Survey 2023

Thank you for completing this survey and for being a valued participant of ATP!

This survey will gather valuable health and lifestyle data, including information about the long-term effects of COVID-19, which will support research on the diagnosis, treatment, and outcomes of cancer and other chronic diseases. We understand the time commitment it takes to complete these surveys, however please know that your contributions help to influence the health of generations to come.

We estimate the survey will take about **30 – 60 minutes** to complete. Your progress will save as you go, so if you need a break you can resume where you left off when you sign back in.

Tips/Instructions:

- Before starting this questionnaire, please gather a tape measure and a bathroom scale as we will be asking you for some body measurements towards the end.
- To gain access to the survey, or log back in, please find the link in the Survey 2023 email invitation.
- Please avoid using your internet browser's back button. Forward and back buttons have been provided within the questionnaire.
- Please be advised that certain sections in this survey may be controversial or sensitive in nature for certain individuals. All survey responses will be kept confidential and your privacy will be maintained.

DEMOGRAPHICS

Postal code

DE01. What is your current residential Postal Code? Please enter in the format A1A2A2 with no spaces. CS_POSTALCODE_CURRENT

Postal Code: _____ **O_CS_POSTALCODE_CURRENT**

I live outside of Canada
Prefer not to answer
Don't know

[*If Postal Code entered is different from what we currently have in cohort*]
This postal code is different from what we currently have on your participant file. Please provide us with your updated contact information so that we can continue to stay connected going forward. We will only use this information to update our records.

Address line 1 _____ **CS_POSTALCODE_NEW_ADD1**

Address line 2 _____ **CS_POSTALCODE_NEW_ADD2**

City/Town _____ **CS_POSTALCODE_NEW_CITY**

Province _____ **CS_POSTALCODE_NEW_PROV**

Country _____ **CS_POSTALCODE_NEW_COUNTRY**

Postal Code _____ **CS_POSTALCODE_NEW_POSTCODE**

Home Phone _____ **CS_POSTALCODE_NEW_HOMEPH**

Cell Phone _____ **CS_POSTALCODE_NEW_CELLPH**

Email Address _____ **CS_POSTALCODE_NEW_EMAIL**

Birthdate

DE02. What is your birth month and year?
MM/YYYY
S23_BIRTHDATE_MONTH

S23_BIRTHDATE_YEAR

Sex

DE03. What was your assigned sex at birth? S23_SEX_AT_BIRTH

Male
Female
Intersex
Prefer to self-describe – please specify: _____ **S23_SEX_AT_BIRTH_OTSP**

Prefer not to answer

Gender

DE04. What is your gender (how do you currently self-identify)? S23_GENDER

Man
Woman
Non-binary gender, queer, agender or a similar identity
Two-spirit
Prefer to self-describe – please specify: _____ **S23_GENDER_OTSP**

Prefer not to answer

Marital status

DE05. What is your current marital status? Please choose the ONE status that best describes your current situation. S23_MARITAL_STATUS

Married and/or living with partner
Divorced
Widowed

Separated
Single, never married
Prefer not to answer

Household structure

DE06. How many adults (age 18 or older) and children (under 18 years of age) <u>including yourself</u> are currently living in your household?
I live alone **S23_HOUSEHOLD_ALONE**

Number of children under 18 years old **S23_HOUSEHOLD_CHILDREN, S23_HOUSEHOLD_CHILDREN_NUM**

Number of adults 18 to 59 years old **S23_HOUSEHOLD_18_60, S23_HOUSEHOLD_18_59_NUM**

Number of adults 60 to 69 years old **S23_HOUSEHOLD_60_70, S23_HOUSEHOLD_60_69_NUM**

Number of adults 70 to 79 years old **S23_HOUSEHOLD_70_80, S23_HOUSEHOLD_70_79_NUM**

Number of adults 80 years old or more **S23_HOUSEHOLD_81, S23_HOUSEHOLD_80_NUM**

Don't know **S23_HOUSEHOLD_DK**

Housing type

DE07. What type of dwelling do you currently live in? S23_DWELLING

House (e.g., single detached, semi-detached, duplex or townhouse)
Apartment or condominium
Seniors' housing (e.g. retirement home, senior lodges, senior residences, assisted living)
Institution (e.g. long-term care facility, nursing home)
Other (e.g. mobile home, hotel, rooming house or group home)
Don't know
Prefer not to answer

Income

DE08. What is your approximate total household income (from all sources) before taxes? Please include the total income including salaries, pensions and allowances. S23_INCOME
Less than $10,000
$10,000 - $24,999
$25,000 - $49,999
$50,000 - $74,999
$75,000 - $99,999
$100,000 - $149,999
$150,000 - $199,999
$200,000 or more
Prefer not to answer
Don't know

DE09. Has your total household income (from all sources) changed because of the COVID-19 pandemic? S23_INCOME_CHANGED

Substantially decreased
Somewhat decreased
No change
Somewhat increased
Substantially increased

DE10. Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries?
S23_FINANCIAL_IMPACT
Major impact
Moderate impact
Minor impactetNo impact

Employment

DE11. Which of the following best describes your current employment status? Full-time means 30 hours or more per week. Part-time means less than 30 hours per week. Select ALL that apply.
Full-time employed / self-employed S23_EMPLOYMENT_STATUS_C1
Part-time employed / self-employed S23_EMPLOYMENT_STATUS_C2
Retired S23_EMPLOYMENT_STATUS_C3
Looking after home and/or family S23_EMPLOYMENT_STATUS_C4
Unable to work because of sickness or disability S23_EMPLOYMENT_STATUS_C5
Unemployed S23_EMPLOYMENT_STATUS_C6
Doing unpaid or voluntary work S23_EMPLOYMENT_STATUS_C7
Student S23_EMPLOYMENT_STATUS_C8
Prefer not to answer S23_EMPLOYMENT_STATUS_C9

Ethnicity

[Only display to participants who did not complete ATP CAT TP0 survey]
DE12. How would you describe your ethnicity or race? Select ALL that apply.
Please do not enter your nationality (e.g., Canadian, American).
Arab (e.g. Egypt, Iraq, Jordan, Lebanon) S23_ETHNICITY_ARAB
Black (e.g. African or Caribbean descent) S23_ETHNICITY_BLACK
Chinese S23_ETHNICITY_CHI
Filipino S23_ETHNICITY_FIL
Indigenous person originating from North America S23_ETHNICITY_IND
Japanese S23_ETHNICITY_JAP
Korean S23_ETHNICITY_KOR
Latin American/Hispanic S23_ETHNICITY_LAT
South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh) S23_ETHNICITY_SAS
Southeast Asian (e.g. Malaysia, Indonesia, Vietnam) S23_ETHNICITY_SEAS
West Asian (e.g. Turkey, Iran, Afghanistan) S23_ETHNICITY_WAS
White (European descent) S23_ETHNICITY_WHI
Other – please specify: _____ S23_ETHNICITY_OTH, S23_ETHNICITY_C13_OTSP
Prefer not to answer S23_ETHNICITY_PNA

COVID-19 Specific

Since 2020, Alberta's Tomorrow Project has collected information around COVID-19 through the COVID-19 Questionnaire and the COVID-19 Antibody Testing study. Findings from these data have already informed public health discussions and decisions. As the pandemic situation continues to evolve, ATP would like to take this opportunity to capture how the pandemic continues to affect the health and lifestyle of Albertans. This will help support future research into long-term impact of COVID.

Infections

DG01. Have you ever had COVID-19? S23_DG_COVID_EVER

Yes
No *[SKIP to DG15]*
Don't know *[SKIP to DG15]*

[*If Yes*] **DG02**. **How many times were you infected? (*Number of infections that you remember*)**
_____ S23_DG_INFECTION_TIMES

> *[If DG02 >6 infections]*
> **DG02A. What was the date of your <u>first</u> infection?**
> MM/YY **S23_DG_INFECTION_FIRST_MONTH, S23_DG_INFECTION_FIRST_YEAR**
> Don't know

Please answer for your most recent **_____infections.** *[display entry from DG02 up to a maximum of 6 infections]*

[For each of the most recent infections]

Infection	Month / Year of infection S23_DG_INFECTION_MONTH1 / S23_DG_INFECTION_YEAR1 S23_DG_INFECTION_MONTH2 / S23_DG_INFECTION_YEAR2 S23_DG_INFECTION_MONTH3 / S23_DG_INFECTION_YEAR3 S23_DG_INFECTION_MONTH4 / S23_DG_INFECTION_YEAR4 S23_DG_INFECTION_MONTH5 / S23_DG_INFECTION_YEAR5 S23_DG_INFECTION_MONTH6 / S23_DG_INFECTION_YEAR6	Did you experience any symptoms? S23_DG_INFECTION_SYMPT1 S23_DG_INFECTION_SYMPT2 S23_DG_INFECTION_SYMPT3 S23_DG_INFECTION_SYMPT4 S23_DG_INFECTION_SYMPT5 S23_DG_INFECTION_SYMPT6	Did you test positive for Covid-19? S23_DG_INFECTION_TEST1 S23_DG_INFECTION_TEST2 S23_DG_INFECTION_TEST3 S23_DG_INFECTION_TEST4 S23_DG_INFECTION_TEST5 S23_DG_INFECTION_TEST6	[If Yes to tested positive] Type of Test S23_DG_INFECTION_TESTTYPE1 S23_DG_INFECTION_TESTTYPE2 S23_DG_INFECTION_TESTTYPE3 S23_DG_INFECTION_TESTTYPE4 S23_DG_INFECTION_TESTTYPE5 S23_DG_INFECTION_TESTTYPE6	[If Yes to tested positive] Month / Year of Test S23_DG_INFECTION_TESTMONTH1 / S23_DG_INFECTION_TESTYEAR1 S23_DG_INFECTION_TESTMONTH2 / S23_DG_INFECTION_TESTYEAR2 S23_DG_INFECTION_TESTMONTH3 / S23_DG_INFECTION_TESTYEAR3 S23_DG_INFECTION_TESTMONTH4 / S23_DG_INFECTION_TESTYEAR4

#					S23_DG_INFECTION_ TESTMONTH5 / S23_DG_INFECTION_ TESTYEAR5 S23_DG_INFECTION_ TESTMONTH6 / S23_DG_INFECTION_ TESTYEAR6
#	__ / ____ Don't know	Yes	Yes [Go to Type of Test]	PCR test	__ / ____ Don't know
		No	No [Hide Type of Test, Hide Month / Year of Test]	Rapid antigen test	
				Antibody/serology test	

Symptoms

[For each 'Yes' entry for 'Did you experience any symptoms' in DG02, a new DG03 symptoms list will be asked for that infection.]

[If 'Yes' entry for 'Did you experience any symptoms' for infection 1-6 in DG02]
DG03
Which symptom(s) did you experience in infection #1-6?

Please do not include symptoms related to factors you might usually experience/expect, such as seasonal allergies, asthma, COPD, or other existing medical conditions. Please also do not include symptoms you experienced due to getting the vaccine.

Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – symptoms that are left blank will be recorded as 'No' (not experienced)

	No	Yes-Mild	Yes-Moderate	Yes-Severe	
Fever ≥38°C S23_DG_SYMPT1_FEVER, S23_DG_SYMPT2_FEVER, S23_DG_SYMPT3_FEVER, S23_DG_SYMPT4_FEVER, S23_DG_SYMPT5_FEVER, S23_DG_SYMPT6_FEVER					
Chills or shivering S23_DG_SYMPT1_CHILLS, S23_DG_SYMPT2_CHILLS, S23_DG_SYMPT3_CHILLS, S23_DG_SYMPT4_CHILLS, S23_DG_SYMPT5_CHILLS, S23_DG_SYMPT6_CHILLS					

Headache S23_DG_SYMPT1_HEADACHE, S23_DG_SYMPT2_HEADACHE, S23_DG_SYMPT3_HEADACHE, S23_DG_SYMPT4_HEADACHE, S23_DG_SYMPT5_HEADACHE, S23_DG_SYMPT6_HEADACHE				
Fatigue S23_DG_SYMPT1_FATIGUE, S23_DG_SYMPT2_FATIGUE, S23_DG_SYMPT3_FATIGUE, S23_DG_SYMPT4_FATIGUE, S23_DG_SYMPT5_FATIGUE, S23_DG_SYMPT6_FATIGUE				
Muscle aches/pains S23_DG_SYMPT1_MUSCLE_PAIN, S23_DG_SYMPT2_MUSCLE_PAIN, S23_DG_SYMPT3_MUSCLE_PAIN, S23_DG_SYMPT4_MUSCLE_PAIN, S23_DG_SYMPT5_MUSCLE_PAIN, S23_DG_SYMPT6_MUSCLE_PAIN,				
Sore throat S23_DG_SYMPT1_SORE_THROAT, S23_DG_SYMPT2_SORE_THROAT, S23_DG_SYMPT3_SORE_THROAT, S23_DG_SYMPT4_SORE_THROAT, S23_DG_SYMPT5_SORE_THROAT, S23_DG_SYMPT6_SORE_THROAT				
Dry Cough S23_DG_SYMPT1_DRY_COUGH, S23_DG_SYMPT2_DRY_COUGH, S23_DG_SYMPT3_DRY_COUGH, S23_DG_SYMPT4_DRY_COUGH, S23_DG_SYMPT5_DRY_COUGH, S23_DG_SYMPT6_DRY_COUGH				
Wet cough (cough that produces mucus) S23_DG_SYMPT1_WET_COUGH, S23_DG_SYMPT2_WET_COUGH, S23_DG_SYMPT3_WET_COUGH, S23_DG_SYMPT4_WET_COUGH, S23_DG_SYMPT5_WET_COUGH, S23_DG_SYMPT6_WET_COUGH				
Runny nose S23_DG_SYMPT1_RUNNY_NOSE, S23_DG_SYMPT2_RUNNY_NOSE, S23_DG_SYMPT3_RUNNY_NOSE, S23_DG_SYMPT4_RUNNY_NOSE, S23_DG_SYMPT5_RUNNY_NOSE, S23_DG_SYMPT6_RUNNY_NOSE				
Sinus pain S23_DG_SYMPT1_SINUS_PAIN, S23_DG_SYMPT2_SINUS_PAIN, S23_DG_SYMPT3_SINUS_PAIN, S23_DG_SYMPT4_SINUS_PAIN, S23_DG_SYMPT5_SINUS_PAIN, S23_DG_SYMPT6_SINUS_PAIN				
Ear pain S23_DG_SYMPT1_EAR_PAIN, S23_DG_SYMPT2_EAR_PAIN, S23_DG_SYMPT3_EAR_PAIN, S23_DG_SYMPT4_EAR_PAIN, S23_DG_SYMPT5_EAR_PAIN, S23_DG_SYMPT6_EAR_PAIN				
Hoarseness S23_DG_SYMPT1_HOARSENESS, S23_DG_SYMPT2_HOARSENESS, S23_DG_SYMPT3_HOARSENESS, S23_DG_SYMPT4_HOARSENESS, S23_DG_SYMPT5_HOARSENESS, S23_DG_SYMPT6_HOARSENESS				
Shortness of breath or difficulty breathing S23_DG_SYMPT1_DIF_BREATHING, S23_DG_SYMPT2_DIF_BREATHING, S23_DG_SYMPT3_DIF_BREATHING, S23_DG_SYMPT4_DIF_BREATHING, S23_DG_SYMPT5_DIF_BREATHING, S23_DG_SYMPT6_DIF_BREATHING				
Wheezing S23_DG_SYMPT1_WHEEZING, S23_DG_SYMPT2_WHEEZING, S23_DG_SYMPT3_WHEEZING, S23_DG_SYMPT4_WHEEZING, S23_DG_SYMPT5_WHEEZING, S23_DG_SYMPT6_WHEEZING				

Chest pain S23_DG_SYMPT1_CHEST_PAIN, S23_DG_SYMPT2_CHEST_PAIN, S23_DG_SYMPT3_CHEST_PAIN, S23_DG_SYMPT4_CHEST_PAIN, S23_DG_SYMPT5_CHEST_PAIN, S23_DG_SYMPT6_CHEST_PAIN				
Other respiratory symptoms S23_DG_SYMPT1_OTHER_RESP, S23_DG_SYMPT2_OTHER_RESP, S23_DG_SYMPT3_OTHER_RESP, S23_DG_SYMPT4_OTHER_RESP, S23_DG_SYMPT5_OTHER_RESP, S23_DG_SYMPT6_OTHER_RESP				
Nausea S23_DG_SYMPT1_NAUSEA, S23_DG_SYMPT2_NAUSEA, S23_DG_SYMPT3_NAUSEA, S23_DG_SYMPT4_NAUSEA, S23_DG_SYMPT5_NAUSEA, S23_DG_SYMPT6_NAUSEA				
Vomiting S23_DG_SYMPT1_VOMITING, S23_DG_SYMPT2_VOMITING, S23_DG_SYMPT3_VOMITING, S23_DG_SYMPT4_VOMITING, S23_DG_SYMPT5_VOMITING, S23_DG_SYMPT6_VOMITING				
Abdominal pain S23_DG_SYMPT1_AB_PAIN, S23_DG_SYMPT2_AB_PAIN, S23_DG_SYMPT3_AB_PAIN, S23_DG_SYMPT4_AB_PAIN, S23_DG_SYMPT5_AB_PAIN, S23_DG_SYMPT6_AB_PAIN				
Diarrhea S23_DG_SYMPT1_DIARRHEA, S23_DG_SYMPT2_DIARRHEA, S23_DG_SYMPT3_DIARRHEA, S23_DG_SYMPT4_DIARRHEA, S23_DG_SYMPT5_DIARRHEA, S23_DG_SYMPT6_DIARRHEA				
Loss of taste S23_DG_SYMPT1_LOSS_TASTE, S23_DG_SYMPT2_LOSS_TASTE, S23_DG_SYMPT3_LOSS_TASTE, S23_DG_SYMPT4_LOSS_TASTE, S23_DG_SYMPT5_LOSS_TASTE, S23_DG_SYMPT6_LOSS_TASTE				
Loss of sense of smell S23_DG_SYMPT1_LOSS_SMELL, S23_DG_SYMPT2_LOSS_SMELL, S23_DG_SYMPT3_LOSS_SMELL, S23_DG_SYMPT4_LOSS_SMELL, S23_DG_SYMPT5_LOSS_SMELL, S23_DG_SYMPT6_LOSS_SMELL				
Loss of appetite S23_DG_SYMPT1_LOSS_APPETITE, S23_DG_SYMPT2_LOSS_APPETITE, S23_DG_SYMPT3_LOSS_APPETITE, S23_DG_SYMPT4_LOSS_APPETITE, S23_DG_SYMPT5_LOSS_APPETITE, S23_DG_SYMPT6_LOSS_APPETITE				
Other S23_DG_SYMPT1_OTHER, S23_DG_SYMPT2_OTHER, S23_DG_SYMPT3_OTHER, S23_DG_SYMPT4_OTHER, S23_DG_SYMPT5_OTHER, S23_DG_SYMPT6_OTHER				

Hospitalization

DG04. Were you hospitalized due to COVID-19? S23_DG_HOSPITALIZED

Yes
No [*SKIP to DG10]*

[*If YES to DG04*] **DG05. What date did you get admitted to the hospital? If you do not recall the specific day, please estimate the day as best you can.**

YYYY-MM-DD (Range = not prior to January 1, 2020)

S23_DG_HOSPITALIZED_DATE

Don't know
Prefer not to answer
S23_DG_HOSPITALIZED_DATE_CA

[*If YES to DG04*] **DG06. How many days were you in the hospital?**
Number of days **S23_DG_HOSPITALIZED_DAYS**
Don't know **S23_DG_HOSPITALIZED_DAYS_CA**

[*If YES to DG04*] **DG07. Were you admitted to an intensive care unit (ICU)?**
S23_DG_COVID_INT_CARE
Yes
No *[SKIP to DG10]*
Don't know *[SKIP to DG10]*

[*If YES to DG07*] **DG08. How long did you stay in the intensive care unit (ICU)? If you don't remember the exact duration, please provide the best estimate that you can.**
S23_DG_COVID_INT_CARE_DAYS
Number of days

[*If YES to DG07*] **DG09. Did you continue to experience COVID-19 symptoms or complications related to hospitalization after you were discharged?**
S23_DG_COVID_INT_SYMPT
Yes
No
Don't know

LONG COVID

The earlier questions asked you about previous COVID-19 infections and symptoms. However, there is increasing evidence that some people who have had COVID-19 continue to experience lasting effects, sometimes called 'Long COVID' or 'Post COVID-19 Syndrome'. The following questions aim to capture longer lasting symptoms and impacts.

[*If they answered Yes to DG01*] **DG10**. **How long have you had / did you have COVID-19 symptoms overall? Please include time spent with mild symptoms and the time in between symptoms if these have been coming and going. If you have had COVID-19 more than once, please answer about the longest episode of illness you have experienced.** **S23_DG_LONGCOVID_TIME**

Less than 2 weeks [*SKIP to DG13*]
2-3 weeks [*SKIP to DG13*]
4-12 weeks [*GO to DG11*]
More than 12 weeks [*GO to DG11*]

Prefer not to answer [*GO to DG15*]

[*If 4-12 weeks or More than 12 weeks selected in DG10*] **DG11. What was the date of your infection that caused the longest episode of symptoms?**

MM__ / ____YYYY [*Infection dates from DG02 displayed*]
S23_DG_LONGCOVID_DATE
Other
Don't Know
S23_DG_LONGCOVID_DATE_CA

[*If Other selected in DG11*]
DG11A. What is the month and year of your infection that caused the longest episode of symptoms?
MM__ / ____YYYY
S23_DG_LONGCOVID_DATE_MONTH, S23_DG_LONGCOVID_DATE_YEAR

[*If 4-12 weeks or More than 12 weeks selected in DG10*]
[*1+ Yes options (Headache-Other) need to be selected*]

DG12. Which of the following symptoms did you experience <u>for more than 1 month</u> after infection? Please only consider symptoms that are not explained by another reason (e.g. existing medical conditions).

Please provide an answer for each symptom listed.

	No 0	Yes – Mild 1	Yes – Moderate 2	Yes – Severe 3
Headache S23_DG_LONGCOVID_HEADACHE				
Chronic fatigue S23_DG_LONGCOVID_FATIGUE				
Shortness of breath or difficulty breathing S23_DG_LONGCOVID_BREATHING				
Persistent cough S23_DG_LONGCOVID_COUGH				
Muscle aches/pains or weakness S23_DG_LONGCOVID_MUSCLE_PAIN				
Loss of smell or taste S23_DG_LONGCOVID_LOSS				
Memory problems (e.g. brain fog, difficulty concentrating)				

S23_DG_LONGCOVID_MEMORY				
Mental health concerns (e.g. anxiety, depression) **S23_DG_LONGCOVID_MENTAL_HEALTH**				
Difficulty sleeping **S23_DG_LONGCOVID_SLEEPING**				
Heart problems (e.g. chest pain, fast heartbeat) **S23_DG_LONGCOVID_HEART_PROBLEMS**				
Gastrointestinal upset (e.g. nausea, diarrhea) **S23_DG_LONGCOVID_GASTRO**				

Are there any other symptoms that you have continued to experience for more than 1 month after the infection? S23_DG_LONGCOVID_OTHER_YN

Yes – please specify:_____

OTSP 1: **S23_DG_LONGCOVID_OTHER_OTSP1**
OTSP 2: **S23_DG_LONGCOVID_OTHER_OTSP2**
OTSP 3: **S23_DG_LONGCOVID_OTHER_OTSP3**
OTSP 4: **S23_DG_LONGCOVID_OTHER_OTSP4**
OTSP 5: **S23_DG_LONGCOVID_OTHER_OTSP5**
   S23_DG_LONGCOVID_OTHER_OTSP6

No other symptoms

[*If Yes*] **How severe have these symptoms been?** *[Ask for each OTSP field selected]*

Mild 1
Moderate 2
Severe 3
S23_DG_LONGCOVID_OTHER_SEV1
S23_DG_LONGCOVID_OTHER_SEV2
S23_DG_LONGCOVID_OTHER_SEV3
S23_DG_LONGCOVID_OTHER_SEV4
S23_DG_LONGCOVID_OTHER_SEV5
S23_DG_LONGCOVID_OTHER_SEV6

DG13. Please select the best option for how much you feel fully recovered from COVID-19:
S23_DG_LONGCOVID_RECOVER

Strongly disagree (i.e. still experiencing significant symptoms/effects)
Disagree
Neither disagree nor agree (i.e. mostly recovered but still experiencing some symptoms/effects)
Agree
Strongly Agree (i.e. fully recovered and not experiencing any symptoms/ effects)

COVID impact

DG14. Please assess the impact of your COVID-19 infection on your:

	No impact	Mild impact	Moderate impact	Severe impact	Extreme impact	Not applicable

Personal activities S23_DG_IMPACT_ACTIVITIES					
Family life S23_DG_IMPACT_FAMILY_LIFE					
Professional life S23_DG_IMPACT_PROF_LIFE					
Social life S23_DG_IMPACT_SOCIAL_LIFE					
Morale/mood S23_DG_IMPACT_MOOD					
Relationship with caregivers S23_DG_IMPACT_RELATIONSHIP					

DG14A. How often do you <u>currently</u> do the following public heath related activities?

	Never	Rarely	Occasionally	Often	Always
Wear a mask in public place indoors or where physical distancing is less possible S23_DG_ACTIVITIES_MASK					
Practice physical distancing in public places S23_DG_ACTIVITIES_DISTANCE					
Avoid crowded places/gatherings S23_DG_ACTIVITIES_AVOID					
Limit contact with people at higher risk (e.g. an elderly relative) S23_DG_ACTIVITIES_LIMIT					

VACCINES

DG15. Have you received a vaccine against COVID-19? S23_DG_VACCINE_REC
Yes
No [*SKIP to DG28*]

[IF YES to DG15] **DG16. How many doses did you receive? <u>Please include all booster doses</u>.**	[For each dose entered in DG16 (Don't Know not selected)]		[For each dose entered in DG16 (Don't Know not selected)] **DG18. In what setting did you**	[For each dose entered in DG16 (Don't Know not selected)] **DG19. What date did you receive**

___ Number of doses S23_DG_VACCINE_DOSES **Don't know** *[Skip to DG20]* S23_DG_VACCINE_DOSES_CA	DG17. Which vaccine did you receive? S23_DG_VACCINE_TYPE1 S23_DG_VACCINE_TYPE2 S23_DG_VACCINE_TYPE3 S23_DG_VACCINE_TYPE4 S23_DG_VACCINE_TYPE5 S23_DG_VACCINE_TYPE6 S23_DG_VACCINE_TYPE7 S23_DG_VACCINE_TYPE8			receive each dose of the vaccine(s)? S23_DG_VACCINE_SETTING1 S23_DG_VACCINE_SETTING2 S23_DG_VACCINE_SETTING3 S23_DG_VACCINE_SETTING4 S23_DG_VACCINE_SETTING5 S23_DG_VACCINE_SETTING6 S23_DG_VACCINE_SETTING7 S23_DG_VACCINE_SETTING8 Options for each vaccine setting: -Hospital 1 - Public health clinic (e.g. AHS vaccination site) 2 -Pharmacy 3 -Nursing station 4 -Physician office 5 -Long-term care home 6 -Workplace clinic 7 -Other – please specify (open text) 8 S23_DG_VACCINE_SETTING_OTHER1 S23_DG_VACCINE_SETTING_OTHER2 S23_DG_VACCINE_SETTING_OTHER3 S23_DG_VACCINE_SETTING_OTHER4 S23_DG_VACCINE_SETTING_OTHER5 S23_DG_VACCINE_SETTING_OTHER6 S23_DG_VACCINE_SETTING_OTHER7 S23_DG_VACCINE_SETTING_OTHER8	each dose of COVID-19 vaccine(s)? S23_DG_VAC_DATE_D1 S23_DG_VAC_DATE_D2 S23_DG_VAC_DATE_D3 S23_DG_VAC_DATE_D4 S23_DG_VAC_DATE_D5 S23_DG_VAC_DATE_D6 S23_DG_VAC_DATE_D7 S23_DG_VAC_DATE_D8 YYYY/MM/DD Prefer not to answer S23_DG_VAC_DATE_D1_CA S23_DG_VAC_DATE_D2_CA S23_DG_VAC_DATE_D3_CA S23_DG_VAC_DATE_D4_CA S23_DG_VAC_DATE_D5_CA S23_DG_VAC_DATE_D6_CA S23_DG_VAC_DATE_D7_CA S23_DG_VAC_DATE_D8_CA
	Options for each vaccine type:				
	Pfizer and BioNTech mRNA vaccine (Comirnaty) 1				
	Moderna mRNA vaccine (SpikeVax) 2				
	AstraZeneca Oxford / Covishield vaccine (Vaxzevria) 3				

	Janssen (Johnson & Johnson) vaccine 4			
	Bivalent booster dose 5			
	Other - please specify (Open Text) 6 **S23_DG_VACCINE_TYPE_ OTHER1** **S23_DG_VACCINE_TYPE_ OTHER2** **S23_DG_VACCINE_TYPE_ OTHER3** **S23_DG_VACCINE_TYPE_ OTHER4** **S23_DG_VACCINE_TYPE_ OTHER5** **S23_DG_VACCINE_TYPE_ OTHER6** **S23_DG_VACCINE_TYPE_ OTHER7** **S23_DG_VACCINE_TYPE_ OTHER8**			
	Don't know 99			

DG20. Have you received all available COVID-19 vaccine doses available to you at this time?
S23_DG_VACCINE_RECEIVE_ALL
Yes *[SKIP to DG22]*
No [Go to DG20A]
Don't know [Go to DG20A]

DG20A. Are you planning on receiving the outstanding dose(s) of the COVID-19 vaccine available to you at this time? S23_DG_VACCINE_RECEIVE_ALL_PLAN
Yes
No *[SKIP to DG21]*
Don't know *[SKIP to DG21]*

[If YES to DG20A] **DG20B. Why have you not received all doses?**
S23_DG_VACCINE_RECEIVE_ALL_NOT
1 - I have not gotten it yet, but intend to.
2 - None of the vaccination locations I want are available
3 - None of the vaccination time(s) I want are available
4 - Other – please specify (open text)
S23_DG_VACCINE_RECEIVE_ALL_NOT_OTSP
S23_DG_VACCINE_RECEIVE_ALL_NOT_OTSP2

[If No/Don't know chosen in DG20A] **DG21. Why do you not plan on receiving another dose of the COVID-19 vaccine? Select ALL that apply.**

I am worried about unknown future effects of the vaccine **S23_DG_VACCINE_CONCERNS_C1**
I am worried about side-effects **S23_DG_VACCINE_CONCERNS_C2**
I previously experienced negative side-effects **S23_DG_VACCINE_CONCERNS_C3**
Vaccines are limited and other people need it more than me **S23_DG_VACCINE_CONCERNS_C4**
I don't trust vaccines **S23_DG_VACCINE_CONCERNS_C5**
I previously tested positive for COVID-19 and so should have protection
S23_DG_VACCINE_CONCERNS_C6
The chances of me becoming seriously unwell from COVID-19 are low
S23_DG_VACCINE_CONCERNS_C7
The chances of me catching COVID-19 are low **S23_DG_VACCINE_CONCERNS_C8**
The impact of COVID-19 is being greatly exaggerated **S23_DG_VACCINE_CONCERNS_C9**
I don't think it would be effective at preventing me from catching COVID-19
S23_DG_VACCINE_CONCERNS_C10
I have a condition which would make it unsafe for me **S23_DG_VACCINE_CONCERNS_C11**
Herd immunity will protect me even if I don't have the vaccine
S23_DG_VACCINE_CONCERNS_C12
It's not offered at a location that is easy for me to get to **S23_DG_VACCINE_CONCERNS_C13**
I don't know how many doses are recommended at this time
S23_DG_VACCINE_CONCERNS_C14
Other – please specify (open text) **S23_DG_VACCINE_CONCERNS_C15,
S23_DG_VACCINE_CONCERNS_C15_OTSP**

VACCINE SIDE EFFECTS

[*If YES to DG15*] **DG22. Did you experience any side-effects (within the first few days) after
receiving any dose of the COVID-19 vaccine? S23_DG_VACCINE_EFFECTS**
Yes [*SKIP to DG23*]
No [*SKIP to DG30*]
Prefer not to answer

[*If YES to DG22*] **DG23. Which side-effect(s) did you experience in the arm where you
had the needle?**

Please provide an answer for each option

	No	Yes - Mild	Yes - Moderate	Yes - Severe
Redness **S23_DG_EFFECTS_ARM_REDNESS**				
Itching/hives **S23_DG_EFFECTS_ARM_ITCHING**				
Prickling/tingling **S23_DG_EFFECTS_ARM_PRICKLE**				
Soreness **S23_DG_EFFECTS_ARM_SORE**				
Pain **S23_DG_EFFECTS_ARM_PAIN**				
Swelling **S23_DG_EFFECTS_ARM_SWELLING**				
Bruising				

S23_DG_EFFECTS_ARM_BRUISE				

[*If YES to DG22*] **DG24. Did you experience any of the following other side-effects?**

Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – side-effects that are left blank will be recorded as 'No' (not experienced).

	No	Yes - Mild	Yes - Moderate	Yes - Severe
Fatigue S23_DG_EFFECTS_OTHER_FATIGUE				
Headache S23_DG_EFFECTS_OTHER_HEADACHE				
Fever ≥38°C S23_DG_EFFECTS_OTHER_FEVER				
Chills or shivering S23_DG_EFFECTS_OTHER_CHILLS				
Muscle aches/pains S23_DG_EFFECTS_OTHER_ACHES				
Sore throat S23_DG_EFFECTS_OTHER_SORETHROAT				
Difficulty swallowing S23_DG_EFFECTS_OTHER_SWALLOW				
Shortness of breath or difficulty breathing S23_DG_EFFECTS_OTHER_BREATH				
Wheezing S23_DG_EFFECTS_OTHER_WHEEZ				
Chest pain S23_DG_EFFECTS_OTHER_CHEST				
Fast heartbeat S23_DG_EFFECTS_OTHER_FASTBEAT				
Blurry vision S23_DG_EFFECTS_OTHER_BLURRY				
Dizziness or light-headed S23_DG_EFFECTS_OTHER_DIZZY				
Abdominal pain S23_DG_EFFECTS_OTHER_ABPAIN				
Nausea S23_DG_EFFECTS_OTHER_NAUSEA				
Vomiting S23_DG_EFFECTS_OTHER_VOMIT				
Diarrhea S23_DG_EFFECTS_OTHER_DIARRHEA				
Rash, redness, or hives on other places on your body (other than the arm where you had the needle) S23_DG_EFFECTS_OTHER_RASH				

Swelling of other places on your body (other than the arm where you had the needle) **S23_DG_EFFECTS_OTHER_SWELLING**				
Numbness (in places of your body other than the arm where you had the needle) **S23_DG_EFFECTS_OTHER_NUMB**				
Prickling or tingling (in places of your body other than the arm where you had the needle) **S23_DG_EFFECTS_OTHER_PRICKLE**				

DG24A. Did you experience any other side-effects not mentioned above?

S23_DG_EFFECTS_OTHER_NOTLISTED

Yes - please specify (open text):

   OTSP 1: **S23_DG_EFFECTS_OTHER_NOTLISTED_OTSP**
   OTSP 2: **S23_DG_EFFECTS_OTHER_NOTLISTED2_OTSP**
   OTSP 3: **S23_DG_EFFECTS_OTHER_NOTLISTED3_OTSP**
   OTSP 4: **S23_DG_EFFECTS_OTHER_NOTLISTED4_OTSP**
   OTSP 5: **S23_DG_EFFECTS_OTHER_NOTLISTED5_OTSP**
       S23_DG_EFFECTS_OTHER_NOTLISTED6_OTSP

No

[If Yes to DG24A] **DG24B. What was the severity of the other side-effects you experienced?** *[For each OTSP listed]*

Mild
Moderate
Severe

S23_DG_EFFECTS_OTHER_NOTLISTED_SEV
S23_DG_EFFECTS_OTHER_NOTLISTED_SEV2
S23_DG_EFFECTS_OTHER_NOTLISTED_SEV3
S23_DG_EFFECTS_OTHER_NOTLISTED_SEV4
S23_DG_EFFECTS_OTHER_NOTLISTED_SEV5
S23_DG_EFFECTS_OTHER_NOTLISTED_SEV6

[*If Mild/Moderate/Severe to any symptoms selected in DG23 or DG24*] **DG25. Did you contact a healthcare provider about these symptoms?**
S23_DG_EFFECTS_HEALTHCARE
Yes
No
Prefer not to answer

[*If Mild/Moderate/Severe to any symptoms selected in DG23 or DG24*] **DG26. Did you require hospitalization for these symptoms? S23_DG_EFFECTS_HOSPITALIZE**
Yes
No
Prefer not to answer

[*If Mild/Moderate/Severe to any symptoms selected in DG23 or DG24*] **DG27. How long did these symptoms last? S23_DG_EFFECTS_LENGTH**
____ days

[*If NO to DG15*] **DG28. If you have not received a vaccine yet, how likely are you to get one in the future? S23_DG_VACCINE_INTEREST**
Very likely
Somewhat likely
Somewhat unlikely
Very unlikely
Prefer not to answer

[*If NO to DG15*] **DG29. What are the <u>main</u> concerns you have around getting the vaccine? Select ALL that apply.**

I am worried about unknown future effects of the vaccine
S23_DG_VACCINE_CONCERNS_NOVAC_C1
I am worried about side-effects **S23_DG_VACCINE_CONCERNS_NOVAC_C2**
Vaccines are limited and other people need it more than me
S23_DG_VACCINE_CONCERNS_NOVAC_C3
I don't trust vaccines **S23_DG_VACCINE_CONCERNS_NOVAC_C4**
I previously tested positive for COVID-19 and so should have protection
S23_DG_VACCINE_CONCERNS_NOVAC_C5
The chances of me becoming seriously unwell from COVID-19 are low
S23_DG_VACCINE_CONCERNS_NOVAC_C6
The chances of me catching COVID-19 are low **S23_DG_VACCINE_CONCERNS_NOVAC_C7**
The impact of COVID-19 is being greatly exaggerated **S23_DG_VACCINE_CONCERNS_NOVAC_C8**
I don't think it would be effective at preventing me from catching COVID-19
S23_DG_VACCINE_CONCERNS_NOVAC_C9
I have a condition which would make it unsafe for me
S23_DG_VACCINE_CONCERNS_NOVAC_C10
Herd immunity will protect me even if I don't have the vaccine
S23_DG_VACCINE_CONCERNS_NOVAC_C11

It's not offered at a location that is easy for me to get to
S23_DG_VACCINE_CONCERNS_NOVAC_C12
Other – please specify (open text) **S23_DG_VACCINE_CONCERNS_NOVAC_C13,**
S23_DG_VACCINE_CONCERNS_NOVAC_C13_OTSP

VACCINES FOR CHILDREN

[DG30-36 Only display to participants who answered that they have children living in their household in DE06.]

