SASKATCHEWAN RURAL HEALTH STUDY

UNIVERSITY OF SASKATCHEWAN

TO MEMBERS OF THE HOUSEHOLD AND THEIR FAMILIES:

The University of Saskatchewan is conducting this project to learn more about the health of rural dwellers in Saskatchewan. Families from across Saskatchewan are participating.

This questionnaire is our first contact with your family. Please have an adult family member complete this part of the questionnaire. Please try to answer all of the questions, but remember you don't have to answer any questions if you choose not to. When you have finished, place the questionnaire in the enclosed stamped envelope and mail it back to us at the University.

Instructions

1. Please have an adult family member (age 18 or over) complete Section A and Section B of this questionnaire.

   In Section B of this form, we have asked questions about each adult member (age 18 or over) of your family. We have included enough space in this booklet for 2 adults.

   If you have more than 2 adult family members living in your home, PLEASE COMPLETE "Section B" IN THE GREEN BOOKLET for each additional adult.

2. Please read each question carefully.

3. Answer each question by placing a check mark in the box provided. For some questions you will need to write in the space provided. Thank you for taking part in this important study.

4. **Please be sure to complete the last page.**

The University of Saskatchewan

Sponsored by the Canadian Institutes of Health Research (Canada's main funder of medical research)

SECTION A YOUR HOME

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PRIMARY FAMILY HOME - THAT IS THE HOME WHERE YOU LIVE MOST OF THE TIME.

Today's Date: _____/_____/_____
(Day / Month / Year)

DEMOGRAPHICS

A-1 Where is your home located?
- ☐ Farm
- ☐ In town
- ☐ Acreage, please specify number of acres _____

A-2 How many people live in your home?
_____ Number

A-3 Please list all persons who usually live here including yourself.

Age	Sex	Family Member
	M ☐ F ☐	Yes ☐ No ☐
	M ☐ F ☐	Yes ☐ No ☐
	M ☐ F ☐	Yes ☐ No ☐
	M ☐ F ☐	Yes ☐ No ☐
	M ☐ F ☐	Yes ☐ No ☐
	M ☐ F ☐	Yes ☐ No ☐

(*IF MORE SPACES ARE REQUIRED CONTINUE ON THE BACK OF THE QUESTIONNAIRE.*)

A-4 How many bedrooms do you have in your home?
_____ Number

A-5 Do you own your home?
- ☐ Yes
- ☐ No
- ☐ Don't know

LIVING ENVIRONMENT

A-6 What year was your residence/apartment built (approximately)?

Year_____ Don't know ☐

A-7 What are the types of fuel sources used to heat your home? **Please check all that apply.**

	Primary	Secondary
☐ Natural Gas	☐	☐
☐ Propane	☐	☐
☐ Electricity	☐	☐
☐ Fuel oil	☐	☐
☐ Coal	☐	☐
☐ Geo-thermal	☐	☐
☐ Solar energy	☐	☐
☐ Wood	☐	☐
➥ If yes, do you use: ☐ Fireplace ☐ Free standing wood stove ☐ Fireplace insert ☐ Outdoor wood stove		
☐ Other	☐	☐
Please specify _____		
☐ Don't Know		

A-8 Does your heating system have a filter?
- ☐ Yes
- ☐ No
- ☐ Don't Know

A-9 Does your home have air conditioning?
- ☐ Yes → **If yes, please check one:** ☐ Central ☐ Room ☐ Both
- ☐ No
- ☐ Don't Know

A-10 Is a humidifier or vaporizer used in your home?
- ☐ Yes
- ☐ No
- ☐ Don't Know

A-11 Do you use a dehumidifier in your home?
- ☐ Yes
- ☐ No
- ☐ Don't Know

A-12 On average, how often per month:
do you vacuum carpet? ____ times per month
do you mop smooth floors? ____ times per month
do you dry dust clean? _____ times per month
do you wet dust clean? _____ times per month

A-13 During the <u>past 12 months</u>, has there been water or dampness in your home from broken pipes, leaks, heavy rain, or floods?
- ☐ Yes
- ☐ No
- ☐ Don't Know

A-14 Does your home (including basement) frequently have a mildew odor or musty smell?

- ☐ Yes
- ☐ No
- ☐ Don't Know

A-15 In the past 12 months have you had any of the following pets living in your home? **Please check Yes or No for each type of pet.**

☐ Check here if you do not have any pets in the house.

	Yes	No	Don't Know
Cat	☐	☐	☐
Dog	☐	☐	☐
Bird	☐	☐	☐
Any other pet	☐	☐	☐

If Yes, please specify _____

A-16 Within the past 12 months, were pesticides (including herbicides, insecticides, fungicides, rodenticides, fumigants) applied inside your residence (e.g., raid, spider bait, ant bait, rat bait)?

- ☐ Yes → **If Yes, what pesticide(s)? Please specify**_____
- ☐ No
- ☐ Don't Know

A-17 Do any of the people who live in your house use any of the following tobacco products in the home? **Please answer Yes or No for each product.**

	Yes	No	Don't Know
Cigarettes	☐	☐	☐
Cigars	☐	☐	☐
Pipes	☐	☐	☐

A-18 **If yes to cigarettes,** how many persons smoke cigarettes in your home?

_____ number of persons

A-19 **If yes to cigarettes,** how many cigarettes do they smoke per day in total?

_____ number of cigarettes

A-20 What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

- ☐ Less than $14,999
- ☐ $15,000 to $19,999
- ☐ $20,000 to $29,999
- ☐ $30,000 to $39,999
- ☐ $40,000 to $49,999
- ☐ $50,000 to $59,999
- ☐ $60,000 to $79,999
- ☐ $80,000 or more

A-21 At the end of the month, how much money do you have left over? **(Please check only one)**

- ☐ Some money
- ☐ Just enough money
- ☐ Not enough money

ACCESS TO HEALTH CARE

A-22 Do you and your family members in your household have access to a regular family doctor or nurse practitioner?

- ☐ Yes
- ☐ No
- ☐ Don't Know

A-23 In the past 12 months did you ever experience any difficulties getting the routine or on-going care you or a family member in your household needed?

- ☐ Yes
- ☐ No
- ☐ Don't Know

A-24 In the past 12 months, have you required a visit to a medical specialist for a diagnosis or consultation for yourself or a family member in your household?

- ☐ Yes
- ☐ No → **If No, go to question A-28.**
- ☐ Don't Know

A-25 In the past 12 months did you ever experience any difficulty getting the specialist care you needed for a diagnosis or consultation for yourself or a family member in your household?

- ☐ Yes
- ☐ No
- ☐ Don't Know

A-26 In the past 12 months, have you or a family member in your household required immediate 24 hour health care services for a medical emergency?
- ☐ Yes
- ☐ No → **If No, go to question A-30.**
- ☐ Don't know

A-27 In the past 12 months, did you ever experience any difficulties getting immediate 24 hour health care services for a medical emergency for yourself or a family member in your household?
- ☐ Yes
- ☐ No
- ☐ Don't know

A-28 How far do you travel to receive routine and ongoing medical care?_____ Km

A-29 How far do you travel to receive 24 hour emergency health care services?_____ Km

A-30 How far do you travel to receive medical or surgical specialist services?_____ Km

A-31 On average, how long does it take for an ambulance to arrive at your home in an emergency? _____minutes ☐ Don't Know

OUTDOOR ENVIRONMENT

A-32 Do you have an indoor (barn) intensive livestock operation (building) located near your home?
- ☐ Yes → **If Yes, how far?**
  - ☐ Within 1/4 mile ☐ Greater than 1/4 mile
- ☐ No
- ☐ Don't know

A-33 Do you have an outdoor feedlot or corrals located near your home?
- ☐ Yes → **If Yes, how far?**
  - ☐ Within 1/4 mile ☐ Greater than 1/4 mile
- ☐ No
- ☐ Don't know

A-34 Do you have a balestack or bales located near your home?
- ☐ Yes → **If Yes, how far?**
  - ☐ Within 1/4 mile ☐ Greater than 1/4 mile
- ☐ No
- ☐ Don't know

A-35 Do you have grain bins located near your home?
- ☐ Yes → **If Yes, how far?**
  - ☐ Within 1/4 mile ☐ Greater than 1/4 mile
- ☐ No
- ☐ Don't know

A-36 Do you have a sewage pond or manure lagoon located near your home?
- ☐ Yes → **If Yes, how far?**
  - ☐ Within 1/4 mile ☐ Greater than 1/4 mile
- ☐ No
- ☐ Don't know

A-37 What is the **main** source of the water supply for drinking purposes in your home?
- ☐ Bottled water
- ☐ Deep well water (more than 100 ft)
- ☐ Shallow well water (less than 100 ft)
- ☐ Spring, river or creek
- ☐ Dugout, reservoir
- ☐ Lake
- ☐ Other source:
  Please specify_____

PLEASE COMPLETE THIS SECTION IF YOU LIVE ON A FARM.

