

## CARTaGENE - ENVIRONMENT AND NUTRITION COMPONENT

### CONSENT FORM: ENVIRONMENT MODULE

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

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

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

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

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

## Contact

### To obtain additional information:

- ◆ Visit the CARTaGENE website at [www.cartagene.gc.ca](http://www.cartagene.gc.ca)
- ◆ Contact our toll-free Call Centre (Jolicoeur et Associés):
  - Call 1-800-636-3106 ext. 104
  - E-mail [cartagene@etudesondage.com](mailto:cartagene@etudesondage.com)

### To withdraw from CARTaGENE:

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

Any complaint concerning your participation in this research can be addressed to the Ombudsman at the *Université de Montréal* by calling 514-343-2100 or by e-mailing [ombudsman@umontreal.ca](mailto:ombudsman@umontreal.ca) (collect calls are agreed).

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

Participant's signature: \_\_\_\_\_ Date : \_\_\_\_\_

Or contact information (Online Application)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date : \_\_\_\_\_

Address: \_\_\_\_\_

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

<b>ENVIRONMENT QUESTIONNAIRE</b>		Version Q-ENV-A 1.0 - 2011
ID-Recontact	Questionnaire number	
Please indicate if you are... <input type="checkbox"/> a woman <input type="checkbox"/> a man		
What is your date of birth? ____/____/____ (dd/mm/yyyy)		

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

**Residential history**

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

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

### Occupational history

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

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

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

### ABBREVIATIONS AND SYMBOLS FOR THE NAMES OF THE PROVINCES AND TERRITORIES

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

**SECTION 1 - RESIDENTIAL HISTORY (read instructions on page 1)**

**RESIDENCE # 1**

**1 - I have lived in this residence since \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you have been living there: \_\_\_\_\_ years**

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What is your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally live in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What is the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What is the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, do you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms does this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where is your room located where you have spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) sleep in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Is it a student residence?**

- Yes  No  Don't know

**13 - Does this bedroom face the street?**

- Yes  No  Don't know

**14 - Is there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)

- Yes  No  Don't know

**14.1 - Is this garage underground?**

- Yes  No  Don't know

**14.2 - How many cars are normally parked in this garage?**

- None  One  Two  
 Three  More than three  Don't know

**ADDRESS :** (Province: Please check the table of abbreviations of the provinces and territories on page 2)

Number										Street										Direction					Cross street				
City										Province					Nearest town or village														
Postal Code					Region					Legal land description																			

**RESIDENCE # 2**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**

- Yes  No  Don't know

**13 - Did this bedroom face the street?**

- Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)

- Yes  No  Don't know

**14.1 - Was this garage underground?**

- Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**

- None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 3**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 4**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	



**RESIDENCE # 5**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 6**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
\_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 7**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 8**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 9**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the **postal code field** in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**RESIDENCE # 10**

**1 - I lived in this residence from \_\_\_\_\_ to \_\_\_\_\_ (yyyy)**

**1.1 - If you cannot remember the exact year you started living in this residence, estimate the number of years you lived there:**  
 \_\_\_\_\_ years

**2 - Do you agree to provide the FULL address of this residence?**  Yes  No

If Yes, go to question 3

**2.1 - If No, do you agree to provide ONLY the first 3 characters of the postal code?**  Yes  No

[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page]

[If No, go to question 4]

**3 - What was your address?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street or the nearest town or village if you live in a rural location. For a rural residence without address, provide the legal land description.

**4 - How many people normally lived in this residence?** \_\_\_\_\_  Don't know

**5- Approximately when was this residence built?** \_\_\_\_\_ (yyyy)  Can't recall

**6- What was the MAIN source of heat in this residence?** (Choose more than one answer if the MAIN source of heat has been changed while you were living in this residence)

- Electric  Wood burning fireplace or stove  Gas  Coal  
 Oil furnace  Other, specify \_\_\_\_\_  Don't know

**7 - What was the source of water in this residence?**

- Municipal treated water  Private well (dug well)  Private well (drilled well)  
 Other, specify \_\_\_\_\_  Don't know

**8 - In this residence, did you generally...:** (Choose all applicable answers)

- Use a gas fireplace?  Use fans for cooling?  Open your windows?  
 Use central air conditioning?  Use an air exchanger?  Use a humidifier?  
 Use window/wall air conditioning?  Use storm windows?  Use a dehumidifier?