DG30. We'd like to ask you about vaccinating your child/children for COVID-19. How many of the children currently living in your household do you have in each of the age groups below? If you do not have any in certain age group, please enter 0.
16-17 **AGE_CHILDREN_16_17**
12-15 **AGE_CHILDREN_12_15**
6-11 **AGE_CHILDREN_6_11**
6 months-5 years **AGE_CHILDREN_6M_5Y**
Under 6 months **AGE_CHILDREN_UNDER_6MONTHS**

[*If 16-17 ≥ 1*] **DG31. Please select the most appropriate response for your child/children age 16-17.**
S23_DG_VACCINE_CHILD16_17
I've already gotten my child/children age 16-17 vaccinated
I haven't gotten my child/children age 16-17 vaccinated yet but intend to
I haven't gotten my child/children age 16-17 vaccinated yet and am unsure if I will
I haven't gotten my child/children age 16-17 vaccinated yet and will not be getting them vaccinated
Prefer not to answer

[*If 12-15 ≥ 1*] **DG32. Please select the most appropriate response for your child/children age 12-15.**
S23_DG_VACCINE_CHILD12_15
I've already gotten my child/children age 12-15 vaccinated
I haven't gotten my child/children age 12-15 vaccinated yet but intend to
I haven't gotten my child/children age 12-15 vaccinated yet and am unsure if I will
I haven't gotten my child/children age 12-15 vaccinated and will not be getting them vaccinated
Prefer not to answer

[*If 6-11 ≥ 1*] **DG33. Please select the most appropriate response for your child/children age 6-11.**
S23_DG_VACCINE_CHILD6_11
I've already gotten my child/children age 6-11 vaccinated
I haven't gotten my child/children age 6-11 vaccinated yet but intend to
I haven't gotten my child/children age 6-11 vaccinated yet and am unsure if I will
I haven't gotten my child/children age 6-11 vaccinated and will not be getting them vaccinated
Prefer not to answer

[*If 6 months-5 ≥ 1*] **DG34. Please select the most appropriate response for your child/children age 6 months-5 years. S23_DG_VACCINE_CHILD6M_5Y**
I've already gotten my child/children age **6 months-5 years** vaccinated
I haven't gotten my child/children age **6 months-5 years** vaccinated yet but intend to

I haven't gotten my child/children age **6 months-5 years** vaccinated yet and am unsure if I will
I haven't gotten my child/children age **6 months-5 years** vaccinated and will not be getting them vaccinated
Prefer not to answer

DG35. Do your children currently attend any of the following in person?

Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – options that are left blank will be recorded as 'No'.

	No	Yes	[If YES] DG36. How many of your children attended?	
Day home **S23_DG_CHILD_DAYHOME**			**S23_DG_CHILD_DAYHOME_NUM**	
Daycare centre **S23_DG_CHILD_DAYCARE**			**S23_DG_CHILD_DAYCARE_NUM**	
Preschool **S23_DG_CHILD_PRESCHOOL**			**S23_DG_CHILD_PRESCHOOL_NUM**	
Before/after school care **S23_DG_CHILD_BACARE**			**S23_DG_CHILD_BACARE_NUM**	
Elementary school **S23_DG_CHILD_ELEM**			**S23_DG_CHILD_ELEM_NUM**	
Middle/Junior high school **S23_DG_CHILD_MID**			**S23_DG_CHILD_MID_NUM**	
High school **S23_DG_CHILD_HIGH**			**S23_DG_CHILD_HIGH_NUM**	
Extracurricular group sports or recreational activities **S23_DG_CHILD_EXTRA**			**S23_DG_CHILD_EXTRA_NUM**	
Post-secondary institution **S23_DG_CHILD_POST**			**S23_DG_CHILD_POST_NUM**	
Work/Volunteer activities **S23_DG_CHILD_WORK**			**S23_DG_CHILD_WORK_NUM**	

HEALTH SERVICES ACCESS

ME01. Since March 2020, access to health services may have changed. Have you experienced any of the following changes related to your healthcare? Select ALL that apply.
Surgery cancelled or deferred **S23_ME_HC_CHANGE_C1**
Medical procedure (e.g. diagnostic or screening) cancelled or deferred **S23_ME_HC_CHANGE_C2**
Treatment cancelled or deferred **S23_ME_HC_CHANGE_C3**

Other health-related appointment cancelled or deferred (e.g. dental, vision, etc.)
S23_ME_HC_CHANGE_C4
Delayed seeing a healthcare professional about a new/existing problem or concern
S23_ME_HC_CHANGE_C5
Regular lab tests cancelled or deferred **S23_ME_HC_CHANGE_C6**
Medication shortage **S23_ME_HC_CHANGE_C7**
No – I did not experience any healthcare changes **S23_ME_HC_CHANGE_C8**

 [*If YES to 'surgery cancelled or deferred'*] **ME02. Why was your surgery cancelled or deferred? Select all that apply.**
I cancelled or delayed because I was not comfortable seeking health services **S23_ME_SU_DEFF_C1**
I cancelled or delayed because I could not afford to access the services or I lost my health benefits
S23_ME_SU_DEFF_C2
I cancelled or delayed because I wanted to ensure the health system was available to others who may
need it **S23_ME_SU_DEFF_C3**
It was cancelled or deferred by the health service provider **S23_ME_SU_DEFF_C4**
It was cancelled or deferred for another reason **S23_ME_SU_DEFF_C5**
Don't know **S23_ME_SU_DEFF_C6**

[*If yes to 'Medical procedure (e.g. diagnostic or screening) cancelled or deferred'*] **ME03. Why was your medical procedure (e.g. diagnostic or screening) cancelled or deferred? Select all that apply.**
I cancelled or delayed because I was not comfortable seeking health services **S23_ME_MP_DEFF_C1**
I cancelled or delayed because I could not afford to access the services or I lost my health benefits
S23_ME_MP_DEFF_C2
I cancelled or delayed because I wanted to ensure the health system was available to others who may
need it **S23_ME_MP_DEFF_C3**
It was cancelled or deferred by the health service provider **S23_ME_MP_DEFF_C4**
It was cancelled or deferred for other reason **S23_ME_MP_DEFF_C5**
Don't know **S23_ME_MP_DEFF_C6**

[*If yes to 'Treatment cancelled or deferred'*] **ME04. Why was your treatment cancelled or deferred? Select all that apply.**
I cancelled or delayed because I was not comfortable seeking health services **S23_ME_TX_DEFF_C1**
I cancelled or delayed because I could not afford to access the services or I lost my health benefits
S23_ME_TX_DEFF_C2
I cancelled or delayed because I wanted to ensure the health system was available to others who may
need it **S23_ME_TX_DEFF_C3**
It was cancelled or deferred by the health service provider **S23_ME_TX_DEFF_C4**
It was cancelled or deferred for other reason **S23_ME_TX_DEFF_C5**
Don't know **S23_ME_TX_DEFF_C6**

[*If yes to 'Other health-related appointment cancelled or deferred (e.g. dental, vision, etc.)'*] **ME05. Why was your other health-related appointment cancelled or deferred (e.g. dental, vision, etc.)? Select all that apply.**
I cancelled or delayed because I was not comfortable seeking health services **S23_ME_APPT_DEFF_C1**

I cancelled or delayed because I could not afford to access the services or I lost my health benefits **S23_ME_APPT_DEFF_C2**

I cancelled or delayed because I wanted to ensure the health system was available to others who may need it **S23_ME_APPT_DEFF_C3**

It was cancelled or deferred by the health service provider **S23_ME_APPT_DEFF_C4**

It was cancelled or deferred for other reason **S23_ME_APPT_DEFF_C5**

Don't know **S23_ME_APPT_DEFF_C6**

[*If yes to 'Delayed seeing a healthcare professional about a new/existing problem or concern'*] **ME06. Why did you delay seeing a healthcare professional about a new/existing problem or concern? Select all that apply.**

I cancelled or delayed because I was not comfortable seeking health services **S23_ME_HCP_DELAY_C1**

I cancelled or delayed because I could not afford to access the services or I lost my health benefits **S23_ME_HCP_DELAY_C2**

I cancelled or delayed because I wanted to ensure the health system was available to others who may need it **S23_ME_HCP_DELAY_C3**

It was cancelled or deferred by the health service provider **S23_ME_HCP_DELAY_C4**

It was cancelled or deferred for other reason **S23_ME_HCP_DELAY_C5**

Don't know **S23_ME_HCP_DELAY_C6**

[*If yes to 'Regular lab tests cancelled or deferred'*] **ME07. Why was your regular lab test cancelled or deferred? Select all that apply.**

I cancelled or delayed because I was not comfortable seeking health services **S23_ME_REGLAB_DEFF_C1**

I cancelled or delayed because I could not afford to access the services or I lost my health benefits **S23_ME_REGLAB_DEFF_C2**

I cancelled or delayed because I wanted to ensure the health system was available to others who may need it **S23_ME_REGLAB_DEFF_C3**

It was cancelled or deferred by the health service provider **S23_ME_REGLAB_DEFF_C4**

It was cancelled or deferred for other reason **S23_ME_REGLAB_DEFF_C5**

Don't know **S23_ME_REGLAB_DEFF_C6**

MENS REPRODUCTIVE HEALTH

[*Only display to participants that chose Male for DE03*]

MH02. How many children have you fathered, including live births only?
Number **S23_MH_CHILDREN**
Don't know **S23_MH_CHILDREN_CA**

WOMENS REPRODUCTIVE HEALTH
[*Only display to participants that chose female for DE03*]

WH01. Have you ever been pregnant? S23_WH_PREGNANT_EVER
Yes [*And did NOT complete S17 go to WH03*]
Yes [*And completed S17 go to WH02*]

No [*SKIP to WH05*]
Don't know [*SKIP to WH05*]

WH02. Have you been pregnant in the last 5 years? S23_WH_PREGNANT_5YR
Yes [*SKIP to WH03*]
No [*SKIP to WH08*]
Don't know [*SKIP to WH08*]

WH03. How many times have you been pregnant, including live births, stillbirths, spontaneous miscarriage or therapeutic abortions?

		Number of pregnancies **S23_WH_PREG_NUM**

Don't Know **S23_WH_PREG_NUM_CA**

WH04. How old were you when you last became pregnant?

		Age at last pregnancy **S23_WH_PREG_LAST_AGE**

Don't Know **S23_WH_PREG_LAST_AGE_CA**

WH05. Have you ever used any hormonal contraceptives for any reason? Hormonal contraceptives include birth control pills, implants, patches, injections, and rings or intra-uterine devices that release female hormones. Please do not include HRT (hormone replacement therapy) here as we will ask about that later. S23_WH_CONTRA_EVER
Yes
No
Don't know

[*If YES to WH05*] **WH06. How old were you when you started using hormonal contraceptives?**

		Age at first use **S23_WH_CONTRA_AGE**

Don't Know **S23_WH_CONTRA_AGE_CA**

[*If YES to WH05*] **WH07. In total, how many years or months did you use or have you been using hormonal contraceptives? Add up all the time that you used contraceptives even if you started and stopped several times. *Please only provide an answer in years or months.***

Years / Months / Prefer not to answer / Don't Know **S23_WH_CONTRA_TOTAL_A1**

___ Months **S23_WH_CONTRA_TOTAL_B1**

___ Years **S23_WH_CONTRA_TOTAL_C1**

		Years

Or

		Months

Don't know
Prefer not to answer

[*If Yes to WH01*]
WH08. In total, how many months did you breastfeed or nurse your child or children for? Think about all the children you breastfed and the total number of months that you breastfed. Take the number of months that you breastfed each child and add them together. If you did not breastfeed any children, enter "0".

			Months **S23_WH_BREASTFEED**

    Don't Know **S23_WH_BREASTFEED_CA**

WH09. Have you ever received hormone fertility treatment to help you get pregnant?
S23_WH_FERT_TX_EVER
Yes
No
Don't know

[*If Survey 2017 not completed*] **WH10. Have you ever had an operation to have your ovaries removed?**
S23_WH_OVARY_REM
Yes
No *[SKIP to WH15]*
Don't know *[SKIP to WH15]*

[*If Survey 2017 completed*] **WH11. Have you had an operation in the last 5 years to have your ovaries removed? S23_WH_OVARY_REM_5YR**
Yes
No *[SKIP to WH16]*
Don't know *[SKIP to WH16]*

    [*If YES to either WH10/WH11*] **WH12. Did you have one or both ovaries removed?**
    S23_WH_OVARY_REM_NUM
    Both
    One *[SKIP to WH14]*
    Don't know *[SKIP to WH14]*

[If both answered in WH12] **WH13. Were both of your ovaries removed at the <u>same time</u>?** **S23_WH_OVARY_BOTH**
Yes
No
Don't know

WH14. How old were you when you had your ovary removal surgery? If you had two separate operations to remove your ovaries, please indicate the age of the <u>last</u> surgery.

		Age at last ovary removal surgery **S23_WH_OVARY_REM_AGE**

Don't know **S23_WH_OVARY_REM_AGE_CA**

[If Survey 2017 not completed] **WH15. Have you ever had a hysterectomy (an operation to have your uterus or womb removed)?** **S23_WH_HYST_EVER**
Yes
No *[SKIP to WH18]*
Don't know *[SKIP to WH18]*

[If Survey 2017 completed] **WH16. Have you had a hysterectomy (an operation to have your uterus or womb removed) in the last 5 years?** **S23_WH_HYST_5YR**
Yes
No *[SKIP to WH18]*
Don't know *[SKIP to WH18]*

WH17. How old were you when you had your hysterectomy?

		Age at hysterectomy **S23_WH_HYST_AGE**

Don't know **S23_WH_HYST_AGE_CA**

WH18. Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart? **S23_WH_MENOPAUSE**
Yes
No *[SKIP to WH22]*
Don't know *[SKIP to WH22]*

[If YES to WH18] **WH19. Why did your menstrual periods stop for at least one year and not restart?** **S23_WH_MENOPAUSE_RSN**
1 Natural menopause
2 Due to a hysterectomy, surgery, chemotherapy treatment or medication
3 Other reason, please specify: **S23_WH_MENOPAUSE_RSN_OTSP**
99 Don't know

WH20. How old were you when your menstrual periods stopped for at least one year and did not restart?

		Age when menstrual periods stopped **S23_WH_MENOPAUSE_AGE**

Don't know **S23_WH_MENOPAUSE_AGE_CA**

[If YES to WH18] **WH21. Have you received vaginal laser treatment to help with menopausal symptoms? S23_WH_LASER_TX**
Yes
No
Prefer not to answer

WH22. Have you ever used hormone replacement therapy (HRT) prescribed by a doctor for any reason? Hormone replacement therapy includes progesterone and/or estrogen. It includes all forms such as patches, rings, creams and other topical forms prescribed by a doctor. It does <u>not</u> include thyroid hormone treatment or hormonal contraceptives and it does <u>not</u> include other 'natural' treatments that can be bought over the counter. Do not include hormonal fertility treatment or hormonal contraceptives used for birth control. S23_WH_HRT_EVER
Yes
No *[SKIP to WH26]*
Don't know *[SKIP to WH26]*

[If YES to WH22 and they completed S17]. **WH23. Have you used hormone replacement therapy (HRT) prescribed by a doctor in the last 5 years? S23_WH_HRT_5YR**
Yes
No *[SKIP to WH27]*
Don't know *[SKIP to WH27]*

[If Yes] **WH24. Which type of hormone replacement therapy have you used <u>the most</u>? (Choose one only.) S23_WH_HRT_TYPE**
Both Estrogen and Progesterone
Estrogen (e.g. Premarin, Estrace)
Progesterone (e.g. Prometrium, Provera)
Estrogen gel, cream or patch applied to the skin (e.g. Estraderm, Estrogel, Estradot)
Intra-uterine device with progesterone
Don't know

WH25. How old were you when you started using hormone replacement therapy?

		Age when started using hormone replacement therapy **S23_WH_HRT_AGE**

Don't know **S23_WH_HRT_AGE_CA**

WH26. In total, for how many years or months did you use, or have you been using, hormone replacement therapy? Add up all the time that you used hormone replacement therapy even if you started and stopped several times. S23_WH_HRT_DURATION_YEARS, S23_WH_HRT_DURATION_MONTHS

☐☐ Years **OR** ☐☐ Months

[IF YES to WH18] **WH27. What symptoms did you experience during menopause? Select ALL that apply.**
Hot flashes / night sweats **S23_WH_ALT_MENOP_SYMPT_C1**
Memory impairment **S23_WH_ALT_MENOP_SYMPT_C2**
Sleep disturbance **S23_WH_ALT_MENOP_SYMPT_C3**
Irritable mood **S23_WH_ALT_MENOP_SYMPT_C4**
Feelings of depression / low mood **S23_WH_ALT_MENOP_SYMPT_C5**
Vaginal dryness **S23_WH_ALT_MENOP_SYMPT_C6**
Low sex drive (libido) **S23_WH_ALT_MENOP_SYMPT_C7**
Urinary incontinence **S23_WH_ALT_MENOP_SYMPT_C8**
Low bone density **S23_WH_ALT_MENOP_SYMPT_C9**
None **S23_WH_ALT_MENOP_SYMPT_C10**
Other: (record response) **S23_WH_ALT_MENOP_SYMPT_C11,**
S23_WH_ALT_MENOP_SYMPT_C11_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_2_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_3_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_4_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_5_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_6_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_7_OTSP
S23_WH_ALT_MENOP_SYMPT_C11_8_OTSP

[If any selected in WH27] **WH28. Women often use alternative or complementary products or foods around the time of menopause to control menopausal symptoms. Below is a wide range of herbs, vitamins, gels and foods. Which of the following products or foods have you used for one month or more, primarily to control menopausal symptoms? Select ALL that apply.**
Black Cohosh **S23_WH_ALT_MENOP_C1**
Chasteberry **S23_WH_ALT_MENOP_C2**
DHEA **S23_WH_ALT_MENOP_C3**
Dong Quai **S23_WH_ALT_MENOP_C4**
Estriol **S23_WH_ALT_MENOP_C5**
Evening Primrose **S23_WH_ALT_MENOP_C6**
Gingko Biloba **S23_WH_ALT_MENOP_C7**
Ginseng **S23_WH_ALT_MENOP_C8**
Melatonin **S23_WH_ALT_MENOP_C9**
Promensil **S23_WH_ALT_MENOP_C10**
St. John's Wort **S23_WH_ALT_MENOP_C11**
Valerian Root **S23_WH_ALT_MENOP_C12**
Vitamin B6 **S23_WH_ALT_MENOP_C13**
Vitamin E **S23_WH_ALT_MENOP_C14**
Wild Yam **S23_WH_ALT_MENOP_C15**
Soy containing foods **S23_WH_ALT_MENOP_C16**
Lignan containing foods **S23_WH_ALT_MENOP_C17**
Coumestan containing foods **S23_WH_ALT_MENOP_C18**

Red clover **S23_WH_ALT_MENOP_C19**
Sage **S23_WH_ALT_MENOP_C20**
None **S23_WH_ALT_MENOP_C21**
Other (please specify)_____ **S23_WH_ALT_MENOP_C22,**
S23_WH_ALT_MENOP_C22_OTSP
S23_WH_ALT_MENOP_C22_2_OTSP
S23_WH_ALT_MENOP_C22_3_OTSP

PERSONAL CANCER AND CHRONIC DISEASE

PERSONAL CANCER DIAGNOSIS

[If Survey 2017 not completed]
PM01. Has a doctor ever told you that you had cancer or a malignancy of any kind?
S23_PM_CANCER_MALIG
Yes *[Proceed to PM03]*
No *[Skip to PM08]*
Don't know *[Skip to PM08]*

[If Survey 2017 completed]
***PM02*. In the last 5 years, has a doctor told you that you had cancer or a malignancy of any kind?**
Please do not include a recurrence of a previous diagnosis. S23_PM_CANCER_MALIG_5YR
Yes *[Proceed to PM03]*
No *[Skip to PM08]*
Don't know *[Skip to PM08]*

[If type is Yes, Age and Treatment options appear]

[if Yes] **PM03. Please select the type(s) of cancer. Please only include where the cancer started and not where it may have spread to.** Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – cancer types that are left blank will be recorded as 'No' (not diagnosed).	No	Yes	*[If Yes, and Survey 2017 not completed]* **How old were you when you were <u>first</u> diagnosed?**	*[If Yes, and Survey 2017 completed]* **How old were you when you were diagnosed? (In the last 5 years)**	*[If Yes]* **Did you receive treatment for this cancer?**

Bladder	S23_PM_CANCER _BLADDER S23_PM_CANCER _5YR_BLADDER	Age at <u>first</u> diagnosis S23_PM_CANCER_BLADDER_AG E Don't know S23_PM_CANCER_BLADDER_AG E_CA	Age at diagnosis S23_PM_CANCER_5YR_BLADDE R_AGE Don't know S23_PM_CANCER_5YR_BLADDE R_AGE_CA	Yes No Don't know S23_PM_CA NCER_BLAD DER_TX S23_PM_CA NCER_5YR_ BLADDER_T X
Bone (osteosarcoma and other sarcomas)	S23_PM_CANCER _BONE S23_PM_CANCER _5YR_BONE	Age at first diagnosis S23_PM_CANCER_BONE_AGE Don't know S23_PM_CANCER_BONE_AGE_C A	Age at diagnosis S23_PM_CANCER_5YR_BONE_ AGE Don't know S23_PM_CANCER_5YR_BONE_ AGE_CA	Yes No Don't know S23_PM_CA NCER_BONE _TX S23_PM_CA NCER_5YR_ BONE_TX
Brain	S23_PM_CANCER _BRAIN S23_PM_CANCER _5YR_BRAIN	Age at first diagnosis S23_PM_CANCER_BRAIN_AGE Don't know S23_PM_CANCER_BRAIN_AGE_ CA	Age at diagnosis S23_PM_CANCER_5YR_BRAIN_ AGE Don't know S23_PM_CANCER_5YR_BRAIN_ AGE_CA	Yes No Don't know S23_PM_CA NCER_BRAI N_TX S23_PM_CA NCER_5YR_ BRAIN_TX
Breast	S23_PM_CANCER _BREAST	Age at first diagnosis S23_PM_CANCER_BREAST_AGE	Age at diagnosis S23_PM_CANCER_5YR_BREAST _AGE	Yes No

	S23_PM_CANCER_5YR_BREAST	Don't know S23_PM_CANCER_BREAST_AGE_CA	Don't know S23_PM_CANCER_5YR_BREAST_AGE_CA	Don't know S23_PM_CANCER_BREAST_TX S23_PM_CANCER_5YR_BREAST_TX
Cervix	S23_PM_CANCER_CERVIX S23_PM_CANCER_5YR_CERVIX	Age at first diagnosis S23_PM_CANCER_CERVIX_AGE Don't know S23_PM_CANCER_CERVIX_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_CERVIX_AGE Don't know S23_PM_CANCER_5YR_CERVIX_AGE_CA	Yes No Don't know S23_PM_CANCER_CERVIX_TX S23_PM_CANCER_5YR_CERVIX_TX
Colon	S23_PM_CANCER_COLON S23_PM_CANCER_5YR_COLON	Age at first diagnosis S23_PM_CANCER_COLON_AGE Don't know S23_PM_CANCER_COLON_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_COLON_AGE Don't know S23_PM_CANCER_5YR_COLON_AGE_CA	Yes No Don't know S23_PM_CANCER_COLON_TX S23_PM_CANCER_5YR_COLON_TX
Esophagus	S23_PM_CANCER_ESOPH S23_PM_CANCER_5YR_ESOPH	Age at first diagnosis S23_PM_CANCER_ESOPH_AGE Don't know S23_PM_CANCER_ESOPH_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_ESOPH_AGE Don't know S23_PM_CANCER_5YR_ESOPH_AGE_CA	Yes No Don't know S23_PM_CANCER_ESOPH_TX S23_PM_CANCER_5YR_ESOPH_TX
Kidney	S23_PM_CANCER_KIDNEY S23_PM_CANCER_5YR_KIDNEY	Age at first diagnosis S23_PM_CANCER_KIDNEY_AGE Don't know S23_PM_CANCER_KIDNEY_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_KIDNEY_AGE Don't know S23_PM_CANCER_5YR_KIDNEY_AGE_CA	Yes No Don't know S23_PM_CANCER_KIDNEY_TX S23_PM_CANCER_5YR_KIDNEY_TX
Larynx	S23_PM_CANCER_LARYNX S23_PM_CANCER_5YR_LARYNX	Age at first diagnosis S23_PM_CANCER_LARYNX_AGE Don't know	Age at diagnosis S23_PM_CANCER_5YR_LARYNX_AGE	Yes No

		S23_PM_CANCER_LARYNX_AGE_CA	Don't know S23_PM_CANCER_5YR_LARYNX_AGE_CA	Don't know S23_PM_CANCER_LARYNX_TX S23_PM_CANCER_5YR_LARYNX_TX
Leukemia	S23_PM_CANCER_LEUK S23_PM_CANCER_5YR_LEUK	Age at first diagnosis S23_PM_CANCER_LEUK_AGE Don't know S23_PM_CANCER_LEUK_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_LEUK_AGE Don't know S23_PM_CANCER_5YR_LEUK_AGE_CA	Yes No Don't know S23_PM_CANCER_LEUK_TX S23_PM_CANCER_5YR_LEUK_TX
Liver	S23_PM_CANCER_LIVER S23_PM_CANCER_5YR_LIVER	Age at first diagnosis S23_PM_CANCER_LIVER_AGE Don't know S23_PM_CANCER_LIVER_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_LIVER_AGE Don't know S23_PM_CANCER_5YR_LIVER_AGE_CA	Yes No Don't know S23_PM_CANCER_LIVER_TX S23_PM_CANCER_5YR_LIVER_TX
Lung and bronchus	S23_PM_CANCER_LUNG S23_PM_CANCER_5YR_LUNG	Age at first diagnosis S23_PM_CANCER_LUNG_AGE Don't know S23_PM_CANCER_LUNG_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_LUNG_AGE Don't know S23_PM_CANCER_5YR_LUNG_AGE_CA	Yes No Don't know S23_PM_CANCER_LUNG_TX S23_PM_CANCER_5YR_LUNG_TX
Lymphoma (Hodgkin Lymphoma)	S23_PM_CANCER_HODG S23_PM_CANCER_5YR_HODG	Age at first diagnosis S23_PM_CANCER_HODG_AGE Don't know S23_PM_CANCER_HODG_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_HODG_AGE Don't know S23_PM_CANCER_5YR_HODG_AGE_CA	Yes No Don't know S23_PM_CANCER_HODG_TX S23_PM_CANCER_5YR_HODG_TX
Lymphoma (Non-Hodgkin Lymphoma)	S23_PM_CANCER_NONHODGE S23_PM_CANCER_5YR_NONHODGE	Age at first diagnosis S23_PM_CANCER_NONHODGE_AGE Don't know	Age at diagnosis S23_PM_CANCER_5YR_NONHODGE_AGE Don't know	Yes No

		S23_PM_CANCER_NONHODGE_AGE_CA	S23_PM_CANCER_5YR_NONHODGE_AGE_CA	Don't know S23_PM_CANCER_NONHODGE_TX S23_PM_CANCER_5YR_NONHODGE_TX
Mouth, tongue, and throat	S23_PM_CANCER_MOUTH S23_PM_CANCER_5YR_MOUTH	Age at first diagnosis S23_PM_CANCER_MOUTH_AGE Don't know S23_PM_CANCER_MOUTH_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_MOUTH_AGE Don't know S23_PM_CANCER_5YR_MOUTH_AGE_CA	Yes No Don't know S23_PM_CANCER_MOUTH_TX S23_PM_CANCER_5YR_MOUTH_TX
Multiple myeloma	S23_PM_CANCER_MYELOMA S23_PM_CANCER_5YR_MYELOMA	Age at first diagnosis S23_PM_CANCER_MYELOMA_AGE Don't know S23_PM_CANCER_MYELOMA_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_MYELOMA_AGE Don't know S23_PM_CANCER_5YR_MYELOMA_AGE_CA	Yes No Don't know S23_PM_CANCER_MYELOMA_TX S23_PM_CANCER_5YR_MYELOMA_TX
Ovary	S23_PM_CANCER_OVARY S23_PM_CANCER_5YR_OVARY	Age at first diagnosis S23_PM_CANCER_OVARY_AGE Don't know S23_PM_CANCER_OVARY_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_OVARY_AGE Don't know S23_PM_CANCER_5YR_OVARY_AGE_CA	Yes No Don't know S23_PM_CANCER_OVARY_TX S23_PM_CANCER_5YR_OVARY_TX
Pancreas	S23_PM_CANCER_PANCREAS S23_PM_CANCER_5YR_PANCREAS	Age at first diagnosis S23_PM_CANCER_PANCREAS_AGE Don't know S23_PM_CANCER_PANCREAS_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_PANCREAS_AGE Don't know S23_PM_CANCER_5YR_PANCREAS_AGE_CA	Yes No Don't know S23_PM_CANCER_PANCREAS_TX S23_PM_CANCER_5YR_PANCREAS_TX

Prostate	S23_PM_CANCER_PROSTATE S23_PM_CANCER_5YR_PROSTATE	Age at first diagnosis S23_PM_CANCER_PROSTATE_AGE Don't know S23_PM_CANCER_PROSTATE_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_PROSTATE_AGE Don't know S23_PM_CANCER_5YR_PROSTATE_AGE_CA	Yes No Don't know S23_PM_CANCER_PROSTATE_TX S23_PM_CANCER_5YR_PROSTATE_TX
Rectum	S23_PM_CANCER_RECTUM S23_PM_CANCER_5YR_RECTUM	Age at first diagnosis S23_PM_CANCER_RECTUM_AGE Don't know S23_PM_CANCER_RECTUM_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_RECTUM_AGE Don't know S23_PM_CANCER_5YR_RECTUM_AGE_CA	Yes No Don't know S23_PM_CANCER_RECTUM_TX S23_PM_CANCER_5YR_RECTUM_TX
Skin (Melanoma)	S23_PM_CANCER_MELA S23_PM_CANCER_5YR_MELA	Age at first diagnosis S23_PM_CANCER_MELA_AGE Don't know S23_PM_CANCER_MELA_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_MELA_AGE Don't know S23_PM_CANCER_5YR_MELA_AGE_CA	Yes No Don't know S23_PM_CANCER_MELA_TX S23_PM_CANCER_5YR_MELA_TX
Skin (Non-Melanoma) *[if Yes]* Which type of non-melanoma were you diagnosed with? **S23_PM_CANCER_NM** **S23_PM_CANCER_NM2** -Squamous cell skin -Basal cell skin -Don't know	S23_PM_CANCER_NONMELA S23_PM_CANCER_5YR_NONMELA	Age at first diagnosis S23_PM_CANCER_NONMELA_AGE Don't know S23_PM_CANCER_NONMELA_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_NONMELA_AGE Don't know S23_PM_CANCER_5YR_NONMELA_AGE_CA	Yes No Don't know S23_PM_CANCER_NONMELA_TX S23_PM_CANCER_5YR_NONMELA_TX

Small intestine	S23_PM_CANCER_SMINTEST S23_PM_CANCER_5YR_SMINTEST	Age at first diagnosis S23_PM_CANCER_SMINTEST_AGE Don't know S23_PM_CANCER_SMINTEST_AGE_CA	Age at diagnosis **S23_PM_CANCER_5YR_SMINTEST_AGE** Don't know S23_PM_CANCER_5YR_SMINTEST_AGE_CA	Yes No Don't know S23_PM_CANCER_SMINTEST_TX S23_PM_CANCER_5YR_SMINTEST_TX
Stomach	S23_PM_CANCER_STOMACH **S23_PM_CANCER_5YR_STOMACH**	Age at first diagnosis S23_PM_CANCER_STOMACH_AGE Don't know S23_PM_CANCER_STOMACH_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_STOMACH_AGE Don't know S23_PM_CANCER_5YR_STOMACH_AGE_CA	Yes No Don't know S23_PM_CANCER_STOMACH_TX **S23_PM_CANCER_5YR_STOMACH_TX**
Testicle	S23_PM_CANCER_TESTICLE S23_PM_CANCER_5YR_TESTICLE	Age at first diagnosis S23_PM_CANCER_TESTICLE_AGE Don't know S23_PM_CANCER_TESTICLE_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_TESTICLE_AGE Don't know S23_PM_CANCER_5YR_TESTICLE_AGE_CA	Yes No Don't know S23_PM_CANCER_TESTICLE_TX S23_PM_CANCER_5YR_TESTICLE_TX
Thyroid	S23_PM_CANCER_THYROID S23_PM_CANCER_5YR_THYROID	Age at first diagnosis S23_PM_CANCER_THYROID_AGE Don't know S23_PM_CANCER_THYROID_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_THYROID_AGE Don't know S23_PM_CANCER_5YR_THYROID_AGE_CA	Yes No Don't know S23_PM_CANCER_THYROID_TX S23_PM_CANCER_5YR_THYROID_TX
Uterus	S23_PM_CANCER_UTERUS S23_PM_CANCER_5YR_UTERUS	Age at first diagnosis S23_PM_CANCER_UTERUS_AGE Don't know S23_PM_CANCER_UTERUS_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_UTERUS_AGE Don't know S23_PM_CANCER_5YR_UTERUS_AGE_CA	Yes No Don't know S23_PM_CANCER_UTERUS_TX

				S23_PM_CANCER_5YR_UTERUS_TX
Other cancer or malignancy – please specify: _____	S23_PM_CANCER_OTHER, S23_PM_CANCER_OTSP S23_PM_CANCER_5YR_OTHER, S23_PM_CANCER_5YR_OTSP S23_PM_CANCER_5YR_OTSP2	Age at first diagnosis S23_PM_CANCER_OTHER_AGE Don't know S23_PM_CANCER_OTHER_AGE_CA	Age at diagnosis S23_PM_CANCER_5YR_OTHER_AGE Don't know S23_PM_CANCER_5YR_OTHER_AGE_CA	Yes No Don't know S23_PM_CANCER_OTHER_TX S23_PM_CANCER_5YR_OTHER_TX

[For each cancer type selected above where there was a Yes entry for Did you receive treatment for this cancer?]