FARM DEMOGRAPHICS

A-38 From the list below, please check each commodity that is produced for sale on your farm or ranch **(Please check all that apply).**
- ☐ Grain crops
- ☐ Cattle (beef)
- ☐ Cattle (dairy)
- ☐ Pigs
- ☐ Poultry
- ☐ Vegetable/Fruit
- ☐ Other:
  Please specify_____

A-39 What is the area of land in your operation that you farmed or ranched last growing season? **(Please exclude land rented to others).**

Grain crops	___ acres
Forage crops	___ acres
Pasture	___ acres
Summerfallow	___ acres
Other	___ acres

A-40 How many of these types of livestock are typically raised on your farm?

No livestock	☐
Cattle (beef)	____ number
Cattle (dairy)	____ number
Pigs	____ number
Poultry	____ number
Other	____ number

THIS CONCLUDES SECTION A. PLEASE PROCEED TO SECTION B, ADULT 1(GREEN TAB).

SECTION B INDIVIDUAL QUESTIONS

WE WOULD LIKE TO KNOW ABOUT EACH ADULT FAMILY MEMBER (18 YEARS OR OVER) LIVING IN YOUR HOUSEHOLD. IN THIS BOOKLET, WE HAVE INCLUDED SPACE FOR 2 ADULTS.

IF YOU HAVE MORE THAN 2 ADULT FAMILY MEMBERS LIVING IN YOUR HOME, PLEASE COMPLETE "Section B" IN THE GREEN BOOKLET FOR EACH ADDITIONAL ADULT.

ADULT 1

NOW, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT ADULT # 1.

B-1 Age as of January 1st, 2010: _____

B-2 Date of birth: MM_____ DD____ YY_____

B-3 Sex: Male ☐ Female ☐

B-4 Highest level of education:
- ☐ Less than high school
- ☐ Completed high school
- ☐ Completed university
- ☐ Completed post-secondary education other than above

B-5 What is your ethnic background?
- ☐ Caucasian
- ☐ First Nation
- ☐ Metis
- ☐ Other → **Please specify:** _____

B-6 What is your height? _____cm. **OR** _____ft and in.

B-7 What is your weight? _____Kg. **OR** _____lbs

B-8 What is your marital status? **(Please check only one)**
- ☐ Married
- ☐ Common law/living together
- ☐ Widowed
- ☐ Divorced/separated
- ☐ Single, never married

RESPIRATORY HEALTH

COUGH

B-9 Do you usually have a cough?
- ☐ Yes
- ☐ No → **If no, go to question B-12.**

B-10 Do you usually cough like this on most days for 3 consecutive months or more during the year?
- ☐ Yes
- ☐ No

B-11 For how many years have you had this cough?
_____ years

PHLEGM

B-12 Do you usually bring up phlegm from your chest?
- ☐ Yes
- ☐ No → **If no, go to question B-15.**

B-13 Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?
- ☐ Yes
- ☐ No

B-14 For how many years have you had trouble with phlegm?
_____ years

WHEEZE

B-15 Does your chest ever sound wheezy or whistling:

	Yes	No
1. When you have a cold?	☐	☐
2. Apart from colds?	☐	☐
3. Most days or nights?	☐	☐

If YES to 1, 2, OR 3, for how many years has this been present? _____number of years

B-16 Have you ever had an attack of wheezing that has made you feel short of breath?
- ☐ Yes
- ☐ No

If YES, have you ever required medicine or treatment for the(se) attack(s)?
- ☐ Yes
- ☐ No

BREATHLESSNESS

B-17 Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
- ☐ Yes
- ☐ No

B-18 Do you have to walk slower than people of your age because of breathlessness?
- ☐ Yes
- ☐ No

B-19 Do you ever have to stop for breath when walking at your own pace on the level?
- ☐ Yes
- ☐ No

B-20 Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
- ☐ Yes
- ☐ No

B-21 Are you too breathless to leave the house or breathless on dressing or undressing?
- ☐ Yes
- ☐ No

ASTHMA

B-22 Have you ever had asthma?
- ☐ Yes
- ☐ No → **If no, go to question B-26.**

B-23 **If Yes to B-22:**
Do you still have it? ☐ Yes ☐ No
Was it confirmed by a doctor? ☐ Yes ☐ No
At what age did it start? ____ age in years
If you no longer have it, at what age did it stop? ____ age in years

B-24 **If yes to B-22**, how many times have you required services for asthma from the following places during the past 12 months?

Hospital inpatient: _____ times
Emergency room outpatient: _____ times
Doctor's office: _____ times

B-25 **If yes to B-22,** which of the following statements best describes your asthma medication use in the past 12 months:
- ☐ Never in the past 12 months
- ☐ At least once in the past 12 months
- ☐ At least once per month
- ☐ At least once per week
- ☐ Every day

ALLERGIES

B-26 Have you ever had an allergic reaction to any of the following: **(Please check all that apply).**

1. House dust	☐ Yes	☐ No
2. Cats	☐ Yes	☐ No
3. Dogs	☐ Yes	☐ No
4. Grasses	☐ Yes	☐ No
5. Pollens	☐ Yes	☐ No
6. Molds	☐ Yes	☐ No
7. Others,	☐ Yes	☐ No

Please specify:_____

PHYSICAL ACTIVITY

B-27 Do you exercise?
- ☐ Yes → **If yes, how many times a week?** _____times a week
- ☐ No → **If no, go to question B-29.**

B-28 How long do you usually exercise?
- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 60 minutes
- ☐ Don't Know

B-29 In a **typical week** in the past **3 months**, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web? **(Please do not include time spent at work or at school)**
- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

B-30 In a **typical week** in the past **3 months**, how much time did you usually spend watching television or videos?
- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

EARLY LIFE EXPOSURES

B-31 Have you ever lived on a farm?
- ☐ Yes
- ☐ No
- ☐ Don't know

B-32 Did you live on a farm during your first year of life?
- ☐ Yes → **If yes, what type of farm? (Check all that apply)**
  - ☐ Grain
  - ☐ Livestock
- ☐ No
- ☐ Don't know

B-33 Did your mother smoke while she was pregnant with you?
- ☐ Yes
- ☐ No
- ☐ Don't know

B-34 What was your birth weight?
_____ pounds or _____ grams
☐ Don't know

B-35 Were you breastfed as a child?
☐ Yes → **If yes, was it for 6 months or longer?** ☐ Yes ☐ No
☐ No
☐ Don't know

CIGARETTE SMOKING

B-36 Have you ever smoked cigarettes? **(If you have smoked less than 20 packs of cigarettes in your lifetime, answer no.)**
☐ Yes
☐ No → **If no, go to question B-43**

B-37 Do you now smoke cigarettes?
☐ Yes
☐ No

B-38 How old were you when you first started regular cigarette smoking? ____ years old

B-39 How many cigarettes do you smoke per day now?_____ cigarettes per day

B-40 On the average of the entire time you smoked, how many cigarettes did you smoke per day?
_____ cigarettes per day

B-41 If you have stopped smoking cigarettes completely, how old were you when you stopped?
_____ age stopped

B-42 If there have been periods when you abstained from smoking, indicate total years of abstinence from smoking. _____ years