**9 - How many bedrooms did this residence have?** \_\_\_\_\_  Can't recall

**10 - In this residence, where was your bedroom located where you had spent the most time?**

- Basement  Ground floor  Upstairs, specify the floor number \_\_\_\_\_  Don't know

**11 - How many people (including yourself) slept in this bedroom?**

- One  Two  Three  More than three  Don't know

**12 - Was it a student residence?**  Yes  No  Don't know

**13 - Did this bedroom face the street?**  Yes  No  Don't know

**14 - Was there a garage attached to this residence?** (The garage has to be connected to the residence and may be underground, or at the ground level)  Yes  No  Don't know

**14.1 - Was this garage underground?**  Yes  No  Don't know

**14.2 - How many cars were normally parked in this garage?**  None  One  Two  
 Three  More than three  Don't know

**ADDRESS :**

Number	Street	Direction	Cross street
City	Province Nearest town or village		
Postal Code	Region	Legal land description	

**SECTION 2 - TIME SPENT AWAY FROM YOUR PRIMARY RESIDENCE**

To the best of your ability, please complete the following questions for each time period spent away from your primary residence.

**1 - Do you (or did you ever) regularly spend time at a recreational property for a period of 1 to 6 MONTHS during the year (not necessarily consecutive)?** (eg. cabin, cottage, resort, second home, campground)  Yes  No

**2 - If Yes,** Provide the location of the property, the number of days per year, as well as the number of years you went there. If you have owned or visited multiple recreational properties, please begin with the most recent address and continue backward to the first address that you can remember. **[If No, go to section 3]**

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

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

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Contry	Physical landmark (e.g lake)																



RECREATIONAL PROPERTY # 5	RECREATIONAL PROPERTY # 6
<b>1 - I spent time in this recreational property from _____(yyyy) to _____(yyyy).</b>	<b>1 - I spent time in this recreational property from _____(yyyy) to _____(yyyy).</b>
<b>1.1 - If you can't remember the exact years, estimate how many years you have spent time there _____ years</b>	<b>1.1 - If you can't remember the exact years, estimate how many years you have spent time there _____ years</b>
<b>2 - Estimate how many days per year you have spent time there _____ days/year</b> Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days	<b>2 - Estimate how many days per year you have spent time there _____ days/year</b> Note that: Week-ends throughout the year = 105 days Summer week-ends = 26 days
<b>3 - Is (or was) this property in Canada</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If No, complete only the city, province/state and country in the ADDRESS box at the bottom of the page and then after go to question 5]</b>	<b>3 - Is (or was) this property in Canada</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If No, complete only the city, province/state and country in the ADDRESS box at the bottom of the page and then after go to question 5]</b>
<b>3.1 - Do you agree to provide the FULL address of this recreational property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If Yes, go to question 4]</b> <b>[If No, do you agree to provide ONLY the first 3 characters of the postal code?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page]</b> <b>[If No, go to question 5]</b>	<b>3.1 - Do you agree to provide the FULL address of this recreational property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If Yes, go to question 4]</b> <b>[If No, do you agree to provide ONLY the first 3 characters of the postal code?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>[If Yes, complete only the postal code field in the ADDRESS box at the bottom of the page]</b> <b>[If No, go to question 5]</b>
<b>4 - ADDRESS:</b> Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall your exact street address, tell us the name of the nearest cross-street, the nearest town or a physical landmark.	
<b>5 - I have usually spent time there during:</b> (Check any that apply) <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All year long	<b>5 - I have usually spent time there during:</b> (Check any that apply) <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All year long

ADDRESS : Recreational property # 5	ADDRESS : Recreational property # 6
Number      Street	Number      Street
City      Province	City      Province
Postal code      Cross street	Postal code      Cross street
Contry      Physical landmark (e.g lake)	Contry      Physical landmark (e.g lake)

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

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**SECTION 3 - TRAVELS**

To the best of your ability, please complete the following questions.

**1 - Do you (or did you ever) spend time traveling in more than one place for a period of 1 to 6 MONTHS during the year?** (e.g: in a recreational vehicle, camping, road trips)  Yes  No

[If No, go to section 4]

If Yes, specify the region where you have traveled, the number of years, as well as number of days per year you have traveled there. If you have traveled in different regions, please begin with the most recent trip and continue backward to the first place that you can remember.

