
Participant Information

Record ID

Participant Information

First Name:

Last Name:

Middle Initial (if applicable):

Date of Birth:

Gender:

- Female
- Male

What is your highest level of education?

- Some Highschool or less
- Highschool Diploma
- Some College or University
- University or College Degree

Postal Code:

Do you live alone?

- Yes
- No

Marital Status:

- Married
- Living common-law
- Widowed
- Separated
- Divorced
- Single, never married

Ethnicity of Mother:

- White
- Aboriginal
- Black (Afro-Caribbean)
- East Asian (Chinese, Vietnamese, Filipino, Korean, etc)
- South Asian (East Indian, Pakistani, Sri Lankan, etc)
- Other (Latin American, Arab, West Asian)

Ethnicity of Father:

- White
 - Aboriginal
 - Black (Afro-Caribbean)
 - East Asian (Chinese, Vietnamese, Filipino, Korean, etc)
 - South Asian (East Indian, Pakistani, Sri Lankan, etc)
 - Other (Latin American, Arab, West Asian)
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Health-Related Questions

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

	Yes	No	Not Sure
Have you ever had a transient ischemic attack (TIA or mini-stroke)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever had a stroke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever had heart attack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your doctor told you that your cholesterol is high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your doctor told you that you have diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been told by a nurse or doctor that you have high blood pressure OR have you ever taken blood pressure pills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Smoking and Alcohol

Do you currently smoke? Yes
 Not anymore
 Never smoked

How many alcoholic drinks do you consume in an average week? Check the best answer. Non-drinker/Rarely/Have stopped drinking
 1-5
 6-10
 11-15
 More than 15

Diet and Physical Activity

Do you usually do some physical activity such as brisk walking for at least 30 minutes everyday? This activity can be done at work or at home. Yes
 No

Height _____ inches _____ cms
Weight _____ lbs _____ kgs

Social Isolation

How often do you feel that you lack companionship? Hardly ever
 Some of the time
 Often

How often do you feel left out? Hardly ever
 Some of the time
 Often

How often do you feel isolated from others? Hardly ever
 Some of the time
 Often

Income Security

Do you ever have trouble making ends meet at the end of the month? Yes
 No

Health Related Quality of Life

1. Mobility I have no problems in walking about
 I have slight problems in walking about
 I have moderate problems in walking about
 I have severe problems in walking about
 I am unable to walk about

2. Self-Care I have no problems washing or dressing myself
 I have slight problems washing or dressing myself
 I have moderate problems washing or dressing myself
 I have severe problems washing or dressing myself
 I am unable to wash or dress myself

3. Usual Activities (e.g., work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

4. Pain/Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

5. Anxiety/Depression

- I am not anxious or depressed
 - I am slightly anxious or depressed
 - I am moderately anxious or depressed
 - I am severely anxious or depressed
 - I am extremely anxious or depressed
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