B-43 Have you ever smoked a pipe regularly? **(Yes means more than 12 oz of tobacco in a lifetime)**
☐ Yes
☐ No

B-44 Have you ever smoked cigars regularly? **(Yes means more than 1 cigar a week for a year)**
☐ Yes
☐ No

B-45 Do you smoke a pipe or cigars regularly at present?
☐ Yes
☐ No

ALCOHOL CONSUMPTION

B-46 During the past 12 months, how often did you drink alcoholic beverages?
☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ 2 to 3 times a week
☐ 4 to 6 times a week
☐ Every day

B-47 How often in the past 12 months have you had 5 or more drinks on one occasion?
☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ More than once a week

MEDICAL HISTORY

B-48 In general would you say your health is:
☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

B-49 During the <u>past 12 months</u>, were you seen by a doctor or other primary care giver for:

	Yes	No	Don't know
Stomach acidity or reflux?	☐	☐	☐
An ear infection?	☐	☐	☐
An injury?	☐	☐	☐

B-50 Has a doctor or primary care giver ever said you have:

	Yes	No	Don't Know
Diabetes	☐	☐	☐
Heart Disease	☐	☐	☐
Heart Attack	☐	☐	☐
Hardening of the arteries	☐	☐	☐
High Blood Pressure	☐	☐	☐
Cystic Fibrosis	☐	☐	☐
Tuberculosis	☐	☐	☐
Stroke	☐	☐	☐
Cancer	☐	☐	☐

If yes to cancer, please specify type(s):
_____
_____

CHEST ILLNESSES

B-51 Has a doctor ever said you had any of the following chest illnesses:

	Chest Illness	During the Past 12 Months		Ever In Your Life	
a.	Attack of bronchitis	☐ Yes	☐ No	☐ Yes	☐ No
b.	Pneumonia	☐ Yes	☐ No	☐ Yes	☐ No
c.	Hay Fever	☐ Yes	☐ No	☐ Yes	☐ No
d.	Sinus Trouble	☐ Yes	☐ No	☐ Yes	☐ No
e.	Chronic Bronchitis	☐ Yes	☐ No	☐ Yes	☐ No
f.	Emphysema	☐ Yes	☐ No	☐ Yes	☐ No
g.	COPD (Chronic Obstructive Pulmonary Disease)	☐ Yes	☐ No	☐ Yes	☐ No
h.	Sleep Apnea	☐ Yes	☐ No	☐ Yes	☐ No
i.	Other Chest Illness (Example chest operation) please specify:	☐ Yes	☐ No	☐ Yes	☐ No

B-52 **If yes to Chronic Obstructive Pulmonary Disease (COPD) in question B-51g,** how many times have you required services for COPD from the following places during the **past 12 months**?

Hospital inpatient: _____ times

Emergency room outpatient: _____ times

Doctor's office: _____ times

REST AND SLEEP

B-53 Do you snore?

☐ Yes

☐ No → **If no, go to question B-55.**

☐ Don't know

B-54 If you snore, is your snoring:

☐ Slightly louder than breathing?

☐ As loud as talking?

☐ Louder than talking?

☐ Very loud - can be heard in adjacent rooms?

B-55 How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. **Please check one response choice for each situation.**

SITUATION	RESPONSE CHOICES			
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (e.g., a theatre or a meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in the traffic	☐	☐	☐	☐

FAMILY HISTORY

B-56 Have the following members of your biological family ever had:

	FATHER			MOTHER			BROTHER/SISTER		
	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No	Don't Know
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hardening of the arteries	☐	☐	☐	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cystic Fibrosis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lung Trouble (Asthma,Emphysema, Chronic Bronchitis)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cancer If yes to cancer, please specify type(s):	☐ _____	☐	☐	☐ _____	☐	☐	☐ _____	☐	☐

OCCUPATIONAL HISTORY

B-57 Please list all full-time jobs at which you have worked for at least one year, starting with your present or most recent job. Please state the job title and business as specifically as possible. For example, 'mixed farming' instead of 'farming'.

Job Title	Business, Industry or Service	Total number of Years at job
e.g. Nurse	Health Care	10
e.g. Farmer	Mixed Farming	30

B-58 Have you ever been exposed to any of the following in the work place?

	No	Yes	If Yes, how often?	How many years?
Grain Dust	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Mine dust (e.g. potash, uranium) Specify _____	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Asbestos dust	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Wood dust	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Other dust Specify _____	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Livestock	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Smoke from stubble burning	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Diesel fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Welding fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Solvent fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Oil / Gas well fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Herbicides (to kill plants)	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Fungicides (to treat grain)	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Insecticides (to kill insects)	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Molds	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Radiation	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Other, Specify _____	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	

B-59 How often do you (did you) wear a dust mask when exposed to grain dust?

☐ Always ☐ Most of the time ☐ Sometimes ☐ Never

B-60 We wish to find out more about respiratory health of rural people. Would you be willing to be contacted about having breathing and/or allergy tests at a nearby location?

☐ Yes
☐ No
☐ I would like more information

IF THERE IS ONLY ONE ADULT IN YOUR FAMILY, PLEASE SKIP TO THE LAST PAGE.

IF THERE IS ANOTHER ADULT IN YOUR FAMILY, PLEASE CONTINUE ON THE NEXT PAGE.

REMEMBER TO COMPLETE THE CONTACT INFORMATION ON THE LAST PAGE!
(THIS INFORMATION WILL BE REMOVED FROM YOUR QUESTIONNAIRE TO ENSURE CONFIDENTIALITY.)

SECTION B INDIVIDUAL QUESTIONS

ADULT 2

NOW, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT ADULT # 2.

B-1 Age as of January 1st, 2010: _____

B-2 Date of birth: MM_____ DD____ YY_____

B-3 Sex: Male ☐ Female ☐

B-4 Highest level of education:
- ☐ Less than high school
- ☐ Completed high school
- ☐ Completed university
- ☐ Completed post-secondary education other than above

B-5 What is your ethnic background?
- ☐ Caucasian
- ☐ First Nation
- ☐ Metis
- ☐ Other → **Please specify:** _____

B-6 What is your height? _____cm. **OR** _____ft and in.

B-7 What is your weight? _____Kg. **OR** _____lbs

B-8 What is your marital status? **(Please check only one)**
- ☐ Married
- ☐ Common law/living together
- ☐ Widowed
- ☐ Divorced/separated
- ☐ Single, never married

RESPIRATORY HEALTH

COUGH

B-9 Do you usually have a cough?
- ☐ Yes
- ☐ No → **If no, go to question B-12.**

B-10 Do you usually cough like this on most days for 3 consecutive months or more during the year?
- ☐ Yes
- ☐ No

B-11 For how many years have you had this cough?
_____ years

PHLEGM

B-12 Do you usually bring up phlegm from your chest?
- ☐ Yes
- ☐ No → **If no, go to question B-15.**

B-13 Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?
- ☐ Yes
- ☐ No

B-14 For how many years have you had trouble with phlegm?
_____ years

WHEEZE

B-15 Does your chest ever sound wheezy or whistling:

	Yes	No
1. When you have a cold?	☐	☐
2. Apart from colds?	☐	☐
3. Most days or nights?	☐	☐

If YES to 1, 2, OR 3, for how many years has this been present? _____number of years

B-16 Have you ever had an attack of wheezing that has made you feel short of breath?
- ☐ Yes
- ☐ No

If YES, have you ever required medicine or treatment for the(se) attack(s)?
- ☐ Yes
- ☐ No

BREATHLESSNESS

B-17 Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
- ☐ Yes
- ☐ No

B-18 Do you have to walk slower than people of your age because of breathlessness?
- ☐ Yes
- ☐ No

B-19 Do you ever have to stop for breath when walking at your own pace on the level?
- ☐ Yes
- ☐ No

Adult 2

B-20 Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
- ☐ Yes
- ☐ No

B-21 Are you too breathless to leave the house or breathless on dressing or undressing?
- ☐ Yes
- ☐ No

ASTHMA

B-22 Have you ever had asthma?
- ☐ Yes
- ☐ No → **If no, go to question B-26.**

B-23 **If Yes to B-22:**
Do you still have it? ☐ Yes ☐ No
Was it confirmed by a doctor? ☐ Yes ☐ No
At what age did it start? ____ age in years
If you no longer have it, at what age did it stop? ____ age in years

B-24 **If yes to B-22**, how many times have you required services for asthma from the following places during the past 12 months?

