeks, how often have you been bothered by any of the following problems?

<i>Please check <b>ONE</b> answer for each question.</i>	Not at all	Several days	More than half the days	Nearly every day	Skip this question
Little interest or pleasure in doing things					
Feeling down, depressed, or hopeless					
Trouble falling or staying asleep, or sleeping too much					
Feeling tired or having little energy					
Poor appetite or over-eating					
Feeling bad about yourself — or that you are a failure or have let yourself or your family down					
Trouble concentrating on things, such as reading the newspaper or watching television					
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual					
Thoughts that you would be better off dead or of hurting yourself in some way					

SQ34 If you checked off any problem on the question above, so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
- Skip this question

SQ35 Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

<i>Please check <b>ONE</b> box for each of the statements below.</i>	Not at all	Several days	More than half the days	Nearly every day	Skip this question
Feeling nervous, anxious or on edge					
Not being able to stop or control worrying					
Worrying too much about different things					
Trouble relaxing					
Being so restless that it is hard to sit still					
Becoming easily annoyed or irritable					
Feeling afraid as if something awful might happen					

### ABOUT WHEN YOU WERE YOUNGER

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SQ36 Think back to the time you were 18 years old, how much did you weigh then?

- Don't know                       Skip this question
- \_\_\_\_\_ lbs (weight in pounds) **OR** \_\_\_\_\_ kg (weight in kilograms)

SQ37 How much did you weigh when you were born?

\_\_\_\_\_ lbs \_\_\_\_\_ ounces

- Don't know
- Skip this question

**OR** I was:

- a big baby
- an average baby
- a small baby

## ADDITIONAL QUESTIONS ABOUT EXERCISE

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- SQ38 During the **last 7 days**, on how many days did you do *vigorous* physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about *only* those physical activities that you did for *at least 10 minutes* at a time.  
\_\_\_\_\_ days per week  Skip this question
- SQ39 How much time in total did you usually spend on one of those days doing *vigorous* physical activities **as part of your work**?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question
- SQ40 Again, think about *only* those physical activities that you did for *at least 10 minutes* at a time. During the **last 7 days**, on how many days did you do *moderate* physical activities like carrying light loads **as part of your work**? (Please do not include walking.)  
\_\_\_\_\_ days per week  Skip this question
- SQ41 How much time in total did you usually spend on one of those days doing *moderate* physical activities **as part of your work**?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question
- SQ42 During the **last 7 days**, on how many days did you *walk* for *at least 10 minutes* at a time **as part of your work**? Please do not count any walking you did to travel to or from work.  
\_\_\_\_\_ days per week  Skip this question
- SQ43 How much time in total did you usually spend on one of those days walking **as part of your work**?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question
- These questions are about how you traveled from place to place including to places like work, stores, and movies.*
- SQ44 During the **last 7 days**, on how many days did you travel in a motor vehicle like a train, bus, car or truck?  
\_\_\_\_\_ days per week  Skip this question
- SQ45 How much time in total did you usually spend on **one of those days** traveling in a train, bus, car or any other kind of motor vehicle?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

Now think only about the bicycling and walking you have done to travel to and from work, to do errands, or to go from place to place.

SQ46 During the **last 7 days**, on how many days did you **bicycle** for **at least 10 minutes** at a time?  
\_\_\_\_\_ days per week  Skip this question

SQ47 How much time in total did you usually spend on one of those days to bicycle from place to place?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ48 During the last 7 days, on how many days did you **walk** for **at least 10 minutes** at a time to go from place to place?  
\_\_\_\_\_ days per week  Skip this question

SQ49 How much time in total did you usually spend on one of those days walking from place to place?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

*This section is about some of the physical activities you might have done in the last 7 days in and around your home like housework, gardening, yard work, general maintenance work, and caring for your family.*

SQ50 Think about *only* those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do *vigorous* physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?  
\_\_\_\_\_ days per week  Skip this question

SQ51 How much time in total did you usually spend on one of those days doing *vigorous* physical activities **in the garden or yard**?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ52 Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do *moderate* activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?  
\_\_\_\_\_ days per week  Skip this question

SQ53 How much time in total did you usually spend on one of those days doing moderate physical activities **in the garden or yard**?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ54 Once again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do *moderate* activities like carrying light loads, washing windows, scrubbing floors, and sweeping **inside your home**?  
\_\_\_\_\_ days per week  Skip this question

SQ55 How much time in total did you usually spend on one of those days doing moderate physical activities **inside your home**?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ56 Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you walk for at least 10 minutes at a time in your leisure time?  
\_\_\_\_\_ days per week  Skip this question

SQ57 How much time in total did you usually spend on one of those days walking in your leisure time?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ58 Think about *only* those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do *vigorous* physical activities like aerobics, running, fast bicycling, or fast swimming in your leisure time?  
\_\_\_\_\_ days per week  Skip this question

SQ59 How much time in total did you usually spend on one of those days doing *vigorous* physical activities in your leisure time?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ60 Again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your leisure time?  
\_\_\_\_\_ days per week  Skip this question

SQ61 How much time in total did you usually spend on one of those days doing *moderate* physical activities in your leisure time?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

*The last questions are about the time you spend sitting while at work, at home, doing coursework, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or watching television. Do not include any time spent sitting in a motor vehicle that you have already mentioned.*

SQ62 During the **last 7 days**, how much time in total did you usually spend sitting on a weekday?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

SQ63 During the **last 7 days**, how much time in total did you usually spend sitting on a weekend day?  
\_\_\_\_\_ hours per day \_\_\_\_\_ minutes per day  Skip this question

## THESE NEXT QUESTIONS WILL ONLY APPLY TO SOME PEOPLE

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*Please answer only those questions which apply to you.*

Which of the following describes **your partner's** current situation? Please select **all** that apply.