Which treatment(s) did you receive? (Select ALL that apply)									
[Cancer Type]	*Chemo-therapy*	*Radiation*	*Surgery*	*Laser therapy*	*Stem cell therapy*	*Immuno-therapy*	*Hormone therapy (including Tamoxifen)*	*Don't know*	*Other (please specify):*
Bladder	S23_PM_CANCER_TX_BL_C1 S23_PM_CANCER_5YR_TX_BL_C1	S23_PM_CANCER_TX_BL_C2 S23_PM_CANCER_5YR_TX_BL_C2	S23_PM_CANCER_TX_BL_C3 S23_PM_CANCER_5YR_TX_BL_C3	S23_PM_CANCER_TX_BL_C4 S23_PM_CANCER_5YR_TX_BL_C4	S23_PM_CANCER_TX_BL_C5 S23_PM_CANCER_5YR_TX_BL_C5	S23_PM_CANCER_TX_BL_C6 S23_PM_CANCER_5YR_TX_BL_C6	S23_PM_CANCER_TX_BL_C7 S23_PM_CANCER_5YR_TX_BL_C7	S23_PM_CANCER_TX_BL_C8 S23_PM_CANCER_5YR_TX_BL_C8	S23_PM_CANCER_TX_BL_C9, S23_PM_CANCER_TX_BL_OTSP S23_PM_CANCER_5YR_TX_BL_C9, S23_PM_CANCER_5YR_TX_BL_OTSP
Bone (osteosarcoma and other sarcomas)	S23_PM_CANCER_TX_BO_C1 S23_PM_CANCER_5YR_TX_BO_C1	S23_PM_CANCER_TX_BO_C2 S23_PM_CANCER_5YR_TX_BO_C2	S23_PM_CANCER_TX_BO_C3 S23_PM_CANCER_5YR_TX_BO_C3	S23_PM_CANCER_TX_BO_C4 S23_PM_CANCER_5YR_TX_BO_C4	S23_PM_CANCER_TX_BO_C5 S23_PM_CANCER_5YR_TX_BO_C5	S23_PM_CANCER_TX_BO_C6 S23_PM_CANCER_5YR_TX_BO_C6	S23_PM_CANCER_TX_BO_C7 S23_PM_CANCER_5YR_TX_BO_C7	S23_PM_CANCER_TX_BO_C8 S23_PM_CANCER_5YR_TX_BO_C8	S23_PM_CANCER_TX_BO_C9, S23_PM_CANCER_TX_BO_OTSP S23_PM_CANCER_5YR_TX_BO_C9, S23_PM_CANCER_5YR_TX_BO_OTSP
Brain	S23_PM_CANCER_TX_BRN_C1	S23_PM_CANCER_TX_BRN_C2	S23_PM_CANCER_TX_BRN_C3	S23_PM_CANCER_TX_BRN_C4	S23_PM_CANCER_TX_BRN_C5	S23_PM_CANCER_TX_BRN_C6	S23_PM_CANCER_TX_BRN_C7	S23_PM_CANCER_TX_BRN_C8	S23_PM_CANCER_TX_BRN_C9,

	S23_PM_CANCER_5YR_TX_BRN_C1	S23_PM_CANCER_5YR_TX_BRN_C2	S23_PM_CANCER_5YR_TX_BRN_C3	S23_PM_CANCER_5YR_TX_BRN_C4	S23_PM_CANCER_5YR_TX_BRN_C5	S23_PM_CANCER_5YR_TX_BRN_C6	S23_PM_CANCER_5YR_TX_BRN_C7	S23_PM_CANCER_5YR_TX_BRN_C8	S23_PM_CANCER_TX_BRN_OTSP S23_PM_CANCER_5YR_TX_BRN_C9, S23_PM_CANCER_5YR_TX_BRN_OTSP
Breast	S23_PM_CANCER_TX_BRE_C1 S23_PM_CANCER_5YR_TX_BRE_C1	S23_PM_CANCER_TX_BRE_C2 S23_PM_CANCER_5YR_TX_BRE_C2	S23_PM_CANCER_TX_BRE_C3 S23_PM_CANCER_5YR_TX_BRE_C3	S23_PM_CANCER_TX_BRE_C4 S23_PM_CANCER_5YR_TX_BRE_C4	S23_PM_CANCER_TX_BRE_C5 S23_PM_CANCER_5YR_TX_BRE_C5	S23_PM_CANCER_TX_BRE_C6 S23_PM_CANCER_5YR_TX_BRE_C6	S23_PM_CANCER_TX_BRE_C7 S23_PM_CANCER_5YR_TX_BRE_C7	S23_PM_CANCER_TX_BRE_C8 S23_PM_CANCER_5YR_TX_BRE_C8	S23_PM_CANCER_TX_BRE_C9, S23_PM_CANCER_TX_BRE_OTSP S23_PM_CANCER_5YR_TX_BRE_C9, S23_PM_CANCER_5YR_TX_BRE_OTSP S23_PM_CANCER_5YR_TX_BRE_OTSP2
Cervix	S23_PM_CANCER_TX_CERV_C1 S23_PM_CANCER_5YR_TX_CERV_C1	S23_PM_CANCER_TX_CERV_C2 S23_PM_CANCER_5YR_TX_CERV_C2	S23_PM_CANCER_TX_CERV_C3 S23_PM_CANCER_5YR_TX_CERV_C3	S23_PM_CANCER_TX_CERV_C4 S23_PM_CANCER_5YR_TX_CERV_C4	S23_PM_CANCER_TX_CERV_C5 S23_PM_CANCER_5YR_TX_CERV_C5	S23_PM_CANCER_TX_CERV_C6 S23_PM_CANCER_5YR_TX_CERV_C6	S23_PM_CANCER_TX_CERV_C7 S23_PM_CANCER_5YR_TX_CERV_C7	S23_PM_CANCER_TX_CERV_C8 S23_PM_CANCER_5YR_TX_CERV_C8	S23_PM_CANCER_TX_CERV_C9, S23_PM_CANCER_TX_CERV_OTSP S23_PM_CANCER_5YR_TX_CERV_C9, S23_PM_CANCER_5YR_TX_CERV_OTSP
Colon	S23_PM_CANCER_TX_CO_C1 S23_PM_CANCER_5YR_TX_CO_C1	S23_PM_CANCER_TX_CO_C2 S23_PM_CANCER_5YR_TX_CO_C2	S23_PM_CANCER_TX_CO_C3 S23_PM_CANCER_5YR_TX_CO_C3	S23_PM_CANCER_TX_CO_C4 S23_PM_CANCER_5YR_TX_CO_C4	S23_PM_CANCER_TX_CO_C5 S23_PM_CANCER_5YR_TX_CO_C5	S23_PM_CANCER_TX_CO_C6 S23_PM_CANCER_5YR_TX_CO_C6	S23_PM_CANCER_TX_CO_C7 S23_PM_CANCER_5YR_TX_CO_C7	S23_PM_CANCER_TX_CO_C8 S23_PM_CANCER_5YR_TX_CO_C8	S23_PM_CANCER_TX_CO_C9, S23_PM_CANCER_TX_CO_OTSP S23_PM_CANCER_5YR_TX_CO_C9, S23_PM_CANCER_5YR_TX_CO_OTSP
Esophagus	S23_PM_CANCER_TX_ES_C1 S23_PM_CANCER_5YR_TX_ES_C1	S23_PM_CANCER_TX_ES_C2 S23_PM_CANCER_5YR_TX_ES_C2	S23_PM_CANCER_TX_ES_C3 S23_PM_CANCER_5YR_TX_ES_C3	S23_PM_CANCER_TX_ES_C4 S23_PM_CANCER_5YR_TX_ES_C4	S23_PM_CANCER_TX_ES_C5 S23_PM_CANCER_5YR_TX_ES_C5	S23_PM_CANCER_TX_ES_C6 S23_PM_CANCER_5YR_TX_ES_C6	S23_PM_CANCER_TX_ES_C7 S23_PM_CANCER_5YR_TX_ES_C7	S23_PM_CANCER_TX_ES_C8 S23_PM_CANCER_5YR_TX_ES_C8	S23_PM_CANCER_TX_ES_C9, S23_PM_CANCER_TX_ES_OTSP S23_PM_CANCER_5YR_TX_ES_C9, S23_PM_CANCER_5YR_TX_ES_OTSP

Kidney	S23_PM_CANCER_TX_KI_C1 S23_PM_CANCER_5YR_TX_KI_C1	S23_PM_CANCER_TX_KI_C2 S23_PM_CANCER_5YR_TX_KI_C2	S23_PM_CANCER_TX_KI_C3 S23_PM_CANCER_5YR_TX_KI_C3	S23_PM_CANCER_TX_KI_C4 S23_PM_CANCER_5YR_TX_KI_C4	S23_PM_CANCER_TX_KI_C5 S23_PM_CANCER_5YR_TX_KI_C5	S23_PM_CANCER_TX_KI_C6 S23_PM_CANCER_5YR_TX_KI_C6	S23_PM_CANCER_TX_KI_C7 S23_PM_CANCER_5YR_TX_KI_C7	S23_PM_CANCER_TX_KI_C8 S23_PM_CANCER_5YR_TX_KI_C8	S23_PM_CANCER_TX_KI_C9, S23_PM_CANCER_TX_KI_OTSP S23_PM_CANCER_5YR_TX_KI_C9, S23_PM_CANCER_5YR_TX_KI_OTSP
Larynx	S23_PM_CANCER_TX_LA_C1 S23_PM_CANCER_5YR_TX_LA_C1	S23_PM_CANCER_TX_LA_C2 S23_PM_CANCER_5YR_TX_LA_C2	S23_PM_CANCER_TX_LA_C3 S23_PM_CANCER_5YR_TX_LA_C3	S23_PM_CANCER_TX_LA_C4 S23_PM_CANCER_5YR_TX_LA_C4	S23_PM_CANCER_TX_LA_C5 S23_PM_CANCER_5YR_TX_LA_C5	S23_PM_CANCER_TX_LA_C6 S23_PM_CANCER_5YR_TX_LA_C6	S23_PM_CANCER_TX_LA_C7 S23_PM_CANCER_5YR_TX_LA_C7	S23_PM_CANCER_TX_LA_C8 S23_PM_CANCER_5YR_TX_LA_C8	S23_PM_CANCER_TX_LA_C9, S23_PM_CANCER_TX_LA_OTSP S23_PM_CANCER_5YR_TX_LA_C9, S23_PM_CANCER_5YR_TX_LA_OTSP
Leukemia	S23_PM_CANCER_TX_LE_C1 S23_PM_CANCER_5YR_TX_LE_C1	S23_PM_CANCER_TX_LE_C2 S23_PM_CANCER_5YR_TX_LE_C2	S23_PM_CANCER_TX_LE_C3 S23_PM_CANCER_5YR_TX_LE_C3	S23_PM_CANCER_TX_LE_C4 S23_PM_CANCER_5YR_TX_LE_C4	S23_PM_CANCER_TX_LE_C5 S23_PM_CANCER_5YR_TX_LE_C5	S23_PM_CANCER_TX_LE_C6 S23_PM_CANCER_5YR_TX_LE_C6	S23_PM_CANCER_TX_LE_C7 S23_PM_CANCER_5YR_TX_LE_C7	S23_PM_CANCER_TX_LE_C8 S23_PM_CANCER_5YR_TX_LE_C8	S23_PM_CANCER_TX_LE_C9, S23_PM_CANCER_TX_LE_OTSP S23_PM_CANCER_5YR_TX_LE_C9, S23_PM_CANCER_5YR_TX_LE_OTSP
Liver	S23_PM_CANCER_TX_LI_C1 S23_PM_CANCER_5YR_TX_LI_C1	S23_PM_CANCER_TX_LI_C2 S23_PM_CANCER_5YR_TX_LI_C2	S23_PM_CANCER_TX_LI_C3 S23_PM_CANCER_5YR_TX_LI_C3	S23_PM_CANCER_TX_LI_C4 S23_PM_CANCER_5YR_TX_LI_C4	S23_PM_CANCER_TX_LI_C5 S23_PM_CANCER_5YR_TX_LI_C5	S23_PM_CANCER_TX_LI_C6 S23_PM_CANCER_5YR_TX_LI_C6	S23_PM_CANCER_TX_LI_C7 S23_PM_CANCER_5YR_TX_LI_C7	S23_PM_CANCER_TX_LI_C8 S23_PM_CANCER_5YR_TX_LI_C8	S23_PM_CANCER_TX_LI_C9, S23_PM_CANCER_TX_LI_OTSP S23_PM_CANCER_5YR_TX_LI_C9, S23_PM_CANCER_5YR_TX_LI_OTSP
Lung and bronchus	S23_PM_CANCER_TX_LU_C1 S23_PM_CANCER_5YR_TX_LU_C1	S23_PM_CANCER_TX_LU_C2 S23_PM_CANCER_5YR_TX_LU_C2	S23_PM_CANCER_TX_LU_C3 S23_PM_CANCER_5YR_TX_LU_C3	S23_PM_CANCER_TX_LU_C4 S23_PM_CANCER_5YR_TX_LU_C4	S23_PM_CANCER_TX_LU_C5 S23_PM_CANCER_5YR_TX_LU_C5	S23_PM_CANCER_TX_LU_C6 S23_PM_CANCER_5YR_TX_LU_C6	S23_PM_CANCER_TX_LU_C7 S23_PM_CANCER_5YR_TX_LU_C7	S23_PM_CANCER_TX_LU_C8 S23_PM_CANCER_5YR_TX_LU_C8	S23_PM_CANCER_TX_LU_C9, S23_PM_CANCER_TX_LU_OTSP S23_PM_CANCER_5YR_TX_LU_C9, S23_PM_CANCER_5YR_TX_LU_OTSP

Lymphoma (Hodgkin Lymphoma)	S23_PM_CANCER_TX_LYH_C1 S23_PM_CANCER_5YR_TX_LYH_C1	S23_PM_CANCER_TX_LYH_C2 S23_PM_CANCER_5YR_TX_LYH_C2	S23_PM_CANCER_TX_LYH_C3 S23_PM_CANCER_5YR_TX_LYH_C3	S23_PM_CANCER_TX_LYH_C4 S23_PM_CANCER_5YR_TX_LYH_C4	S23_PM_CANCER_TX_LYH_C5 S23_PM_CANCER_5YR_TX_LYH_C5	S23_PM_CANCER_TX_LYH_C6 S23_PM_CANCER_5YR_TX_LYH_C6	S23_PM_CANCER_TX_LYH_C7 S23_PM_CANCER_5YR_TX_LYH_C7	S23_PM_CANCER_TX_LYH_C8 S23_PM_CANCER_5YR_TX_LYH_C8	S23_PM_CANCER_TX_LYH_C9, S23_PM_CANCER_TX_LYH_OTSP S23_PM_CANCER_5YR_TX_LYH_C9, S23_PM_CANCER_5YR_TX_LYH_OTSP
Lymphoma (Non-Hodgkin Lymphoma)	S23_PM_CANCER_TX_LYNH_C1 S23_PM_CANCER_5YR_TX_LYNH_C1	S23_PM_CANCER_TX_LYNH_C2 S23_PM_CANCER_5YR_TX_LYNH_C2	S23_PM_CANCER_TX_LYNH_C3 S23_PM_CANCER_5YR_TX_LYNH_C3	S23_PM_CANCER_TX_LYNH_C4 S23_PM_CANCER_5YR_TX_LYNH_C4	S23_PM_CANCER_TX_LYNH_C5 S23_PM_CANCER_5YR_TX_LYNH_C5	S23_PM_CANCER_TX_LYNH_C6 S23_PM_CANCER_5YR_TX_LYNH_C6	S23_PM_CANCER_TX_LYNH_C7 S23_PM_CANCER_5YR_TX_LYNH_C7	S23_PM_CANCER_TX_LYNH_C8 S23_PM_CANCER_5YR_TX_LYNH_C8	S23_PM_CANCER_TX_LYNH_C9, S23_PM_CANCER_TX_LYNH_OTSP S23_PM_CANCER_5YR_TX_LYNH_C9, S23_PM_CANCER_5YR_TX_LYNH_OTSP
Mouth, tongue, and throat	S23_PM_CANCER_TX_MO_C1 S23_PM_CANCER_5YR_TX_MO_C1	S23_PM_CANCER_TX_MO_C2 S23_PM_CANCER_5YR_TX_MO_C2	S23_PM_CANCER_TX_MO_C3 S23_PM_CANCER_5YR_TX_MO_C3	S23_PM_CANCER_TX_MO_C4 S23_PM_CANCER_5YR_TX_MO_C4	S23_PM_CANCER_TX_MO_C5 S23_PM_CANCER_5YR_TX_MO_C5	S23_PM_CANCER_TX_MO_C6 S23_PM_CANCER_5YR_TX_MO_C6	S23_PM_CANCER_TX_MO_C7 S23_PM_CANCER_5YR_TX_MO_C7	S23_PM_CANCER_TX_MO_C8 S23_PM_CANCER_5YR_TX_MO_C8	S23_PM_CANCER_TX_MO_C9, S23_PM_CANCER_TX_MO_OTSP S23_PM_CANCER_5YR_TX_MO_C9, S23_PM_CANCER_5YR_TX_MO_OTSP
Multiple myeloma	S23_PM_CANCER_TX_MM_C1 S23_PM_CANCER_5YR_TX_MM_C1	S23_PM_CANCER_TX_MM_C2 S23_PM_CANCER_5YR_TX_MM_C2	S23_PM_CANCER_TX_MM_C3 S23_PM_CANCER_5YR_TX_MM_C3	S23_PM_CANCER_TX_MM_C4 S23_PM_CANCER_5YR_TX_MM_C4	S23_PM_CANCER_TX_MM_C5 S23_PM_CANCER_5YR_TX_MM_C5	S23_PM_CANCER_TX_MM_C6 S23_PM_CANCER_5YR_TX_MM_C6	S23_PM_CANCER_TX_MM_C7 S23_PM_CANCER_5YR_TX_MM_C7	S23_PM_CANCER_TX_MM_C8 S23_PM_CANCER_5YR_TX_MM_C8	S23_PM_CANCER_TX_MM_C9, S23_PM_CANCER_TX_MM_OTSP S23_PM_CANCER_5YR_TX_MM_C9, S23_PM_CANCER_5YR_TX_MM_OTSP
Ovary	S23_PM_CANCER_TX_OV_C1 S23_PM_CANCER_5YR_TX_OV_C1	S23_PM_CANCER_TX_OV_C2 S23_PM_CANCER_5YR_TX_OV_C2	S23_PM_CANCER_TX_OV_C3 S23_PM_CANCER_5YR_TX_OV_C3	S23_PM_CANCER_TX_OV_C4 S23_PM_CANCER_5YR_TX_OV_C4	S23_PM_CANCER_TX_OV_C5 S23_PM_CANCER_5YR_TX_OV_C5	S23_PM_CANCER_TX_OV_C6 S23_PM_CANCER_5YR_TX_OV_C6	S23_PM_CANCER_TX_OV_C7 S23_PM_CANCER_5YR_TX_OV_C7	S23_PM_CANCER_TX_OV_C8 S23_PM_CANCER_5YR_TX_OV_C8	S23_PM_CANCER_TX_OV_C9, S23_PM_CANCER_TX_OV_OTSP S23_PM_CANCER_5YR_TX_OV_C9, S23_PM_CANCER_5YR_TX_OV_OTSP

Pancreas	S23_PM_CANCER_TX_PAN_C1 S23_PM_CANCER_5YR_TX_PAN_C1	S23_PM_CANCER_TX_PAN_C2 S23_PM_CANCER_5YR_TX_PAN_C2	S23_PM_CANCER_TX_PAN_C3 S23_PM_CANCER_5YR_TX_PAN_C3	S23_PM_CANCER_TX_PAN_C4 S23_PM_CANCER_5YR_TX_PAN_C4	S23_PM_CANCER_TX_PAN_C5 S23_PM_CANCER_5YR_TX_PAN_C5	S23_PM_CANCER_TX_PAN_C6 S23_PM_CANCER_5YR_TX_PAN_C6	S23_PM_CANCER_TX_PAN_C7 S23_PM_CANCER_5YR_TX_PAN_C7	S23_PM_CANCER_TX_PAN_C8 S23_PM_CANCER_5YR_TX_PAN_C8	S23_PM_CANCER_TX_PAN_C9, S23_PM_CANCER_TX_PAN_OTSP S23_PM_CANCER_5YR_TX_PAN_C9, S23_PM_CANCER_5YR_TX_PAN_OTSP
Prostate	S23_PM_CANCER_TX_PRO_C1 S23_PM_CANCER_5YR_TX_PRO_C1	S23_PM_CANCER_TX_PRO_C2 S23_PM_CANCER_5YR_TX_PRO_C2	S23_PM_CANCER_TX_PRO_C3 S23_PM_CANCER_5YR_TX_PRO_C3	S23_PM_CANCER_TX_PRO_C4 S23_PM_CANCER_5YR_TX_PRO_C4	S23_PM_CANCER_TX_PRO_C5 S23_PM_CANCER_5YR_TX_PRO_C5	S23_PM_CANCER_TX_PRO_C6 S23_PM_CANCER_5YR_TX_PRO_C6	S23_PM_CANCER_TX_PRO_C7 S23_PM_CANCER_5YR_TX_PRO_C7	S23_PM_CANCER_TX_PRO_C8 S23_PM_CANCER_5YR_TX_PRO_C8	S23_PM_CANCER_TX_PRO_C9, S23_PM_CANCER_TX_PRO_OTSP S23_PM_CANCER_5YR_TX_PRO_C9, S23_PM_CANCER_5YR_TX_PRO_OTSP
Rectum	S23_PM_CANCER_TX_REC_C1 S23_PM_CANCER_5YR_TX_REC_C1	S23_PM_CANCER_TX_REC_C2 S23_PM_CANCER_5YR_TX_REC_C2	S23_PM_CANCER_TX_REC_C3 S23_PM_CANCER_5YR_TX_REC_C3	S23_PM_CANCER_TX_REC_C4 S23_PM_CANCER_5YR_TX_REC_C4	S23_PM_CANCER_TX_REC_C5 S23_PM_CANCER_5YR_TX_REC_C5	S23_PM_CANCER_TX_REC_C6 S23_PM_CANCER_5YR_TX_REC_C6	S23_PM_CANCER_TX_REC_C7 S23_PM_CANCER_5YR_TX_REC_C7	S23_PM_CANCER_TX_REC_C8 S23_PM_CANCER_5YR_TX_REC_C8	S23_PM_CANCER_TX_REC_C9, S23_PM_CANCER_TX_REC_OTSP S23_PM_CANCER_5YR_TX_REC_C9, S23_PM_CANCER_5YR_TX_REC_OTSP
Skin (Melanoma)	S23_PM_CANCER_TX_SM_C1 S23_PM_CANCER_5YR_TX_SM_C1	S23_PM_CANCER_TX_SM_C2 S23_PM_CANCER_5YR_TX_SM_C2	S23_PM_CANCER_TX_SM_C3 S23_PM_CANCER_5YR_TX_SM_C3	S23_PM_CANCER_TX_SM_C4 S23_PM_CANCER_5YR_TX_SM_C4	S23_PM_CANCER_TX_SM_C5 S23_PM_CANCER_5YR_TX_SM_C5	S23_PM_CANCER_TX_SM_C6 S23_PM_CANCER_5YR_TX_SM_C6	S23_PM_CANCER_TX_SM_C7 S23_PM_CANCER_5YR_TX_SM_C7	S23_PM_CANCER_TX_SM_C8 S23_PM_CANCER_5YR_TX_SM_C8	S23_PM_CANCER_TX_SM_C9, S23_PM_CANCER_TX_SM_OTSP S23_PM_CANCER_5YR_TX_SM_C9, S23_PM_CANCER_5YR_TX_SM_OTSP
Skin (Non-Melanoma)	S23_PM_CANCER_TX_SNM_C1 S23_PM_CANCER_5YR_TX_SNM_C1	S23_PM_CANCER_TX_SNM_C2 S23_PM_CANCER_5YR_TX_SNM_C2	S23_PM_CANCER_TX_SNM_C3 S23_PM_CANCER_5YR_TX_SNM_C3	S23_PM_CANCER_TX_SNM_C4 S23_PM_CANCER_5YR_TX_SNM_C4	S23_PM_CANCER_TX_SNM_C5 S23_PM_CANCER_5YR_TX_SNM_C5	S23_PM_CANCER_TX_SNM_C6 S23_PM_CANCER_5YR_TX_SNM_C6	S23_PM_CANCER_TX_SNM_C7 S23_PM_CANCER_5YR_TX_SNM_C7	S23_PM_CANCER_TX_SNM_C8 S23_PM_CANCER_5YR_TX_SNM_C8	S23_PM_CANCER_TX_SNM_C9, S23_PM_CANCER_TX_SNM_OTSP S23_PM_CANCER_5YR_TX_SNM_C9, S23_PM_CANCER_5YR_TX_SNM_OTSP

Small intestine	S23_PM_CANCER_TX_SI_C1 S23_PM_CANCER_5YR_TX_SI_C1	S23_PM_CANCER_TX_SI_C2 S23_PM_CANCER_5YR_TX_SI_C2	S23_PM_CANCER_TX_SI_C3 S23_PM_CANCER_5YR_TX_SI_C3	S23_PM_CANCER_TX_SI_C4 S23_PM_CANCER_5YR_TX_SI_C4	S23_PM_CANCER_TX_SI_C5 S23_PM_CANCER_5YR_TX_SI_C5	S23_PM_CANCER_TX_SI_C6 S23_PM_CANCER_5YR_TX_SI_C6	S23_PM_CANCER_TX_SI_C7 S23_PM_CANCER_5YR_TX_SI_C7	S23_PM_CANCER_TX_SI_C8 S23_PM_CANCER_5YR_TX_SI_C8	S23_PM_CANCER_TX_SI_C9, S23_PM_CANCER_TX_SI_OTSP S23_PM_CANCER_5YR_TX_SI_C9, S23_PM_CANCER_5YR_TX_SI_OTSP
Stomach	S23_PM_CANCER_TX_ST_C1 S23_PM_CANCER_5YR_TX_ST_C1	S23_PM_CANCER_TX_ST_C2 S23_PM_CANCER_5YR_TX_ST_C2	S23_PM_CANCER_TX_ST_C3 S23_PM_CANCER_5YR_TX_ST_C3	S23_PM_CANCER_TX_ST_C4 S23_PM_CANCER_5YR_TX_ST_C4	S23_PM_CANCER_TX_ST_C5 S23_PM_CANCER_5YR_TX_ST_C5	S23_PM_CANCER_TX_ST_C6 S23_PM_CANCER_5YR_TX_ST_C6	S23_PM_CANCER_TX_ST_C7 S23_PM_CANCER_5YR_TX_ST_C7	S23_PM_CANCER_TX_ST_C8 S23_PM_CANCER_5YR_TX_ST_C8	S23_PM_CANCER_TX_ST_C9, S23_PM_CANCER_TX_ST_OTSP S23_PM_CANCER_5YR_TX_ST_C9, S23_PM_CANCER_5YR_TX_ST_OTSP
Testicle	S23_PM_CANCER_TX_TE_C1 S23_PM_CANCER_5YR_TX_TE_C1	S23_PM_CANCER_TX_TE_C2 S23_PM_CANCER_5YR_TX_TE_C2	S23_PM_CANCER_TX_TE_C3 S23_PM_CANCER_5YR_TX_TE_C3	S23_PM_CANCER_TX_TE_C4 S23_PM_CANCER_5YR_TX_TE_C4	S23_PM_CANCER_TX_TE_C5 S23_PM_CANCER_5YR_TX_TE_C5	S23_PM_CANCER_TX_TE_C6 S23_PM_CANCER_5YR_TX_TE_C6	S23_PM_CANCER_TX_TE_C7 S23_PM_CANCER_5YR_TX_TE_C7	S23_PM_CANCER_TX_TE_C8 S23_PM_CANCER_5YR_TX_TE_C8	S23_PM_CANCER_TX_TE_C9, S23_PM_CANCER_TX_TE_OTSP S23_PM_CANCER_5YR_TX_TE_C9, S23_PM_CANCER_5YR_TX_TE_OTSP
Thyroid	S23_PM_CANCER_TX_THY_C1 S23_PM_CANCER_5YR_TX_THY_C1	S23_PM_CANCER_TX_THY_C2 S23_PM_CANCER_5YR_TX_THY_C2	S23_PM_CANCER_TX_THY_C3 S23_PM_CANCER_5YR_TX_THY_C3	S23_PM_CANCER_TX_THY_C4 S23_PM_CANCER_5YR_TX_THY_C4	S23_PM_CANCER_TX_THY_C5 S23_PM_CANCER_5YR_TX_THY_C5	S23_PM_CANCER_TX_THY_C6 S23_PM_CANCER_5YR_TX_THY_C6	S23_PM_CANCER_TX_THY_C7 S23_PM_CANCER_5YR_TX_THY_C7	S23_PM_CANCER_TX_THY_C8 S23_PM_CANCER_5YR_TX_THY_C8	S23_PM_CANCER_TX_THY_C9, S23_PM_CANCER_TX_THY_OTSP S23_PM_CANCER_5YR_TX_THY_C9, S23_PM_CANCER_5YR_TX_THY_OTSP
Uterus	S23_PM_CANCER_TX_UT_C1 S23_PM_CANCER_5YR_TX_UT_C1	S23_PM_CANCER_TX_UT_C2 S23_PM_CANCER_5YR_TX_UT_C2	S23_PM_CANCER_TX_UT_C3 S23_PM_CANCER_5YR_TX_UT_C3	S23_PM_CANCER_TX_UT_C4 S23_PM_CANCER_5YR_TX_UT_C4	S23_PM_CANCER_TX_UT_C5 S23_PM_CANCER_5YR_TX_UT_C5	S23_PM_CANCER_TX_UT_C6 S23_PM_CANCER_5YR_TX_UT_C6	S23_PM_CANCER_TX_UT_C7 S23_PM_CANCER_5YR_TX_UT_C7	S23_PM_CANCER_TX_UT_C8 S23_PM_CANCER_5YR_TX_UT_C8	S23_PM_CANCER_TX_UT_C9, S23_PM_CANCER_TX_UT_OTSP S23_PM_CANCER_5YR_TX_UT_C9, S23_PM_CANCER_5YR_TX_UT_OTSP

Other cancer or malignancy – please specify: _____	S23_PM_CANCER_TX_OTH_C1 S23_PM_CANCER_5YR_TX_OTH_C1	S23_PM_CANCER_TX_OTH_C2 S23_PM_CANCER_5YR_TX_OTH_C2	S23_PM_CANCER_TX_OTH_C3 S23_PM_CANCER_5YR_TX_OTH_C3	S23_PM_CANCER_TX_OTH_C4 S23_PM_CANCER_5YR_TX_OTH_C4	S23_PM_CANCER_TX_OTH_C5 S23_PM_CANCER_5YR_TX_OTH_C5	S23_PM_CANCER_TX_OTH_C6 S23_PM_CANCER_5YR_TX_OTH_C6	S23_PM_CANCER_TX_OTH_C7 S23_PM_CANCER_5YR_TX_OTH_C7	S23_PM_CANCER_TX_OTH_C8 S23_PM_CANCER_5YR_TX_OTH_C8	S23_PM_CANCER_TX_OTH_C9 S23_PM_CANCER_TX_OTH_OTSP S23_PM_CANCER_5YR_TX_OTH_C9, S23_PM_CANCER_5YR_TX_OTH_OTSP

PM08. Have you ever received an organ, bone marrow, or stem cell transplant?
S23_PM_TRANSPLANT_EVER

Yes
No
Don't know

> [*IF YES to PM08*]
> **PM09. Have you taken or are you taking immunosuppressive medication?**
>
> **S23_PM_TRANSPLANT_ME**
>
> Currently taking each day
> Taken within the last few months but not every day
> Taken before Jan 2020 but not currently
> No
> Don't know

PERSONAL HEALTH HISTORY

[If Survey 2017 not completed]
PM04. Has a doctor ever told you that you had any of the following conditions? If yes, please provide your age when you were first diagnosed and whether you are currently being treated.

[If Survey 2017 completed]
PM05. In the last 5 years, has a doctor told you that you had any of the following conditions? If yes, please provide your age when you were diagnosed (in the last 5 years) and whether you are currently being treated.

[If Diagnosed = Yes, Age and Treatment options appear]

Condition			[*If Survey 2017 not completed*] **Age at first Diagnosis**	[*If Survey 2017 completed*] **Age at diagnosis (In**	**Are you currently being treated?**

				the last 5 years)	
Diabetes (do not include gestational which is diabetes diagnosed in pregnancy)	Yes No Don't know **S23_PM04_DM_EVER** **S23_PM05_DM_EVER_5YR**				
	[If Yes] Which type(s) of diabetes? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of diabetes?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			
		No	**Yes**		
	Type 1 diabetes	**S23_PM04_DM_TYPE_A1** **S23_PM05_DM_TYPE_5YR_A1**	Age at first Diagnosis: **S23_PM04_DM_T1_ONSET** Don't Know **S23_PM04_DM_T1_AGE_CA**	Age at diagnosis: **S23_PM05_DM_T1_AGE** Don't Know **S23_PM05_DM_T1_AGE_CA**	Yes No Don't Know **S23_PM04_DM_TYPE_B1** **S23_PM05_DM_TYPE_5YR_B1**

	Type 2 diabetes	**S23_PM04_DM_TYPE_A2** **S23_PM05_DM_TYPE_5YR_A2**	Age at <u>first</u> Diagnosis: **S23_PM04_DM_T2_ONSET** Don't Know **S23_PM04_DM_T2_AGE_CA**	Age at diagnosis: **S23_PM05_DM_T2_AGE** Don't Know **S23_PM05_DM_T2_AGE_CA**	Yes No Don't Know **S23_PM04_DM_TYPE_B2** **S23_PM05_DM_TYPE_5YR_B2**
	Don't Know	**S23_PM04_DM_TYPE_A3** **S23_PM05_DM_TYPE_5YR_A3**			
Thyroid disease (Endocrine and metabolic conditions)	Yes No Don't know **S23_PM04_THY_EVER** **S23_PM05_THY_EVER_5YR**				
	[If Yes] Which type(s) of thyroid diseases? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed).	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			

		No	Yes			
	[If No or Don't Know are selected, hide Which type(s) of thyroid diseases?]					
	Hyperthyroid	**S23_PM04_THY_TYPE_A1** **S23_PM05_THY_TYPE_5YR_A1**	Age at <u>first</u> Diagnosis: **S23_PM04_THY_HYPER_ONSET** Don't Know **S23_PM04_THY_HYPER_AGE_CA**	Age at diagnosis: **S23_PM05_THY_HYPER_AGE** Don't Know **S23_PM05_THY_HYPER_AGE_CA**	Yes No Don't Know **S23_PM04_THY_TYPE_B1** **S23_PM05_THY_TYPE_5YR_B1**
	Hypothyroid	**S23_PM04_THY_TYPE_A2** **S23_PM05_THY_TYPE_5YR_A2**	Age at <u>first</u> Diagnosis: **S23_PM04_THY_HYPO_ONSET** Don't Know **S23_PM04_THY_HYPO_AGE_CA**	Age at diagnosis: **S23_PM05_THY_HYPO_AGE** Don't Know **S23_PM05_THY_HYPO_AGE_CA**	Yes No Don't Know **S23_PM04_THY_TYPE_B2** **S23_PM05_THY_TYPE_5YR_B2**
	Don't know	**S23_PM04_THY_TYPE_A3** **S23_PM05_THY_TYPE_5YR_A3**			
Heart and circulatory condition	Yes No Don't know **S23_PM04_HCC_EVER** **S23_PM05_HCC_EVER_5YR**					
	[If Yes] Which type(s) of heart and	**Diagnosed** *[If Diagnosed = Yes, Age and*				

	circulatory conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of heart and circulatory conditions?]*	*Treatment options appear]*			
		No · Yes			
	Angina	**S23_PM04_HCC_TYPE_A1** **S23_PM05_HCC_TYPE_5YR_A1**	Age at first Diagnosis: **S23_PM04_HCC_AN_AGE** Don't Know **S23_PM04_HCC_AN_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_AN_AGE** Don't Know **S23_PM05_HCC_AN_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B1** **S23_PM05_HCC_TYPE_5YR_B1**
	Arrhythmia	**S23_PM04_HCC_TYPE_A2** **S23_PM05_HCC_TYPE_5YR_A2**	Age at first Diagnosis: **S23_PM04_HCC_AR_AGE** Don't Know Don't Know **S23_PM04_HCC_AR_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_AR_AGE** Don't Know **S23_PM05_HCC_AR_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B2** **S23_PM05_HCC_TYPE_5YR_B2**
	Atherosclerosis / Coronary heart disease (including	**S23_PM04_HCC_TYPE_A3**	Age at first Diagnosis: **S23_PM04_HCC_ATH_AGE**	Age at diagnosis: **S23_PM05_HCC_ATH_AGE**	Yes No Don't Know

angioplasty or stents)	**S23_PM05_HCC_TYPE_5YR_A3**	Don't Know **S23_PM04_HCC_ATH_AGE_CA**	Don't Know **S23_PM05_HCC_ATH_AGE_CA**	**S23_PM04_HCC_TYPE_B3** **S23_PM05_HCC_TYPE_5YR_B3**
Atrial fibrillation	**S23_PM04_HCC_TYPE_A4** **S23_PM05_HCC_TYPE_5YR_A4**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_AT_AGE** Don't Know **S23_PM04_HCC_AT_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_AT_AGE** Don't Know **S23_PM05_HCC_AT_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B4** **S23_PM05_HCC_TYPE_5YR_B4**
Heart attack (myocardial infarction)	**S23_PM04_HCC_TYPE_A5** **S23_PM05_HCC_TYPE_5YR_A5**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HA_AGE** Don't Know **S23_PM04_HCC_HA_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_HA_AGE** Don't Know **S23_PM05_HCC_HA_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B5** **S23_PM05_HCC_TYPE_5YR_B5**
Heart failure	**S23_PM04_HCC_TYPE_A6** **S23_PM05_HCC_TYPE_5YR_A6**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HF_AGE** Don't Know **S23_PM04_HCC_HF_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_HF_AGE** Don't Know **S23_PM05_HCC_HF_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B6** **S23_PM05_HCC_TYPE_5YR_B6**
Heart murmur	**S23_PM04_HCC_TYPE_A7** **S23_PM05_HCC_TYPE_5YR_A7**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HM_AGE** Don't Know **S23_PM04_HCC_HM_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_HM_AGE** Don't Know **S23_PM05_HCC_HM_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B7** **S23_PM05_HCC_TYPE_5YR_B7**
Heart problems	**S23_PM04_HCC_TYPE_A8** **S23_PM05_HCC_TYPE_5YR_A8**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HP_AGE**	Age at diagnosis: **S23_PM05_HCC_HP_AGE**	Yes No Don't Know **S23_PM04_HCC_TYPE_B8**