Hospital inpatient: _____ times
Emergency room outpatient: _____ times
Doctor's office: _____ times

B-25 **If yes to B-22,** which of the following statements best describes your asthma medication use in the past 12 months:
- ☐ Never in the past 12 months
- ☐ At least once in the past 12 months
- ☐ At least once per month
- ☐ At least once per week
- ☐ Every day

ALLERGIES

B-26 Have you ever had an allergic reaction to any of the following: **(Please check all that apply).**

1. House dust	☐ Yes	☐ No
2. Cats	☐ Yes	☐ No
3. Dogs	☐ Yes	☐ No
4. Grasses	☐ Yes	☐ No
5. Pollens	☐ Yes	☐ No
6. Molds	☐ Yes	☐ No
7. Others,	☐ Yes	☐ No

Please specify:_____

PHYSICAL ACTIVITY

B-27 Do you exercise?
- ☐ Yes → **If yes, how many times a week?** _____times a week
- ☐ No → **If no, go to question B-29.**

B-28 How long do you usually exercise?
- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 60 minutes
- ☐ Don't Know

B-29 In a **typical week** in the past **3 months**, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web? **(Please do not include time spent at work or at school)**
- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

B-30 In a **typical week** in the past **3 months**, how much time did you usually spend watching television or videos?
- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

EARLY LIFE EXPOSURES

B-31 Have you ever lived on a farm?
- ☐ Yes
- ☐ No
- ☐ Don't know

B-32 Did you live on a farm during your first year of life?
- ☐ Yes → **If yes, what type of farm? (Check all that apply)**
  - ☐ Grain
  - ☐ Livestock
- ☐ No
- ☐ Don't know

B-33 Did your mother smoke while she was pregnant with you?
- ☐ Yes
- ☐ No
- ☐ Don't know

B-34 What was your birth weight?
_____ pounds or _____ grams
☐ Don't know

B-35 Were you breastfed as a child?
☐ Yes → **If yes, was it for 6 months or longer?** ☐ Yes ☐ No
☐ No
☐ Don't know

CIGARETTE SMOKING

B-36 Have you ever smoked cigarettes? **(If you have smoked less than 20 packs of cigarettes in your lifetime, answer no.)**
☐ Yes
☐ No → **If no, go to question B-43**

B-37 Do you now smoke cigarettes?
☐ Yes
☐ No

B-38 How old were you when you first started regular cigarette smoking? ____ years old

B-39 How many cigarettes do you smoke per day now?_____ cigarettes per day

B-40 On the average of the entire time you smoked, how many cigarettes did you smoke per day?
_____ cigarettes per day

B-41 If you have stopped smoking cigarettes completely, how old were you when you stopped?
_____ age stopped

B-42 If there have been periods when you abstained from smoking, indicate total years of abstinence from smoking. _____ years

B-43 Have you ever smoked a pipe regularly? **(Yes means more than 12 oz of tobacco in a lifetime)**
☐ Yes
☐ No

B-44 Have you ever smoked cigars regularly? **(Yes means more than 1 cigar a week for a year)**
☐ Yes
☐ No

B-45 Do you smoke a pipe or cigars regularly at present?
☐ Yes
☐ No

ALCOHOL CONSUMPTION

B-46 During the past 12 months, how often did you drink alcoholic beverages?
☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ 2 to 3 times a week
☐ 4 to 6 times a week
☐ Every day

B-47 How often in the past 12 months have you had 5 or more drinks on one occasion?
☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ More than once a week

MEDICAL HISTORY

B-48 In general would you say your health is:
☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

B-49 During the <u>past 12 months</u>, were you seen by a doctor or other primary care giver for:

	Yes	No	Don't know
Stomach acidity or reflux?	☐	☐	☐
An ear infection?	☐	☐	☐
An injury?	☐	☐	☐

B-50 Has a doctor or primary care giver ever said you have:

	Yes	No	Don't Know
Diabetes	☐	☐	☐
Heart Disease	☐	☐	☐
Heart Attack	☐	☐	☐
Hardening of the arteries	☐	☐	☐
High Blood Pressure	☐	☐	☐
Cystic Fibrosis	☐	☐	☐
Tuberculosis	☐	☐	☐
Stroke	☐	☐	☐
Cancer	☐	☐	☐

If yes to cancer, please specify type(s):
_____
_____

CHEST ILLNESSES

B-51 Has a doctor ever said you had any of the following chest illnesses:

	Chest Illness	During the Past 12 Months		Ever In Your Life	
a.	Attack of bronchitis	☐ Yes	☐ No	☐ Yes	☐ No
b.	Pneumonia	☐ Yes	☐ No	☐ Yes	☐ No
c.	Hay Fever	☐ Yes	☐ No	☐ Yes	☐ No
d.	Sinus Trouble	☐ Yes	☐ No	☐ Yes	☐ No
e.	Chronic Bronchitis	☐ Yes	☐ No	☐ Yes	☐ No
f.	Emphysema	☐ Yes	☐ No	☐ Yes	☐ No
g.	COPD (Chronic Obstructive Pulmonary Disease)	☐ Yes	☐ No	☐ Yes	☐ No
h.	Sleep Apnea	☐ Yes	☐ No	☐ Yes	☐ No
i.	Other Chest Illness (Example chest operation) please specify:	☐ Yes	☐ No	☐ Yes	☐ No

B-52 **If yes to Chronic Obstructive Pulmonary Disease (COPD) in question B-51g,** how many times have you required services for COPD from the following places during the **past 12 months**?

Hospital inpatient: _____ times

Emergency room outpatient: _____ times

Doctor's office: _____ times

REST AND SLEEP

B-53 Do you snore?

☐ Yes

☐ No → **If no, go to question B-55.**

☐ Don't know

B-54 If you snore, is your snoring:

☐ Slightly louder than breathing?

☐ As loud as talking?

☐ Louder than talking?

☐ Very loud - can be heard in adjacent rooms?

B-55 How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. **Please check one response choice for each situation.**

SITUATION	RESPONSE CHOICES			
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (e.g., a theatre or a meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in the traffic	☐	☐	☐	☐

FAMILY HISTORY

B-56 Have the following members of your biological family ever had:

	FATHER			MOTHER			BROTHER/SISTER		
	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No	Don't Know
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hardening of the arteries	☐	☐	☐	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cystic Fibrosis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lung Trouble (Asthma,Emphysema, Chronic Bronchitis)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cancer If yes to cancer, please specify type(s):	☐ _____	☐	☐	☐ _____	☐	☐	☐ _____	☐	☐

OCCUPATIONAL HISTORY

B-57 Please list all full-time jobs at which you have worked for at least one year, starting with your present or most recent job. Please state the job title and business as specifically as possible. For example, 'mixed farming' instead of 'farming'.

Job Title	Business, Industry or Service	Total number of Years at job
e.g. Nurse	Health Care	10
e.g. Farmer	Mixed Farming	30

Adult 2

B-58 Have you ever been exposed to any of the following in the work place?

	No	Yes	If Yes, how often?	How many years?
Grain Dust	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Mine dust (e.g. potash, uranium) Specify _____	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Asbestos dust	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Wood dust	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Other dust Specify _____	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Livestock	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Smoke from stubble burning	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Diesel fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Welding fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Solvent fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Oil / Gas well fumes	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Herbicides (to kill plants)	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Fungicides (to treat grain)	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Insecticides (to kill insects)	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Molds	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Radiation	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	
Other, Specify _____	☐	☐	Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐	

B-59 How often do you (did you) wear a dust mask when exposed to grain dust?

☐ Always ☐ Most of the time ☐ Sometimes ☐ Never

B-60 We wish to find out more about respiratory health of rural people. Would you be willing to be contacted about having breathing and/or allergy tests at a nearby location?