**TRAVEL # 1**

**1 - I have spent time traveling from \_\_\_\_\_(yyyy) to \_\_\_\_\_(yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_  
(eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring

Summer

Fall

Winter

All year long

**TRAVEL # 2**

**1 - I have spent time traveling from \_\_\_\_\_(yyyy) to \_\_\_\_\_(yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_  
(eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring

Summer

Fall

Winter

All year long

**TRAVEL # 3**

**1 - I have spent time traveling from \_\_\_\_\_(yyyy) to \_\_\_\_\_(yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_  
(eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring

Summer

Fall

Winter

All year long

**TRAVEL # 4**

**1 - I have spent time traveling from \_\_\_\_\_ (yyyy) to \_\_\_\_\_ (yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_ (eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring       Summer       Fall       Winter       All year long

**TRAVEL # 5**

**1 - I have spent time traveling from \_\_\_\_\_ (yyyy) to \_\_\_\_\_ (yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_ (eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring       Summer       Fall       Winter       All year long

**TRAVEL # 6**

**1 - I have spent time traveling from \_\_\_\_\_ (yyyy) to \_\_\_\_\_ (yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_ (eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring       Summer       Fall       Winter       All year long

**TRAVEL # 7**

**1 - I have spent time traveling from \_\_\_\_\_ (yyyy) to \_\_\_\_\_ (yyyy).**

**1.1 - If you cannot remember the exact years, estimate how many years you have traveled in that region: \_\_\_\_\_ years**

**2 - Estimate the number of days per year you usually have traveled in that region: \_\_\_\_\_ days/year**

Note: week-ends throughout the year=105 days; summer week-ends = 26 days

**3 - Please, specify the region(s) where you have traveled:**

\_\_\_\_\_ (eg. Gaspésie, south of France)

**4 - I have usually traveled in that region during: (Check any that apply):**

Spring       Summer       Fall       Winter       All year long

**SECTION 4 - GAPS IN RESIDENTIAL HISTORY**

Describe any gaps in your Canadian residential history or any extended periods when you were **OUTSIDE CANADA** for **AT LEAST 6 CONSECUTIVE MONTHS**. This includes periods when you had no fixed address.

**Did you live outside Canada for more than 6 consecutive months?**  Yes  No

[If Yes, complete the following questions], [If No, go to section 5]

**PERIOD # 1**

When did this period of absence from your primary residence start? \_\_\_\_/\_\_\_\_ (mm/yyyy)

When this period of absence from your primary residence did end? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What was the reason for the gap or period away from your primary residence?

Traveling  Studing abroad  Traveling abroad  Other, specify \_\_\_\_\_  Don't know

**PERIOD # 2**

When did this period of absence from your primary residence start? \_\_\_\_/\_\_\_\_ (mm/yyyy)

When this period of absence from your primary residence did end? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What was the reason for the gap or period away from your primary residence?

Traveling  Studing abroad  Traveling abroad  Other, specify \_\_\_\_\_  Don't know

**PERIOD # 3**

When did this period of absence from your primary residence start? \_\_\_\_/\_\_\_\_ (mm/yyyy)

When this period of absence from your primary residence did end? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What was the reason for the gap or period away from your primary residence?

Traveling  Studing abroad  Traveling abroad  Other, specify \_\_\_\_\_  Don't know

**PERIOD # 4**

When did this period of absence from your primary residence start? \_\_\_\_/\_\_\_\_ (mm/yyyy)

When this period of absence from your primary residence did end? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What was the reason for the gap or period away from your primary residence?

Traveling  Studing abroad  Traveling abroad  Other, specify \_\_\_\_\_  Don't know

**PERIOD # 5**

When did this period of absence from your primary residence start? \_\_\_\_/\_\_\_\_ (mm/yyyy)

When this period of absence from your primary residence did end? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What was the reason for the gap or period away from your primary residence?

Traveling  Studing abroad  Traveling abroad  Other, specify \_\_\_\_\_  Don't know

**PERIOD # 6**

When did this period of absence from your primary residence start? \_\_\_\_/\_\_\_\_ (mm/yyyy)

When this period of absence from your primary residence did end? \_\_\_\_/\_\_\_\_ (mm/yyyy)

What was the reason for the gap or period away from your primary residence?