			Don't Know **S23_PM04_HCC_HP_AGE_CA**	Don't Know **S23_PM05_HCC_HP_AGE_CA**	**S23_PM05_HCC_TYPE_5YR_B8**
	High blood pressure (hypertension, not including during pregnancy)	**S23_PM04_HCC_TYPE_A9** **S23_PM05_HCC_TYPE_5YR_A9**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HBP_AGE** Don't Know **S23_PM04_HCC_HBP_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_HBP_AGE** Don't Know **S23_PM05_HCC_HBP_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B9** **S23_PM05_HCC_TYPE_5YR_B9**
	High blood sugar (not including during pregnancy)	**S23_PM04_HCC_TYPE_A10** **S23_PM05_HCC_TYPE_5YR_A10**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HBS_AGE** Don't Know **S23_PM04_HCC_HBS_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_HBS_AGE** Don't Know **S23_PM05_HCC_HBS_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B10** **S23_PM05_HCC_TYPE_5YR_B10**
	High cholesterol	**S23_PM04_HCC_TYPE_A11** **S23_PM05_HCC_TYPE_5YR_A11**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_HC_AGE** Don't Know **S23_PM04_HCC_HC_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_HC_AGE** Don't Know **S23_PM05_HCC_HC_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B11** **S23_PM05_HCC_TYPE_5YR_B11**
	Valvular heart disease (e.g. aortic stenosis, mitral valve prolapse)	**S23_PM04_HCC_TYPE_A12** **S23_PM05_HCC_TYPE_5YR_A12**	Age at <u>first</u> Diagnosis: **S23_PM04_HCC_VHD_AGE** Don't Know **S23_PM04_HCC_VHD_AGE_CA**	Age at diagnosis: **S23_PM05_HCC_VHD_AGE** Don't Know **S23_PM05_HCC_VHD_AGE_CA**	Yes No Don't Know **S23_PM04_HCC_TYPE_B12** **S23_PM05_HCC_TYPE_5YR_B12**
Respiratory system	Yes No Don't know				

conditions	S23_PM04_RS_EVER S23_PM05_RS_EVER_5YR					
	[If Yes] Which type(s) of respiratory system conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of respiratory system conditions?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*				
		No	Yes			
	Asthma	**S23_PM04_RS_TYPE_A1** **S23_PM05_RS_TYPE_5YR_A1**		Age at <u>first</u> Diagnosis: **S23_PM04_RS_AS_AGE** Don't Know **S23_PM04_RS_AS_AGE_CA**	Age at diagnosis: **S23_PM05_RS_AS_AGE** Don't Know **S23_PM05_RS_AS_AGE_CA**	Yes No Don't Know **S23_PM04_RS_TYPE_B1** **S23_PM05_RS_TYPE_5YR_B1**
	Chronic bronchitis	**S23_PM04_RS_TYPE_A2**		Age at <u>first</u> Diagnosis: **S23_PM04_RS_CB_AGE**	Age at diagnosis: **S23_PM05_RS_CB_AGE**	Yes No Don't Know

		S23_PM05_RS_TYPE_5YR_A2	Don't Know **S23_PM04_RS_CB_AGE_CA**	Don't Know **S23_PM05_RS_CB_AGE_CA**	**S23_PM04_RS_TYPE_B2** **S23_PM05_RS_TYPE_5YR_B2**
	Chronic obstructive pulmonary disease (COPD)	**S23_PM04_RS_TYPE_A3** **S23_PM05_RS_TYPE_5YR_A3**	Age at first Diagnosis: **S23_PM04_RS_COPD_AGE** Don't Know **S23_PM04_RS_COPD_AGE_CA**	Age at diagnosis: **S23_PM05_RS_COPD_AGE** Don't Know **S23_PM05_RS_COPD_AGE_CA**	Yes No Don't Know **S23_PM04_RS_TYPE_B3** **S23_PM05_RS_TYPE_5YR_B3**
	Cystic fibrosis	**S23_PM04_RS_TYPE_A4** **S23_PM05_RS_TYPE_5YR_A4**	Age at first Diagnosis: **S23_PM04_RS_CF_AGE** Don't Know **S23_PM04_RS_CF_AGE_CA**	Age at diagnosis: **S23_PM05_RS_CF_AGE** Don't Know **S23_PM05_RS_CF_AGE_CA**	Yes No Don't Know **S23_PM04_RS_TYPE_B4** **S23_PM05_RS_TYPE_5YR_B4**
	Emphysema	**S23_PM04_RS_TYPE_A5** **S23_PM05_RS_TYPE_5YR_A5**	Age at first Diagnosis: **S23_PM04_RS_EM_AGE** Don't Know **S23_PM04_RS_EM_AGE_CA**	Age at diagnosis: **S23_PM05_RS_EM_AGE** Don't Know **S23_PM05_RS_EM_AGE_CA**	Yes No Don't Know **S23_PM04_RS_TYPE_B5** **S23_PM05_RS_TYPE_5YR_B5**
	Interstitial lung disease (lung tissue scarring resulting from other health conditions or exposures)	**S23_PM04_RS_TYPE_A6** **S23_PM05_RS_TYPE_5YR_A6**	Age at first Diagnosis: **S23_PM04_RS_ILD_AGE** Don't Know **S23_PM04_RS_ILD_AGE_CA**	Age at diagnosis: **S23_PM05_RS_ILD_AGE** Don't Know **S23_PM05_RS_ILD_AGE_CA**	Yes No Don't Know **S23_PM04_RS_TYPE_B6** **S23_PM05_RS_TYPE_5YR_B6**
	Sleep apnea	**S23_PM04_RS_TYPE_A7** **S23_PM05_RS_TYPE_5YR_A7**	Age at first Diagnosis: **S23_PM04_RS_SL_AGE** Don't Know	Age at diagnosis: **S23_PM05_RS_SL_AGE** Don't Know	Yes No Don't Know **S23_PM04_RS_TYPE_B7**

				S23_PM04_RS_SL_AGE_CA	S23_PM05_RS_SL_AGE_CA	S23_PM05_RS_TYPE_5YR_B7
Gastrointestinal conditions	Yes No Don't know **S23_PM04_GI_EVER** **S23_PM05_GI_EVER_5YR**					
	[If Yes] Which type(s) of gastrointestinal conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of gastrointestinal conditions?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*				
		No	Yes			
	Celiac disease	**S23_PM04_GI_TYPE_A1** **S23_PM05_GI_TYPE_5YR_A1**		Age at <u>first</u> Diagnosis: **S23_PM04_GI_CD_AGE** Don't Know	Age at diagnosis: **S23_PM05_GI_CD_AGE** Don't Know	Yes No Don't Know **S23_PM04_GI_TYPE_B1**

			S23_PM04_GI_CD_AGE_CA	S23_PM05_GI_CD_AGE_CA	S23_PM05_GI_TYPE_5YR_B1
	Crohn's disease	**S23_PM04_GI_TYPE_A2** **S23_PM05_GI_TYPE_5YR_A2**	Age at <u>first</u> Diagnosis: **S23_PM04_GI_CRD_AGE** Don't Know **S23_PM04_GI_CRD_AGE_CA**	Age at diagnosis: **S23_PM05_GI_CRD_AGE** Don't Know **S23_PM05_GI_CRD_AGE_CA**	Yes No Don't Know **S23_PM04_GI_TYPE_B2** **S23_PM05_GI_TYPE_5YR_B2**
	Diverticulitis	**S23_PM04_GI_TYPE_A3** **S23_PM05_GI_TYPE_5YR_A3**	Age at <u>first</u> Diagnosis: **S23_PM04_GI_DV_AGE** Don't Know **S23_PM04_GI_DV_AGE_CA**	Age at diagnosis: **S23_PM05_GI_DV_AGE** Don't Know **S23_PM05_GI_DV_AGE_CA**	Yes No Don't Know **S23_PM04_GI_TYPE_B3** **S23_PM05_GI_TYPE_5YR_B3**
	Irritable bowel syndrome	**S23_PM04_GI_TYPE_A4** **S23_PM05_GI_TYPE_5YR_A4**	Age at <u>first</u> Diagnosis: **S23_PM04_GI_IBS_AGE** Don't Know **S23_PM04_GI_IBS_AGE_CA**	Age at diagnosis: **S23_PM05_GI_IBS_AGE** Don't Know **S23_PM05_GI_IBS_AGE_CA**	Yes No Don't Know **S23_PM04_GI_TYPE_B4** **S23_PM05_GI_TYPE_5YR_B4**
	Persistent acid reflux/Gastroe sophageal reflux disease (GERD)	**S23_PM04_GI_TYPE_A5** **S23_PM05_GI_TYPE_5YR_A5**	Age at <u>first</u> Diagnosis: **S23_PM04_GI_GERD_AGE** Don't Know **S23_PM04_GI_GERD_AGE_CA**	Age at diagnosis: **S23_PM05_GI_GERD_AGE** Don't Know **S23_PM05_GI_GERD_AGE_CA**	Yes No Don't Know **S23_PM04_GI_TYPE_B5** **S23_PM05_GI_TYPE_5YR_B5**
	Stomach ulcers	**S23_PM04_GI_TYPE_A6** **S23_PM05_GI_TYPE_5YR_A6**	Age at <u>first</u> Diagnosis: **S23_PM04_GI_SU_AGE** Don't Know	Age at diagnosis: **S23_PM05_GI_SU_AGE** Don't Know	Yes No Don't Know **S23_PM04_GI_TYPE_B6**

			S23_PM04_GI_SU_AGE_CA	S23_PM05_GI_SU_AGE_CA	S23_PM05_GI_TYPE_5YR_B6
	Ulcerative colitis	**S23_PM04_GI_TYPE_A7** **S23_PM05_GI_TYPE_5YR_A7**	Age at first Diagnosis: **S23_PM04_GI_UC_AGE** Don't Know **S23_PM04_GI_UC_AGE_CA**	Age at diagnosis: **S23_PM05_GI_UC_AGE** Don't Know **S23_PM05_GI_UC_AGE_CA**	Yes No Don't Know **S23_PM04_GI_TYPE_B7** **S23_PM05_GI_TYPE_5YR_B7**
Liver or pancreas conditions	Yes No Don't know **S23_PM04_LP_EVER** **S23_PM05_LP_EVER_5YR**				
	[If Yes] Which type(s) of liver or pancreas conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of liver or*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			

		No	Yes			
	pancreas conditions?]					
	Cholecystitis	**S23_PM04_LP_TYPE_A1** **S23_PM05_LP_TYPE_5YR_A1**		Age at <u>first</u> Diagnosis: **S23_PM04_LP_C_AGE** Don't Know **S23_PM04_LP_C_AGE_CA**	Age at diagnosis: **S23_PM05_LP_C_AGE** Don't Know **S23_PM05_LP_C_AGE_CA**	Yes No Don't Know **S23_PM04_LP_TYPE_B1** **S23_PM05_LP_TYPE_5YR_B1**
	Fatty liver (NAFLD- non-alcoholic fatty liver disease / NASH – nonalcoholic steatohepatitis)	**S23_PM04_LP_TYPE_A2** **S23_PM05_LP_TYPE_5YR_A2**		Age at <u>first</u> Diagnosis: **S23_PM04_LP_FL_AGE** Don't Know **S23_PM04_LP_FL_AGE_CA**	Age at diagnosis: **S23_PM05_LP_FL_AGE** Don't Know **S23_PM05_LP_FL_AGE_CA**	Yes No Don't Know **S23_PM04_LP_TYPE_B2** **S23_PM05_LP_TYPE_5YR_B2**
	Gallstones	**S23_PM04_LP_TYPE_A3** **S23_PM05_LP_TYPE_5YR_A3**		Age at <u>first</u> Diagnosis: **S23_PM04_LP_GS_AGE** Don't Know **S23_PM04_LP_GS_AGE_CA**	Age at diagnosis: **S23_PM05_LP_GS_AGE** Don't Know **S23_PM05_LP_GS_AGE_CA**	Yes No Don't Know **S23_PM04_LP_TYPE_B3** **S23_PM05_LP_TYPE_5YR_B3**
	Hepatitis	**S23_PM04_LP_TYPE_A4** **S23_PM05_LP_TYPE_5YR_A4**		Age at <u>first</u> Diagnosis: **S23_PM04_LP_HEP_AGE** Don't Know **S23_PM04_LP_HEP_AGE_CA**	Age at diagnosis: **S23_PM05_LP_HEP_AGE** Don't Know **S23_PM05_LP_HEP_AGE_CA**	Yes No Don't Know **S23_PM04_LP_TYPE_B4** **S23_PM05_LP_TYPE_5YR_B4**
	Liver cirrhosis	**S23_PM04_LP_TYPE_A5** **S23_PM05_LP_TYPE_5YR_A5**		Age at <u>first</u> Diagnosis: **S23_PM04_LP_LV_AGE**	Age at diagnosis: **S23_PM05_LP_LV_AGE**	Yes No Don't Know **S23_PM04_LP_TYPE_B5**

			Don't Know **S23_PM04_LP_LV_AGE_CA**	Don't Know **S23_PM05_LP_LV_AGE_CA**	**S23_PM05_LP_TYPE_5YR_B5**
	Pancreatitis	**S23_PM04_LP_TYPE_A6** **S23_PM05_LP_TYPE_5YR_A6**	Age at <u>first</u> Diagnosis: **S23_PM04_LP_PAN_AGE** Don't Know **S23_PM04_LP_PAN_AGE_CA**	Age at diagnosis: **S23_PM05_LP_PAN_AGE** Don't Know **S23_PM05_LP_PAN_AGE_CA**	Yes No Don't Know **S23_PM04_LP_TYPE_B6** **S23_PM05_LP_TYPE_5YR_B6**
Renal disease / kidney failure conditions	Yes No Don't know **S23_PM04_RK_EVER** **S23_PM05_RK_EVER_5YR**				
	[If Yes] Which type(s) of renal disease / kidney failure conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s)*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			

		No	Yes			
	of renal disease / kidney failure conditions?]					
	Acute renal failure	**S23_PM04_RK_TYPE_A1** **S23_PM05_RK_TYPE_5YR_A1**		Age at first Diagnosis: **S23_PM04_RK_ACR_AGE** Don't Know **S23_PM04_RK_ACR_AGE_CA**	Age at diagnosis: **S23_PM05_RK_ACR_AGE** Don't Know **S23_PM05_RK_ACR_AGE_CA**	Yes No Don't Know **S23_PM04_RK_TYPE_B1** **S23_PM05_RK_TYPE_5YR_B1**
	Chronic renal failure	**S23_PM04_RK_TYPE_A2** **S23_PM05_RK_TYPE_5YR_A2**		Age at first Diagnosis: **S23_PM04_RK_CRF_AGE** Don't Know **S23_PM04_RK_CRF_AGE_CA**	Age at diagnosis: **S23_PM05_RK_CRF_AGE** Don't Know **S23_PM05_RK_CRF_AGE_CA**	Yes No Don't Know **S23_PM04_RK_TYPE_B2** **S23_PM05_RK_TYPE_5YR_B2**
	Kidney stones	**S23_PM04_RK_TYPE_A3** **S23_PM05_RK_TYPE_5YR_A3**		Age at first Diagnosis: **S23_PM04_RK_KS_AGE** Don't Know **S23_PM04_RK_KS_AGE_CA**	Age at diagnosis: **S23_PM05_RK_KS_AGE** Don't Know **S23_PM05_RK_KS_AGE_CA**	Yes No Don't Know **S23_PM04_RK_TYPE_B3** **S23_PM05_RK_TYPE_5YR_B3**
	Pyelonephritis	**S23_PM04_RK_TYPE_A4** **S23_PM05_RK_TYPE_5YR_A4**		Age at first Diagnosis: **S23_PM04_RK_PP_AGE** Don't Know **S23_PM04_RK_PP_AGE_CA**	Age at diagnosis: **S23_PM05_RK_PP_AGE** Don't Know **S23_PM05_RK_PP_AGE_CA**	Yes No Don't Know **S23_PM04_RK_TYPE_B4** **S23_PM05_RK_TYPE_5YR_B4**
	Weak or failing kidney	**S23_PM04_RK_TYPE_A5** **S23_PM05_RK_TYPE_5YR_A5**		Age at first Diagnosis: **S23_PM04_RK_WFK_AGE**	Age at diagnosis: **S23_PM05_RK_WFK_AGE**	Yes No Don't Know **S23_PM04_RK_TYPE_B5**

				Don't Know S23_PM04_RK_WFK_AGE_CA	Don't Know S23_PM05_RK_WFK_AGE_CA	S23_PM05_RK_TYPE_5YR_B5
Mental health conditions	Yes No Don't know S23_PM04_MH_EVER S23_PM05_MH_EVER_5YR					
	[If Yes] Which type(s) of mental health conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of mental health conditions?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*				
		No	Yes			
	Addiction disorder (e.g. alcohol, drug or gambling dependence)	S23_PM04_MH_TYPE_A1 S23_PM05_MH_TYPE_5YR_A1		Age at <u>first</u> Diagnosis: S23_PM04_MH_ADD_AGE Don't Know	Age at diagnosis: S23_PM05_MH_ADD_AGE Don't Know	Yes No Don't Know S23_PM04_MH_TYPE_B1

			S23_PM04_MH _ADD_AGE_CA	S23_PM05_MH _ADD_AGE_CA	S23_PM05_MH _TYPE_5YR_B1
	Anxiety disorder	S23_PM04_MH_ TYPE_A2 S23_PM05_MH_ TYPE_5YR_A2	Age at first Diagnosis: S23_PM04_MH _AX_AGE Don't Know S23_PM04_MH _AX_AGE_CA	Age at diagnosis: S23_PM05_MH _AX_AGE Don't Know S23_PM05_MH _AX_AGE_CA	Yes No Don't Know S23_PM04_MH _TYPE_B2 S23_PM05_MH _TYPE_5YR_B2
	Bipolar disorder	S23_PM04_MH_ TYPE_A3 S23_PM05_MH_ TYPE_5YR_A3	Age at first Diagnosis: S23_PM04_MH _BP_AGE Don't Know S23_PM04_MH _BP_AGE_CA	Age at diagnosis: S23_PM05_MH _BP_AGE Don't Know S23_PM05_MH _BP_AGE_CA	Yes No Don't Know S23_PM04_MH _TYPE_B3 S23_PM05_MH _TYPE_5YR_B3
	Eating disorder	S23_PM04_MH_ TYPE_A4 S23_PM05_MH_ TYPE_5YR_A4	Age at first Diagnosis: S23_PM04_MH _ED_AGE Don't Know S23_PM04_MH _ED_AGE_CA	Age at diagnosis: S23_PM05_MH _ED_AGE Don't Know S23_PM05_MH _ED_AGE_CA	Yes No Don't Know S23_PM04_MH _TYPE_B4 S23_PM05_MH _TYPE_5YR_B4
	Major depression	S23_PM04_MH_ TYPE_A5 S23_PM05_MH_ TYPE_5YR_A5	Age at first Diagnosis: S23_PM04_MH _MD_AGE Don't Know S23_PM04_MH _MD_AGE_CA	Age at diagnosis: S23_PM05_MH _MD_AGE Don't Know S23_PM05_MH _MD_AGE_CA	Yes No Don't Know S23_PM04_MH _TYPE_B5 S23_PM05_MH _TYPE_5YR_B5
	Minor depression	S23_PM04_MH_ TYPE_A6 S23_PM05_MH_ TYPE_5YR_A6	Age at first Diagnosis: S23_PM04_MH _MID_AGE Don't Know	Age at diagnosis: S23_PM05_MH _MID_AGE Don't Know	Yes No Don't Know S23_PM04_MH _TYPE_B6

			S23_PM04_MH _MID_AGE_CA	**S23_PM05_MH _MID_AGE_CA**	**S23_PM05_MH _TYPE_5YR_B6**
	Obsessive compulsive disorder	**S23_PM04_MH_ TYPE_A7** **S23_PM05_MH_ TYPE_5YR_A7**	Age at <u>first</u> Diagnosis: **S23_PM04_MH _OCD_AGE** Don't Know **S23_PM04_MH _OCD_AGE_CA**	Age at diagnosis: **S23_PM05_MH _OCD_AGE** Don't Know **S23_PM05_MH _OCD_AGE_CA**	Yes No Don't Know **S23_PM04_MH _TYPE_B7** **S23_PM05_MH _TYPE_5YR_B7**
	Post-traumatic stress disorder	**S23_PM04_MH_ TYPE_A8** **S23_PM05_MH_ TYPE_5YR_A8**	Age at <u>first</u> Diagnosis: **S23_PM04_MH _PTSD_AGE** Don't Know **S23_PM04_MH _PTSD_AGE_CA**	Age at diagnosis: **S23_PM05_MH _PTSD_AGE** Don't Know **S23_PM05_MH _PTSD_AGE_CA**	Yes No Don't Know **S23_PM04_MH _TYPE_B8** **S23_PM05_MH _TYPE_5YR_B8**
	Schizophrenia or Schizoaffective disorder	**S23_PM04_MH_ TYPE_A9** **S23_PM05_MH_ TYPE_5YR_A9**	Age at <u>first</u> Diagnosis: **S23_PM04_MH _SD_AGE** Don't Know **S23_PM04_MH _SD_AGE_CA**	Age at diagnosis: **S23_PM05_MH _SD_AGE** Don't Know **S23_PM05_MH _SD_AGE_CA**	Yes No Don't Know **S23_PM04_MH _TYPE_B9** **S23_PM05_MH _TYPE_5YR_B9**
Neurological conditions	Yes No Don't know **S23_PM04_N EURO_EVER** **S23_PM05_N EURO_EVER_ 5YR**				
	[If Yes] Which type(s) of neurological conditions?	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			

	Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of neurological conditions?]*					
		No	Yes			
	Alzheimer's disease	**S23_PM04_NEURO_TYPE_A1** **S23_PM05_NEURO_TYPE_5YR_A1**		Age at first Diagnosis: **S23_PM04_NEURO_AD_AGE** Don't Know **S23_PM04_NEURO_AD_AGE_CA**	Age at diagnosis: **S23_PM05_NEURO_AD_AGE** Don't Know **S23_PM05_NEURO_AD_AGE_CA**	Yes No Don't Know **S23_PM04_NEURO_TYPE_B1** **S23_PM05_NEURO_TYPE_5YR_B1**
	Chronic fatigue syndrome	**S23_PM04_NEURO_TYPE_A2** **S23_PM05_NEURO_TYPE_5YR_A2**		Age at first Diagnosis: **S23_PM04_NEURO_CFS_AGE** Don't Know **S23_PM04_NEURO_CFS_AGE_CA**	Age at diagnosis: **S23_PM05_NEURO_CFS_AGE** Don't Know **S23_PM05_NEURO_CFS_AGE_CA**	Yes No Don't Know **S23_PM04_NEURO_TYPE_B2** **S23_PM05_NEURO_TYPE_5YR_B2**
	Epilepsy or Seizures	**S23_PM04_NEURO_TYPE_A3**		Age at first Diagnosis:	Age at diagnosis:	Yes No Don't Know

		S23_PM05_NEURO_TYPE_5YR_A3	**S23_PM04_NEURO_EP_AGE** Don't Know **S23_PM04_NEURO_EP_AGE_CA**	**S23_PM05_NEURO_EP_AGE** Don't Know **S23_PM05_NEURO_EP_AGE_CA**	**S23_PM04_NEURO_TYPE_B3** **S23_PM05_NEURO_TYPE_5YR_B3**
	Multiple sclerosis	**S23_PM04_NEURO_TYPE_A4** **S23_PM05_NEURO_TYPE_5YR_A4**	Age at first Diagnosis: **S23_PM04_NEURO_MS_AGE** Don't Know **S23_PM04_NEURO_MS_AGE_CA**	Age at diagnosis: **S23_PM05_NEURO_MS_AGE** Don't Know **S23_PM05_NEURO_MS_AGE_CA**	Yes No Don't Know **S23_PM04_NEURO_TYPE_B4** **S23_PM05_NEURO_TYPE_5YR_B4**
	Migraines	**S23_PM04_NEURO_TYPE_A5** **S23_PM05_NEURO_TYPE_5YR_A5**	Age at first Diagnosis: **S23_PM04_NEURO_MI_AGE** Don't Know **S23_PM04_NEURO_MI_AGE_CA**	Age at diagnosis: **S23_PM05_NEURO_MI_AGE** Don't Know **S23_PM05_NEURO_MI_AGE_CA**	Yes No Don't Know **S23_PM04_NEURO_TYPE_B5** **S23_PM05_NEURO_TYPE_5YR_B5**
	Parkinson's disease	**S23_PM04_NEURO_TYPE_A6** **S23_PM05_NEURO_TYPE_5YR_A6**	Age at first Diagnosis: **S23_PM04_NEURO_PD_AGE** Don't Know **S23_PM04_NEURO_PD_AGE_CA**	Age at diagnosis: **S23_PM05_NEURO_PD_AGE** Don't Know **S23_PM05_NEURO_PD_AGE_CA**	Yes No Don't Know **S23_PM04_NEURO_TYPE_B6** **S23_PM05_NEURO_TYPE_5YR_B6**
Bone and joint conditions	Yes No Don't know **S23_PM04_BJ_EVER** **S23_PM05_BJ_EVER_5YR**				
	[If Yes]	**Diagnosed**			

	Which type(s) of bone and join conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of bone and joint conditions?]*	*[If Diagnosed = Yes, Age and Treatment options appear]*			
		No | Yes			
	Arthritis Which type of arthritis was is? **S23_PM04_A RTH** **S23_PM04_A RTH2** **S23_PM05_A RTH_5YR** Rheumatoid 1 Osteoarthritis 2 Gout 3 Don't know 99 Other - please specify: _4_	**S23_PM04_BJ_T YPE_A1** **S23_PM05_BJ_T YPE_5YR_A1**	Age at first Diagnosis: **S23_PM04_BJ_ AR_AGE** Don't Know **S23_PM04_BJ_ AR_AGE_CA**	Age at diagnosis: **S23_PM05_BJ_ AR_AGE** Don't Know **S23_PM05_BJ_ AR_AGE_CA**	Yes No Don't Know **S23_PM04_BJ_ TYPE_B1** **S23_PM05_BJ_ TYPE_5YR_B1**

	S23_PM04_A RTH_OTSP **S23_PM05_A RTH_5YR_OTS P**			
	Fibromyalgia	**S23_PM04_BJ_T YPE_A2** **S23_PM05_BJ_T YPE_5YR_A2**	Age at <u>first</u> Diagnosis: **S23_PM04_BJ_ FB_AGE** Don't Know **S23_PM04_BJ_ FB_AGE_CA**	Age at diagnosis: **S23_PM05_BJ_ FB_AGE** Don't Know **S23_PM05_BJ_ FB_AGE_CA**	Yes No Don't Know **S23_PM04_BJ_ TYPE_B2** **S23_PM05_BJ_ TYPE_5YR_B2**
	Lupus	**S23_PM04_BJ_T YPE_A3** **S23_PM05_BJ_T YPE_5YR_A3**	Age at <u>first</u> Diagnosis: **S23_PM04_BJ_ LU_AGE** Don't Know **S23_PM04_BJ_ LU_AGE_CA**	Age at diagnosis: **S23_PM05_BJ_ LU_AGE** Don't Know **S23_PM05_BJ_ LU_AGE_CA**	Yes No Don't Know **S23_PM04_BJ_ TYPE_B3** **S23_PM05_BJ_ TYPE_5YR_B3**
	Osteopenia	**S23_PM04_BJ_T YPE_A4** **S23_PM05_BJ_T YPE_5YR_A4**	Age at <u>first</u> Diagnosis: **S23_PM04_BJ_ OS_AGE** Don't Know **S23_PM04_BJ_ OS_AGE_CA**	Age at diagnosis: **S23_PM05_BJ_ OS_AGE** Don't Know **S23_PM05_BJ_ OS_AGE_CA**	Yes No Don't Know **S23_PM04_BJ_ TYPE_B4** **S23_PM05_BJ_ TYPE_5YR_B4**
	Osteoporosis	**S23_PM04_BJ_T YPE_A5** **S23_PM05_BJ_T YPE_5YR_A5**	Age at <u>first</u> Diagnosis: **S23_PM04_BJ_ OSP_AGE** Don't Know **S23_PM04_BJ_ OSP_AGE_CA**	Age at diagnosis: **S23_PM05_BJ_ OSP_AGE** Don't Know **S23_PM05_BJ_ OSP_AGE_CA**	Yes No Don't Know **S23_PM04_BJ_ TYPE_B5** **S23_PM05_BJ_ TYPE_5YR_B5**
	Disc problems including intervertebral	**S23_PM04_BJ_T YPE_A6**	Age at <u>first</u> Diagnosis:	Age at diagnosis:	Yes No Don't Know

	disc degeneration	**S23_PM05_BJ_TYPE_5YR_A6**	**S23_PM04_BJ_DP_AGE** Don't Know **S23_PM04_BJ_DP_AGE_CA**	**S23_PM05_BJ_DP_AGE** Don't Know **S23_PM05_BJ_DP_AGE_CA**	**S23_PM04_BJ_TYPE_B6** **S23_PM05_BJ_TYPE_5YR_B6**
Skin conditions	Yes No Don't know **S23_PM04_SKIN_EVER** **S23_PM05_SKIN_EVER_5YR**				
	[If Yes] Which type(s) of skin conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of skin conditions?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			
		No	Yes		
	Eczema	**S23_PM04_SKIN_TYPE_A4** **S23_PM05_SKIN_TYPE_5YR_A4**	Age at <u>first</u> Diagnosis: **S23_PM04_SKIN_ECZ_AGE**	Age at diagnosis: **S23_PM05_SKIN_ECZ_AGE**	Yes No Don't Know **S23_PM04_SKIN_TYPE_B4**

			Don't Know **S23_PM04_SKIN_ECZ_AGE_CA**	Don't Know **S23_PM05_SKIN_ECZ_AGE_CA**	**S23_PM05_SKIN_TYPE_5YR_B4**
	Psoriasis	**S23_PM04_SKIN_TYPE_A1** **S23_PM05_SKIN_TYPE_5YR_A1**	Age at first Diagnosis: **S23_PM04_SKIN_PS_AGE** Don't Know **S23_PM04_SKIN_PS_AGE_CA**	Age at diagnosis: **S23_PM05_SKIN_PS_AGE** Don't Know **S23_PM05_SKIN_PS_AGE_CA**	Yes No Don't Know **S23_PM04_SKIN_TYPE_B1** **S23_PM05_SKIN_TYPE_5YR_B1**
	Rosacea	**S23_PM04_SKIN_TYPE_A2** **S23_PM05_SKIN_TYPE_5YR_A2**	Age at first Diagnosis: **S23_PM04_SKIN_RO_AGE** Don't Know **S23_PM04_SKIN_RO_AGE_CA**	Age at diagnosis: **S23_PM05_SKIN_RO_AGE** Don't Know **S23_PM05_SKIN_RO_AGE_CA**	Yes No Don't Know **S23_PM04_SKIN_TYPE_B2** **S23_PM05_SKIN_TYPE_5YR_B2**
	Scleroderma	**S23_PM04_SKIN_TYPE_A3** **S23_PM05_SKIN_TYPE_5YR_A3**	Age at first Diagnosis: **S23_PM04_SKIN_SC_AGE** Don't Know **S23_PM04_SKIN_SC_AGE_CA**	Age at diagnosis: **S23_PM05_SKIN_SC_AGE** Don't Know **S23_PM05_SKIN_SC_AGE_CA**	Yes No Don't Know **S23_PM04_SKIN_TYPE_B3** **S23_PM05_SKIN_TYPE_5YR_B3**
Infectious Diseases	Yes No Don't know **S23_PM04_INF_EVER** **S23_PM05_INF_EVER_5YR**				
	[If Yes] Which type(s) of infectious diseases?	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			

		No	Yes			
	Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of infectious diseases?]*					
	Genital Herpes	**S23_PM04_INF_TYPE_A1** **S23_PM05_INF_TYPE_5YR_A1**		Age at <u>first</u> Diagnosis: **S23_PM04_INF_GH_AGE** Don't Know **S23_PM04_INF_GH_AGE_CA**	Age at diagnosis: **S23_PM05_INF_GH_AGE** Don't Know **S23_PM05_INF_GH_AGE_CA**	Yes No Don't Know **S23_PM04_INF_TYPE_B1** **S23_PM05_INF_TYPE_5YR_B1**
	Human Immunodeficiency Virus (HIV)	**S23_PM04_INF_TYPE_A2** **S23_PM05_INF_TYPE_5YR_A2**		Age at <u>first</u> Diagnosis: **S23_PM04_INF_HIV_AGE** Don't Know **S23_PM04_INF_HIV_AGE_CA**	Age at diagnosis: **S23_PM05_INF_HIV_AGE** Don't Know **S23_PM05_INF_HIV_AGE_CA**	Yes No Don't Know **S23_PM04_INF_TYPE_B2** **S23_PM05_INF_TYPE_5YR_B2**
	Human papillomavirus (HPV) infection / Genital warts	**S23_PM04_INF_TYPE_A3** **S23_PM05_INF_TYPE_5YR_A3**		Age at <u>first</u> Diagnosis: **S23_PM04_INF_HPV_AGE**	Age at diagnosis: **S23_PM05_INF_HPV_AGE**	Yes No Don't Know **S23_PM04_INF_TYPE_B3**

				Don't Know S23_PM04_INF _HPV_AGE_CA	Don't Know S23_PM05_INF _HPV_AGE_CA	S23_PM05_INF _TYPE_5YR_B3
Immune system conditions	Yes No Don't know **S23_PM04_I MM_EVER** **S23_PM05_I MM_EVER_5Y R**					
	[If Yes] Which type(s) of immune system conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of immune system conditions?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*				
		No	Yes			
	A weakened or compromised immune system (such	**S23_PM04_IMM _TYPE_A1** **S23_PM05_IMM _TYPE_5YR_A1**		Age at <u>first</u> Diagnosis: **S23_PM04_IM M_COMP_AGE**	Age at diagnosis: **S23_PM05_IM M_COMP_AGE**	Yes No Don't Know **S23_PM04_IM M_TYPE_B1**

	as Severe Combined Immunodeficiency)		Don't Know **S23_PM04_IMM_COMP_AGE_CA**	Don't Know **S23_PM05_IMM_COMP_AGE_CA**	**S23_PM05_IMM_TYPE_5YR_B1**
	Hashimoto's thyroiditis, Sjögren's syndrome, or Ankylosing spondylitis	**S23_PM04_IMM_TYPE_A2** **S23_PM05_IMM_TYPE_5YR_A2**	Age at <u>first</u> Diagnosis: **S23_PM04_IMM_HT_AGE** Don't Know **S23_PM04_IMM_HT_AGE_CA**	Age at diagnosis: **S23_PM05_IMM_HT_AGE** Don't Know **S23_PM05_IMM_HT_AGE_CA**	Yes No Don't Know **S23_PM04_IMM_TYPE_B2** **S23_PM05_IMM_TYPE_5YR_B2**
Hearing conditions	Yes No Don't know **S23_PM04_HR_EVER** **S23_PM05_HR_EVER_5YR**				
	[If Yes] Which type of hearing conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of hearing conditions?]*	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*			

		No	Yes			
	Hearing loss	**S23_PM04_HR_TYPE_A1** **S23_PM05_HR_TYPE_5YR_A1**		Age at <u>first</u> Diagnosis: **S23_PM04_HR_HL_AGE** Don't Know **S23_PM04_HR_HL_AGE_CA**	Age at diagnosis: **S23_PM05_HR_HL_AGE** Don't Know **S23_PM05_HR_HL_AGE_CA**	Yes No Don't Know **S23_PM04_HR_TYPE_B1** **S23_PM05_HR_TYPE_5YR_B1**
	Tinnitus (sound in your ears or head)	**S23_PM04_HR_TYPE_A2** **S23_PM05_HR_TYPE_5YR_A2**		Age at <u>first</u> Diagnosis: **S23_PM04_HR_TI_AGE** Don't Know **S23_PM04_HR_TI_AGE_CA**	Age at diagnosis: **S23_PM05_HR_TI_AGE** Don't Know **S23_PM05_HR_TI_AGE_CA**	Yes No Don't Know **S23_PM04_HR_TYPE_B2** **S23_PM05_HR_TYPE_5YR_B2**
Eye or vision conditions	Yes No Don't know **S23_PM04_EYE_EVER** **S23_PM05_EYE_EVER_5YR**					
	[If Yes] Which type(s) of eye or vision conditions? Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as	**Diagnosed** *[If Diagnosed = Yes, Age and Treatment options appear]*				