☐ Yes
☐ No
☐ I would like more information

IF THERE ARE MORE THAN TWO ADULT FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD, PLEASE CONTINUE IN THE GREEN BOOKLET.

REMEMBER TO COMPLETE THE CONTACT INFORMATION ON THE LAST PAGE!
(THIS INFORMATION WILL BE REMOVED FROM YOUR QUESTIONNAIRE TO ENSURE CONFIDENTIALITY.)

CONTACT INFORMATION (PLEASE PRINT)

NAME: _____ Age: _____ ☐ Male ☐ Female

(Name of person completing the survey)

_____

Address (number and street and Box Number)

_____ , _____

Town Postal code

If you live on a farm give the land location of your residence.

_____

Land location (quarter, section, township, meridian)

Telephone Numbers **(check most preferred):**

Work _____ ☐

Home _____ ☐

Cell _____ ☐

THIS IS THE END OF THE SURVEY.

THANK YOU VERY MUCH FOR YOUR HELP!

SASKATCHEWAN RURAL HEALTH STUDY

Follow-Up Study - Adult

TO RURAL DWELLERS AND THEIR FAMILIES:

The University of Saskatchewan is conducting this project to learn more about the health of rural dwellers in Saskatchewan. Your family completed the baseline questionnaire in January 2010. This questionnaire is a follow-up to the baseline questionnaire. Thank you for taking part in this important study.

Instructions

1. Please have an adult family member (age 18 or over) complete of the questionnaire on behalf of every adult in the home.

2. Please read each question carefully. Please try to answer all of the questions, but remember you don't have to answer any questions if you choose not to.

3. Answer each question by placing a check mark in the box provided. For some questions you will need to write in the space provided.

4. In Section B of this questionnaire, we have asked questions about each adult member (age 18 or over) of your family. We have included enough space in this booklet for two adults.

   If you have more than two adult family members living in your home, please complete "Section B" in the GREEN BOOKLET for each additional adult.

5. Please be sure to complete contact information on the last page.

6. When you have finished, place the questionnaire in the postage paid business reply envelope and mail it back to us at the University.

The University of Saskatchewan

Sponsored by the Canadian Institutes of Health Research
(Canada's main funder of medical research)

SECTION A: YOUR HOME

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PRIMARY FAMILY HOME - THAT IS THE HOME WHERE YOU LIVE MOST OF THE TIME.

Today's Date : _____/_____/_____
(Month / Day / Year)

DEMOGRAPHICS

A-1 Have you moved since January 2010?

☐ Yes
☐ No → **If NO, go to Question A-8**

A-2 Where is your new home located?

☐ Farm
☐ In town
☐ Acreage, specify number of acres _____

A-3 How many bedrooms do you have in your new home?

_____ Number

A-4 Do you own this new home?

☐ Yes
☐ No
☐ Don't know

LIVING ENVIRONMENT

A-5 What year was this residence/apartment built (approximately)?

Year_____ Don't know ☐

A-6 What are the types of fuel sources used to heat this home? (**Check all that apply)**

	Primary	Secondary
☐ Natural Gas	☐	☐
☐ Propane	☐	☐
☐ Electricity	☐	☐
☐ Fuel oil	☐	☐
☐ Coal	☐	☐
☐ Geo-thermal	☐	☐
☐ Solar energy	☐	☐
☐ Wood	☐	☐
➥ If yes, do you use: ☐ Fireplace ☐ Free standing wood stove ☐ Fireplace insert ☐ Outdoor wood stove		
☐ Other	☐	☐
Please specify :_____		
☐ **Don't Know**		

A-7 Does this heating system have a filter?

☐ Yes
☐ No
☐ Don't Know

A-8 How many people live in your home?

_____ Number

A-9 Does your home have air conditioning?

☐ Yes → **If YES, please check one:**

☐ Central ☐ Room ☐ Both

☐ No
☐ Don't Know

A-10 Is a humidifier or vaporizer used in your home?

☐ Yes
☐ No
☐ Don't Know

A-11 Do you use a dehumidifier in your home?

☐ Yes
☐ No
☐ Don't Know

A-12 During the <u>past 12 months</u>, has there been water or dampness in your home from broken pipes, leaks, heavy rain, or floods?

☐ Yes
☐ No
☐ Don't Know

A-13 Does your home (including basement) frequently have a mildew odor or musty smell?

☐ Yes
☐ No
☐ Don't Know

A-14 In the <u>past 12 months</u> have you had any of the following pets living in your home?
(**Check all that apply)**

☐ Do not have any pets in the house

☐ Cat
☐ Dog
☐ Bird
☐ Any other pet

If YES to Other pet, please specify:

_____

A-15 Within the past 12 months, were pesticides (including herbicides, insecticides, fungicides, rodenticides, fumigants) applied inside your residence?
(e.g., raid, spider bait, ant bait, rat bait)

☐ Yes → **If YES, what pesticide(s)?**
Please specify:_____
☐ No
☐ Don't Know

A-16 Do any of the people who live in your house use any of the following tobacco products in the home?
Please check YES or NO for each product.

	Yes	No	Don't Know
Cigarettes	☐	☐	☐
Cigars	☐	☐	☐
Pipes	☐	☐	☐

A-17 **If YES to cigarettes,** how many persons smoke cigarettes in your home?

_____ number of persons

A-18 **If YES to cigarettes,** how many cigarettes do they smoke per day in total?

_____ number of cigarettes

A-19 What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

☐ Less than $14,999
☐ $15,000 to $19,999
☐ $20,000 to $29,999
☐ $30,000 to $39,999
☐ $40,000 to $49,999
☐ $50,000 to $59,999
☐ $60,000 to $79,999
☐ $80,000 or more

A-20 At the end of the month, how much money do you have left over? (**Please check only one)**

☐ Some money
☐ Just enough money
☐ Not enough money

ACCESS TO HEALTH CARE

A-21 Do you and your family members in your household have access to a regular family doctor or nurse practitioner?

☐ Yes
☐ No
☐ Don't Know

A-22 In the past 12 months did you ever experience any difficulties getting the routine or on-going care you or a family member in your household needed?

☐ Yes
☐ No
☐ Don't Know

A-23 In the past 12 months, have you required a visit to a medical specialist for a diagnosis or consultation for yourself or a family member in your household?

☐ Yes
☐ No → **If NO, go to Question A-25**
☐ Don't Know

A-24 In the past 12 months did you ever experience any difficulty getting the specialist care you needed for a diagnosis or consultation for yourself or a family member in your household?

☐ Yes
☐ No
☐ Don't Know

A-25 In the past 12 months, have you or a family member in your household required immediate 24 hour health care services for a medical emergency?

☐ Yes
☐ No → **If NO, go to Question A-27**
☐ Don't know

A-26 In the past 12 months, did you ever experience any difficulties getting immediate 24 hour health care services for a medical emergency for yourself or a family member in your household?

☐ Yes
☐ No
☐ Don't know

A-27 How far do you travel (one direction) to receive routine and ongoing medical care?

_____ Km

A-28 How far do you travel (one direction) to receive 24 hour emergency health care services?

_____ Km

A-29 How far do you travel (one direction) to receive medical or surgical specialist services?

_____ Km

A-30 On average, how long does it take for an ambulance to arrive at your home in an emergency?

_____minutes ☐ Don't Know

OUTDOOR ENVIRONMENT

A-31 Do you have an indoor (barn) intensive livestock operation (building) located near your home?

☐ Yes → **If YES, how far?**
☐ Within ¼ mile ☐ Greater than ¼ mile
☐ No
☐ Don't know

A-32 Do you have an outdoor feedlot or corrals located near your home?

☐ Yes → **If YES, how far?**
☐ Within ¼ mile ☐ Greater than ¼ mile
☐ No
☐ Don't know

A-33 Do you have a balestack or bales located near your home?

☐ Yes → **If YES, how far?**
☐ Within ¼ mile ☐ Greater than ¼ mile
☐ No
☐ Don't know

A-34 Do you have grain bins located near your home?