Traveling  Studing abroad  Traveling abroad  Other, specify \_\_\_\_\_  Don't know

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**SECTION - 5 OCCUPATIONAL HISTORY (read instructions on page 2)**

Have you ever have a job for more than 3 months?  Yes [If Yes, complete the following questions]  No [If No, go to section 8]

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 – Company’s name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicule maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes,** go to question 7]

**6.1 - If No,** do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
[If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recal

**11 - For this job, which of the following BEST describes your work pattern?**

- Regular daytime schedule or shift
- Regular evening shift (shift ends before midnight)
- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
- 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
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes,** on average, how much time each day are (or were) you in the sun between 11am and 4pm?  
 Less than 1 hour  1-2 hours  2-4 hours  More than 4  Can't recall

**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

14.1 - During the summer months (June-Aug)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the coole months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 2**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes**, go to question 7]

**6.1 - If No**, do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

**11 - For this job, which of the following BEST describes your work pattern?**

- Regular daytime schedule or shift
- Regular evening shift (shift ends before midnight)
- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
- 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
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm?

- Less than 1 hour
- 1-2 hours
- 2-4 hours
- More than 4
- Can't recall

**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

- 14.1 - During the summer months (June-Aug)
- Car \_\_\_\_ min/day
  - Bus \_\_\_\_ min/day
  - Train \_\_\_\_ min/day
  - Subway \_\_\_\_ min/day
  - Walk \_\_\_\_ min/day
  - Other, specify \_\_\_\_\_, \_\_\_\_ min/day
- 14.2 - During the cool months (Sept-May)
- Car \_\_\_\_ min/day
  - Bus \_\_\_\_ min/day
  - Train \_\_\_\_ min/day
  - Subway \_\_\_\_ min/day
  - Walk \_\_\_\_ min/day
  - Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		



**JOB # 3**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes,** go to question 7]

**6.1 - If No,** do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

**11 - For this job, which of the following BEST describes your work pattern?**

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- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
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- Split shift, consisting of two or more distinct periods each day
- Irregular schedule, or on call
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

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 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the cooler months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 4**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes**, go to question 7]

**6.1 - If No**, do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
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**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

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- Split shift, consisting of two or more distinct periods each day
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- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm?

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**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

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  - Bus \_\_\_\_ min/day
  - Train \_\_\_\_ min/day
  - Subway \_\_\_\_ min/day
  - Walk \_\_\_\_ min/day
  - Other, specify \_\_\_\_\_, \_\_\_\_ min/day
- 14.2 - During the cool months (Sept-May)
- Car \_\_\_\_ min/day
  - Bus \_\_\_\_ min/day
  - Train \_\_\_\_ min/day
  - Subway \_\_\_\_ min/day
  - Walk \_\_\_\_ min/day
  - Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 5**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes,** go to question 7]

**6.1 - If No,** do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

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**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

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**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

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- Split shift, consisting of two or more distinct periods each day
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**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

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 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the cooler months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 6**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

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3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes**, go to question 7]

**6.1 - If No**, do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
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**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

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- Split shift, consisting of two or more distinct periods each day
- Irregular schedule, or on call
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm?

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  - Train \_\_\_\_ min/day
  - Subway \_\_\_\_ min/day
  - Walk \_\_\_\_ min/day
  - Other, specify \_\_\_\_\_, \_\_\_\_ min/day
- 14.2 - During the cool months (Sept-May)
- Car \_\_\_\_ min/day
  - Bus \_\_\_\_ min/day
  - Train \_\_\_\_ min/day
  - Subway \_\_\_\_ min/day
  - Walk \_\_\_\_ min/day
  - Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 7**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

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eg. Full service vehicle maintenance and car repairs

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**6.1 - If No,** do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

**11 - For this job, which of the following BEST describes your work pattern?**

- Regular daytime schedule or shift
- Regular evening shift (shift ends before midnight)
- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
- 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
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes,** on average, how much time each day are (or were) you in the sun between 11am and 4pm?  
 Less than 1 hour  1-2 hours  2-4 hours  More than 4  Can't recall

**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

14.1 - During the summer months (June-Aug)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the cool months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 8**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes**, go to question 7]

**6.1 - If No**, do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

**11 - For this job, which of the following BEST describes your work pattern?**

- Regular daytime schedule or shift
- Regular evening shift (shift ends before midnight)
- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
- 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
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm?