		No	Yes			
		'No' (not diagnosed). *[If No or Don't Know are selected, hide Which type(s) of eye or vision conditions?]*				
	Cataracts	**S23_PM04_EYE_TYPE_A1** **S23_PM05_EYE_TYPE_5YR_A1**		Age at first Diagnosis: **S23_PM04_EYE_CT_AGE** Don't Know **S23_PM04_EYE_CT_AGE_CA**	Age at diagnosis: **S23_PM05_EYE_CT_AGE** Don't Know **S23_PM05_EYE_CT_AGE_CA**	Yes No Don't Know **S23_PM04_EYE_TYPE_B1** **S23_PM05_EYE_TYPE_5YR_B1**
	Dry eyes	**S23_PM04_EYE_TYPE_A2** **S23_PM05_EYE_TYPE_5YR_A2**		Age at first Diagnosis: **S23_PM04_EYE_DE_AGE** Don't Know **S23_PM04_EYE_DE_AGE_CA**	Age at diagnosis: **S23_PM05_EYE_DE_AGE** Don't Know **S23_PM05_EYE_DE_AGE_CA**	Yes No Don't Know **S23_PM04_EYE_TYPE_B2** **S23_PM05_EYE_TYPE_5YR_B2**
	Glaucoma	**S23_PM04_EYE_TYPE_A3** **S23_PM05_EYE_TYPE_5YR_A3**		Age at first Diagnosis: **S23_PM04_EYE_GL_AGE** Don't Know **S23_PM04_EYE_GL_AGE_CA**	Age at diagnosis: **S23_PM05_EYE_GL_AGE** Don't Know **S23_PM05_EYE_GL_AGE_CA**	Yes No Don't Know **S23_PM04_EYE_TYPE_B3** **S23_PM05_EYE_TYPE_5YR_B3**
	Macular Degeneration	**S23_PM04_EYE_TYPE_A4** **S23_PM05_EYE_TYPE_5YR_A4**		Age at first Diagnosis: **S23_PM04_EYE_MD_AGE** Don't Know	Age at diagnosis: **S23_PM05_EYE_MD_AGE** Don't Know	Yes No Don't Know **S23_PM04_EYE_TYPE_B4**

			S23_PM04_EYE_MD_AGE_CA	S23_PM05_EYE_MD_AGE_CA	S23_PM05_EYE_TYPE_5YR_B4
	Myopia	S23_PM04_EYE_TYPE_A5 S23_PM05_EYE_TYPE_5YR_A5	Age at first Diagnosis: S23_PM04_EYE_MY_AGE Don't Know S23_PM04_EYE_MY_AGE_CA	Age at diagnosis: S23_PM05_EYE_MY_AGE Don't Know S23_PM05_EYE_MY_AGE_CA	Yes No Don't Know S23_PM04_EYE_TYPE_B5 S23_PM05_EYE_TYPE_5YR_B5
	Serous retinal detachment	S23_PM04_EYE_TYPE_A6 S23_PM05_EYE_TYPE_5YR_A6	Age at first Diagnosis: S23_PM04_EYE_SRD_AGE Don't Know S23_PM04_EYE_SRD_AGE_CA	Age at diagnosis: S23_PM05_EYE_SRD_AGE Don't Know S23_PM05_EYE_SRD_AGE_CA	Yes No Don't Know S23_PM04_EYE_TYPE_B6 S23_PM05_EYE_TYPE_5YR_B6

[If Survey 2017 not completed]

PM06. Has a doctor ever told you that you had any other long-term condition(s) not listed previously? If yes, please provide your age when you were first diagnosed and whether you are currently being treated. S23_PM06_LT_COND

Yes
No *[Skip to FMH01]*
Don't Know *[Skip to FMH01]*

[If Survey 2017 completed]

PM07. In the last 5 years, has a doctor told you that you had any other long-term condition(s) not listed previously? If yes, please provide your age when you were diagnosed (in the last 5 years) and whether you are currently being treated. S23_PM07_LT_COND_5YR

Yes
No *[Skip to FMH01]*
Don't Know *[Skip to FMH01]*

[If yes, table appears with 5 condition variables displayed]
[If entry in one of the condition variables, age and treatment questions for that variable appear]

Condition	[*If Survey 2017 not completed*] **Age at <u>first</u> Diagnosis**	[*If Survey 2017 completed*] **Age at <u>first</u> Diagnosis (within the last 5 years)**	**Are you currently being treated?**
Condition 1: **S23_PM06_LT_COND _LIST_A1** **S23_PM07_LT_COND _LIST_5YR_A1** _____	Age at <u>first</u> Diagnosis: **S23_PM06_LT_COND_LIST_C1_AGE** Don't Know **S23_PM06_LT_COND_LIST_C1_AGE_CA**	Age at diagnosis: **S23_PM07_LT_COND_LIST_C1_AGE** Don't Know **S23_PM07_LT_COND_LIST_C1_AGE_CA**	Yes No Don't Know **S23_PM06_LT_COND _LIST_B1** **S23_PM07_LT_COND _LIST_5YR_C1**
Condition 2: **S23_PM06_LT_COND _LIST_A2** **S23_PM07_LT_COND _LIST_5YR_A2** _____	Age at <u>first</u> Diagnosis: **S23_PM06_LT_COND_LIST_C2_AGE** Don't Know **S23_PM06_LT_COND_LIST_C2_AGE_CA**	Age at diagnosis: **S23_PM07_LT_COND_LIST_C2_AGE** Don't Know **S23_PM07_LT_COND_LIST_C2_AGE_CA**	Yes No Don't Know **S23_PM06_LT_COND _LIST_B2** **S23_PM07_LT_COND _LIST_5YR_C2**
Condition 3: ____ **S23_PM06_LT_COND _LIST_A3** **S23_PM07_LT_COND _LIST_5YR_A3** _____	Age at <u>first</u> Diagnosis: **S23_PM06_LT_COND_LIST_C3_AGE** Don't Know **S23_PM06_LT_COND_LIST_C3_AGE_CA**	Age at diagnosis: **S23_PM07_LT_COND_LIST_C3_AGE** Don't Know **S23_PM07_LT_COND_LIST_C3_AGE_CA**	Yes No Don't Know **S23_PM06_LT_COND _LIST_B3** **S23_PM07_LT_COND _LIST_5YR_C3**
Condition 4: __ **S23_PM06_LT_COND _LIST_A4** **S23_PM07_LT_COND _LIST_5YR_A4** _____	Age at <u>first</u> Diagnosis: **S23_PM06_LT_COND_LIST_C4_AGE** Don't Know **S23_PM06_LT_COND_LIST_C4_AGE_CA**	Age at diagnosis: **S23_PM07_LT_COND_LIST_C4_AGE** Don't Know **S23_PM07_LT_COND_LIST_C4_AGE_CA**	Yes No Don't Know **S23_PM06_LT_COND _LIST_B4** **S23_PM07_LT_COND _LIST_5YR_C4**
Condition 5: ____ **S23_PM06_LT_COND _LIST_A5** **S23_PM07_LT_COND _LIST_5YR_A5** _____	Age at <u>first</u> Diagnosis: **S23_PM06_LT_COND_LIST_C5_AGE** Don't Know **S23_PM06_LT_COND_LIST_C5_AGE_CA**	Age at diagnosis: **S23_PM07_LT_COND_LIST_C5_AGE** Don't Know **S23_PM07_LT_COND_LIST_C5_AGE_CA**	Yes No Don't Know **S23_PM06_LT_COND _LIST_B5** **S23_PM07_LT_COND _LIST_5YR_C5**

FAMILY CANCER AND CHRONIC DISEASE

For your family health history, please **ONLY** include immediate blood relatives, including your mother, father, children, full and half brothers and sisters. Do not include relatives by marriage, stepbrothers and stepsisters, parents by adoption, stepchildren or adopted children. If you are adopted, please include any family history that you are aware of, or choose "Don't Know" where appropriate.

FMH01. Is your biological mother still alive? S23_FMH_MOTHER

Yes
No [*SKIP to FMH03*]
Don't Know [*SKIP to FMH04*]

FMH02. How old is your mother now? S23_FMH_MOTHER_AGE

_____Years [*SKIP to FMH04*]

FMH03. How old was your mother when she died? S23_FMH_MOTHER_DIED

Less than 40
40-49
50-59
60-69
70-79
80-89
90-99
100 years or older
Don't know

FMH04. Is your biological father still alive? S23_FMH_FATHER

Yes
No [*SKIP to FMH06*]
Don't know [*SKIP to FM01*]

FMH05. How old is your father now? S23_FMH_FATHER_AGE

_____Years [*SKIP to FM01*]

FMH06. How old was your father when he died? S23_FMH_FATHER_DIED

Less than 40
40-49
50-59
60-69
70-79
80-89
90-99

100 years or older
Don't know

FAMILY CANCER DIAGNOSIS

[If Survey 2017 not completed]
FM01. Have any of your immediate blood relatives (including your biological mother and father, biological children, and biological full and half brothers and sisters) ever been diagnosed with cancer?
S23_FM_CANCER_EVER
Yes
No
Don't know
Prefer not to answer

[*If Survey 2017 completed*]
FM02. In the last 5 years, have any of your immediate blood relatives (including your biological mother and father, biological children, and biological full and half brothers and sisters) been diagnosed with cancer?
S23_FM_CANCER_5YR
Yes
No
Don't Know
Prefer not to answer

> *[If Yes in FM01/FM02]*
> **FM03. Select ALL that apply:**
> Mother **S23_FM_CANCER_REL_C1**
>
> Father **S23_FM_CANCER_REL_C2**
>
> Sibling(s) **S23_FM_CANCER_REL_C3**
>
> Children **S23_FM_CANCER_REL_C4**

[if MOTHER selected in FM03]

> **FM04**. **Which of the following types of cancer was your mother diagnosed with? Select ALL that apply. Please only include where the cancer started and not where it may have spread to.**

	Select all that apply	*[For each cancer type selected]* **How old was your mother when diagnosed with this type of cancer?**
Bladder	**S23_FM_CANCER_MOTHER_TYPE_BLADDER**	____ Years **S23_FM_CANCER_MOTHER_TYPE_BLADDER_AGE** Don't Know

		S23_FM_CANCER_MOTHER_TYPE_BLADDER_AGE_CA
Bone (osteosarcoma and other sarcomas)	**S23_FM_CANCER_MOTHER_TYPE_BONE**	____ Years **S23_FM_CANCER_MOTHER_TYPE_BONE_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_BONE_AGE_CA**
Brain	**S23_FM_CANCER_MOTHER_TYPE_BRAIN**	____ Years **S23_FM_CANCER_MOTHER_TYPE_BRAIN_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_BRAIN_AGE_CA**
Breast	**S23_FM_CANCER_MOTHER_TYPE_BREAST**	____ Years **S23_FM_CANCER_MOTHER_TYPE_BREAST_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_BREAST_AGE_CA**
Cervix	**S23_FM_CANCER_MOTHER_TYPE_CERVIX**	____ Years **S23_FM_CANCER_MOTHER_TYPE_CERVIX_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_CERVIX_AGE_CA**
Colon	**S23_FM_CANCER_MOTHER_TYPE_COLON**	____ Years **S23_FM_CANCER_MOTHER_TYPE_COLON_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_COLON_AGE_CA**
Esophagus	**S23_FM_CANCER_MOTHER_TYPE_ESOPH**	____ Years **S23_FM_CANCER_MOTHER_TYPE_ESOPH_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_ESOPH_AGE_CA**
Kidney	**S23_FM_CANCER_MOTHER_TYPE_KIDNEY**	____ Years **S23_FM_CANCER_MOTHER_TYPE_KIDNEY_AGE**

		Don't Know **S23_FM_CANCER_MOTHER_TYPE_KIDNEY_AGE_CA**
Larynx	**S23_FM_CANCER_MOTHER_TYPE_LARYNX**	____ Years **S23_FM_CANCER_MOTHER_TYPE_LARYNX_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_LARYNX_AGE_CA**
Leukemia	**S23_FM_CANCER_MOTHER_TYPE_LEUK**	____ Years **S23_FM_CANCER_MOTHER_TYPE_LEUK_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_LEUK_AGE_CA**
Liver	**S23_FM_CANCER_MOTHER_TYPE_LIVER**	____ Years **S23_FM_CANCER_MOTHER_TYPE_LIVER_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_LIVER_AGE_CA**
Lung and bronchus	**S23_FM_CANCER_MOTHER_TYPE_LUNG**	____ Years **S23_FM_CANCER_MOTHER_TYPE_LUNG_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_LUNG_AGE_CA**
Lymphoma (Hodgkin Lymphoma)	**S23_FM_CANCER_MOTHER_TYPE_HODG**	____ Years **S23_FM_CANCER_MOTHER_TYPE_HODG_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_HODG_AGE_CA**
Lymphoma (Non-Hodgkin Lymphoma)	**S23_FM_CANCER_MOTHER_TYPE_NONHODGE**	____ Years **S23_FM_CANCER_MOTHER_TYPE_NONHODGE_AGE** Don't Know

		S23_FM_CANCER_MOTHER_TYPE_NONHODGE_AGE_CA
Mouth, tongue, and throat	**S23_FM_CANCER_MOTHER_TYPE_MOUTH**	____ Years **S23_FM_CANCER_MOTHER_TYPE_MOUTH_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_MOUTH_AGE_CA**
Multiple myeloma	**S23_FM_CANCER_MOTHER_TYPE_MYELOMA**	____ Years **S23_FM_CANCER_MOTHER_TYPE_MYELOMA_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_MYELOMA_AGE_CA**
Ovary	**S23_FM_CANCER_MOTHER_TYPE_OVARY**	____ Years **S23_FM_CANCER_MOTHER_TYPE_OVARY_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_OVARY_AGE_CA**
Pancreatic	**S23_FM_CANCER_MOTHER_TYPE_PANCREAS**	____ Years **S23_FM_CANCER_MOTHER_TYPE_PANCREAS_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_PANCREAS_AGE_CA**
Rectum	**S23_FM_CANCER_MOTHER_TYPE_RECTUM**	____ Years **S23_FM_CANCER_MOTHER_TYPE_RECTUM_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_RECTUM_AGE_CA**
Skin (Melanoma)	**S23_FM_CANCER_MOTHER_TYPE_MELA**	____ Years **S23_FM_CANCER_MOTHER_TYPE_MELA_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_MELA_AGE_CA**

Skin (Non-Melanoma) [If selected] **What type of non-melanoma?** **S23_FM_CANCER_MOTHER_NM** Squamous cell skin Basal cell skin Don't know	**S23_FM_CANCER_MOTHER_TYPE_NONMELA**	____ Years **S23_FM_CANCER_MOTHER_TYPE_NONMELA_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_NONMELA_AGE_CA**
Small intestine	**S23_FM_CANCER_MOTHER_TYPE_SMINTEST**	____ Years **S23_FM_CANCER_MOTHER_TYPE_SMINTEST_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_SMINTEST_AGE_CA**
Stomach	**S23_FM_CANCER_MOTHER_TYPE_STOMACH**	____ Years **S23_FM_CANCER_MOTHER_TYPE_B23** Don't Know **S23_FM_CANCER_MOTHER_TYPE_STOMACH_AGE_CA**
Thyroid	**S23_FM_CANCER_MOTHER_TYPE_THYROID**	____ Years **S23_FM_CANCER_MOTHER_TYPE_THYROID_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_THYROID_AGE_CA**
Uterus	**S23_FM_CANCER_MOTHER_TYPE_UTERUS**	____ Years **S23_FM_CANCER_MOTHER_TYPE_UTERUS_AGE** Don't Know **S23_FM_CANCER_MOTHER_TYPE_UTERUS_AGE_CA**
Don't Know	**S23_FM_CANCER_MOTHER_TYPE_DK**	
Other cancer or malignancy – please specify:	**S23_FM_CANCER_MOTHER_TYPE_OTHER,** **S23_FM_CANCER_MOTHER_TYPE_OE31_OTSP**	____ Years **S23_FM_CANCER_MOTHER_TYPE_OTHER_AGE** Don't Know

		S23_FM_CANCER_MOTHER_TYPE_OTHER_AGE_CA

[if FATHER selected in FM03*]*

FM05. Which of the following types of cancer was your father diagnosed with? Select ALL that apply. Please only include where the cancer started and not where it may have spread to.

	Select all that apply	*[For each cancer type selected]* **How old was your father when diagnosed with this type of cancer?**
Bladder	S23_FM_CANCER_FATHER_TYPE_BLADDER	____ Years S23_FM_CANCER_FATHER_TYPE_BLADDER_AGE Don't Know S23_FM_CANCER_FATHER_TYPE_BLADDER_AGE_CA
Bone (osteosarcoma and other sarcomas)	S23_FM_CANCER_FATHER_TYPE_BONE	____ Years S23_FM_CANCER_FATHER_TYPE_BONE_AGE Don't Know S23_FM_CANCER_FATHER_TYPE_BONE_AGE_CA
Brain	S23_FM_CANCER_FATHER_TYPE_BRAIN	____ Years S23_FM_CANCER_FATHER_TYPE_BRAIN_AGE Don't Know S23_FM_CANCER_FATHER_TYPE_BRAIN_AGE_CA
Breast	S23_FM_CANCER_FATHER_TYPE_BREAST	____ Years S23_FM_CANCER_FATHER_TYPE_BREAST_AGE Don't Know S23_FM_CANCER_FATHER_TYPE_BREAST_AGE_CA
Colon	S23_FM_CANCER_FATHER_TYPE_COLON	____ Years S23_FM_CANCER_FATHER_TYPE_COLON_AGE

		Don't Know **S23_FM_CANCER_FATHER_TYPE_COLON_AGE_CA**
Esophagus	**S23_FM_CANCER_FATHER_TYPE_ESOPH**	____ Years **S23_FM_CANCER_FATHER_TYPE_ESOPH_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_ESOPH_AGE_CA**
Kidney	**S23_FM_CANCER_FATHER_TYPE_KIDNEY**	____ Years **S23_FM_CANCER_FATHER_TYPE_KIDNEY_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_KIDNEY_AGE_CA**
Larynx	**S23_FM_CANCER_FATHER_TYPE_LARYNX**	____ Years **S23_FM_CANCER_FATHER_TYPE_LARYNX_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_LARYNX_AGE_CA**
Leukemia	**S23_FM_CANCER_FATHER_TYPE_LEUK**	____ Years **S23_FM_CANCER_FATHER_TYPE_LEUK_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_LEUK_AGE_CA**
Liver	**S23_FM_CANCER_FATHER_TYPE_LIVER**	____ Years **S23_FM_CANCER_FATHER_TYPE_LIVER_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_LIVER_AGE_CA**
Lung and bronchus	**S23_FM_CANCER_FATHER_TYPE_LUNG**	____ Years **S23_FM_CANCER_FATHER_TYPE_LUNG_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_LUNG_AGE_CA**

Lymphoma (Hodgkin Lymphoma)	**S23_FM_CANCER_FATHER_ TYPE_HODG**	____ Years **S23_FM_CANCER_FATHER_TYPE_HO DG_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_HO DG_AGE_CA**
Lymphoma (Non-Hodgkin Lymphoma)	**S23_FM_CANCER_FATHER_ TYPE_NONHODGE**	____ Years **S23_FM_CANCER_FATHER_TYPE_NO NHODGE_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_NO NHODGE_AGE_CA**
Mouth, tongue, and throat	**S23_FM_CANCER_FATHER_ TYPE_MOUTH**	____ Years **S23_FM_CANCER_FATHER_TYPE_MO UTH_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_MO UTH_AGE_CA**
Multiple myeloma	**S23_FM_CANCER_FATHER_ TYPE_MYELOMA**	____ Years **S23_FM_CANCER_FATHER_TYPE_MY ELOMA_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_MY ELOMA_AGE_CA**
Pancreatic	**S23_FM_CANCER_FATHER_ TYPE_PANCREAS**	___ Years **S23_FM_CANCER_FATHER_TYPE_PAN CREAS_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_PAN CREAS_AGE_CA**
Prostate	**S23_FM_CANCER_FATHER_ TYPE_PROSTATE**	____ Years **S23_FM_CANCER_FATHER_TYPE_PRO STATE_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_PRO STATE_AGE_CA**
Rectum	**S23_FM_CANCER_FATHER_ TYPE_RECTUM**	____ Years **S23_FM_CANCER_FATHER_TYPE_REC TUM_AGE** Don't Know

		S23_FM_CANCER_FATHER_TYPE_REC TUM_AGE_CA
Skin (Melanoma)	**S23_FM_CANCER_FATHER_ TYPE_MELA**	____ Years **S23_FM_CANCER_FATHER_TYPE_MEL A_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_MEL A_AGE_CA**

Skin (Non-Melanoma)
[If selected]
What type of non-melanoma?
S23_FM_CANCER_FATHE R_NM
      Squamous cell skin
      Basal cell skin
      Don't know
	S23_FM_CANCER_FATHER_ TYPE_NONMELA	____ Years
		S23_FM_CANCER_FATHER_TYPE_NO NMELA_AGE
		
		Don't Know
		S23_FM_CANCER_FATHER_TYPE_NO NMELA_AGE_CA

Small intestine	**S23_FM_CANCER_FATHER_ TYPE_SMINTEST**	____ Years **S23_FM_CANCER_FATHER_TYPE_SMI NTEST_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_SMI NTEST_AGE_CA**
Stomach	**S23_FM_CANCER_FATHER_ TYPE_STOMACH**	____ Years **S23_FM_CANCER_FATHER_TYPE_STO MACH_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_STO MACH_AGE_CA**
Testicle	**S23_FM_CANCER_FATHER_ TYPE_TESTICLE**	____ Years **S23_FM_CANCER_FATHER_TYPE_TES TICLE_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_TES TICLE_AGE_CA**
Thyroid	**S23_FM_CANCER_FATHER_ TYPE_THYROID**	____ Years **S23_FM_CANCER_FATHER_TYPE_THY ROID_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_THY ROID_AGE_CA**

Don't Know	**S23_FM_CANCER_FATHER_TYPE_DK**	
Other cancer or malignancy – please specify:	**S23_FM_CANCER_FATHER_TYPE_OTHER,** **S23_FM_CANCER_FATHER_TYPE_OE29_OTSP** **S23_FM_CANCER_FATHER_TYPE_OE29_2_OTSP**	____ Years **S23_FM_CANCER_FATHER_TYPE_OTHER_AGE** Don't Know **S23_FM_CANCER_FATHER_TYPE_OTHER_AGE_CA**

[if SIBLINGS selected in FM03]
FM06. How many siblings were diagnosed with cancer?

____Number of siblings *[Go to FM08]* **S23_FM_CANCER_SIBLING_NUM**
Don't know *[Skip to FM09]* **S23_FM_CANCER_SIBLING_NUM_CA**

[if CHILDREN selected in FM03]
FM07.How many children were diagnosed with cancer?
____Number of children *[Go to FM08]* **S23_FM_CANCER_CHILDREN_NUM**
Don't know *[Skip to FM09]* **S23_FM_CANCER_CHILDREN_NUM_CA**

[If FM06 > 0]
[Number of siblings diagnosed defaults to 0 for each cancer type]
[Maximum number of siblings diagnosed per cancer type cannot be greater than FM06]
[Minimum SUM of all number of siblings diagnosed for all cancer types must be at least equal to or greater than FM06]
FM08. For your biological siblings, please indicate how many siblings have been diagnosed with the cancer types listed below. If none of your siblings have been diagnosed with a particular type of cancer, leave 0 entered. Please only include where the cancer started and not where it may have spread to.

	Number of siblings diagnosed
Bladder	0 **S23_FM_CANCER_SIBLING_TYPE_BLADDER**
Bone (osteosarcoma and other sarcomas)	0 **S23_FM_CANCER_SIBLING_TYPE_BONE**
Brain	0 **S23_FM_CANCER_SIBLING_TYPE_BRAIN**
Breast	0 **S23_FM_CANCER_SIBLING_TYPE_BREAST**
Cervix	0 **S23_FM_CANCER_SIBLING_TYPE_CERVIX**

Colon	0
	S23_FM_CANCER_SIBLING_TYPE_COLON
Esophagus	0
	S23_FM_CANCER_SIBLING_TYPE_ESOPH
Kidney	0
	S23_FM_CANCER_SIBLING_TYPE_KIDNEY
Larynx	0
	S23_FM_CANCER_SIBLING_TYPE_LARYNX
Leukemia	0
	S23_FM_CANCER_SIBLING_TYPE_LEUK
Liver	0
	S23_FM_CANCER_SIBLING_TYPE_LIVER
Lung and bronchus	0
	S23_FM_CANCER_SIBLING_TYPE_LUNG
Lymphoma (Hodgkin Lymphoma)	0
	S23_FM_CANCER_SIBLING_TYPE_HODG
Lymphoma (Non-Hodgkin Lymphoma)	0
	S23_FM_CANCER_SIBLING_TYPE_NONHODGE
Mouth, tongue, and throat	0
	S23_FM_CANCER_SIBLING_TYPE_MOUTH
Multiple myeloma	0
	S23_FM_CANCER_SIBLING_TYPE_MYELOMA
Ovary	0
	S23_FM_CANCER_SIBLING_TYPE_OVARY
Pancreatic	0
	S23_FM_CANCER_SIBLING_TYPE_PANCREAS
Prostate	0
	S23_FM_CANCER_SIBLING_TYPE_PROSTATE
Rectum	0
	S23_FM_CANCER_SIBLING_TYPE_RECTUM
Skin (Melanoma)	0
	S23_FM_CANCER_SIBLING_TYPE_MELA
Skin (Non-Melanoma) [*if selected*] **Which type of non-melanoma?** **S23_FM_CANCER_SIBLING_NM** 　　　　-Squamous cell skin 　　　　-Basal cell skin 　　　　-Don't know	0 **S23_FM_CANCER_SIBLING_TYPE_NONMELA**
Small intestine	0
	S23_FM_CANCER_SIBLING_TYPE_SMINTEST
Stomach	0
	S23_FM_CANCER_SIBLING_TYPE_STOMACH
Testicle	0
	S23_FM_CANCER_SIBLING_TYPE_TESTICLE

Thyroid	0 **S23_FM_CANCER_SIBLING_TYPE_THYROID**
Uterus	0 **S23_FM_CANCER_SIBLING_TYPE_UTERUS**
Don't Know	0 **S23_FM_CANCER_SIBLING_TYPE_DK**
Prefer not to answer	0 **S23_FM_CANCER_SIBLING_TYPE_PNA**
Other	0 **S23_FM_CANCER_SIBLING_TYPE_OTHER**
[*If Other is selected*] **Specify the Cancer Type(s)**	
Other Type 1: **S23_FM_CANCER_SIBLING_OTH_LI_A1**	0 **S23_FM_CANCER_SIBLING_OTH_LI_B1**
Other Type 2: **S23_FM_CANCER_SIBLING_OTH_LI_A2**	0 **S23_FM_CANCER_SIBLING_OTH_LI_B2**
Other Type 3: **S23_FM_CANCER_SIBLING_OTH_LI_A3**	0 **S23_FM_CANCER_SIBLING_OTH_LI_B3**

[If FM07 > 0]
[Number of children diagnosed defaults to 0 for each cancer type]
[Maximum number of children diagnosed per cancer type cannot be greater than FM07]
[Minimum SUM of all number of children diagnosed for all cancer types must be at least equal to or greater than FM07]

FM08. For your biological children, please indicate how many children have been diagnosed with the cancer types listed below. If none of your children have been diagnosed with a particular type of cancer, leave 0 entered. Please only include where the cancer started and not where it may have spread to.

	Number of children diagnosed
Bladder	0 **S23_FM_CANCER_CHILDREN_TYPE_BLADDER**
Bone (osteosarcoma and other sarcomas)	0 **S23_FM_CANCER_CHILDREN_TYPE_BONE**
Brain	0 **S23_FM_CANCER_CHILDREN_TYPE_BRAIN**
Breast	0 **S23_FM_CANCER_CHILDREN_TYPE_BREAST**
Cervix	0 **S23_FM_CANCER_CHILDREN_TYPE_CERVIX**
Colon	0 **S23_FM_CANCER_CHILDREN_TYPE_COLON**
Esophagus	0 **S23_FM_CANCER_CHILDREN_TYPE_ESOPH**
Kidney	0 **S23_FM_CANCER_CHILDREN_TYPE_KIDNEY**
Larynx	0 **S23_FM_CANCER_CHILDREN_TYPE_LARYNX**
Leukemia	0 **S23_FM_CANCER_CHILDREN_TYPE_LEUK**
Liver	0 **S23_FM_CANCER_CHILDREN_TYPE_LIVER**
Lung and bronchus	0 **S23_FM_CANCER_CHILDREN_TYPE_LUNG**
Lymphoma (Hodgkin Lymphoma)	0 **S23_FM_CANCER_CHILDREN_TYPE_HODG**
Lymphoma (Non-Hodgkin Lymphoma)	0 **S23_FM_CANCER_CHILDREN_TYPE_NONHODGE**
Mouth, tongue, and throat	0 **S23_FM_CANCER_CHILDREN_TYPE_MOUTH**
Multiple myeloma	0 **S23_FM_CANCER_CHILDREN_TYPE_MYELOMA**
Ovary	0 **S23_FM_CANCER_CHILDREN_TYPE_OVARY**
Pancreatic	0 **S23_FM_CANCER_CHILDREN_TYPE_PANCREAS**
Prostate	0 **S23_FM_CANCER_CHILDREN_TYPE_PROSTATE**
Rectum	0 **S23_FM_CANCER_CHILDREN_TYPE_RECTUM**
Skin (Melanoma)	0

	S23_FM_CANCER_CHILDREN_TYPE_MELA

Skin (Non-Melanoma)
 [*if selected*]
 Which type of non-melanoma?
 S23_FM_CANCER_CHILDREN_NM
 	
     -Squamous cell skin
     -Basal cell skin
     -Don't know
	0
	 S23_FM_CANCER_CHILDREN_TYPE_NONMELA

Small intestine	0 **S23_FM_CANCER_CHILDREN_TYPE_SMINTEST**
Stomach	0 **S23_FM_CANCER_CHILDREN_TYPE_STOMACH**
Testicle	0 **S23_FM_CANCER_CHILDREN_TYPE_TESTICLE**
Thyroid	0 **S23_FM_CANCER_CHILDREN_TYPE_THYROID**
Uterus	0 **S23_FM_CANCER_CHILDREN_TYPE_UTERUS**
Don't Know	0 **S23_FM_CANCER_CHILDREN_TYPE_DK**
Prefer not to answer	0 **S23_FM_CANCER_CHILDREN_TYPE_PNA**
Other	0 **S23_FM_CANCER_CHILDREN_TYPE_A29**
[*If Other is selected*] **Specify the Cancer Type(s)**	
Other Type 1: **S23_FM_CANCER_CHILDREN_OTH_LI_A1**	0 **S23_FM_CANCER_CHILDREN_OTH_LI_B1**
Other Type 2: **S23_FM_CANCER_CHILDREN_OTH_LI_A2**	0 **S23_FM_CANCER_CHILDREN_OTH_LI_B2**
Other Type 3: **S23_FM_CANCER_CHILDREN_OTH_LI_A3**	0 **S23_FM_CANCER_CHILDREN_OTH_LI_B3**

FAMILY HEALTH HISTORY

[If Survey 2017 not completed]

FM09. Has your mother ever been diagnosed by a medical doctor with any of the following long-term health conditions? Select ALL that apply.

[If Survey 2017 completed]
FM10. In the last <u>5 years,</u> was your mother diagnosed by a medical doctor with any of the following long-term health conditions? Select ALL that apply.

Alzheimer's disease **S23_FMH_MOTHER_LT_HC_A1, S23_FMH_MOTHER_LT_HC_5YR_A1**
Anxiety disorder **S23_FMH_MOTHER_LT_HC_A2, S23_FMH_MOTHER_LT_HC_5YR_A2**
Atrial Fibrillation **S23_FMH_MOTHER_LT_HC_A3, S23_FMH_MOTHER_LT_HC_5YR_A3**
Arthritis **S23_FMH_MOTHER_LT_HC_A4,** S23_FMH_MOTHER_LT_HC_5YR_A4
Asthma **S23_FMH_MOTHER_LT_HC_A5, S23_FMH_MOTHER_LT_HC_5YR_A5**
Bipolar disorder **S23_FMH_MOTHER_LT_HC_A6, S23_FMH_MOTHER_LT_HC_5YR_A6**
Celiac disease **S23_FMH_MOTHER_LT_HC_A7, S23_FMH_MOTHER_LT_HC_5YR_A7**
Chronic hepatitis **S23_FMH_MOTHER_LT_HC_A8, S23_FMH_MOTHER_LT_HC_5YR_A8**
Chronic kidney disease **S23_FMH_MOTHER_LT_HC_A9, S23_FMH_MOTHER_LT_HC_5YR_A9**
Chronic obstructive pulmonary disease (COPD) **S23_FMH_MOTHER_LT_HC_A10, S23_FMH_MOTHER_LT_HC_5YR_A10**
Crohn's disease **S23_FMH_MOTHER_LT_HC_A11, S23_FMH_MOTHER_LT_HC_5YR_A11**
Dementia **S23_FMH_MOTHER_LT_HC_A12, S23_FMH_MOTHER_LT_HC_5YR_A12**
Diabetes **S23_FMH_MOTHER_LT_HC_A13, S23_FMH_MOTHER_LT_HC_5YR_A13**
Eczema **S23_FMH_MOTHER_LT_HC_A14, S23_FMH_MOTHER_LT_HC_5YR_A14**
Epilepsy or Seizures **S23_FMH_MOTHER_LT_HC_A15, S23_FMH_MOTHER_LT_HC_5YR_A15**
Fibromyalgia **S23_FMH_MOTHER_LT_HC_A16, S23_FMH_MOTHER_LT_HC_5YR_A16**
Glaucoma **S23_FMH_MOTHER_LT_HC_A17, S23_FMH_MOTHER_LT_HC_5YR_A17**
Heart attack (Myocardial infarction) **S23_FMH_MOTHER_LT_HC_A18, S23_FMH_MOTHER_LT_HC_5YR_A18**
Heart failure **S23_FMH_MOTHER_LT_HC_A19, S23_FMH_MOTHER_LT_HC_5YR_A19**
High blood pressure **S23_FMH_MOTHER_LT_HC_A20, S23_FMH_MOTHER_LT_HC_5YR_A20**
Hypercholesterolemia **S23_FMH_MOTHER_LT_HC_A21, S23_FMH_MOTHER_LT_HC_5YR_A21**
Hyperthyroid **S23_FMH_MOTHER_LT_HC_A22, S23_FMH_MOTHER_LT_HC_5YR_A22**
Hypothyroid **S23_FMH_MOTHER_LT_HC_A23, S23_FMH_MOTHER_LT_HC_5YR_A23**
Irritable bowel syndrome **S23_FMH_MOTHER_LT_HC_A24, S23_FMH_MOTHER_LT_HC_5YR_A24**
Liver cirrhosis **S23_FMH_MOTHER_LT_HC_A25, S23_FMH_MOTHER_LT_HC_5YR_A25**
Lupus **S23_FMH_MOTHER_LT_HC_A26, S23_FMH_MOTHER_LT_HC_5YR_A26**
Major depression **S23_FMH_MOTHER_LT_HC_A27, S23_FMH_MOTHER_LT_HC_5YR_A27**
Multiple sclerosis **S23_FMH_MOTHER_LT_HC_A28, S23_FMH_MOTHER_LT_HC_5YR_A28**
Osteoporosis **S23_FMH_MOTHER_LT_HC_A29, S23_FMH_MOTHER_LT_HC_5YR_A29**
Parkinson's disease **S23_FMH_MOTHER_LT_HC_A30, S23_FMH_MOTHER_LT_HC_5YR_A30**
Psoriasis **S23_FMH_MOTHER_LT_HC_A31, S23_FMH_MOTHER_LT_HC_5YR_A31**
Stroke **S23_FMH_MOTHER_LT_HC_A32, S23_FMH_MOTHER_LT_HC_5YR_A32**
Ulcerative colitis **S23_FMH_MOTHER_LT_HC_A33, S23_FMH_MOTHER_LT_HC_5YR_A33**
Other – please specify: (open text) **S23_FMH_MOTHER_LT_HC_A34, S23_FMH_MOTHER_LT_HC_5YR_A34**
S23_FMH_MOTHER_LT_HC_LI_A1, S23_FMH_MOTHER_LT_HC_LI_A2, S23_FMH_MOTHER_LT_HC_LI_A3, S23_FMH_MOTHER_LT_HC_LI_A4, S23_FMH_MOTHER_LT_HC_LI_A5, S23_FMH_MOTHER_LT_HC_LI_A6,

S23_FMH_MOTHER_LT_HC_LI_A7, S23_FMH_MOTHER_LT_HC_LI_A8, S23_FMH_MOTHER_LT_HC_LI_A9, S23_FMH_MOTHER_LT_HC_LI_A10

S23_FM_MOTHER_LT_HC_5YR_LI_A1, S23_FM_MOTHER_LT_HC_5YR_LI_A2, S23_FM_MOTHER_LT_HC_5YR_LI_A3, S23_FM_MOTHER_LT_HC_5YR_LI_A4, S23_FM_MOTHER_LT_HC_5YR_LI_A5, S23_FM_MOTHER_LT_HC_5YR_LI_A6, S23_FM_MOTHER_LT_HC_5YR_LI_A7, S23_FM_MOTHER_LT_HC_5YR_LI_A8, S23_FM_MOTHER_LT_HC_5YR_LI_A9, S23_FM_MOTHER_LT_HC_5YR_LI_A10

None of the above **S23_FMH_MOTHER_LT_HC_A35, S23_FMH_MOTHER_LT_HC_5YR_A35**

[If Survey 2017 not completed]
FM11. Has your father ever been diagnosed by a medical doctor with any of the following long-term health conditions? Select ALL that apply.