☐ Yes → **If YES, how far?**
☐ Within ¼ mile ☐ Greater than ¼ mile
☐ No
☐ Don't know

A-35 Do you have a sewage pond or manure lagoon located near your home?

☐ Yes → **If YES, how far?**
☐ Within ¼ mile ☐ Greater than ¼ mile
☐ No
☐ Don't know

A-36 What is the main source of the water supply for drinking purposes in your home?

☐ Bottled water
☐ Deep well water (more than 100 ft)
☐ Shallow well water (less than 100 ft)
☐ Spring, river or creek
☐ Dugout, reservoir
☐ Lake
☐ Other source
Please specify: _____

PLEASE COMPLETE THIS SECTION
IF YOU LIVE ON OR OPERATE A FARM.

FARM DEMOGRAPHICS

A-37 From the list below, please check each commodity that is produced for sale on your farm or ranch. **(Check all that apply)**

☐ Grain crops
☐ Cattle (beef)
☐ Cattle (dairy)
☐ Pigs
☐ Poultry
☐ Vegetable/Fruit
☐ Other
Please specify:_____

A-38 What is the area of land in your operation that you farmed or ranched last growing season? **(Please exclude land rented to others)**

Grain crops _____ acres
Forage crops _____ acres
Pasture _____ acres
Summer fallow _____ acres
Other _____ acres

A-39 How many of these types of livestock are typically raised on your farm?

No livestock ☐
Cattle (beef) _____ number
Cattle (dairy) _____ number
Pigs _____ number
Poultry _____ number
Other _____ number

THIS CONCLUDES SECTION A.
PLEASE PROCEED TO SECTION B, ADULT 1.

SECTION B: INDIVIDUAL QUESTIONS

WE WOULD LIKE TO KNOW ABOUT EACH ADULT FAMILY MEMBER (18 YEARS OR OVER) LIVING IN YOUR HOUSEHOLD. IN THIS BOOKLET, WE HAVE INCLUDED SPACE FOR 2 ADULTS.

ADULT 1

Please answer the following questions about Adult #1.

B-1 Age: _____

B-2 Date of birth: _____/_____/_____
(Month / Day / Year)

B-3 Sex: Male ☐ Female ☐

B-4 Highest level of education:

- ☐ Less than high school
- ☐ Completed high school
- ☐ Completed university
- ☐ Completed other post-secondary education

B-5 Height: _____cm **OR** ____ft ____ in

B-6 Weight: _____Kg **OR** _____ lbs

B-7 Collar size of shirt: S, M, L, XL **OR** _____cm

Neck circumference: _____ cm

B-8 Waist circumference: _____cm
(Please measure at your bellybutton)

B-9 What is your marital status?
(Please check only one)

- ☐ Married
- ☐ Common law/living together
- ☐ Widowed
- ☐ Divorced/separated
- ☐ Single, never married

RESPIRATORY HEALTH

COUGH

B-10 Do you usually have a cough?

- ☐ Yes
- ☐ No → **If NO, go to Question B-13**

B-11 Do you usually cough like this on most days for 3 consecutive months or more during the year?

☐ Yes ☐ No

B-12 For how many years have you had this cough?

_____ years

PHLEGM

B-13 Do you usually bring up phlegm from your chest?

- ☐ Yes
- ☐ No → **If NO, go to Question B-16**

B-14 Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?

☐ Yes ☐ No

B-15 For how many years have you had trouble with phlegm?

_____ years

WHEEZE

B-16 Does your chest ever sound wheezy or whistling:

	Yes	No
1. When you have a cold?	☐	☐
2. Apart from colds?	☐	☐
3. Most days or nights?	☐	☐

If YES to 1, 2, OR 3, for how many years has this been present? _____number of years

B-17 Have you ever had an attack of wheezing that has made you feel short of breath?

☐ Yes ☐ No

If YES, have you ever required medicine or treatment for the(se) attack(s)?

☐ Yes ☐ No

BREATHLESSNESS

B-18 Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

☐ Yes ☐ No

B-19 Do you have to walk slower than people of your age because of breathlessness?

☐ Yes ☐ No

B-20 Do you ever have to stop for breath when walking at your own pace on the level?

☐ Yes ☐ No

B-21 Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?

☐ Yes ☐ No

B-22 Are you too breathless to leave the house or breathless on dressing or undressing?

☐ Yes ☐ No

ASTHMA

B-23 Have you ever had asthma?

- ☐ Yes
- ☐ No → **If NO, go to Question B-27**

B-24 Do you still have it? ☐ Yes ☐ No

Was it confirmed by a doctor? ☐ Yes ☐ No

At what age did it start? _____ age in years

If you no longer have it, at what age did it stop?

_____ age in years

B-25 How many times have you required services for asthma from the following places during the past 12 months?

Hospital inpatient: _____ times

Emergency room outpatient: _____ times

Doctor's office: _____ times

B-26 Which of the following statements best describes your asthma medication use in the past 12 months:

- ☐ Never in the past 12 months
- ☐ At least once in the past 12 months
- ☐ At least once per month
- ☐ At least once per week
- ☐ Every day

ALLERGIES

B-27 Have you ever had an allergic reaction to any of the following: **(Please check all that apply)**

- ☐ House dust
- ☐ Cats
- ☐ Dogs
- ☐ Grasses
- ☐ Pollens
- ☐ Molds
- ☐ Others
  If Others, please specify:_____
- ☐ **None of the Above**

PHYSICAL ACTIVITY

B-28 Do you exercise?

- ☐ Yes → **If YES, how many times a week?**
  _____times a week
- ☐ No → **If NO, go to Question B-30**

B-29 How long do you usually exercise per session?

- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 60 minutes
- ☐ Don't Know

B-30 In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the internet or World Wide Web?
(Do not include time spent at work or school)

- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

B-31 In a typical week in the past 3 months, how much time did you usually spend watching television or videos?

- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

EARLY LIFE EXPOSURES

B-32 Have you ever lived on a farm?

- ☐ Yes
- ☐ No
- ☐ Don't know

B-33 Did you live on a farm during your first year of life?

- ☐ Yes → **If YES, what type of farm?**
  (Check all that apply)
  - ☐ Grain
  - ☐ Livestock
- ☐ No
- ☐ Don't know

CIGARETTE SMOKING

B-34 Have you ever smoked cigarettes?
(If you have smoked less than 20 packs of cigarettes in your lifetime, answer NO)

☐ Yes
☐ No → **If NO, go to Question B-44**

B-35 Do you now smoke cigarettes?

☐ Yes ☐ No

B-36 How old were you when you first started regular cigarette smoking?

____ years old

B-37 How many cigarettes do you smoke per day now?

_____ cigarettes per day

B-38 On the average of the entire time you smoked, how many cigarettes did you smoke per day?

_____ cigarettes per day

B-39 If you have stopped smoking cigarettes completely, how old were you when you stopped?

_____ age stopped

B-40 If there have been periods when you abstained from smoking, indicate total years of abstinence from smoking.

_____ years

B-41 Have you ever smoked a pipe regularly?
(YES means more than 12 oz of tobacco in a lifetime)

☐ Yes ☐ No

B-42 Have you ever smoked cigars regularly?
(YES means more than 1 cigar a week for a year)

☐ Yes ☐ No

B-43 Do you smoke a pipe or cigars regularly at present?

☐ Yes ☐ No

ALCOHOL CONSUMPTION

B-44 During the past 12 months, how often did you drink alcoholic beverages?

☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ 2 to 3 times a week
☐ 4 to 6 times a week
☐ Every day

B-45 How often in the past 12 months have you had 5 or more drinks on one occasion?

☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ More than once a week

MEDICAL HISTORY

B-46 Has a doctor or primary care giver ever said you have: **(Please check all that apply)**

☐ Diabetes
☐ Heart Disease
☐ Heart Attack
☐ High Cholesterol
☐ High Blood Pressure
☐ Stroke
☐ Depression
☐ Kidney Disease
☐ Arthritis
☐ Inflammatory Bowel Disease
☐ Sleep Apnea
☐ Cancer
If YES to Cancer, please specify type (s):
_____
Year of diagnosis:_____
☐ **None of the above**

B-47 In general would you say your physical health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

B-48 In general would you say your mental health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

B-49 Thinking about the amount of stress in your life, would you say that most days are?