- Working in paid or self-employed job full-time (30 hours or more per week)
- Working in paid or self-employed job part-time (less than 30 hours per week)
- Unemployed
- Unable to work because of sickness or disability
- Looking after home and/or family
- Student
- Retired
- Doing unpaid or voluntary work
- Skip this question

SQ64 How many full term births have you had? *Full term includes the total number of births, including live births and still births.*  
\_\_\_\_\_ number of births  
 Skip this question

*If you indicated on the Core Questionnaire that you are ethnically Jewish, please answer the following question.*

SQ65 If you are ethnically Jewish, are you Sephardic or Ashkenazi?  
 Sephardic  
 Ashkenazi

## RESIDENTIAL HISTORY AND OCCUPATIONAL/ENVIRONMENTAL HEALTH

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We are gathering the information on the next pages in order to gain an understanding of the environments in which you have lived and worked. This will allow researchers expand their knowledge of how these factors relate to the development of various diseases.

If you do not know or do not remember all the answers to our questions, please do the best you can. That will be enough. Thank you.

## Residential History Questionnaire

This section asks you about your residential history. Please list all addresses where you have lived since birth.

Complete the table below **beginning with where you live now and work backwards**. Please do not use your P.O. Box addresses.

Time Period		Address				Please tell us if you rent or own this property  <i>Pick one of</i>  • Rent • Own	Please tell us your main source of drinking water  <i>Pick one of</i>  • Well water • Municipal supply • Bottled water • Other (please specify)	Please indicate your principal type of heat in home  • Coal • Gas • Wood • Oil • Electric • Solar • Other (please specify)	Other types of heat in home  • Coal • Gas • Wood • Oil • Electric • Solar • Other (please specify)
From: M / Y	To: M / Y	Number and Street (No P.O. Boxes)	City or Town	Province (or Country if outside Canada)	Postal Code				
09/1999	06/2003	34 Oak Street	Sydney	N.S.	ATA 2B2	Own	Municipal	Oil	Wood
	<b>NOW</b>								

Please continue on the back of this sheet if necessary





## Occupational History Questionnaire

Please tell us about **each job or occupation you had for at least 12 months** both in Canada and elsewhere. Include seasonal work, part-time, etc. if you worked the equivalent of 12 months or more. Also include your current job, even if you have had this for less than 12 months. **Begin with your most recent job and continue back** to your **first job**. Please estimate the time period if you cannot remember exact years.

**Even if you are retired, we still require the information.**

Job #	Time Period	Type of Industry, Business, or Service	Main Job Duties	Job Location (City & Province)	What was your Job Title	Was this job:			
						- full time	- part time	- seasonal	Shift Work (please check box)
						YES	NO	YES	NO
	Example 1998 to 2005	Automotive	Repair transmissions and brakes, clean and degrease parts	Truro, N.S.	Automotive machinist	Full time			X
1.	_____ to _____								
2.	_____ to _____								
3.	_____ to _____								
4.	_____ to _____								
5.	_____ to _____								
6.	_____ to _____								
7.	_____ to _____								
8.	_____ to _____								

Job #	Time Period	Type of Industry, Business, or Service	Main Job Duties	Job Location (City & Province)	What was your Job Title	Was this job:			Shift Work (please check box)	
						- full time	- part time	- seasonal	YES	NO
9.	___ to ___									
10.	___ to ___									
11.	___ to ___									
12.	___ to ___									
13.	___ to ___									
14.	___ to ___									
15.	___ to ___									
16.	___ to ___									
17.	___ to ___									
18.	___ to ___									
19.	___ to ___									
20.	___ to ___									

**Have you ever worked with or been exposed to any of the following for more than one year?**

Name of Material or Exposure	Exposed? (please check box)			Location of Exposure (please check box)		What was your job?	Number of years of exposure (work & home)
	No	Yes	Don't know	At work	At home		
Asbestos							
Arsenic salts							
Chromium salts							
Cadmium salts							
Coal tar, soot, pitch, creosote, asphalt							
Mineral, cutting or lubricating oil							
Benzidine							
Benzene							
Isopropyl oil							
Dyestuffs							
Vinyl chloride							
Pesticides (e.g., insecticides, herbicides)							
Ionizing radiation sources (e.g., x-ray)							
Welding							
Wood dust							
Whole body vibration							
Noise							
Engine exhaust (e.g., diesel)							

*Thank you for completing this part of the Atlantic Path Questionnaire.*