[If Survey 2017 completed]
FM12. In the last 5 years, was your father diagnosed by a medical doctor with any of the following long-term health conditions? Select ALL that apply.
Alzheimer's disease **S23_FMH_FATHER_LT_HC_A1, S23_FMH_FATHER_LT_HC_5YR_A1**
Anxiety disorder **S23_FMH_FATHER_LT_HC_A2, S23_FMH_FATHER_LT_HC_5YR_A2**
Atrial Fibrillation **S23_FMH_FATHER_LT_HC_A3, S23_FMH_FATHER_LT_HC_5YR_A3**
Arthritis **S23_FMH_FATHER_LT_HC_A4, S23_FMH_FATHER_LT_HC_5YR_A4**
Asthma **S23_FMH_FATHER_LT_HC_A5, S23_FMH_FATHER_LT_HC_5YR_A5**
Bipolar disorder **S23_FMH_FATHER_LT_HC_A6, S23_FMH_FATHER_LT_HC_5YR_A6**
Celiac disease **S23_FMH_FATHER_LT_HC_A7, S23_FMH_FATHER_LT_HC_5YR_A7**
Chronic hepatitis **S23_FMH_FATHER_LT_HC_A8, S23_FMH_FATHER_LT_HC_5YR_A8**
Chronic kidney disease **S23_FMH_FATHER_LT_HC_A9, S23_FMH_FATHER_LT_HC_5YR_A9**
Chronic obstructive pulmonary disease (COPD) **S23_FMH_FATHER_LT_HC_A10, S23_FMH_FATHER_LT_HC_5YR_A10**
Crohn's disease **S23_FMH_FATHER_LT_HC_A11, S23_FMH_FATHER_LT_HC_5YR_A11**
Dementia **S23_FMH_FATHER_LT_HC_A12, S23_FMH_FATHER_LT_HC_5YR_A12**
Diabetes **S23_FMH_FATHER_LT_HC_A13, S23_FMH_FATHER_LT_HC_5YR_A13**
Eczema **S23_FMH_FATHER_LT_HC_A14, S23_FMH_FATHER_LT_HC_5YR_A14**
Epilepsy or Seizures **S23_FMH_FATHER_LT_HC_A15, S23_FMH_FATHER_LT_HC_5YR_A15**
Fibromyalgia **S23_FMH_FATHER_LT_HC_A16, S23_FMH_FATHER_LT_HC_5YR_A16**
Glaucoma **S23_FMH_FATHER_LT_HC_A17, S23_FMH_FATHER_LT_HC_5YR_A17**
Heart attack (Myocardial infarction) **S23_FMH_FATHER_LT_HC_A18, S23_FMH_FATHER_LT_HC_5YR_A18**
Heart failure **S23_FMH_FATHER_LT_HC_A19, S23_FMH_FATHER_LT_HC_5YR_A19**
High blood pressure **S23_FMH_FATHER_LT_HC_A20, S23_FMH_FATHER_LT_HC_5YR_A20**
Hypercholesterolemia **S23_FMH_FATHER_LT_HC_A21, S23_FMH_FATHER_LT_HC_5YR_A21**
Hyperthyroid **S23_FMH_FATHER_LT_HC_A22, S23_FMH_FATHER_LT_HC_5YR_A22**
Hypothyroid **S23_FMH_FATHER_LT_HC_A23, S23_FMH_FATHER_LT_HC_5YR_A23**
Irritable bowel syndrome **S23_FMH_FATHER_LT_HC_A24, S23_FMH_FATHER_LT_HC_5YR_A24**
Liver cirrhosis **S23_FMH_FATHER_LT_HC_A25, S23_FMH_FATHER_LT_HC_5YR_A25**
Lupus **S23_FMH_FATHER_LT_HC_A26, S23_FMH_FATHER_LT_HC_5YR_A26**

Major depression **S23_FMH_FATHER_LT_HC_A27, S23_FMH_FATHER_LT_HC_5YR_A27**
Multiple sclerosis **S23_FMH_FATHER_LT_HC_A28, S23_FMH_FATHER_LT_HC_5YR_A28**
Osteoporosis **S23_FMH_FATHER_LT_HC_A29, S23_FMH_FATHER_LT_HC_5YR_A29**
Parkinson's disease **S23_FMH_FATHER_LT_HC_A30, S23_FMH_FATHER_LT_HC_5YR_A30**
Psoriasis **S23_FMH_FATHER_LT_HC_A31, S23_FMH_FATHER_LT_HC_5YR_A31**
Stroke **S23_FMH_FATHER_LT_HC_A32, S23_FMH_FATHER_LT_HC_5YR_A32**
Ulcerative colitis **S23_FMH_FATHER_LT_HC_A33, S23_FMH_FATHER_LT_HC_5YR_A33**
Other-– please specify: (open text) **S23_FMH_FATHER_LT_HC_A34,
S23_FMH_FATHER_LT_HC_5YR_A34**

**S23_FMH_FATHER_LT_HC_LI_A1, S23_FMH_FATHER_LT_HC_LI_A2, S23_FMH_FATHER_LT_HC_LI_A3,
S23_FMH_FATHER_LT_HC_LI_A4, S23_FMH_FATHER_LT_HC_LI_A5, S23_FMH_FATHER_LT_HC_LI_A6,
S23_FMH_FATHER_LT_HC_LI_A7, S23_FMH_FATHER_LT_HC_LI_A8, S23_FMH_FATHER_LT_HC_LI_A9,
S23_FMH_FATHER_LT_HC_LI_A10**

**S23_FM_FATHER_LT_HC_5YR_LI_A1, S23_FM_FATHER_LT_HC_5YR_LI_A2,
S23_FM_FATHER_LT_HC_5YR_LI_A3, S23_FM_FATHER_LT_HC_5YR_LI_A4,
S23_FM_FATHER_LT_HC_5YR_LI_A5, S23_FM_FATHER_LT_HC_5YR_LI_A6,
S23_FM_FATHER_LT_HC_5YR_LI_A7, S23_FM_FATHER_LT_HC_5YR_LI_A8,
S23_FM_FATHER_LT_HC_5YR_LI_A9, S23_FM_FATHER_LT_HC_5YR_LI_A10**

None of the above **S23_FMH_FATHER_LT_HC_A35, S23_FMH_FATHER_LT_HC_5YR_A35**

FM13. Are you aware of any long-term conditions your biological siblings have been diagnosed with?
S23_FM_SIBLING_LT_HC_EVER
Yes
No [*SKIP to FM16*]
I do not have any biological siblings [*SKIP to FM16*]

> *[If Yes to FM13]*
> *[If Survey 2017 completed]*
> **FM13A. Are you aware of any long-term conditions your biological siblings have been
> diagnosed with <u>in the last 5 years</u>?**
> **S23_FM_SIBLING_LT_HC_EVER_5YR**
> Yes *[Go to FM15]*
> No *[SKIP to FM16]*

[If Yes to FM13]
[If Survey 2017 not completed]
**FM14. Have any of your biological siblings ever been diagnosed by a medical doctor with any of the
following long-term health conditions?**
Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left
blank will be recorded as 'No' (not diagnosed).

[If Yes to FM13A]
[If Survey 2017 completed]

FM15. Have any of your biological siblings been diagnosed by a medical doctor with any of the following long-term health conditions in the last 5 years?

Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left blank will be recorded as 'No' (not diagnosed).

Condition	Diagnosed		Number of siblings *[If Yes to Diagnosed, Number of Sibling option appears]*
	No	Yes	
Alzheimer's disease	S23_FM_SIBLING_LT_HC_B1 S23_FM_SIBLING_LT_HC_5YR_A1		S23_FM_SIBLING_LT_HC_C1 S23_FM_SIBLING_LT_HC_5YR_B1
Anxiety disorder	S23_FM_SIBLING_LT_HC_B2 S23_FM_SIBLING_LT_HC_5YR_A2		S23_FM_SIBLING_LT_HC_C2 S23_FM_SIBLING_LT_HC_5YR_B2
Atrial Fibrillation	S23_FM_SIBLING_LT_HC_B3 S23_FM_SIBLING_LT_HC_5YR_A3		S23_FM_SIBLING_LT_HC_C3 S23_FM_SIBLING_LT_HC_5YR_B3
Arthritis	S23_FM_SIBLING_LT_HC_B4 S23_FM_SIBLING_LT_HC_5YR_A4		S23_FM_SIBLING_LT_HC_C4 S23_FM_SIBLING_LT_HC_5YR_B4
Asthma	S23_FM_SIBLING_LT_HC_B5 S23_FM_SIBLING_LT_HC_5YR_A5		S23_FM_SIBLING_LT_HC_C5 S23_FM_SIBLING_LT_HC_5YR_B5
Bipolar disorder	S23_FM_SIBLING_LT_HC_B6 S23_FM_SIBLING_LT_HC_5YR_A6		S23_FM_SIBLING_LT_HC_C6 S23_FM_SIBLING_LT_HC_5YR_B6
Celiac disease	S23_FM_SIBLING_LT_HC_B7 S23_FM_SIBLING_LT_HC_5YR_A7		S23_FM_SIBLING_LT_HC_C7 S23_FM_SIBLING_LT_HC_5YR_B7
Chronic hepatitis	S23_FM_SIBLING_LT_HC_B8 S23_FM_SIBLING_LT_HC_5YR_A8		S23_FM_SIBLING_LT_HC_C8 S23_FM_SIBLING_LT_HC_5YR_B8
Chronic kidney disease	S23_FM_SIBLING_LT_HC_B9 S23_FM_SIBLING_LT_HC_5YR_A9		S23_FM_SIBLING_LT_HC_C9 S23_FM_SIBLING_LT_HC_5YR_B9

Chronic obstructive pulmonary disease (COPD)	S23_FM_SIBLING_LT_HC_B10 S23_FM_SIBLING_LT_HC_5YR_A10	S23_FM_SIBLING_LT_HC_C10 S23_FM_SIBLING_LT_HC_5YR_B10
Crohn's disease	S23_FM_SIBLING_LT_HC_B11 S23_FM_SIBLING_LT_HC_5YR_A11	S23_FM_SIBLING_LT_HC_C11 S23_FM_SIBLING_LT_HC_5YR_B11
Dementia	S23_FM_SIBLING_LT_HC_B12 S23_FM_SIBLING_LT_HC_5YR_A12	S23_FM_SIBLING_LT_HC_C12 S23_FM_SIBLING_LT_HC_5YR_B12
Diabetes	S23_FM_SIBLING_LT_HC_B13 S23_FM_SIBLING_LT_HC_5YR_A13	S23_FM_SIBLING_LT_HC_C13 S23_FM_SIBLING_LT_HC_5YR_B13
Eczema	S23_FM_SIBLING_LT_HC_B14 S23_FM_SIBLING_LT_HC_5YR_A14	S23_FM_SIBLING_LT_HC_C14 S23_FM_SIBLING_LT_HC_5YR_B14
Epilepsy or Seizures	S23_FM_SIBLING_LT_HC_B15 S23_FM_SIBLING_LT_HC_5YR_A15	S23_FM_SIBLING_LT_HC_C15 S23_FM_SIBLING_LT_HC_5YR_B15
Fibromyalgia	S23_FM_SIBLING_LT_HC_B16 S23_FM_SIBLING_LT_HC_5YR_A16	S23_FM_SIBLING_LT_HC_C16 S23_FM_SIBLING_LT_HC_5YR_B16
Glaucoma	S23_FM_SIBLING_LT_HC_B17 S23_FM_SIBLING_LT_HC_5YR_A17	S23_FM_SIBLING_LT_HC_C17 S23_FM_SIBLING_LT_HC_5YR_B17
Heart attack (Myocardial infarction)	S23_FM_SIBLING_LT_HC_B18 S23_FM_SIBLING_LT_HC_5YR_A18	S23_FM_SIBLING_LT_HC_C18 S23_FM_SIBLING_LT_HC_5YR_B18
Heart failure	S23_FM_SIBLING_LT_HC_B19 S23_FM_SIBLING_LT_HC_5YR_A19	S23_FM_SIBLING_LT_HC_C19 S23_FM_SIBLING_LT_HC_5YR_B19
High blood pressure	S23_FM_SIBLING_LT_HC_B20 S23_FM_SIBLING_LT_HC_5YR_A20	S23_FM_SIBLING_LT_HC_C20 S23_FM_SIBLING_LT_HC_5YR_B20
Hypercholesterolemia	S23_FM_SIBLING_LT_HC_B21 S23_FM_SIBLING_LT_HC_5YR_A21	S23_FM_SIBLING_LT_HC_C21 S23_FM_SIBLING_LT_HC_5YR_B21

Hyperthyroid	S23_FM_SIBLING_LT_HC_B22 S23_FM_SIBLING_LT_HC_5YR_A22	S23_FM_SIBLING_LT_HC_C22 S23_FM_SIBLING_LT_HC_5YR_B22
Hypothyroid	S23_FM_SIBLING_LT_HC_B23 S23_FM_SIBLING_LT_HC_5YR_A23	S23_FM_SIBLING_LT_HC_C23 S23_FM_SIBLING_LT_HC_5YR_B23
Irritable bowel syndrome	S23_FM_SIBLING_LT_HC_B24 S23_FM_SIBLING_LT_HC_5YR_A24	S23_FM_SIBLING_LT_HC_C24 S23_FM_SIBLING_LT_HC_5YR_B24
Liver cirrhosis	S23_FM_SIBLING_LT_HC_B25 S23_FM_SIBLING_LT_HC_5YR_A25	S23_FM_SIBLING_LT_HC_C25 S23_FM_SIBLING_LT_HC_5YR_B25
Lupus	S23_FM_SIBLING_LT_HC_B26 S23_FM_SIBLING_LT_HC_5YR_A26	S23_FM_SIBLING_LT_HC_C26 S23_FM_SIBLING_LT_HC_5YR_B26
Major depression	S23_FM_SIBLING_LT_HC_B27 S23_FM_SIBLING_LT_HC_5YR_A27	S23_FM_SIBLING_LT_HC_C27 S23_FM_SIBLING_LT_HC_5YR_B27
Multiple sclerosis	S23_FM_SIBLING_LT_HC_B28 S23_FM_SIBLING_LT_HC_5YR_A28	S23_FM_SIBLING_LT_HC_C28 S23_FM_SIBLING_LT_HC_5YR_B28
Osteoporosis	S23_FM_SIBLING_LT_HC_B29 S23_FM_SIBLING_LT_HC_5YR_A29	S23_FM_SIBLING_LT_HC_C29 S23_FM_SIBLING_LT_HC_5YR_B29
Parkinson's disease	S23_FM_SIBLING_LT_HC_B30 S23_FM_SIBLING_LT_HC_5YR_A30	S23_FM_SIBLING_LT_HC_C30 S23_FM_SIBLING_LT_HC_5YR_B30
Psoriasis	S23_FM_SIBLING_LT_HC_B31 S23_FM_SIBLING_LT_HC_5YR_A31	S23_FM_SIBLING_LT_HC_C31 S23_FM_SIBLING_LT_HC_5YR_B31
Stroke	S23_FM_SIBLING_LT_HC_B32 S23_FM_SIBLING_LT_HC_5YR_A32	S23_FM_SIBLING_LT_HC_C32 S23_FM_SIBLING_LT_HC_5YR_B32
Ulcerative colitis	S23_FM_SIBLING_LT_HC_B33	S23_FM_SIBLING_LT_HC_C33

	S23_FM_SIBLING_LT_HC_5YR_A33	S23_FM_SIBLING_LT_HC_5YR_B33
Other – please specify (open text)	S23_FM_SIBLING_LT_HC_B34 S23_FM_SIBLING_LT_HC_5YR_A34	

Other - Please Specify	Number of Siblings:
Condition 1: S23_FM_SIBLING_LT_HC_LI_A1 S23_FM_SIBLING_LT_HC_5YR_LI_A1	S23_FM_SIBLING_LT_HC_LI_B1 S23_FM_SIBLING_LT_HC_5YR_LI_B1
Condition 2: S23_FM_SIBLING_LT_HC_LI_A2 S23_FM_SIBLING_LT_HC_5YR_LI_A2	S23_FM_SIBLING_LT_HC_LI_B2 S23_FM_SIBLING_LT_HC_5YR_LI_B2
Condition 3: S23_FM_SIBLING_LT_HC_LI_A3 S23_FM_SIBLING_LT_HC_5YR_LI_A3	S23_FM_SIBLING_LT_HC_LI_B3 S23_FM_SIBLING_LT_HC_5YR_LI_B3
Condition 4: S23_FM_SIBLING_LT_HC_LI_A4 S23_FM_SIBLING_LT_HC_5YR_LI_A4	S23_FM_SIBLING_LT_HC_LI_B4 S23_FM_SIBLING_LT_HC_5YR_LI_B4
Condition 5: S23_FM_SIBLING_LT_HC_LI_A5 S23_FM_SIBLING_LT_HC_5YR_LI_A5	S23_FM_SIBLING_LT_HC_LI_B5 S23_FM_SIBLING_LT_HC_5YR_LI_B5
Condition 6: S23_FM_SIBLING_LT_HC_LI_A6 S23_FM_SIBLING_LT_HC_5YR_LI_A6	S23_FM_SIBLING_LT_HC_LI_B6 S23_FM_SIBLING_LT_HC_5YR_LI_B6
Condition 7: S23_FM_SIBLING_LT_HC_LI_A7 S23_FM_SIBLING_LT_HC_5YR_LI_A7	S23_FM_SIBLING_LT_HC_LI_B7 S23_FM_SIBLING_LT_HC_5YR_LI_B7
Condition 8: S23_FM_SIBLING_LT_HC_LI_A8	S23_FM_SIBLING_LT_HC_LI_B8

S23_FM_SIBLING_LT_HC_5YR_LI_A8	S23_FM_SIBLING_LT_HC_5YR_LI_B8
Condition 9: S23_FM_SIBLING_LT_HC_LI_A9 S23_FM_SIBLING_LT_HC_5YR_LI_A9	S23_FM_SIBLING_LT_HC_LI_B9 S23_FM_SIBLING_LT_HC_5YR_LI_B9
Condition 10: S23_FM_SIBLING_LT_HC_LI_A10 S23_FM_SIBLING_LT_HC_5YR_LI_A10	S23_FM_SIBLING_LT_HC_LI_B10 S23_FM_SIBLING_LT_HC_5YR_LI_B10

FM16. Are you aware of any long-term conditions your biological children have been diagnosed with?
S23_FM_CHILDREN_LT_HC_EVER
Yes
No [*SKIP to HS01*]
I do not have any biological children [*SKIP to HS01*]

> *[If yes to FM16]*
> *[If Survey 2017 completed]*
> **FM16A. Are you aware of any long-term conditions your biological children have been**
> **diagnosed with in the last 5 years?** **S23_FM_CHILDREN_LT_HC_EVER_5YR**
> Yes *[Go to FM18]*
> No *[SKIP to HS01]*

[If Yes to FM16]
[If Survey 2017 not completed]
FM17. **Have any of your biological children ever been diagnosed by a medical doctor with any of the**
following long-term health conditions?
Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left
blank will be recorded as 'No' (not diagnosed).

[If Yes to FM16A]
[If Survey 2017 not completed]
FM18. Have any of your biological children been diagnosed by a medical doctor with any of the
following long-term health conditions in the last 5 years?
Select 'Yes' for all that apply. For the rest, you can select 'No' or leave blank – conditions that are left
blank will be recorded as 'No' (not diagnosed).

Condition	Diagnosed	Number of children

	No	Yes	[If Yes to Diagnosed, Number of Children option appears]
Alzheimer's disease	S23_FM_CHILDREN_LT_HC_A1 S23_FM_CHILDREN_LT_HC_5YR_A1	S23_FM_CHILDREN_LT_HC_B1 S23_FM_CHILDREN_LT_HC_5YR_B1	
Anxiety disorder	S23_FM_CHILDREN_LT_HC_A2 S23_FM_CHILDREN_LT_HC_5YR_A2	S23_FM_CHILDREN_LT_HC_B2 S23_FM_CHILDREN_LT_HC_5YR_B2	
Atrial Fibrillation	S23_FM_CHILDREN_LT_HC_A3 S23_FM_CHILDREN_LT_HC_5YR_A3	S23_FM_CHILDREN_LT_HC_B3 S23_FM_CHILDREN_LT_HC_5YR_B3	
Arthritis	S23_FM_CHILDREN_LT_HC_A4 S23_FM_CHILDREN_LT_HC_5YR_A4	S23_FM_CHILDREN_LT_HC_B4 S23_FM_CHILDREN_LT_HC_5YR_B4	
Asthma	S23_FM_CHILDREN_LT_HC_A5 S23_FM_CHILDREN_LT_HC_5YR_A5	S23_FM_CHILDREN_LT_HC_B5 S23_FM_CHILDREN_LT_HC_5YR_B5	
Bipolar disorder	S23_FM_CHILDREN_LT_HC_A6 S23_FM_CHILDREN_LT_HC_5YR_A6	S23_FM_CHILDREN_LT_HC_B6 S23_FM_CHILDREN_LT_HC_5YR_B6	
Celiac disease	S23_FM_CHILDREN_LT_HC_A7 S23_FM_CHILDREN_LT_HC_5YR_A7	S23_FM_CHILDREN_LT_HC_B7 S23_FM_CHILDREN_LT_HC_5YR_B7	
Chronic hepatitis	S23_FM_CHILDREN_LT_HC_A8 S23_FM_CHILDREN_LT_HC_5YR_A8	S23_FM_CHILDREN_LT_HC_B8 S23_FM_CHILDREN_LT_HC_5YR_B8	
Chronic kidney disease	S23_FM_CHILDREN_LT_HC_A9 S23_FM_CHILDREN_LT_HC_5YR_A9	S23_FM_CHILDREN_LT_HC_B9 S23_FM_CHILDREN_LT_HC_5YR_B9	
Chronic obstructive pulmonary disease (COPD)	S23_FM_CHILDREN_LT_HC_A10 S23_FM_CHILDREN_LT_HC_5YR_A10	S23_FM_CHILDREN_LT_HC_B10 S23_FM_CHILDREN_LT_HC_5YR_B10	
Crohn's disease	S23_FM_CHILDREN_LT_HC_A11 S23_FM_CHILDREN_LT_HC_5YR_A11	S23_FM_CHILDREN_LT_HC_B11 S23_FM_CHILDREN_LT_HC_5YR_B11	

Dementia	S23_FM_CHILDREN_LT_HC_A12	S23_FM_CHILDREN_LT_HC_B12
	S23_FM_CHILDREN_LT_HC_5YR_A12	S23_FM_CHILDREN_LT_HC_5YR_B12
Diabetes	S23_FM_CHILDREN_LT_HC_A13	S23_FM_CHILDREN_LT_HC_B13
	S23_FM_CHILDREN_LT_HC_5YR_A13	S23_FM_CHILDREN_LT_HC_5YR_B13
Eczema	S23_FM_CHILDREN_LT_HC_A14	S23_FM_CHILDREN_LT_HC_B14
	S23_FM_CHILDREN_LT_HC_5YR_A14	S23_FM_CHILDREN_LT_HC_5YR_B14
Epilepsy or Seizures	S23_FM_CHILDREN_LT_HC_A15	S23_FM_CHILDREN_LT_HC_B15
	S23_FM_CHILDREN_LT_HC_5YR_A15	S23_FM_CHILDREN_LT_HC_5YR_B15
Fibromyalgia	S23_FM_CHILDREN_LT_HC_A16	S23_FM_CHILDREN_LT_HC_B16
	S23_FM_CHILDREN_LT_HC_5YR_A16	S23_FM_CHILDREN_LT_HC_5YR_B16
Glaucoma	S23_FM_CHILDREN_LT_HC_A17	S23_FM_CHILDREN_LT_HC_B17
	S23_FM_CHILDREN_LT_HC_5YR_A17	S23_FM_CHILDREN_LT_HC_5YR_B17
Heart attack (Myocardial infarction)	S23_FM_CHILDREN_LT_HC_A18	S23_FM_CHILDREN_LT_HC_B18
	S23_FM_CHILDREN_LT_HC_5YR_A18	S23_FM_CHILDREN_LT_HC_5YR_B18
Heart failure	S23_FM_CHILDREN_LT_HC_A19	S23_FM_CHILDREN_LT_HC_B19
	S23_FM_CHILDREN_LT_HC_5YR_A19	S23_FM_CHILDREN_LT_HC_5YR_B19
High blood pressure	S23_FM_CHILDREN_LT_HC_A20	S23_FM_CHILDREN_LT_HC_B20
	S23_FM_CHILDREN_LT_HC_5YR_A20	S23_FM_CHILDREN_LT_HC_5YR_B20
Hypercholesterolemia	S23_FM_CHILDREN_LT_HC_A21	S23_FM_CHILDREN_LT_HC_B21
	S23_FM_CHILDREN_LT_HC_5YR_A21	S23_FM_CHILDREN_LT_HC_5YR_B21
Hyperthyroid	S23_FM_CHILDREN_LT_HC_A22	S23_FM_CHILDREN_LT_HC_B22
	S23_FM_CHILDREN_LT_HC_5YR_A22	S23_FM_CHILDREN_LT_HC_5YR_B22
Hypothyroid	S23_FM_CHILDREN_LT_HC_A23	S23_FM_CHILDREN_LT_HC_B23
	S23_FM_CHILDREN_LT_HC_5YR_A23	S23_FM_CHILDREN_LT_HC_5YR_B23

Irritable bowel syndrome	S23_FM_CHILDREN_LT_HC_A24 S23_FM_CHILDREN_LT_HC_5YR_A24	S23_FM_CHILDREN_LT_HC_B24 S23_FM_CHILDREN_LT_HC_5YR_B24
Liver cirrhosis	S23_FM_CHILDREN_LT_HC_A25 S23_FM_CHILDREN_LT_HC_5YR_A25	S23_FM_CHILDREN_LT_HC_B25 S23_FM_CHILDREN_LT_HC_5YR_B25
Lupus	S23_FM_CHILDREN_LT_HC_A26 S23_FM_CHILDREN_LT_HC_5YR_A26	S23_FM_CHILDREN_LT_HC_B26 S23_FM_CHILDREN_LT_HC_5YR_B26
Major depression	S23_FM_CHILDREN_LT_HC_A27 S23_FM_CHILDREN_LT_HC_5YR_A27	S23_FM_CHILDREN_LT_HC_B27 S23_FM_CHILDREN_LT_HC_5YR_B27
Multiple sclerosis	S23_FM_CHILDREN_LT_HC_A28 S23_FM_CHILDREN_LT_HC_5YR_A28	S23_FM_CHILDREN_LT_HC_B28 S23_FM_CHILDREN_LT_HC_5YR_B28
Osteoporosis	S23_FM_CHILDREN_LT_HC_A29 S23_FM_CHILDREN_LT_HC_5YR_A29	S23_FM_CHILDREN_LT_HC_B29 S23_FM_CHILDREN_LT_HC_5YR_B29
Parkinson's disease	S23_FM_CHILDREN_LT_HC_A30 S23_FM_CHILDREN_LT_HC_5YR_A30	S23_FM_CHILDREN_LT_HC_B30 S23_FM_CHILDREN_LT_HC_5YR_B30
Psoriasis	S23_FM_CHILDREN_LT_HC_A31 S23_FM_CHILDREN_LT_HC_5YR_A31	S23_FM_CHILDREN_LT_HC_B31 S23_FM_CHILDREN_LT_HC_5YR_B31
Stroke	S23_FM_CHILDREN_LT_HC_A32 S23_FM_CHILDREN_LT_HC_5YR_A32	S23_FM_CHILDREN_LT_HC_B32 S23_FM_CHILDREN_LT_HC_5YR_B32
Ulcerative colitis	S23_FM_CHILDREN_LT_HC_A33 S23_FM_CHILDREN_LT_HC_5YR_A33	S23_FM_CHILDREN_LT_HC_B33 S23_FM_CHILDREN_LT_HC_5YR_B33
Other– please specify (open text)	S23_FM_CHILDREN_LT_HC_A34 S23_FM_CHILDREN_LT_HC_5YR_A34	

Other - Please Specify	Number of children:

Condition 1: **S23_FM_CHILDREN_LT_HC_LI_A1** **S23_FM_CHILDREN_LT_HC_5YR_LI_A1**	**S23_FM_CHILDREN_LT_HC_LI_B1** **S23_FM_CHILDREN_LT_HC_5YR_LI_B1**
Condition 2: **S23_FM_CHILDREN_LT_HC_LI_A2** **S23_FM_CHILDREN_LT_HC_5YR_LI_A2**	**S23_FM_CHILDREN_LT_HC_LI_B2** **S23_FM_CHILDREN_LT_HC_5YR_LI_B2**
Condition 3: **S23_FM_CHILDREN_LT_HC_LI_A3** **S23_FM_CHILDREN_LT_HC_5YR_LI_A3**	**S23_FM_CHILDREN_LT_HC_LI_B3** **S23_FM_CHILDREN_LT_HC_5YR_LI_B3**
Condition 4: **S23_FM_CHILDREN_LT_HC_LI_A4** **S23_FM_CHILDREN_LT_HC_5YR_LI_A4**	**S23_FM_CHILDREN_LT_HC_LI_B4** **S23_FM_CHILDREN_LT_HC_5YR_LI_B4**
Condition 5: **S23_FM_CHILDREN_LT_HC_LI_A5** **S23_FM_CHILDREN_LT_HC_5YR_LI_A5**	**S23_FM_CHILDREN_LT_HC_LI_B5** **S23_FM_CHILDREN_LT_HC_5YR_LI_B5**
Condition 6: **S23_FM_CHILDREN_LT_HC_LI_A6** **S23_FM_CHILDREN_LT_HC_5YR_LI_A6**	**S23_FM_CHILDREN_LT_HC_LI_B6** **S23_FM_CHILDREN_LT_HC_5YR_LI_B6**
Condition 7: **S23_FM_CHILDREN_LT_HC_LI_A7** **S23_FM_CHILDREN_LT_HC_5YR_LI_A7**	**S23_FM_CHILDREN_LT_HC_LI_B7** **S23_FM_CHILDREN_LT_HC_5YR_LI_B7**
Condition 8: **S23_FM_CHILDREN_LT_HC_LI_A8** **S23_FM_CHILDREN_LT_HC_5YR_LI_A8**	**S23_FM_CHILDREN_LT_HC_LI_B8** **S23_FM_CHILDREN_LT_HC_5YR_LI_B8**
Condition 9: **S23_FM_CHILDREN_LT_HC_LI_A9** **S23_FM_CHILDREN_LT_HC_5YR_LI_A9**	**S23_FM_CHILDREN_LT_HC_LI_B9** **S23_FM_CHILDREN_LT_HC_5YR_LI_B9**
Condition 10: **S23_FM_CHILDREN_LT_HC_LI_A10**	**S23_FM_CHILDREN_LT_HC_LI_B10**

S23_FM_CHILDREN_LT_HC_5YR_LI_A10	S23_FM_CHILDREN_LT_HC_5YR_LI_B10

GENERAL HEALTHCARE UTILIZATION

HS01. Do you have a family physician/primary care provider?
S23_HS_FAM_PHY

Yes
No
Don't know

HS02. When was the last time you had a routine medical check-up, undertaken by a doctor or a nurse? A medical check-up is a physical exam that usually includes at least a blood pressure measurement and height and weight measurement. S23_HS_PHYS_EXAM

Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

HS03. Did you get a flu shot for the 2022/23 flu season? Flu shots generally run from October to March. S23_HS_FLU_SHOT
Yes I received a flu shot for the 2022/23 flu season
No I haven't but I plan to
No I haven't and I do not plan to

HS04. When was the last time you saw a dental professional, including a dentist or a hygienist?
S23_HS_DENTAL
Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

MC06. What is your blood type?
S23_HS_MC_BLOOD_TYPE

A
B
AB
O
Prefer not to answer
Don't Know

CANCER SCREENING

HS05. When was the last time you had a fecal immunochemical test (FIT)?
The FIT test is a screening test for colon cancer that checks for blood in your stool, and is usually collected at home when you have a bowel movement. The FIT uses a stick attached to the cap of a storage bottle to collect one small sample and place it in the bottle. S23_HS_FIT_LAST
Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

> **HS05A. Were you due to receive a FIT test during the COVID-19 pandemic (since March 2020) but it was delayed or cancelled? S23_HS_FIT_DUE**
> Yes
> No [*SKIP to HS06*]
> Don't know [*SKIP to HS06*]
>
> > [*If Yes selected*] **HS05B. Why was this test delayed or cancelled? Select ALL that apply.**
> > I cancelled or delayed it because I was not comfortable seeking health services **S23_HS_FIT_DELAYED_C1**
> > It was cancelled or deferred by the health service provider **S23_HS_FIT_DELAYED_C2**
> > It was cancelled or deferred for other reason - Please Specify:_____ **S23_HS_FIT_DELAYED_C3, S23_HS_FIT_DELAYED_C3_OTSP**
> > Don't know **S23_HS_FIT_DELAYED_C4**

HS06. When was the last time you had a colonoscopy? A colonoscopy is an exam where a long tube is used to examine the entire colon for signs of cancer or other health problems. Before the procedure is done, you are usually given a sedative. Please do not include virtual colonoscopy.
S23_HS_COLO_LAST
Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago

3 or more years ago
Never
Don't know

HS06A. **Were you due to receive a colonoscopy during the COVID-19 pandemic (since March 2020) but it was delayed or cancelled?** S23_HS_COLO_DUE
Yes
No (skip to HS07)
Don't know (skip to HS07)

[*If Yes selected*] **HS06B**. **Why was this test delayed or cancelled? Select ALL that apply.**
I cancelled or delayed it because I was not comfortable seeking health services S23_HS_COLO_DELAYED_C1
It was cancelled or deferred by the health service provider S23_HS_COLO_DELAYED_C2
It was cancelled or deferred for other reason - Please Specify:_____
S23_HS_COLO_DELAYED_C3, S23_HS_COLO_DELAYED_C3_OTSP
Don't know S23_HS_COLO_DELAYED_C4

HS07. When was the last time you had a sigmoidoscopy? A sigmoidoscopy is an exam where a flexible tube is inserted into the rectum and lower part of the large intestine to look for signs of cancer or other problems. The procedure does not usually require sedation. A sigmoidoscopy is sometimes used as an alternative to colonoscopy, and looks at a smaller are of the colon. S23_HS_SIG_LAST
Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

HS07A. **Were you due to receive a sigmoidoscopy during the COVID-19 pandemic (since March 2020) but it was delayed or cancelled?** S23_HS_SIG_DUE
Yes
No [*SKIP to HS08*]
Don't know [*SKIP to HS08*]

[*If Yes selected*] **HS07B**. **Why was this test delayed or cancelled? Select ALL that apply.**
I cancelled or delayed it because I was not comfortable seeking health services S23_HS_SIG_DELAYED_C1
It was cancelled or deferred by the health service provider S23_HS_SIG_DELAYED_C2
It was cancelled or deferred for other reason - Please Specify:_____
S23_HS_SIG_DELAYED_C3, S23_HS_SIG_DELAYED_C3_OTSP
Don't know S23_HS_SIG_DELAYED_C4

[*If they answer anything but Never or DK in HS07*]

HS08. Have you ever had a polyp removed from your colon? A polyp is an abnormal growth of tissue.
S23_HS_COLO_POLYP

Yes
No
Don't know

[*If MALE chosen in DE02*]
HS11. When was the last time you had a PSA blood test? A PSA test is a specific blood test ordered by a doctor to test men for prostate cancer. *Please note that this is currently not a routine screening test in Alberta*. **S23_HS_MH_PSA_LAST**

Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

[*If FEMALE chosen in DE03*]
HS12. When was the last time you had a Pap test or a smear-test? It is performed by a doctor or a nurse where a sample of cells is taken from the cervix. S23_HS_WH_PAP_LAST

Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

HS13. **Were you due to receive a Pap test or smear-test during the COVID-19 pandemic (since March 2020) but it was delayed or cancelled? S23_HS_WH_PAP_DUE**
Yes
No (skip to HS15)
Don't know (skip to HS15)

[*If Yes selected*] **HS14**. **Why was this test delayed or cancelled? Select ALL that apply.**
I cancelled or delayed it because I was not comfortable seeking health services
S23_HS_WH_PAP_DELAYED_C1
It was cancelled or deferred by the health service provider
S23_HS_WH_PAP_DELAYED_C2
It was cancelled or deferred for other reason - Please Specify:_____
S23_HS_WH_PAP_DELAYED_C3, S23_HS_WH_PAP_DELAYED_C3_OTSP
Don't know **S23_HS_WH_PAP_DELAYED_C4**

[*If FEMALE chosen in DE03*]

HS15. Have you ever received a test for HPV (human papillomavirus)? This test is not performed as a routine screening test in Alberta and is not covered by Alberta Health Care insurance.
S23_HS_WH_HPV_TEST
Yes
No
Don't know

> [*If Yes*] **HS16. Did you test positive for HPV (human papillomavirus)?**
> **S23_HS_WH_HPV_RESULT**
> Yes
> No
> Don't know

[Show for both MALE and FEMALE]
HS17. Have you ever received a vaccine for HPV (human papillomavirus)? Both females and males are able to receive vaccination for HPV. This vaccine is not covered by Alberta Health Care Insurance for Albertans older than age 26 years. S23_HS_HPV_VAC_EVER
Yes
No
Don't know

[If FEMALE chosen in DE03]
HS18. When was the last time you had a mammogram? A mammogram is a low dose x-ray of the breast in a device that compresses and flattens the breast; it is used as a screening test for breast cancer. S23_HS_WH_MAM_LAST
Less than 6 months ago
6 months to less than 1 year ago
1 year to less than 2 years ago
2 years to less than 3 years ago
3 or more years ago
Never
Don't know

> **HS190A. Were you due to receive a mammogram during the COVID-19 pandemic (since March 2020) but it was delayed or cancelled? S23_HS_WH_MAM_DUE**
> Yes
> No [*SKIP to ME01A*]
> Don't know [*SKIP to ME01A*]
>
> [*If Yes selected*] **HS200B. Why was this test delayed or cancelled? Select ALL that apply.**
> I cancelled or delayed it because I was not comfortable seeking health services
> **S23_HS_WH_MAM_DELAYED_C1**
> It was cancelled or deferred by the health service provider
> **S23_HS_WH_MAM_DELAYED_C2**
> It was cancelled or deferred for other reason - Please Specify:_____
> **S23_HS_WH_MAM_DELAYED_C3, S23_HS_WH_MAM_DELAYED_C3_OTSP**
> Don't know **S23_HS_WH_MAM_DELAYED_C4**

MEDICATIONS

NP01. Are you currently taking any <u>non-prescription</u> ("over the counter") medications other than nutritional supplements? (E.g., medications such as ibuprofen (e.g. Advil), acetaminophen (e.g. Tylenol), and sleeping aids). Other nutritional supplements will be captured in a following question.
S23_NPME
Yes
No [*SKIP to NS01*]

Medication name	How often do you take it? Please only choose one answer. Daily→ [*If chosen*] On average, how many times per day do you take it? Weekly→ [*If chosen*] On average, how many days per week do you take it? Monthly→ [*If chosen*] On average, how many days per month do you take it?