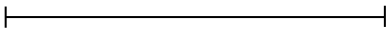
- ☐ Not at all stressful
- ☐ Not very stressful
- ☐ A bit stressful
- ☐ Quite a bit stressful
- ☐ Extremely stressful

B-50 Compared to one year ago, how would you say your health is now?

- ☐ Much better now than 1 year ago
- ☐ Somewhat better now (than 1 year ago)
- ☐ About the same as 1 year ago
- ☐ Somewhat worse now (than 1 year ago)
- ☐ Much worse now (than 1 year ago)

B-51 How well do you feel like you are generally supported (socially, emotionally, medically, etc.) by your community (please mark on the line)?

No support — Extremely supported



B-52 During the past 12 months, were you seen by a doctor or other primary care giver for:

	Yes	No	Don't know
Stomach acidity or reflux	☐	☐	☐
An ear infection	☐	☐	☐
An injury	☐	☐	☐

OCCUPATIONAL HISTORY

B-53 What is your current employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Employed seasonally
- ☐ Self-employed
- ☐ Homemaker
- ☐ Retired
- ☐ Student full time
- ☐ Student part time
- ☐ Disabled on Employment Insurance
- ☐ Unemployed

B-54 What work did you do the most in your life?

_____

For how long?_____

B-55 Have you ever been exposed to any of the following in the work place?
(Please check all that apply)

	How many years?
☐ Grain Dust	_____
☐ Mine dust (e.g. potash, uranium) Specify:_____	_____
☐ Asbestos dust	_____
☐ Wood dust	_____
☐ Other dust Specify:_____	_____
☐ Livestock	_____
☐ Smoke from stubble burning	_____
☐ Diesel fumes	_____
☐ Welding fumes	_____
☐ Solvent fumes	_____
☐ Oil / Gas well fumes	_____
☐ Herbicides (to kill plants)	_____
☐ Fungicides (to treat grain)	_____
☐ Insecticides (to kill insects)	_____
☐ Molds	_____
☐ Radiation	_____
Other Specify:_____	_____
☐ **None of the above**	

B-56 How often do you (did you) wear a dust mask when exposed to grain dust?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Never

REST AND SLEEP

B-57 How many hours of sleep do you typically get at night?

- ☐ More than 7 hours
- ☐ 6 to 7 hours
- ☐ 4 to 5 hours
- ☐ Less than 4 hours

B-58 Do you snore?

- ☐ Yes
- ☐ No → **If NO, go to Question B-61**
- ☐ Don't know

B-59 If you snore, is your snoring:

- ☐ Slightly louder than breathing
- ☐ As loud as talking
- ☐ Louder than talking
- ☐ Very loud - can be heard in adjacent rooms

B-60 Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

☐ Yes ☐ No

B-61 Do you often feel tired, fatigued, or sleepy during daytime?

☐ Yes ☐ No

B-62 Has anyone observed you stop breathing during your sleep?

☐ Yes ☐ No

B-63 How often do you have trouble going to sleep or staying asleep?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

B-64 How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. **Please check one response choice for each situation.**

SITUATION	RESPONSE CHOICES			
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting, inactive in a public place (e.g., a theatre or a meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in the traffic	☐	☐	☐	☐

CHEST ILLNESSES

B-65 Has a doctor ever said you had any of the following chest illnesses? **(Check all that apply)**

Chest Illness	During the past 12 months	Ever in your life
Attack of bronchitis	☐	☐
Pneumonia	☐	☐
Hay fever	☐	☐
Sinus trouble	☐	☐
Chronic bronchitis	☐	☐
Emphysema	☐	☐
COPD (Chronic Obstructive Pulmonary Disease)	☐	☐
Other chest illness (Ex: chest operation) Please specify:	☐ _____	☐ _____
None of the above	☐	☐

FAMILY HISTORY

B-66 Have the following members of your biological family ever had:

	Father			Mother			Brother/Sister		
	Yes	**No**	**Don't Know**	**Yes**	**No**	**Don't Know**	**Yes**	**No**	**Don't Know**
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	☐	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐	☐	☐
Allergies	☐	☐	☐	☐	☐	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Bronchitis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleep Apnea	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐
Please specify type(s):	_____			_____			_____		

IF THERE IS ONLY ONE ADULT IN YOUR FAMILY, PLEASE SKIP TO THE LAST PAGE.

IF THERE IS ANOTHER ADULT IN YOUR FAMILY, PLEASE CONTINUE ON THE NEXT PAGE

SECTION B: INDIVIDUAL QUESTIONS

ADULT 2

Please answer the following questions about Adult #2.

B-1 Age: _____

B-2 Date of birth: _____/_____/_____
(Month / Day / Year)

B-3 Sex: Male ☐ Female ☐

B-4 Highest level of education:

- ☐ Less than high school
- ☐ Completed high school
- ☐ Completed university
- ☐ Completed other post-secondary education

B-5 Height: _____cm **OR** ____ft ____ in

B-6 Weight: _____Kg **OR** _____ lbs

B-7 Collar size of shirt: S, M, L, XL **OR** _____cm

Neck circumference: _____ cm

B-8 Waist circumference: _____cm

(Please measure at your bellybutton)

B-9 What is your marital status?
(Please check only one)

- ☐ Married
- ☐ Common law/living together
- ☐ Widowed
- ☐ Divorced/separated
- ☐ Single, never married

RESPIRATORY HEALTH

COUGH

B-10 Do you usually have a cough?

- ☐ Yes
- ☐ No → **If NO, go to Question B-13**

B-11 Do you usually cough like this on most days for 3 consecutive months or more during the year?

☐ Yes ☐ No

B-12 For how many years have you had this cough?

_____ years

PHLEGM

B-13 Do you usually bring up phlegm from your chest?

- ☐ Yes
- ☐ No → **If NO, go to Question B-16**

B-14 Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?

☐ Yes ☐ No

B-15 For how many years have you had trouble with phlegm?

_____ years

WHEEZE

B-16 Does your chest ever sound wheezy or whistling:

	Yes	**No**
1. When you have a cold?	☐	☐
2. Apart from colds?	☐	☐
3. Most days or nights?	☐	☐

If YES to 1, 2, OR 3, for how many years has this been present? _____number of years

B-17 Have you ever had an attack of wheezing that has made you feel short of breath?

☐ Yes ☐ No

If YES, have you ever required medicine or treatment for the(se) attack(s)?

☐ Yes ☐ No

BREATHLESSNESS

B-18 Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

☐ Yes ☐ No

B-19 Do you have to walk slower than people of your age because of breathlessness?

☐ Yes ☐ No

B-20 Do you ever have to stop for breath when walking at your own pace on the level?

☐ Yes ☐ No

B-21 Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?

☐ Yes ☐ No

B-22 Are you too breathless to leave the house or breathless on dressing or undressing?

☐ Yes ☐ No

ASTHMA

B-23 Have you ever had asthma?

- ☐ Yes
- ☐ No → **If NO, go to Question B-27**

B-24 Do you still have it? ☐ Yes ☐ No

Was it confirmed by a doctor? ☐ Yes ☐ No

At what age did it start? _____ age in years

If you no longer have it, at what age did it stop?

_____ age in years

B-25 How many times have you required services for asthma from the following places during the past 12 months?

Hospital inpatient: _____ times

Emergency room outpatient: _____ times

Doctor's office: _____ times

B-26 Which of the following statements best describes your asthma medication use in the past 12 months:

- ☐ Never in the past 12 months
- ☐ At least once in the past 12 months
- ☐ At least once per month
- ☐ At least once per week
- ☐ Every day

ALLERGIES

B-27 Have you ever had an allergic reaction to any of the following: **(Please check all that apply)**

- ☐ House dust
- ☐ Cats
- ☐ Dogs
- ☐ Grasses
- ☐ Pollens
- ☐ Molds
- ☐ Others
  If Others, please specify:_____
- ☐ **None of the Above**

PHYSICAL ACTIVITY

B-28 Do you exercise?