- Less than 1 hour
- 1-2 hours
- 2-4 hours
- More than 4
- Can't recall

**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

14.1 - During the summer months (June-Aug)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the cool months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 9**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes,** go to question 7]

**6.1 - If No,** do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

**11 - For this job, which of the following BEST describes your work pattern?**

- Regular daytime schedule or shift
- Regular evening shift (shift ends before midnight)
- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
- 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
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes,** on average, how much time each day are (or were) you in the sun between 11am and 4pm?  
 Less than 1 hour  1-2 hours  2-4 hours  More than 4  Can't recall

**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

14.1 - During the summer months (June-Aug)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the cool months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		

**JOB # 10**

**1- Job title:** \_\_\_\_\_ eg. Automobile machinist

**2 - Job description:** \_\_\_\_\_  
 e.g. Repaired transmissions and brakes; cleaned and degreased parts;

**3 - Please indicate the start and end dates of your most recent job:** For ongoing job please indicate the current month and year as end date.

• Start date : \_\_\_\_ / \_\_\_\_ (mm/yyyy) • End date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

3.1 - If you cannot remember the exact dates, estimate the duration of this job: \_\_\_\_ months, \_\_\_\_ years

**4 - Company's name:** \_\_\_\_\_ eg. DEF Automotive Inc.

**5 - What does (or did) your company do at this site?**

eg. Full service vehicle maintenance and car repairs

**6 - Do you agree to provide the FULL address of this company?**  Yes  No, **If Yes**, go to question 7]

**6.1 - If No**, do you agree to provide ONLY the first 3 characters of the postal code?  Yes  No  
 [If Yes, complete only the **postal code** field in the ADDRESS box at the bottom of the page] [If No, go to question 8]

**7 - What is (or was) the address of the company?** Please complete the information in the ADDRESS box at the bottom of the page. If you cannot recall the exact street address, tell us the name of the nearest cross-street or the nearest town if you worked in a rural location. Specify the region if it is (or was) not a fixed workplace.

**For jobs with changing work schedules, AVERAGE your work load over the whole year.**

**8 - On average, how many HOURS PER WEEK do (or did) you work?** \_\_\_\_ hours  Can't recall

**9 - On average, how many WEEKS PER YEAR do (or did) you work?** \_\_\_\_ weeks  Can't recall

**10 - On average, how many DAYS PER MONTH do (or did) you work 3 or more hours between midnight and 5am?** \_\_\_\_ days  Can't recall

**11 - For this job, which of the following BEST describes your work pattern?**

- Regular daytime schedule or shift
- Regular evening shift (shift ends before midnight)
- Regular night shift (between midnight and 5am)
- Other, specify \_\_\_\_\_
- 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
- Don't know

**12 - What percentage of time do (or did you) spend working outdoors?** \_\_\_\_% [If 0%, go to question 14]

**13 - Do (or did you) your work require you to work outdoors in the summer months?**  Yes  No

**13.1 - If Yes**, on average, how much time each day are (or were) you in the sun between 11am and 4pm?

Less than 1 hour  1-2 hours  2-4 hours  More than 4  Can't recall

**14 - On average, how many MINUTES PER DAY do (or did) you spend commuting TO AND FROM work via the following means of transportation?**

14.1 - During the summer months (June-Aug)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

14.2 - During the cool months (Sept-May)  Car \_\_\_\_ min/day  Train \_\_\_\_ min/day  Walk \_\_\_\_ min/day  
 Bus \_\_\_\_ min/day  Subway \_\_\_\_ min/day  Other, specify \_\_\_\_\_, \_\_\_\_ min/day

**ADDRESS**

Number	Street	Direction	Cross street (if address unknown)
City	Province Rural address: nearest town or village		
Postal code	Region		



**SECTION 6 - SUPPLEMENTARY TASKS**

**In your working career, did you perform any tasks or activities as part of your normal duties that may have exposed you to potentially hazardous agents?** (eg. dyes, metals, mineral dusts, nitrogen compounds, pesticides, physical agents, radioactivity, plastics & rubber, solvents, toxic gases & vapours, biological materials, cosmetics products or others...)