Medication Name	How often do you take it?	On average, how many times per day do you take it?	On average, how many days per week do you take it?	On average, how many days per month do you take it?
S23_NPME_LIST_A1	S23_NPME_LIST_B1	S23_NPME_LIST_C1	S23_NPME_LIST_D1	S23_NPME_LIST_E1
S23_NPME_LIST_A2	S23_NPME_LIST_B2	S23_NPME_LIST_C2	S23_NPME_LIST_D2	S23_NPME_LIST_E2
S23_NPME_LIST_A3	S23_NPME_LIST_B3	S23_NPME_LIST_C3	S23_NPME_LIST_D3	S23_NPME_LIST_E3
S23_NPME_LIST_A4	S23_NPME_LIST_B4	S23_NPME_LIST_C4	S23_NPME_LIST_D4	S23_NPME_LIST_E4

S23_NPME_LIST_A5	S23_NPME_LIST_B5	S23_NPME_LIST_C5	S23_NPME_LIST_D5	S23_NPME_LIST_E5
S23_NPME_LIST_A6	S23_NPME_LIST_B6	S23_NPME_LIST_C6	S23_NPME_LIST_D6	S23_NPME_LIST_E6
S23_NPME_LIST_A7	S23_NPME_LIST_B7	S23_NPME_LIST_C7	S23_NPME_LIST_D7	S23_NPME_LIST_E7
S23_NPME_LIST_A8	S23_NPME_LIST_B8	S23_NPME_LIST_C8	S23_NPME_LIST_D8	S23_NPME_LIST_E8
S23_NPME_LIST_A9	S23_NPME_LIST_B9	S23_NPME_LIST_C9	S23_NPME_LIST_D9	S23_NPME_LIST_E9
S23_NPME_LIST_A10	S23_NPME_LIST_B10	S23_NPME_LIST_C10	S23_NPME_LIST_D10	S23_NPME_LIST_E10

Nutritional supplements

NS01. In the past month, did you take any vitamins, minerals, fibre supplements, antacids, fish oils or other supplements? **S23_NUT_SUPP**

Yes
No
Don't know

[If yes] NS02. Please choose all vitamins, minerals, fibre supplements, fish oils or other supplements from the list below that you took in the past month.

Antacid **S23_NUT_SUPP_LIST_A1**
Calcium **S23_NUT_SUPP_LIST_A2**
Chromium **S23_NUT_SUPP_LIST_A3**
Fibre supplements **S23_NUT_SUPP_LIST_A4**
Fish oil **S23_NUT_SUPP_LIST_A5**
Iodine **S23_NUT_SUPP_LIST_A6**
Iron **S23_NUT_SUPP_LIST_A7**
Magnesium **S23_NUT_SUPP_LIST_A8**
Multimineral supplement **S23_NUT_SUPP_LIST_A9**
Multivitamin and multimineral supplement **S23_NUT_SUPP_LIST_A10**
Multivitamin supplement **S23_NUT_SUPP_LIST_A11**
Phosphorous **S23_NUT_SUPP_LIST_A12**
Selenium **S23_NUT_SUPP_LIST_A13**
Vitamin A **S23_NUT_SUPP_LIST_A14**
Vitamin B1 (Thiamine) **S23_NUT_SUPP_LIST_A15**
Vitamin B2 (Riboflavin) **S23_NUT_SUPP_LIST_A16**
Vitamin B3 (Niacin) **S23_NUT_SUPP_LIST_A17**
Vitamin B3 (Niacinamide) **S23_NUT_SUPP_LIST_A18**

Vitamin B5 (Pantothenic acid) **S23_NUT_SUPP_LIST_A19**
Vitamin B6 (Pyridoxine) **S23_NUT_SUPP_LIST_A20**
Vitamin B7 (Biotin) **S23_NUT_SUPP_LIST_A21**
Vitamin B9 (Folate) **S23_NUT_SUPP_LIST_A22**
Vitamin B12 (Cobalamin) **S23_NUT_SUPP_LIST_A23**
Vitamin C **S23_NUT_SUPP_LIST_A24**
Vitamin D **S23_NUT_SUPP_LIST_A25**
Vitamin E **S23_NUT_SUPP_LIST_A26**
Vitamin K **S23_NUT_SUPP_LIST_A27**
Zinc **S23_NUT_SUPP_LIST_A28**
Other **S23_NUT_SUPP_LIST_A29**

GENERAL HEALTH

GEN01. In general, would you say your health is: S23_GH_OVERALL
Excellent
Very good
Good
Fair
Poor

QUALITY OF LIFE
For the next five questions, please indicate which statements best describe your own state of health today by selecting one option in each group.

EQ_MOBILITY. Mobility S23_GH_EQ_MOBILITY

1 I have no problems in walking about
2 I have slight problems in walking about
3 I have moderate problems in walking about
4 I have severe problems in walking about
5 I am unable to walk about

EQ_SELFCARE. Self-Care S23_GH_EQ_SELFCARE

1 I have no problems washing or dressing myself
2 I have slight problems washing or dressing myself
3 I have moderate problems washing or dressing myself
4 I have severe problems washing or dressing myself
5 I am unable to wash or dress myself

EQ_ACTIVITY. Usual activities (e.g. work, study, housework, family or leisure activities) S23_GH_EQ_ACTIVITY

1 I have no problems doing my usual activities
2 I have slight problems doing my usual activities
3 I have moderate problems doing my usual activities
4 I have severe problems doing my usual activities
5 I am unable to do my usual activities

EQ_PAIN. Pain/discomfort S23_GH_EQ_PAIN

1 I have no pain or discomfort
2 I have slight pain or discomfort
3 I have moderate pain or discomfort
4 I have severe pain or discomfort
5 I have extreme pain or discomfort

EQ_ANXIETY. Anxiety/depression S23_GH_EQ_ANXIETY

1 I am not anxious or depressed
2 I am slightly anxious or depressed
3 I am moderately anxious or depressed
4 I am severely anxious or depressed
5 I am extremely anxious or depressed

EQ_HEALTH_TODAY

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine. 0 means the worst health you can imagine.

Please click on the scale to indicate how your health is TODAY.

S23_GH_EQ_HEALTH_TODAY
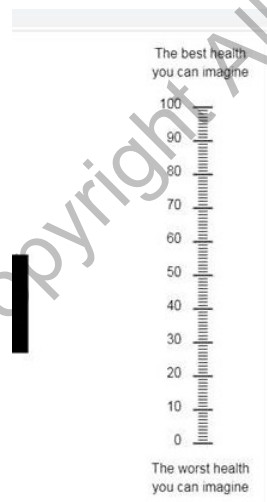
Now, please write the number you marked on the scale in the box below.
S23_EQ_HEALTH_TODAY_NUM

MENTAL HEALTH

We are now going to ask you a series of questions about your mental health. The majority of these questions have been used by researchers to assess mental health for a number of years and are validated research tools. We are asking these questions not only to assess the impact of the COVID-19 pandemic but also to see how mental health affects the risk and outcomes of cancer and chronic disease as more research is required in this area. *Please note that your responses will not be reviewed by a health professional. If you are experiencing stress or anxiety and would like to access support, please reach out to mental health services available in your area. Please follow the link for resources available in Alberta*
(*https://www.albertahealthservices.ca/findhealth/Service.aspx?id=6810&serviceAtFacilityID=1047134*)

[GAD-7] *[mandatory]*
PI01. <u>In the last two weeks</u>, how often have you been bothered by the following problems?

	Not at all	Several Days	More than half of the days	Nearly every day
Feeling nervous, anxious, or on edge **S23_GH_MH_PROBLEMS_A1**				
Not being able to stop or control worrying **S23_GH_MH_PROBLEMS_A2**				
Worrying too much about different things **S23_GH_MH_PROBLEMS_A3**				
Trouble relaxing **S23_GH_MH_PROBLEMS_A4**				
Being so restless that it's hard to sit still				

S23_GH_MH_PROBLEMS_A5				
Becoming easily annoyed or irritable **S23_GH_MH_PROBLEMS_A6**				
Feeling afraid as if something awful might happen **S23_GH_MH_PROBLEMS_A7**				

[*If YES – 1,2,3 – selected for any in PI01***]**

PI02. If you checked off any problems, 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? *[mandatory]*

S23_GH_MH_DIFFICULTY

Not difficult at all
Somewhat difficult
Very difficult
Extremely difficult

[PHQ-8] *[mandatory]*

PI03. In the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several Days	More than half of the days	Nearly every day
Little interest or pleasure in doing things **S23_GH_MH_PROBLEMS_2_A1**				
Feeling down, depressed or hopeless **S23_GH_MH_PROBLEMS_2_A2**				
Trouble falling or staying asleep, or sleeping too much **S23_GH_MH_PROBLEMS_2_A3**				
Feeling tired or having little energy **S23_GH_MH_PROBLEMS_2_A4**				
Poor appetite or overeating **S23_GH_MH_PROBLEMS_2_A5**				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down **S23_GH_MH_PROBLEMS_2_A6**				

Trouble concentrating on things, such as reading the newspaper or watching television **S23_GH_MH_PROBLEMS_2_A7**				
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 **S23_GH_MH_PROBLEMS_2_A8**				
Thoughts that you would be better off dead or of hurting yourself in some way **S23_GH_MH_PROBLEMS_2_A9**				

[*If YES – 1,2,3 – selected for any in PI03*]
[mandatory] **PI04.If you checked off any problems, 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?**
S23_GH_MH_DIFFICULTY_2

Not difficult at all
Somewhat difficult
Very difficult
Extremely difficult

[Resilience] *[mandatory]*

PI05. Use the following scale and select one option for each statement to indicate how much you disagree or agree with each of the statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times **S23_GH_MH_RESILIENCE_A1**					
I have a hard time making it through stressful events **S23_GH_MH_RESILIENCE_A2**					
It does not take me long to recover from a stressful event **S23_GH_MH_RESILIENCE_A3**					
It is hard for me to snap back when something bad					

happens **S23_GH_MH_RESILIENCE_A4**					
I usually come through difficult times with little trouble **S23_GH_MH_RESILIENCE_A5**					
I tend to take a long time to get over set-backs in my life **S23_GH_MH_RESILIENCE_A6**					

[Mental health service access] *[mandatory]*

PI06. <u>Since March 2020,</u> have you accessed mental health services? Select ALL that apply.

No – I did not need it [*SKIP TO PI08*] **S23_GH_MH_ACCESS_C1**

No – I was not comfortable seeking mental health support [*SKIP to PI08*] **S23_GH_MH_ACCESS_C2**

No – My regular mental health professional was not accepting appointments [*SKIP to PI08*] **S23_GH_MH_ACCESS_C3**

No – I could not find a new mental health professional that was accepting clients [*SKIP to PI08*] **S23_GH_MH_ACCESS_C4**

No – I lost my health benefits (e.g., my hours were reduced and/or I was laid off) [*SKIP to PI08*] **S23_GH_MH_ACCESS_C5**

No – I could not afford to access mental health services [*SKIP to PI08*] **S23_GH_MH_ACCESS_C6**

Yes – using resources that I already had in place [*SKIP to PI07*] **S23_GH_MH_ACCESS_C7**

Yes – I have initiated new use of services [*SKIP to PI07*] **S23_GH_MH_ACCESS_C8**

Other – please specify [*SKIP to PI08*] **S23_GH_MH_ACCESS_C9, S23_GH_MH_ACCESS_C9_OTSP**

Prefer not to answer [*SKIP to PI08*] **S23_GH_MH_ACCESS_C10**

Don't know [*SKIP to PI08*] **S23_GH_MH_ACCESS_C11**

[*If YES options selected in PI06*]
[mandatory] **PI07. Did you access mental health services for any of the following conditions? Select ALL that apply.**
Anxiety **S23_GH_MH_CONDITIONS_C1**
Depression **S23_GH_MH_CONDITIONS_C2**
Stress **S23_GH_MH_CONDITIONS_C3**
Other – please specify:_____ **S23_GH_MH_CONDITIONS_C4, S23_GH_MH_CONDITIONS_C4_OTSP**

Prefer not to answer **S23_GH_MH_CONDITIONS_C5**
Don't know **S23_GH_MH_CONDITIONS_C6**

[Partner relationship] *[mandatory]*

PI08-09 - Only display to participants who answered that they are Married/living with a partner or Separated in DE05 (what is your current marital status question).

[*If Married/living with partner or Separated selected in DE05*]
PI08. Has the COVID-19 pandemic affected your relationship with your spouse/partner?
S23_GH_MH_REL_AFF

It has brought us closer together
Not much has changed
It has strained our relationship
Not applicable
Prefer not to answer

[*If Married/living with partner or Separated selected in DE05*]
[mandatory] **PI09. How would you describe your relationship with your spouse/partner?**
S23_EX_MH_REL

A lot of tension
Some tension
No tension
Not applicable
Prefer not to answer

[Significant life events] *[mandatory]*

PI10. Significant events in our lives (e.g., death of a loved one, marital changes, issues with children or family members, moving to a new home, or a health diagnosis) can affect our mental or physical health. Have there been any significant events in your life in the past few years (since 2019)?
S23_GH_MH_SIG_EVENT

Yes [go *to PI11*]
No [*SKIP to SPT1*]
Prefer not to answer [*SKIP to SPT1*]

[*If YES in PI10*] **PI11. Have any of the following events happened to you in the past few years?**

Select 'Yes' for all that apply, and indicate in which year(s) the event occurred. For the rest, you can select 'No' or leave blank – events that are left blank will be recorded as 'No'.

| | Yes | No | *[If Yes is selected, the year options appear, multiple years can be chosen and there must be at least once choice selected if Yes is chosen]* | | | | |
			in 2019	in 2020	in 2021	in 2022	in 2023
Birth/adoption of a child/grandchild	S23_GH_MH_SIG_EVENTS_B1		S23_GH_MH_SIG_EVENTS_A1_C1	S23_GH_MH_SIG_EVENTS_A1_C2	S23_GH_MH_SIG_EVENTS_A1_C3	S23_GH_MH_SIG_EVENTS_A1_C4	S23_GH_MH_SIG_EVENTS_A1_C5
Death of a spouse/partner	S23_GH_MH_SIG_EVENTS_B2		S23_GH_MH_SIG_EVENTS_A2_C1	S23_GH_MH_SIG_EVENTS_A2_C2	S23_GH_MH_SIG_EVENTS_A2_C3	S23_GH_MH_SIG_EVENTS_A2_C4	S23_GH_MH_SIG_EVENTS_A2_C5
Death/illness of a child	S23_GH_MH_SIG_EVENTS_B3		S23_GH_MH_SIG_EVENTS_A3_C1	S23_GH_MH_SIG_EVENTS_A3_C2	S23_GH_MH_SIG_EVENTS_A3_C3	S23_GH_MH_SIG_EVENTS_A3_C4	S23_GH_MH_SIG_EVENTS_A3_C5
Death/illness of a close family member	S23_GH_MH_SIG_EVENTS_B4		S23_GH_MH_SIG_EVENTS_A4_C1	S23_GH_MH_SIG_EVENTS_A4_C2	S23_GH_MH_SIG_EVENTS_A4_C3	S23_GH_MH_SIG_EVENTS_A4_C4	S23_GH_MH_SIG_EVENTS_A4_C5
Death/illness of a close friend	S23_GH_MH_SIG_EVENTS_B5		S23_GH_MH_SIG_EVENTS_A5_C1	S23_GH_MH_SIG_EVENTS_A5_C2	S23_GH_MH_SIG_EVENTS_A5_C3	S23_GH_MH_SIG_EVENTS_A5_C4	S23_GH_MH_SIG_EVENTS_A5_C5

Death/illness of a pet	S23_GH_MH_SIG_EVENTS_B6	S23_GH_MH_SIG_EVENTS_A6_C1	S23_GH_MH_SIG_EVENTS_A6_C2	S23_GH_MH_SIG_EVENTS_A6_C3	S23_GH_MH_SIG_EVENTS_A6_C4	S23_GH_MH_SIG_EVENTS_A6_C5
Separation or divorce	S23_GH_MH_SIG_EVENTS_B7	S23_GH_MH_SIG_EVENTS_A7_C1	S23_GH_MH_SIG_EVENTS_A7_C2	S23_GH_MH_SIG_EVENTS_A7_C3	S23_GH_MH_SIG_EVENTS_A7_C4	S23_GH_MH_SIG_EVENTS_A7_C5
Problems with your spouse/partner	S23_GH_MH_SIG_EVENTS_B8	S23_GH_MH_SIG_EVENTS_A8_C1	S23_GH_MH_SIG_EVENTS_A8_C2	S23_GH_MH_SIG_EVENTS_A8_C3	S23_GH_MH_SIG_EVENTS_A8_C4	S23_GH_MH_SIG_EVENTS_A8_C5
Problems with your children (including adult children)	S23_GH_MH_SIG_EVENTS_B9	S23_GH_MH_SIG_EVENTS_A9_C1	S23_GH_MH_SIG_EVENTS_A9_C2	S23_GH_MH_SIG_EVENTS_A9_C3	S23_GH_MH_SIG_EVENTS_A9_C4	S23_GH_MH_SIG_EVENTS_A9_C5
Problems with other family members	S23_GH_MH_SIG_EVENTS_B10	S23_GH_MH_SIG_EVENTS_A10_C1	S23_GH_MH_SIG_EVENTS_A10_C2	S23_GH_MH_SIG_EVENTS_A10_C3	S23_GH_MH_SIG_EVENTS_A10_C4	S23_GH_MH_SIG_EVENTS_A10_C5
Problems at work/volunteering	S23_GH_MH_SIG_EVENTS_B11	S23_GH_MH_SIG_EVENTS_A11_C1	S23_GH_MH_SIG_EVENTS_A11_C2	S23_GH_MH_SIG_EVENTS_A11_C3	S23_GH_MH_SIG_EVENTS_A11_C4	S23_GH_MH_SIG_EVENTS_A11_C5
Your own job loss (not voluntary)	S23_GH_MH_SIG_EVENTS_B12	S23_GH_MH_SIG_EVENTS_A12_C1	S23_GH_MH_SIG_EVENTS_A12_C2	S23_GH_MH_SIG_EVENTS_A12_C3	S23_GH_MH_SIG_EVENTS_A12_C4	S23_GH_MH_SIG_EVENTS_A12_C5
Your partner's job loss (not voluntary)	S23_GH_MH_SIG_EVENTS_B13	S23_GH_MH_SIG_EVENTS_A13_C1	S23_GH_MH_SIG_EVENTS_A13_C2	S23_GH_MH_SIG_EVENTS_A13_C3	S23_GH_MH_SIG_EVENTS_A13_C4	S23_GH_MH_SIG_EVENTS_A13_C5

A significant change in income	S23_GH_MH_SIG_EVENTS_B14	S23_GH_MH_SIG_EVENTS_A14_C1	S23_GH_MH_SIG_EVENTS_A14_C2	S23_GH_MH_SIG_EVENTS_A14_C3	S23_GH_MH_SIG_EVENTS_A14_C4
Money problems	S23_GH_MH_SIG_EVENTS_B15	S23_GH_MH_SIG_EVENTS_A15_C1	S23_GH_MH_SIG_EVENTS_A15_C2	S23_GH_MH_SIG_EVENTS_A15_C3	S23_GH_MH_SIG_EVENTS_A15_C4
Residential move	S23_GH_MH_SIG_EVENTS_B16	S23_GH_MH_SIG_EVENTS_A16_C1	S23_GH_MH_SIG_EVENTS_A16_C2	S23_GH_MH_SIG_EVENTS_A16_C3	S23_GH_MH_SIG_EVENTS_A16_C4
Significant health issue (e.g. injury or diagnosis)	S23_GH_MH_SIG_EVENTS_B17	S23_GH_MH_SIG_EVENTS_A17_C1	S23_GH_MH_SIG_EVENTS_A17_C2	S23_GH_MH_SIG_EVENTS_A17_C3	S23_GH_MH_SIG_EVENTS_A17_C4
Significant health issue of spouse/partner (e.g. injury or diagnosis)	S23_GH_MH_SIG_EVENTS_B18	S23_GH_MH_SIG_EVENTS_A18_C1	S23_GH_MH_SIG_EVENTS_A18_C2	S23_GH_MH_SIG_EVENTS_A18_C3	S23_GH_MH_SIG_EVENTS_A18_C4
Significant health issue of family member (e.g. injury or diagnosis)	S23_GH_MH_SIG_EVENTS_B19	S23_GH_MH_SIG_EVENTS_A19_C1	S23_GH_MH_SIG_EVENTS_A19_C2	S23_GH_MH_SIG_EVENTS_A19_C3	S23_GH_MH_SIG_EVENTS_A19_C4
Personal issues with substance abuse	S23_GH_MH_SIG_EVENTS_B20	S23_GH_MH_SIG_EVENTS_A20_C1	S23_GH_MH_SIG_EVENTS_A20_C2	S23_GH_MH_SIG_EVENTS_A20_C3	S23_GH_MH_SIG_EVENTS_A20_C4

Note: Each row also has a final column:
- S23_GH_MH_SIG_EVENTS_A14_C5
- S23_GH_MH_SIG_EVENTS_A15_C5
- S23_GH_MH_SIG_EVENTS_A16_C5
- S23_GH_MH_SIG_EVENTS_A17_C5
- S23_GH_MH_SIG_EVENTS_A18_C5
- S23_GH_MH_SIG_EVENTS_A19_C5
- S23_GH_MH_SIG_EVENTS_A20_C5

Family member issues with substance abuse	S23_GH_MH_SIG_EVENTS_B21	S23_GH_MH_SIG_EVENTS_A21_C1	S23_GH_MH_SIG_EVENTS_A21_C2	S23_GH_MH_SIG_EVENTS_A21_C3	S23_GH_MH_SIG_EVENTS_A21_C4	S23_GH_MH_SIG_EVENTS_A21_C5

[mandatory] **PI11A. Are there any other significant events since 2019 that have affected your mental or physical health that you'd like to share?**
S23_GH_MH_SIG_EV_OTH
Yes [*go to PI11B*]
No [*SKIP to SPT1*]

[*If YES to PI11A*] [*mandatory*] **PI11B. Please list these events and the year they occurred (please only list 1 event per line).**
1. **S23_GH_MH_SIG_EV_OTH_LI_A1**
2. **S23_GH_MH_SIG_EV_OTH_LI_A2**
3. **S23_GH_MH_SIG_EV_OTH_LI_A3**
4. **S23_GH_MH_SIG_EV_OTH_LI_A4**
5. **S23_GH_MH_SIG_EV_OTH_LI_A5**

[Support] *[optional]*

Some studies have shown that the level of support we get from our friends and relatives can affect our physical health. Next are some questions about the support that is available to you.

SPT 1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close friends and close relatives. Include your spouse and immediate family, if appropriate.
S23_GH_MH_SPT_NUM

How often is each of the following kinds of support available to you?

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
SPT 2	Someone to help you if you were confined to bed S23_GH_MH_SPT_2					
SPT 3	Someone you can count on to listen to					

	you when you need to talk **S23_GH_MH_SPT_3**					
SPT 4	Someone to give you advice about a crisis **S23_GH_MH_SPT_4**					
SPT 5	Someone to take you to the doctor if you needed it **S23_GH_MH_SPT_5**					
SPT 6	Someone who shows you love and affection **S23_GH_MH_SPT_6**					
SPT 7	Someone to have a good time with **S23_GH_MH_SPT_7**					
SPT 8	Someone to give you information in order to help you understand a situation **S23_GH_MH_SPT_8**					
SPT 9	Someone to confide in and talk to about yourself or your problems **S23_GH_MH_SPT_9**					
SPT 10	Someone to hug **S23_GH_MH_SPT_10**					
SPT 11	Someone to get together with for relaxation **S23_GH_MH_SPT_11**					

SPT 12	**Someone to prepare your meals if you were unable to do it yourself** **S23_GH_MH_SPT_12**					
SPT 13	**Someone whose advice you really want** **S23_GH_MH_SPT_13**					
SPT 14	**Someone to do things with to help you get your mind off things** **S23_GH_MH_SPT_14**					
SPT 15	**Someone to help you with daily chores if you were sick** **S23_GH_MH_SPT_15**					
SPT 16	**Someone to share your most private worries and fears with** **S23_GH_MH_SPT_16**					
SPT 17	**Someone to turn to for suggestions about how to deal with a personal problem** **S23_GH_MH_SPT_17**					
SPT 18	**Someone to do something enjoyable with** **S23_GH_MH_SPT_18**					
SPT 19	**Someone who understands your problems** **S23_GH_MH_SPT_19**					

SPT 20	Someone to love you and make you feel wanted **S23_GH_MH_SPT_20**					

STRESS *[optional]*

Stress can impact both our mental and physical health. The following section captures potential stressful situations that sometimes come up in people's lives. There is no right or wrong answer, the important thing here is to choose the answer that best fits your personal situation(s) at this time.

STR01. You are trying to take on too many things at once. S23_GH_STR01

Yes
No

STR02. There is too much pressure on you to be like other people. S23_GH_STR02

Yes
No

STR03. Too much is expected of you by others. S23_GH_STR03
Yes

No

STR04. You don't have enough money to buy the things you need. S23_GH_STR04
Yes
No

> [*If they answered "Married and/or living with partner" for DE05*]
>
> **STR05. Your partner doesn't understand you. S23_GH_STR05**
> Yes
> No
>
> **STR06. Your partner doesn't show you enough affection. S23_GH_STR06**
> Yes
> No
>
> **STR07. Your partner is not committed enough to your relationship. S23_GH_STR07**
> Yes
> No
>
> [If they answered "Divorced", "Widowed", "Separated" or "Single, never married" for DE05]

STR08. You find it difficult to find someone compatible with you S23_GH_STR08
Yes
No

STR09. Do you have any children? Include grown, adopted and step-children. S23_GH_STR09
Yes
No [*SKIP to STR12*]

[*If YES to STR09*] **STR10. One of your children seems very unhappy. S23_GH_STR10**
Yes
No

STR11. The behaviour of one of your children is a source of serious concern to you. S23_GH_STR11
Yes
No

[*Display to all*]

STR12. Your work around the home is not appreciated. S23_GH_STR12
Yes
No

STR13. Your friends are a bad influence. S23_GH_STR13
Yes
No

STR14. You would like to move but can't. S23_GH_STR14
Yes
No

STR15. Your neighborhood or community is too noisy or polluted. S23_GH_STR15
Yes
No

STR16. You have a parent, a child or a partner who is in very bad health and may die. S23_GH_STR16
Yes
No

STR17. Someone in your family has an alcohol, drug or gambling problem. S23_GH_STR17
Yes
No

STR18. People are too critical of you or what you do. S23_GH_STR18
Yes
No

Flourshing Scale *[mandatory]*

We are trying to capture an overall picture of your well-being. These 12 questions have been used around the world to assess various domains of flourishing or human well-being.

Please respond to the following questions on a scale from 0 to 10.

FL01. Overall, how satisfied are you with your life as a whole these days? 0=Not Satisfied at all, 10=Completely Satisfied S23_GH_FL01

☐☐

FL02. In general, how happy or unhappy do you usually feel? 0=Extremely Unhappy, 10=Extremely Happy S23_GH_FL02

☐☐

FL03. In general, how would you rate your physical health? 0=Poor, 10=Excellent S23_GH_FL03

☐☐

FL04. How would you rate your overall mental health? 0=Poor, 10=Excellent S23_GH_FL04

☐☐

FL05. Overall, to what extent do you feel the things you do in your life are worthwhile? 0=Not at All Worthwhile, 10=Completely Worthwhile S23_GH_FL05

☐☐

FL06. I understand my purpose in life. 0=Strongly Disagree, 10=Strongly Agree S23_GH_FL06

☐☐

FL07. I always act to promote good in all circumstances, even in difficult and challenging situations. 0=Not True of Me, 10=Completely True of Me S23_GH_FL07

☐☐

Fl08. I am always able to give up some happiness now for greater happiness later. 0=Not True of Me, 10=Completely True of Me. S23_GH_FL08

☐☐

FL09. I am content with my friendships and relationships. 0=Strongly Disagree, 10=Strongly Agree S23_GH_FL09

☐☐

FL10. My relationships are as satisfying as I would want them to be. 0=Strongly Disagree, 10=Strongly Agree S23_GH_FL10

☐☐

FL11. How often do you worry about being able to meet normal monthly living expenses? 0=Worry All of the Time, 10=Do Not Ever Worry S23_GH_FL11

☐☐

FL12. How often do you worry about safety, food, or housing? 0=Worry All of the Time, 10=Do Not Ever Worry S23_GH_FL12

☐☐

SLEEP

SP01. On average, how many hours per day do you usually sleep, including naps? A day refers to a 24-hour period. Please think of the total amount of unbroken sleep.

_ _ Hours   AND   _ _Minutes
S23_SP_HOURS_DAY_HRS   S23_SP_HOURS_DAY_MIN

Don't know
S23_SP_HOURS_DAY_DK

SP02. How often do you have trouble going to sleep or staying asleep? S23_SP_TROUBLE

None of the time
A little of the time
Some of the time
Most of the time
All the time
Don't know

SP03. Are you getting enough sleep? S23_SP_ENOUGH

Strongly disagree

Disagree
Neither agree nor disagree
Agree
Strongly agree

MODIFIABLE RISK FACTORS

SMOKING AND TOBACCO

[*If they did NOT complete S17*]
TU01. Have you ever smoked at least 100 cigarettes in your life? (About 4-5 packs)
S23_RF_SMOKE_EVER

Yes
No
Don't know

[*If they did complete S17*]
TU02. Have you smoked at least 100 cigarettes in the last 5 years? (About 4-5 packs)
S23_RF_SMOKE_5YR

Yes
No
Don't know

TU03. At the present time, do you smoke cigarettes daily, occasionally, or not at all?
S23_RF_SMOKE_FREQ

Daily (At least one cigarette every day for the past 30 days) [skip to TU04]
Occasionally (At least one cigarette in the past 30 days, but not every day) [skip to TU07]
Not at all (You did not smoke at all in the past 30 days) [skip to TU10]

> [*IF Daily*] **TU04. At what age did you begin smoking cigarettes daily?**
> **S23_RF_SMOKE_DAILY_AGE**
>
> Age
>
> [*IF Daily*] **TU05. How many cigarettes do you smoke each day now? S23_RF_SMOKE_NOW**
>
> 1-5 cigarettes
> 6-10 cigarettes
> 11-15 cigarettes
> 16-20 cigarettes
> 21-25 cigarettes
> 26+ cigarettes (if 26+, how many?) **S23_RF_SMOKE_NOW_OTSP**

[*IF Daily*] **TU06**. **How easy or difficult would you find it to go without smoking for a whole day?**
S23_RF_SMOKE_DIFF

Very easy
Fairly easy
Fairly difficult
Very difficult

IF Daily skip to TU09

[*IF Occasional*] **TU07. On how many of the last 30 days did you smoke at least one cigarette?**
S23_RF_SMOKE_30DAY

1 - 5 days
6 - 10 days
11 - 20 days
21 - 29 days

[*IF Occasional*] **TU08. On the days that you smoked, how many cigarettes did you usually smoke?**
S23_RF_SMOKE_NUM

1 - 5 cigarettes
6 - 10 cigarettes
11 - 15 cigarettes
16 - 20 cigarettes
21 - 25 cigarettes
26 + cigarettes

[*IF Daily or Occasionally*] **TU09. Has your smoking changed since March 2020?**
S23_RF_SMOKE_CHANGE
Yes – smoking more than before
Yes – smoking less than before
No
Don't know

TU10. Have you used any of the products listed below on a regular basis since March 2020? Select ALL that apply.

Cigars **S23_RF_SMOKE_PRODUCTS_C1**
Small cigars (cigarillos) **S23_RF_SMOKE_PRODUCTS_C2**
Tobacco pipes **S23_RF_SMOKE_PRODUCTS_C3**
Chewing tobacco or snuff **S23_RF_SMOKE_PRODUCTS_C4**
Nicotine patches **S23_RF_SMOKE_PRODUCTS_C5**

Nicotine gum **S23_RF_SMOKE_PRODUCTS_C6**
Betel nut **S23_RF_SMOKE_PRODUCTS_C7**
Paan **S23_RF_SMOKE_PRODUCTS_C8**
Sheesha **S23_RF_SMOKE_PRODUCTS_C9**
Other,   Please Specify   **S23_RF_SMOKE_PRODUCTS_C10,**   **S23_RF_SMOKE_PRODUCTS_C10_OTSP**   **S23_RF_SMOKE_PRODUCTS_C10_2_OTSP**
None of the above **S23_RF_SMOKE_PRODUCTS_C11**

[*If Daily or Occasionally selected in TU03*]
TU11. Are you seriously considering quitting smoking within the next 6 months?
S23_RF_SMOKE_QUIT_6M

Yes
No [SKIP to TU13]
Don't Know [SKIP to TU13]

> *[If YES to TU11]* **TU12. Are you seriously considering quitting smoking within the next 30 days?**
> **S23_RF_SMOKE_QUIT_30D**
>
> Yes
> No
> Don't know

TU13. In the past year, how many times did you stop smoking for at least 24 hours because you were trying to quit?

S23_RF_SMOKE_QUIT_24H

If 0 entered SKIP to EX01

_____

[*If an answer of 1+ entered in TU13*]

TU14. How many of these attempts to quit smoking in the past year lasted at least 1 week?
S23_RF_SMOKE_QUIT_1W

_____

EX01. How often are you usually exposed to other people's tobacco smoke?

S23_RF_SMOKE_EX

Every day
Almost every day
At least once a week
At least once a month
Less than once a month
Never
Don't know

CANNABIS

The following questions ask about your use of cannabis products for medical and non-medical use. This includes hashish, hash oil or any other products made from the cannabis plant including pot or grass. It also includes cannabis in its dry form or when mixed or processed into another product such as an edible or a concentrate. *Your answers to these questions are strictly confidential.*

MU01. Have you ever, even once, used cannabis?
S23_RF_MU_EVER
Yes
No [SKIP to ELC01]
Prefer not to answer [SKIP to ELC01]
Don't know [SKIP to ELC01]

> [*If YES to MU01*] **MU02. How old were you the first time you used cannabis?**

		Years of age **S23_RF_MU_AGE**

> Prefer not to answer
> Don't know
> **S23_RF_MU_AGE_CA**

> [*If YES to MU01*] **MU03. What is/was the main reason you use/used cannabis?**
> **S23_RF_MU_RSN**
> Medical use <u>with</u> a medical document
> Medical use <u>without</u> a medical document
> Non-medical use
> Both medical use and non-medical use

MU04. Which of the following methods to consume cannabis did you use most often?
S23_RF_MU_METHOD
Smoked
Vaporized
Consumed in food or drink
Other
Prefer not to answer

[*If YES to MU01*] **MU05. Have you used cannabis in the last 12 months?**
S23_RF_MU_USE_12MO
Yes
No [SKIP to MU09]
Don't know [SKIP to MU09]
Prefer not to answer [SKIP to MU09]

[*If YES to MU05*] **MU06. Have you used cannabis in the last 30 days?**
S23_RF_MU_LAST_30D
Yes
No [SKIP to MU09]
Don't know [SKIP to MU09]
Prefer not to answer [SKIP to MU09]

[*IF YES TO MU06*] MU07. During the past 30 days, on how many days did you use cannabis?