- ☐ Yes → **If YES, how many times a week?**
  _____times a week
- ☐ No → **If NO, go to Question B-30**

B-29 How long do you usually exercise per session?

- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 60 minutes
- ☐ Don't Know

B-30 In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the internet or World Wide Web?
(Do not include time spent at work or school)

- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

B-31 In a typical week in the past 3 months, how much time did you usually spend watching television or videos?

- ☐ None
- ☐ Less than 1 hour
- ☐ From 1 to 2 hours
- ☐ From 3 to 5 hours
- ☐ From 6 to 10 hours
- ☐ From 11 to 14 hours
- ☐ From 15 to 20 hours
- ☐ More than 20 hours

EARLY LIFE EXPOSURES

B-32 Have you ever lived on a farm?

- ☐ Yes
- ☐ No
- ☐ Don't know

B-33 Did you live on a farm during your first year of life?

- ☐ Yes → **If YES, what type of farm?**
  (Check all that apply)
  - ☐ Grain
  - ☐ Livestock
- ☐ No
- ☐ Don't know

CIGARETTE SMOKING

B-34 Have you ever smoked cigarettes?
(If you have smoked less than 20 packs of cigarettes in your lifetime, answer NO)

☐ Yes
☐ No → **If NO, go to Question B-44**

B-35 Do you now smoke cigarettes?

☐ Yes ☐ No

B-36 How old were you when you first started regular cigarette smoking?

____ years old

B-37 How many cigarettes do you smoke per day now?

_____ cigarettes per day

B-38 On the average of the entire time you smoked, how many cigarettes did you smoke per day?

_____ cigarettes per day

B-39 If you have stopped smoking cigarettes completely, how old were you when you stopped?

_____ age stopped

B-40 If there have been periods when you abstained from smoking, indicate total years of abstinence from smoking.

_____ years

B-41 Have you ever smoked a pipe regularly?
(YES means more than 12 oz of tobacco in a lifetime)

☐ Yes ☐ No

B-42 Have you ever smoked cigars regularly?
(YES means more than 1 cigar a week for a year)

☐ Yes ☐ No

B-43 Do you smoke a pipe or cigars regularly at present?

☐ Yes ☐ No

ALCOHOL CONSUMPTION

B-44 During the past 12 months, how often did you drink alcoholic beverages?

☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ 2 to 3 times a week
☐ 4 to 6 times a week
☐ Every day

B-45 How often in the past 12 months have you had 5 or more drinks on one occasion?

☐ Never
☐ Less than once a month
☐ Once a month
☐ 2 to 3 times a month
☐ Once a week
☐ More than once a week

MEDICAL HISTORY

B-46 Has a doctor or primary care giver ever said you have: **(Please check all that apply)**

☐ Diabetes
☐ Heart Disease
☐ Heart Attack
☐ High Cholesterol
☐ High Blood Pressure
☐ Stroke
☐ Depression
☐ Kidney Disease
☐ Arthritis
☐ Inflammatory Bowel Disease
☐ Sleep Apnea
☐ Cancer
If YES to Cancer, please specify type (s):
_____
Year of diagnosis:_____
☐ **None of the above**

B-47 In general would you say your physical health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

B-48 In general would you say your mental health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

B-49 Thinking about the amount of stress in your life, would you say that most days are?

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

B-50 Compared to one year ago, how would you say your health is now?

- ☐ Much better now than 1 year ago
- ☐ Somewhat better now (than 1 year ago)
- ☐ About the same as 1 year ago
- ☐ Somewhat worse now (than 1 year ago)
- ☐ Much worse now (than 1 year ago)

B-51 How well do you feel like you are generally supported (socially, emotionally, medically, etc.) by your community (please mark on the line)?

No support — Extremely supported

|———————————————|

B-52 During the past 12 months, were you seen by a doctor or other primary care giver for:

	Yes	No	Don't know
Stomach acidity or reflux	☐	☐	☐
An ear infection	☐	☐	☐
An injury	☐	☐	☐

OCCUPATIONAL HISTORY

B-53 What is your current employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Employed seasonally
- ☐ Self-employed
- ☐ Homemaker
- ☐ Retired
- ☐ Student full time
- ☐ Student part time
- ☐ Disabled on Employment Insurance
- ☐ Unemployed

B-54 What work did you do the most in your life?

_____

For how long?_____

B-55 Have you ever been exposed to any of the following in the work place?
(Please check all that apply)

	How many years?
☐ Grain Dust	_____
☐ Mine dust (e.g. potash, uranium) Specify:_____	_____
☐ Asbestos dust	_____
☐ Wood dust	_____
☐ Other dust Specify:_____	_____
☐ Livestock	_____
☐ Smoke from stubble burning	_____
☐ Diesel fumes	_____
☐ Welding fumes	_____
☐ Solvent fumes	_____
☐ Oil / Gas well fumes	_____
☐ Herbicides (to kill plants)	_____
☐ Fungicides (to treat grain)	_____
☐ Insecticides (to kill insects)	_____
☐ Molds	_____
☐ Radiation	_____
Other Specify:_____	_____
☐ **None of the above**	

B-56 How often do you (did you) wear a dust mask when exposed to grain dust?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Never

REST AND SLEEP

B-57 How many hours of sleep do you typically get at night?

- ☐ More than 7 hours
- ☐ 6 to 7 hours
- ☐ 4 to 5 hours
- ☐ Less than 4 hours

B-58 Do you snore?

- ☐ Yes
- ☐ No → **If NO, go to Question B-61**
- ☐ Don't know

B-59 If you snore, is your snoring:

- ☐ Slightly louder than breathing
- ☐ As loud as talking
- ☐ Louder than talking
- ☐ Very loud - can be heard in adjacent rooms

B-60 Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

☐ Yes ☐ No

B-61 Do you often feel tired, fatigued, or sleepy during daytime?

☐ Yes ☐ No

B-62 Has anyone observed you stop breathing during your sleep?

☐ Yes ☐ No

B-63 How often do you have trouble going to sleep or staying asleep?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

B-64 How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. **Please check one response choice for each situation.**

SITUATION	RESPONSE CHOICES			
	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting, inactive in a public place (e.g., a theatre or a meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in the traffic	☐	☐	☐	☐

CHEST ILLNESSES

B-65 Has a doctor ever said you had any of the following chest illnesses? **(Check all that apply)**

Chest Illness	During the past 12 months	Ever in your life
Attack of bronchitis	☐	☐
Pneumonia	☐	☐
Hay fever	☐	☐
Sinus trouble	☐	☐
Chronic bronchitis	☐	☐
Emphysema	☐	☐
COPD (Chronic Obstructive Pulmonary Disease)	☐	☐
Other chest illness (Ex: chest operation) Please specify:	☐ _____	☐ _____
None of the above	☐	☐

FAMILY HISTORY

B-66 Have the following members of your biological family ever had:

	Father			Mother			Brother/Sister		
	Yes	**No**	**Don't Know**	**Yes**	**No**	**Don't Know**	**Yes**	**No**	**Don't Know**
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	☐	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐	☐	☐
Allergies	☐	☐	☐	☐	☐	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Bronchitis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleep Apnea	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐
Please specify type(s):	_____			_____			_____		

IF THERE ARE MORE THAN TWO ADULT FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD, PLEASE PROCEED IN THE GREEN BOOKLET.

If you did not receive the Green Booklet please contact us at (306) 966-6645.

REMEMBER TO COMPLETE THE CONTACT INFORMATION ON THE LAST PAGE!
(This information will be removed from your questionnaire to ensure confidentiality)

CONTACT INFORMATION

(PLEASE PRINT)

Name: _____ Age: _____ ☐ Male ☐ Female
(Name of person completing the survey)

_____
Address (number and street)

_____, _____
Town Postal code

OR

If you live on a farm, give the land location of your residence.

_____
Land location (quarter, section, township, meridian)

Telephone Numbers **(check most preferred):**

Work _____ ☐
Home _____ ☐
Cell _____ ☐

THIS IS THE END OF THE SURVEY.

THANK YOU VERY MUCH FOR YOUR HELP!