Yes  No  Don't know **[If No or Don't know , go to section 7]**

**Welding:**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Painting:**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Degreasing parts or equipment**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Working where pesticides were used**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Handling asbestos-containing materials**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Sandblasting**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Working with or near diesel-powered equipment**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

**Working with or around live animals**  Yes  No  Can't recall

**If yes, in which of the listed jobs did you perform this task?**

**Approximately how often did you perform this task?**

Hourly  Daily  Weekly  Monthly  Can't recall

<p><b>Industrial firefighting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall  <b>If yes</b>, in which of the listed jobs did you perform this task?                  _____</p> <p><b>Approximately how often did you perform this task?</b>  <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Can't recall</p>
<p><b>Volunteer firefighting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't recall  <b>If Yes</b> <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Forest <input type="checkbox"/> Can't recall                  If yes, in which of the listed jobs did you perform this task?                  _____</p> <p><b>Approximately how often did you perform this task?</b>  <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Can't recall</p>
<p><b>Did you perform any other tasks that may have exposed you to potentially hazardous agents?</b>                  Please specify the task: _____                  In which of the listed jobs did you perform this task?                  _____</p> <p><b>Approximately how often did you perform this task?</b>  <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Can't recall</p>
<p><b>Did you perform any other tasks that may have exposed you to potentially hazardous agents?</b>                  Please specify the task: _____                  In which of the listed jobs did you perform this task?                  _____</p> <p><b>Approximately how often did you perform this task?</b>  <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Can't recall</p>

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

**PERIOD # 4**

**When:** Beginning date of the gap: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) Ending date of the gap: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)

**What was the reason for the gap or period of absence from work?**

- Education  Illness  Care giving, support to a relative  
 Pregnancy  Retirement  Other, specify \_\_\_\_\_

**PERIOD # 5**

**When:** Beginning date of the gap: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) Ending date of the gap: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)

**What was the reason for the gap or period of absence from work?**

- Education  Illness  Care giving, support to a relative  
 Pregnancy  Retirement  Other, specify \_\_\_\_\_

**PERIOD # 6**

**When:** Beginning date of the gap: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) Ending date of the gap: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy)

**What was the reason for the gap or period of absence from work?**

- Education  Illness  Care giving, support to a relative  
 Pregnancy  Retirement  Other, specify \_\_\_\_\_

**SECTION 8 - ETHNIC BACKGROUND**

The following questions are about your ethnicity. Perception of health and satisfaction with health care are dependent on variables such as age, gender, education, marital status, social class and ethnicity (cultural factors). Therefore, to the best of your ability, please complete the following questions.

**1 - In what county were you born?**  Canada,  Other, Specify \_\_\_\_\_  Don't know

**2 - If you were born outside Canada, at what age or in what year did you first come to Canada to live?**

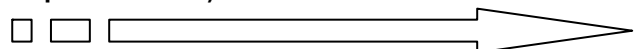
Age when you first came to Canada to live \_\_\_\_ years OR Year when first came to Canada to live \_\_\_\_ (yyyy)

Don't know

**3 - What is your ethnic background and the ethnic background of your biological parents? (Check all that apply)**

	You	Mother	Father
White (European descent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black (African or Caribbean descent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Asian (e.g. China, Japan, Korea, Taiwan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southeast Asian (e.g. Malaysia, Indonesia, Vietnam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arab (e.x Egypt, Iraq, Jordan, Lebanon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Asian (e.g. Turkey, Iran, Afghanistan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal (e.g. First Nations, Métis, Inuit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latin American/Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



<b>4 - In what country were your biological parents born?</b>	
<b>Mother</b>	<b>Father</b>
<input type="checkbox"/> Canada <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't know	<input type="checkbox"/> Canada <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't know
<b>Maternal grand-father</b>	<b>Paternal grand-mother</b>
<input type="checkbox"/> Canada If born in Canada, specify:: City : _____ <input type="checkbox"/> Don't know Province : _____	<input type="checkbox"/> Canada If born in Canada, specify:: City : _____ <input type="checkbox"/> Don't know Province : _____
<input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't know	<input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't know
<b>Maternal grand-father</b>	<b>Paternal grand-father</b>
<input type="checkbox"/> Canada If born in Canada, specify:: City : _____ <input type="checkbox"/> Don't know Province : _____	<input type="checkbox"/> Canada If born in Canada, specify:: City : _____ <input type="checkbox"/> Don't know Province : _____
<input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't know	<input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't know

**THANK YOU FOR YOUR  
 COOPERATION**

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