DAYS **S23_RF_MU_LAST_30D_NUM**

S23_RF_MU_LAST_30D_NUM_CA
Prefer not to answer
Don't know

[IF YES to MU06] MU08. Do you currently have a prescription for medical cannabis?
S23_RF_MU_RX
Yes
No
Don't know

MU09. Have you ever used cannabis products <u>at least</u> once a month for one year?
S23_RF_MU_MONTHLY

Yes
No [*SKIP to ELC01*]
Prefer not to answer [*SKIP to ELC01*]
Don't know [*SKIP to ELC01*]

[If YES to MU09] MU10. How old were you when you started using cannabis products at least once a month for one year?
AGE **S23_RF_MU_MONTHLY_AGE**

Prefer not to answer
Don't know
S23_RF_MU_MONTHLY_AGE_CA

MU11. How long has it been since you last used cannabis products at least once a month for one year? (Please enter answer in the most appropriate box).
Years or Months **S23_RF_MU_MONTHLY_LAST_A1**
_____Years **S23_RF_MU_MONTHLY_LAST_B1**
_____Months **S23_RF_MU_MONTHLY_LAST_C1**

Years
Months

MU12. During the time that you used cannabis at least once a month for one year, how often would you usually use it?
S23_RF_MU_FREQ
Once per month
2-3 times per month
4-8 times per month
9-24 times per month
24+ times per month
Prefer not to answer
Don't know

MU13. During the time that you used cannabis at least once a month for one year, how many times would you use it per day?
S23_RF_MU_DAILY_NUM
Once per day
Twice per day
3-5 times per day
6 or more times per day
Prefer not to answer
Don't know

MU14. Has your use of cannabis changed since March 2020?
S23_RF_MU_CHANGE
Yes – using more often than before
Yes – using less often than before
No
Don't know

E-CIGARETTES

ELC01. Have you ever tried an electronic cigarette, also known as an e-cigarette or vape? Vaping products have many names, such as: e-cigarettes, vape pens, vapes, mods, tanks, and e-hookahs. They may also be known by various brand names.
S23_RF_ECIG_EVER
Yes
No [*SKIP to AU01*]
Don't know [*SKIP to AU01*]

[*If YES to ELC01*] **ELC02. In the past 30 days did you use an e–cigarette?**
S23_RF_ECIG_LAST_30D
Yes
No
Don't know

ELC03. The last time you used an e-cigarette, did it contain nicotine?
S23_RF_ECIG_NIC
Yes
No
Don't know

ELC04. In the past two years, did you ever use the e-cigarette as an aid while attempting to quit smoking?
S23_RF_ECIG_AID
Yes
No
Don't know

ALCOHOL
AU01. Have you ever consumed alcohol?

S23_RF_AU_EVER
Yes
No [*SKIP to AM01*]
Don't know [*SKIP to AM01*]

AU02. On average, <u>over the last year,</u> how often did you drink alcohol?
S23_RF_AU_FREQ
6 to 7 times a week
4 to 5 times a week
2 to 3 times a week
Once a week
2 to 3 times a month [*SKIP to AU04/05*]
About once a month [*SKIP to AU04/05*]
Less than once a month [*SKIP to AU04/05*]
Never [*SKIP to AM01*]
Don't know [*SKIP to AM01*]

AU03. On average, how many drinks do you have during a typical week? A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43ml) of liquor. Please round up – e.g. if you had ½ or a partial drink, please count that as 1 full drink.

Please provide an answer for each type of alcohol; select 'None' for types you don't drink.

	Drink(s) per week		
Red Wine	**S23_RF_AU_WEEK_NUM_RW**	○ None **S23_RF_AU_WEEK_NUM_RW_NONE_C1**	○ Don't Know **S23_RF_AU_WEEK_NUM_RW_NONE_C2**
White Wine	**S23_RF_AU_WEEK_NUM_WW**	○ None **S23_RF_AU_WEEK_NUM_WW_NONE_C1**	○ Don't Know **S23_RF_AU_WEEK_NUM_WW_NONE_C2**
Beer	**S23_RF_AU_WEEK_NUM_BEER**	○ None **S23_RF_AU_WEEK_NUM_BEER_NONE_C1**	○ Don't Know **S23_RF_AU_WEEK_NUM_BEER_NONE_C2**
Liquor Spirits	**S23_RF_AU_WEEK_NUM_SP**	○ None **S23_RF_AU_WEEK_NUM_SP_NONE_C1**	○ Don't Know **S23_RF_AU_WEEK_NUM_SP_NONE_C2**
Other Alcohol		○ None	○ Don't Know

	S23_RF_AU_WEEK_NUM_OTH	S23_RF_AU_WEEK_NUM_OTH_NONE_C1	S23_RF_AU_WEEK_NUM_OTH_NONE_C2

[IF MALE CHOSEN IN DE02]

AU04. During the past 12 months, how often did you have <u>five or more drinks</u> at the <u>same sitting</u> or occasion?

A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43ml) of liquor.

S23_RF_AU_DRINKS_M

6 to 7 times a week
4 to 5 times a week
2 to 3 times a week
Once a week
2 to 3 times a month
About once a month
6 to 11 times a year
1 to 5 times a year
Never
Don't know

[IF FEMALE IS CHOSEN IN DE02]

AU05. During the past 12 months, how often did you have <u>four or more drinks</u> at the <u>same sitting</u> or occasion? A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43ml) of liquor.

S23_RF_AU_DRINKS_F

6 to 7 times a week
4 to 5 times a week
2 to 3 times a week
Once a week
2 to 3 times a month
About once a month
6 to 11 times a year
1 to 5 times a year
Never
Don't know

AU06. Has your alcohol consumption changed since March 2020?

S23_RF_AU_CHANGE

Yes – drinking alcohol more often than before
Yes – drinking alcohol less often than before
No
Don't know

ANTHROPOMETRICS AND OTHER PERSONAL HEALTH INFORMATION

We are asking you for some basic body measurements in the next few questions. We have asked about height in the past but we are interested in studying how height changes with age. Even if you have given us your height in the past, we would like you to re-measure yourself for this survey.

AM01. How tall are you today? We encourage you to re-measure your height today instead of entering what you are accustomed to because height can decrease with age.
Please answer the question using feet and inches or centimeters.
Feet_____ & Inches _____ **S23_EX_HEIGHT_FT, S23_EX_HEIGHT_INCH**

Centimetres_____ **S23_EX_HEIGHT_CM**

Prefer not to answer **S23_EX_HEIGHT_OTH_PNA**

Don't know **S23_EX_HEIGHT_OTH_DK**

AM02. How much do you weigh?
Adjust your scale to zero;
Weigh yourself with your clothes off, or wear light clothing. Remember to remove your shoes.
Step on the scale. Make sure both feet are fully on the scale.
Record your weight in pounds or kilograms.
Pounds_____ **S23_EX_WEIGHT_LBS**

Kilograms_____ **S23_EX_WEIGHT_KGS**

Prefer not to answer **S23_EX_WEIGHT_OTH_PNA**

Don't know **S23_EX_WEIGHT_OTH_DK**

AM03. Since the start of the COVID-19 pandemic, did your weight change? (Select one option - please answer for whether you initially gained or lost weight, even if it is now similar to before the pandemic.)

S23_EX_WEIGHT_CHANGE

I gained weight

[If I gained weight selected]

How much weight did you gain? (For example, if your pre-pandemic weight was 150lbs and your current weight is 160lbs, please enter 10lbs as the amount gained)

_____lbs **S23_EX_WEIGHT_GAINED_LBS**

_____kg **S23_EX_WEIGHT_GAINED_KG**

Prefer not to answer **S23_EX_WEIGHT_GAINED_PNA**

My weight stayed the same *[Skip to Waist and Hips]*

I lost weight

[If I lost weight selected]

How much weight did you lose? (For example, if your pre-pandemic weight was 160lbs and your current weight is 150lbs, please enter 10lbs as the amount lost)

____lbs **S23_EX_WEIGHT_LOST_LB**

____kg **S23_EX_WEIGHT_LOST_KG**

Prefer not to answer **S23_EX_WEIGHT_LOST_PNA**

[If I gained weight or I lost weight options chosen in AM03]
AM04. Was this weight change: S23_EX_WEIGHT_CHANGE_REASON

Intentional
Not intentional

WAIST AND HIPS

1. Take the next set of measurements either unclothed or in tight fitting underwear.
2. Stand in front of a mirror to help position the measuring tape correctly.
3. Pull the measuring tape tight enough that it does not slide, but not too tight to indent the skin.
4. Record the measurement in inches or centimeters.

Note: If you do not own a measuring tape, you could use a piece of string/yarn and a ruler to take the measurements.

Waist

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

Location of hip bone
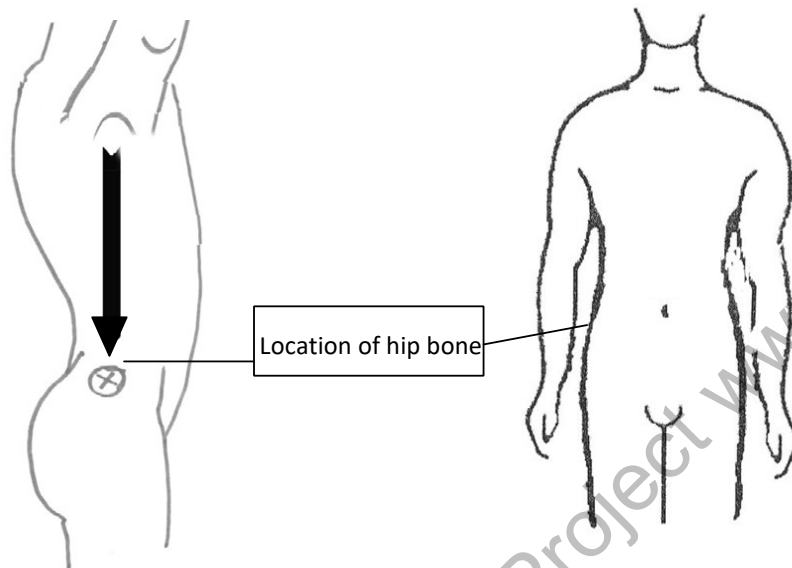
o Place your measuring tape over that spot where your thumb found the bone, then wrap the measuring tape around your middle.

Wrap the measuring tape around your middle
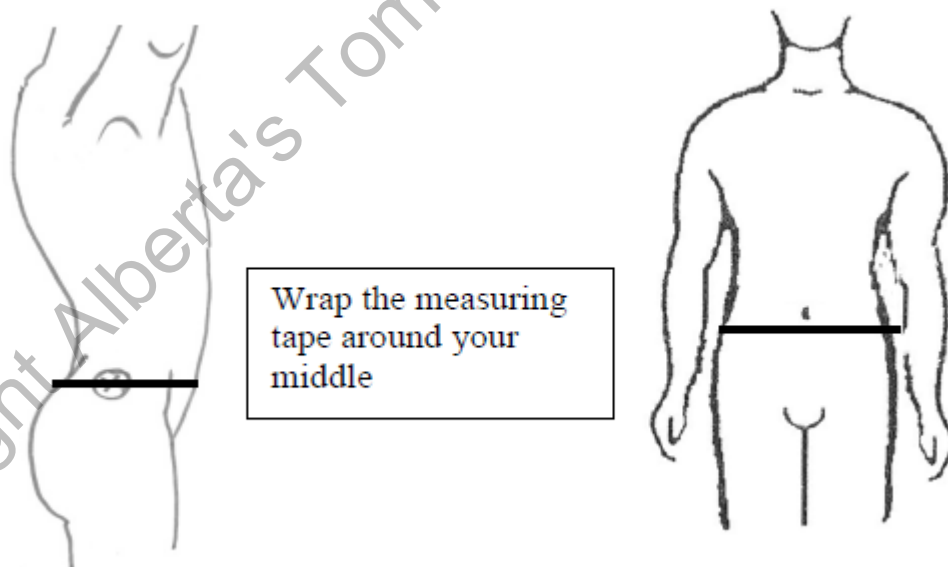
o Look in the mirror and turn in a circle to ensure the measuring tape is level all around and not twisted at any point. Take the measurement, <u>EVEN IF THIS IS NOT YOUR USUAL WAISTLINE</u>.
o Measure twice. The two measurements should be within a half inch (or one centimetre) of each other. If they are not, take a third measurement and record the closest two measurements.

o   Record your measurement to the nearest half inch or centimetre.

AM05. Please select a unit of measurement.
S23_EX_WAIST_TYPE
Inches
Centimeters

[If Inches selected]
AM05. First Measurement
_____Inches **S23_EX_WAIST_FIRST_IN**

Don't know
Prefer not to answer
S23_EX_WAIST_FIRST_IN_CA

AM05. Second Measurement
_____Inches **S23_EX_WAIST_SECOND_IN**

Don't know
Prefer not to answer
S23_EX_WAIST_SECOND_IN_CA

[If Centimeters selected]
AM05. First Measurement
_____Centimeters **S23_EX_WAIST_FIRST_CM**

Don't know
Prefer not to answer
S23_EX_WAIST_FIRST_CM_CA

AM05. Second Measurement
_____Centimeters **S23_EX_WAIST_SECOND_CM**

Don't know
Prefer not to answer
S23_EX_WAIST_SECOND_CM_CA

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

o   Look for the largest point of your buttocks and place the measuring tape at that position. (See diagram)

The largest point of the hip
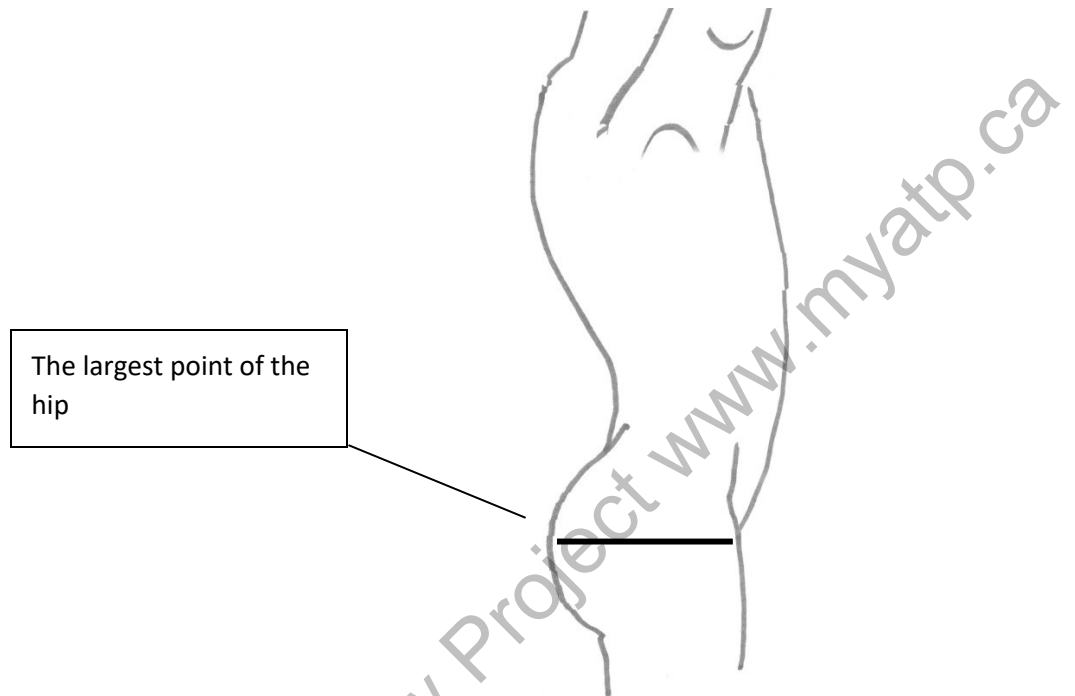
o   Now turn in a full circle in front of the mirror to be certain the measuring tape is level all the way around your body. Take the measurement.

o   Measure twice. The two measurements should be within a half inch (or one centimetre) of each other. If not, take a third measurement and record the closest two measurements.

o   Record the size of your buttocks to the nearest half inch or centimetre.

AM07. Please select a unit of measurement.
S23_EX_HIPS_TYPE
Inches
Centimeters

[If Inches selected]
AM07. First Measurement
_____Inches **S23_EX_HIPS_FIRST_IN**

Don't know
Prefer not to answer
S23_EX_HIPS_FIRST_IN_CA

AM07. Second Measurement
_____Inches **S23_EX_HIPS_SECOND_IN**

Don't know
Prefer not to answer
S23_EX_HIPS_SECOND_IN_CA

[If Centimeters selected]
AM07. First Measurement
_____Centimeters **S23_EX_HIPS_FIRST_CM**

Don't know
Prefer not to answer
S23_EX_HIPS_FIRST_CM_CA

AM07. Second Measurement
_____Centimeters **S23_EX_HIPS_SECOND_CM**

Don't know
Prefer not to answer
S23_EX_HIPS_SECOND_CM_CA

CELL PHONE USE

This next section captures information around cell phone usage. Some people use cell phones a lot and others don't. Cell phones are used for a variety of activities, such as keeping up with the news, connecting socially, tracking health (e.g. diet and activity trackers), and doing day-to-day activities such as banking. How much and the ways we use cell phones may have positive or negative effects on health, in ways we don't yet understand.

CELL PHONE

SD01. Do you own a cell phone? **S23_EX_CELL_PHONE**
Yes
No [*SKIP to SD08*]

[*IF YES to SD01*] **SD01A. Is your cell phone a smartphone? Cell phones can be used for basic functions like calls and text messages, whereas smartphones can also be used for browsing the internet, checking email, video chatting, and 'apps' like banking, movies/TV, social media, etc. S23_EX_SMART_PHONE**

Yes
No [*SKIP to SD08*]

[*If YES to SD01A*] **SD01B. What kind of smartphone do you have?**
S23_EX_SMART_PHONE_TYPE

iOS (Apple)

Android (Samsung, LG, HTC, Sony etc.)

Other

[If YES to SD01A]

SD02. How long have you owned a smartphone (regardless if you switched phones over the years)?

_____ years

S23_EX_SD_YRS

SD03. Which of the following activities do you use your smartphone for? Select all that apply.

• Phone calls (Please include calls made using various apps such as Whatsapp, Facetime, Skype etc.) **S23_EX_SD_USAGE_C1**

• Text messaging **S23_EX_SD_USAGE_C2**

• Shopping **S23_EX_SD_USAGE_C3**

• Banking **S23_EX_SD_USAGE_C4**

• Emailing **S23_EX_SD_USAGE_C5**

• Social networking (e.g. Facebook, Twitter, Instagram) **S23_EX_SD_USAGE_C6**

• Finding locations and directions (e.g. maps) **S23_EX_SD_USAGE_C7**

• Entertainment (e.g. videos, music, games, browsing) **S23_EX_SD_USAGE_C8**

• Document review (e.g. reviewing word/excel/PDF documents on the phone) **S23_EX_SD_USAGE_C9**

• Health and lifestyle apps (e.g. tracking and lifestyle) **S23_EX_SD_USAGE_C10**

Other **S23_EX_SD_USAGE_C11,**

S23_EX_SD_USAGE_C11_OTSP

S23_EX_SD_USAGE_C11_OTSP2

S23_EX_SD_USAGE_C11_OTSP3

S23_EX_SD_USAGE_C11_OTSP4

S23_EX_SD_USAGE_C11_OTSP5

S23_EX_SD_USAGE_C11_OTSP6

SD04. How many hours do you use your smartphone (for all the above activities together) in a day on weekdays? Please round up to the nearest quarter hour (e.g. 8.25 hours)

S23_EX_SD_WEEKDAY

SD05. How many hours do you use your smartphone (for all the above activities together) in a day on weekends? Please round up to the nearest quarter hour (e.g. 8.25 hours)

S23_EX_SD_WEEKEND

[*If phone calls selected in SD03*] **SD03A**.When making calls, do you use a hands-free device?

S23_EX_SD_HANDS_FREE
Yes
No

SD03B. When do you use hands-free? Select all that apply.
When driving **S23_EX_SD_HANDS_FREE_TYPE_C1**

When walking **S23_EX_SD_HANDS_FREE_TYPE_C2**
When working **S23_EX_SD_HANDS_FREE_TYPE_C3**
When exercising **S23_EX_SD_HANDS_FREE_TYPE_C4**
Other - please specify:_____ **S23_EX_SD_HANDS_FREE_TYPE_C5,**
S23_EX_SD_HANDS_FREE_TYPE_C5_OTSP

SD05A. Where do you keep your smartphone at night? **S23_EX_SD_NIGHT**

Next to my bed
Under my pillow
As far as possible from my bed
Outside the bedroom
Turn it off when I go to bed
Other

SD05B. When on the move where do you keep your smartphone? Select all that apply.

In a bag **S23_EX_SD_MOVE_C1**

In a pocket **S23_EX_SD_MOVE_C2**
Slung on a belt **S23_EX_SD_MOVE_C3**
In my hand **S23_EX_SD_MOVE_C4**
Other **S23_EX_SD_MOVE_C5**

SD06. Does your job/volunteer position require the use of a smartphone? S23_EX_SD_JOB

Yes
No
Don't know

[If Health/lifestyle apps chosen in SD03]

SD07. Which of the following mobile health/lifestyle apps do you use? Select all that apply.

Yoga and Meditation S23_EX_SD_HEALTH_APPS_B1

How often do you use it? **S23_EX_SD_HEALTH_APPS_A1**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Sleep S23_EX_SD_HEALTH_APPS_B2

How often do you use it? **S23_EX_SD_HEALTH_APPS_A2**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Stress management S23_EX_SD_HEALTH_APPS_B3

How often do you use it? **S23_EX_SD_HEALTH_APPS_A3**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Fitness (including step counters) S23_EX_SD_HEALTH_APPS_B4

How often do you use it? **S23_EX_SD_HEALTH_APPS_A4**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Weight loss/weight gain app to track the number of calories S23_EX_SD_HEALTH_APPS_B5

How often do you use it? **S23_EX_SD_HEALTH_APPS_A5**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Food intake tracker (e.g. calorie counter, macro tracker, food diary etc.)
S23_EX_SD_HEALTH_APPS_B6

How often do you use it? **S23_EX_SD_HEALTH_APPS_A6**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Medication reminder S23_EX_SD_HEALTH_APPS_B7

How often do you use it? **S23_EX_SD_HEALTH_APPS_A7**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Heath management (e.g. diabetes app) S23_EX_SD_HEALTH_APPS_B8

How often do you use it? **S23_EX_SD_HEALTH_APPS_A8**

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

Other **S23_EX_SD_HEALTH_APPS_B9,**

S23_EX_SD_HEALTH_APPS_OTSP

S23_EX_SD_HEALTH_APPS_OTSP_2

How often do you use it? **S23_EX_SD_HEALTH_APPS_A9**

S23_EX_SD_HEALTH_APPS_A9_2

- Daily
- Several days a week
- Once a week
- Several days a month
- Once a month or less

None of the above **S23_EX_SD_HEALTH_APPS_B10**

SD08. Do you use wearables for health tracking purposes? Wearable technology is any technology that is designed to be used while worn (e.g., smart watch such as a Fitbit or Apple Watch, smart jewelry).

S23_EX_SD_WEARABLES
Yes
No

[If Yes in SD08] **SD08A. What device do you use? Select all that apply.**

Fitbit Watch / Band **S23_EX_SD_WEARABLE_LIST_C1**

Apple Watch **S23_EX_SD_WEARABLE_LIST_C2**

Garmin Watch **S23_EX_SD_WEARABLE_LIST_C3**

Other. Please specify: _____ **S23_EX_SD_WEARABLE_LIST_C4, S23_EX_SD_WEARABLE_LIST_C4_OTSP**

S23_EX_SD_WEARABLE_LIST_C4_2_OTSP

S23_EX_SD_WEARABLE_LIST_C4_3_OTSP

SD08B. What measurements do you track using these devices? Select all that apply.

Step count **S23_EX_SD_TRACK_C1**
Resting heart rate **S23_EX_SD_TRACK_C2**

Distance walked **S23_EX_SD_TRACK_C3**

Calories burned **S23_EX_SD_TRACK_C4**
Sleep pattern **S23_EX_SD_TRACK_C5**
Other – please specify **S23_EX_SD_TRACK_C6, S23_EX_SD_TRACK_C6_OTSP**

SUN EXPOSURE

Sun exposure can be beneficial to health, but prolonged and high-intensity exposure without appropriate protection can also increase the risk of skin and eye conditions. This next section captures your sun exposure throughout the year to your skin and eyes to support research into associated chronic conditions.

SUN1. During the summers of 2020-2021 (June through August), on a typical day outdoors, approximately how much time did you spend in the sun between 11am and 4pm?
S23_EX_SUN_2021
Less than 30 minutes per day
30 minutes to less than 1 hour per day
1 to 2 hours per day
Greater than 2 hours per day

SUN2. During last summer in 2022 (June through August), on a typical day outdoors, approximately how much time did you spend in the sun between 11am and 4pm?
S23_EX_SUN_2022
Less than 30 minutes per day
30 minutes to less than 1 hour per day
1 to 2 hours per day
Greater than 2 hours per day

SUN3. On a typical WEEKDAY in the SUMMER, on average, how many hours did you generally spend outside between 11 am and 4 pm?

	5-6 hours	3-4 hours	1-2 hours	Less than 1 hour
When you were 20 years old and under **S23_EX_SUN_SUM_WEEKDAY_A1**				
Between 21-30 years old **S23_EX_SUN_SUM_WEEKDAY_A2**				
Between 31-40 years old **S23_EX_SUN_SUM_WEEKDAY_A3**				
In the last 10 years **S23_EX_SUN_SUM_WEEKDAY_A4**				

SUN4. On a typical WEEKEND DAY in the SUMMER, on average, how many hours did you generally spend outside between 11 am and 4 pm?

	5-6 hours	3-4 hours	1-2 hours	Less than 1 hour
When you were 20 years old and under **S23_EX_SUN_SUM_WEEKEND_A1**				
Between 21-30 years old **S23_EX_SUN_SUM_WEEKEND_A2**				
Between 31-40 years old **S23_EX_SUN_SUM_WEEKEND_A3**				
In the last 10 years **S23_EX_SUN_SUM_WEEKEND_A4**				

SUN5. Of the time that you spend outdoors, how much of it was in an environment with a lot of reflected light (e.g., by a lake, river or snow)?

S23_EX_SUN_RL
Most of the time
Often
Rarely
Never

SUN6. Think about what you do when you are outside during the SUMMER on a warm day.

	Never	Rarely	Sometimes	Often	Always
How often do you wear sunscreen? **S23_EX_SUN_ACTIVITES_A1**					
How often do you wear a shirt with sleeves? **S23_EX_SUN_ACTIVITES_A2**					
How often do you wear a hat that shades your face? **S23_EX_SUN_ACTIVITES_A3**					
How often do you wear sunglasses? **S23_EX_SUN_ACTIVITES_A4**					
Do you wear glasses or contact lenses when you are outdoors? **S23_EX_SUN_ACTIVITES_A5**					
How often do you stay in the shade or under an umbrella? **S23_EX_SUN_ACTIVITES_A6**					
How often do you limit sun exposure during mid-day hours? (11am-4pm) **S23_EX_SUN_ACTIVITES_A7**					

SUN7. How many times have you had a sunburn?

	More than 20 times	11-20 times	1-10 times	None
When you were 20 years old and under **S23_EX_SUN_SUNBURN_A1**				
Between 21-30 years old **S23_EX_SUN_SUNBURN_A2**				
Between 31-40 years old **S23_EX_SUN_SUNBURN_A3**				
In the last 10 years **S23_EX_SUN_SUNBURN_A4**				

SUNBED USE

SUN8. Have you ever used a tanning bed/booth/sunlamp?

S23_EX_SUN_TANBED_EVER
Yes *[Go to SUN9]*
No *[Skip to occupational questions]*

Sunbed use:

SUN9. How many times have you used a tanning bed/booth/sunlamp?

	500 or more times	101-499 times	51-100 times	11-50 times	1-10 times	None
When you were 20 years old and under **S23_EX_SUN_TANBED_USE_A1**						
Between 21-30 years old **S23_EX_SUN_TANBED_USE_A2**						
Between 31-40 years old **S23_EX_SUN_TANBED_USE_A3**						
In the last 10 years **S23_EX_SUN_TANBED_USE_A4**						

[If None for all options in SUN9, hide SUN10]

SUN10. During sunbed use, how often have you used protective goggles?

	Never	Rarely	Sometimes	Often	Always
When you were 20 years old or under					

S23_EX_SUN_TAN_GOGGLES_A1					
Between 21-30 years old **S23_EX_SUN_TAN_GOGGLES_A2**					
Between 31 and 40 years old **S23_EX_SUN_TAN_GOGGLES_A3**					
In the last 10 years **S23_EX_SUN_TAN_GOGGLES_A4**					

OCCUPATIONAL HISTORY

[Only shown to participants who selected full or part-time employed in Demographics section.]

Please read the following instructions and screenshots provided before proceeding.

Briefly, to answer this question, we will ask you to visit the *Government of Canada National Occupation Classification (NOC)* website. There, you will look up your main job title in order to find the NOC job code (a 5-digit number) it corresponds to. Then, you will return to your Survey 2023 and enter this 5-digit NOC job code in the question box.

For an example, the instructions and screenshots below demonstrate how a substitute elementary school teacher would be able to look up their NOC job code on the website.

We appreciate you taking these extra steps. By doing so, we will get standard codes for all jobs which will make it more efficient for us to provide occupation data to researchers.

Instructions:

- Click on this link to open the website: National Occupational Classification - Canada.ca (esdc.gc.ca) and follow these instructions to get your 5-digit NOC job code:

   1) Click on the **Version** dropdown menu and select "**NOC 2021 Version 1.0**". Please ensure the 2021 version is selected so that you will be able to get a 5-digit NOC code. Older versions may only produce a 4-digit code.

   2) Enter your current main job title keyword(s) in the **Enter your job title** search box. Hint – use general terms such as teacher, electrician, nursing aide, etc. rather than the title of your specific job/position.

   3) Click **Search**. Please be patient as the page may take a moment to load.

National Occupational Classification

The National Occupational Classification (NOC) is Canada's national system for describing occupations.
You can search the NOC to find where an occupation is classified or to learn about its main duties, educational requirements or other useful information.

Search by job title   Search by NOC code   **2 – Enter job title keyword(s)**   **3 – Click Search**

1 – Select 2021 version

Version
NOC 2021 Version 1.0
NOC 2021 Version 1.0
NOC 2016 Version 1.3
NOC 2011 Version 1.0
NOC 2006 Version 1.0

Enter your job title
teacher

Search

⚏ Comparative search   ✿ Advanced search   ❶ Search tips

4) Scroll down to find a **Unit Group** (first column on the left) entry that closely matches your current main job title.

5) Double check this Unit Group entry is the right one for you by clicking on the **Matching Job Titles** dropdown menu (on the far right) to see if any of the specific job titles closely match your current main job title.

6) Once you have the correct Unit Group, make note of the **5-digit number** for that Unit Group (e.g., 41221). **This is the 5 digit NOC job code we are looking for**. If you are unable to find a job title that is close to yours, please enter "**Don't Know**" as your response.

Search by job title - Results

Version: NOC 2021 Version 1.0   **Search criteria:** teacher

4 – Find Unit Group for job title that closely matches your job

Showing 1 to 19 of 19 entries | Show 30 v entries

Unit group	Broad occupational category	TEER	Title
41210 – College and other vocational instructors	4 – Occupations in education, law and social, community and government services	1 – Occupations usually require a university degree	▶ Matching job titles
41220 – Secondary school teachers	4 – Occupations in education, law and social, community and government services	1 – Occupations usually require a university degree	**5 – Click dropdown menu to see specific examples**
41221 – Elementary school and kindergarten teachers	4 – Occupations in education, law and social, community and government services	1 – Occupations usually require a university degree	▼ Matching job titles • Substitute teacher - elementary school • Supply teacher - elementary school • Teacher - junior kindergarten

6 – Note down 5-digit NOC code (e.g. 41221) of the Unit Group that closely matches your job and enter into Survey 2023

Ways to return to Survey 2023 if it was closed or if it timed out while you were searching for your NOC code on the website:

- Log back into your ATP Participant Portal by going to **myatphub.ca** and clicking on the Survey 2023 link in the Notification pane. It will resume where you left off.
- Go to your email and click on the Survey 2023 invitation link we sent you to log in and continue the survey where you left off.

OC01.What is the NOC code for your current main job title?
_____**(five digit number e.g. 41221)** **S23_OCC_MAIN_JOB_TITLE**
Don't Know **S23_OCC_MAIN_JOB_TITLE_CA**

OC02. Is your current job the one you have worked in for the longest time (most number of years)?
S23_OCC_CURR_JOB_LONGEST
Yes
No

[*If NO***] OC03.What is the NOC code for the main job that you held for the longest time, meaning the one at which you worked the most hours? Refer to the jobs that you did when you were employed by someone else or when you were self-employed.**
_____(five digit number e.g. 41221) S23_OCC_JOB_TITLE_LONGEST
Don't Know **S23_OCC_JOB_TITLE_LONGEST_CA**

Instructions:

Please follow the same directions as before to look up the **5 digit NOC job code**, but this time for **the main job that you held for the longest time**.

Click on the following link to open the website: National Occupational Classification - Canada.ca (esdc.gc.ca).

OC04. Has anything about your employment changed because of the pandemic (e.g. working from home)?
S23_OCC_EMP_CHNG
Yes
No

> [*IF YES*] **OC05.What has changed about your employment? Select ALL that apply.**
> Nature of work has changed (e.g. change in job/job duties/position)
> **S23_OCC_EMP_CHNG_RSN_C1**
> External workplace has changed (e.g. change in company/change in job location besides working from home due to any reason) **S23_OCC_EMP_CHNG_RSN_C2**
> Work from home **S23_OCC_EMP_CHNG_RSN_C3**
> Reduced wages/ hours **S23_OCC_EMP_CHNG_RSN_C4**
> Loss of employment **S23_OCC_EMP_CHNG_RSN_C5**
> Redeployed into healthcare for pandemic response **S23_OCC_EMP_CHNG_RSN_C6**
> Redeployed into other essential services for pandemic response **S23_OCC_EMP_CHNG_RSN_C7**
> Had more than one job or volunteer position at the same time **S23_OCC_EMP_CHNG_RSN_C8**
> Other – please specify: **S23_OCC_EMP_CHNG_RSN_C9,**
>
> **S23_OCC_EMP_CHNG_RSN_C9_OTSP**
>
> **S23_OCC_EMP_CHNG_RSN_C9_2_OTSP**
>
> **S23_OCC_EMP_CHNG_RSN_C9_3_OTSP**
>
>
> Prefer not to answer **S23_OCC_EMP_CHNG_RSN_C10**
>
> > [*If 'Work from home' selected*]
> > **OC05A. Are you currently working from home?**
> > **S23_OCC_WFH**

Yes – I only work from home (remote)
Yes – I work from home some of the time (hybrid)
No – I do not work from home

OC06. Which of the following <u>best describes</u> your working schedule in your <u>current</u> job? A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight. (Choose ONE only)
S23_OCC_SCHEDULE
Regular daytime schedule or shift
Regular evening shift
Regular night shift
Rotating shift, changing periodically from days to evenings or to nights
Split shift, consisting of two or more distinct periods each day
Irregular schedule, or on call
Other, please specify_____ **S23_OCC_SCHEDULE_OTSP**

Evaluation Questions

[Shown to all participants but non-mandatory completion]

Thank you very much for your time. We really appreciate you taking the time to provide us with valuable information that will be used to support research and health improvements. The following is a list of questions to help us understand how well we did with this survey administration. Your feedback is valuable to us and will help us plan for future survey deliveries.

EV01. How would you rate the invitation asking you to participate in Survey 2023? CS_EV01

Excellent
Good
Neutral
Poor
Very poor
Why did you give this rating? (open text) **CS_EV01_OTSP**

EV02. How would you rate your experience completing this survey? CS_EV02

Excellent – did not encounter challenges
Good – encountered minimal challenges
Neutral
Poor – encountered some challenges
Very poor – encountered many challenges

Why did you give this rating? (open text) **CS_EV02_OTSP**

EV03. How would you rate your experience completing the occupational history section using the link to the Government of Canada National Occupation Classification (NOC) website? CS_EV03

Excellent – did not encounter challenges
Good – encountered minimal challenges
Neutral
Poor – encountered some challenges
Very poor – encountered many challenges

Why did you give this rating? (open text) CS_EV03_OTSP

EV04. If you opted in to receive text messages, how would you rate the text message reminder for Survey 2023? CS_EV04

Excellent
Good
Neutral
Poor
Very poor

Why did you give this rating? (open text) CS_EV04_OTSP

EV05. Did you feel the frequency of the survey reminder emails/messages was appropriate? CS_EV05

Yes
No

EV06. In your opinion, how can we continue to keep you engaged in future data collection? (open text) CS_EV06_OTSP

This is the end of the questionnaire! Thank you for taking the time to complete this questionnaire.

We are now inviting you to complete a short diet and physical activity survey. We know that diet and physical activity are important for overall health and wellness, but there are still many questions around how and what we eat and do affect our risk of cancer and chronic diseases. You will find this survey in the Notification pane and we estimate it will take 20-30 minutes to complete.