



FOR ADMINISTRATION PURPOSES ONLY

User Key: _____ Entered by: _____ Date entered: _____

SURVEY

Instructions: Check only ONE answer, unless otherwise stated.

Today's date: _____ (DD/MM/YYYY)

1. What is your age? **(required)**

2. What is your gender? **(required)**

- Male
- Female
- Transvariant or transgender
- Prefer not to answer

3. What municipality (city, town, etc.) do you live in? **(required)**

<input type="checkbox"/> Abbotsford	<input type="checkbox"/> Delta	<input type="checkbox"/> Lund	<input type="checkbox"/> Port Mellon
<input type="checkbox"/> Agassiz	<input type="checkbox"/> Deroche	<input type="checkbox"/> Madeira Park	<input type="checkbox"/> Port Moody
<input type="checkbox"/> Anahim Lake	<input type="checkbox"/> Dewdney	<input type="checkbox"/> Maple Ridge	<input type="checkbox"/> Powell River
<input type="checkbox"/> Anmore	<input type="checkbox"/> Egmont	<input type="checkbox"/> Mission	<input type="checkbox"/> Richmond
<input type="checkbox"/> Belcarra	<input type="checkbox"/> Garden Bay	<input type="checkbox"/> Mount Currie	<input type="checkbox"/> Roberts Creek
<input type="checkbox"/> Bella Bella	<input type="checkbox"/> Gibsons	<input type="checkbox"/> Namu	<input type="checkbox"/> Sechelt
<input type="checkbox"/> Bella Coola	<input type="checkbox"/> Gillies Bay	<input type="checkbox"/> New Westminster	<input type="checkbox"/> Squamish
<input type="checkbox"/> Blubber Bay	<input type="checkbox"/> Halfmoon Bay	<input type="checkbox"/> Nimpo Lake	<input type="checkbox"/> Surrey
<input type="checkbox"/> Boston Bar	<input type="checkbox"/> Harrison Hot Springs	<input type="checkbox"/> North Vancouver City	<input type="checkbox"/> Vancouver
<input type="checkbox"/> Bowen Island	<input type="checkbox"/> Harrison Mills	<input type="checkbox"/> North Vancouver District	<input type="checkbox"/> Waglisla
<input type="checkbox"/> Brackendale	<input type="checkbox"/> Hope	<input type="checkbox"/> Ocean Falls	<input type="checkbox"/> West Vancouver District
<input type="checkbox"/> Britannia Beach	<input type="checkbox"/> Kimsquit	<input type="checkbox"/> Pemberton	<input type="checkbox"/> Whistler
<input type="checkbox"/> Burnaby	<input type="checkbox"/> Klemtu	<input type="checkbox"/> Pender Harbour	<input type="checkbox"/> White Rock
<input type="checkbox"/> Chilliwack	<input type="checkbox"/> Lake Errock	<input type="checkbox"/> Pitt Meadows	<input type="checkbox"/> Yale
<input type="checkbox"/> Coquitlam	<input type="checkbox"/> Langley City	<input type="checkbox"/> Port Coquitlam	<input type="checkbox"/> Other – specify: _____
<input type="checkbox"/> D'Arcy	<input type="checkbox"/> Langley Township		
<input type="checkbox"/> Dawsons Landing	<input type="checkbox"/> Lions Bay		

Where you live plays an important role in your health and well-being and we want to understand this connection further. Do you live close to transit stops and safe play spaces for children? Can you walk to do your errands? Are there enough community services where you live? We are asking to know your postal code and the neighbourhood you live in so that we can answer questions like these and help make neighbourhoods healthier.

4. What neighbourhood do you live in? _____

5. What is your postal code? _____

6. In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

7. Compared to one year ago, how would you say your health is now?

- A lot better than one year ago
- Somewhat better now
- About the same
- Somewhat worse
- A lot worse
- Prefer not to answer

8. In the past 12 months, have you tried making any of the following changes to improve your health? (**check all that apply**)

- Increased exercise, sports or physical activity
- Tried to achieve a healthy weight (lost or gained weight)
- Changed diet or improved eating habits
- Quit smoking or reduced tobacco use
- Drank less alcohol
- Reduced stress level
- Reached out to my friends or social support network
- Consulted a health care professional
- Other – specify: _____
- I haven't made any changes in the past year
- Prefer not to answer

9. Is there anything currently stopping you from making improvements to your health?

(check all that apply)

- Caregiver responsibilities (e.g. children or adult dependents)
- Physical or mental health condition
- Too stressed
- Not enough time
- Cost
- Services or programs not available in area
- Lack of knowledge
- Language barriers
- Transportation problems
- Other – specify: _____
- There is nothing stopping me
- I don't feel like I need to make improvements
- Prefer not to answer

10. If you selected “services or programs not available in area” in Question 9, what type of service or program is not available?

11. In general, how would you rate your mental health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

12. Thinking about the amount of stress in your life, would you say that most days are:

- Not very stressful
- A bit stressful
- Somewhat stressful
- Quite stressful
- Extremely stressful
- Prefer not to answer

13. What would you say are the factors contributing to your feelings of stress?

(check all that apply)

- Physical or mental health problem or condition
- Financial situation (e.g. not enough money, debt, inadequate housing)
- Work or school situation (e.g. hours of work, working conditions, unemployment)
- Caring for children/grandchildren
- Caring for elderly relatives
- Personal relationships
- Social isolation
- Health of those close to you
- Not having enough time
- Other – specify: _____
- Nothing
- Prefer not to answer

**FEMALE
RESPONDENTS
ONLY**

14. Are you currently pregnant?

- Yes, first trimester (weeks 0 to 12)
- Yes, second trimester (weeks 13 to 28)
- Yes, third trimester (weeks 28 to term)
- No
- I don't know
- Prefer not to answer

15. What is your weight (without shoes, heavy clothing or heavy jewellery)?

- _____ kilograms (kg) **OR**
- _____ pounds (lb)
- I don't know
- Prefer not to answer

16. What is your height (without shoes)?

- _____ feet AND _____ inches **OR**
- _____ metre(s) AND _____ centimetres
- I don't know
- Prefer not to answer

17. Has a doctor ever diagnosed you with any of the following types of cancer? *Do not include any misdiagnoses (check all that apply)*

- Lung cancer
- Breast cancer
- Prostate cancer
- Colorectal cancer
- Skin cancer
- Other cancer not listed here
- I have never been diagnosed with cancer
- Prefer not to answer

18. Has a doctor ever diagnosed you with any of the following other conditions? *Do not include any misdiagnoses (check all that apply)*

- Diabetes
- High blood pressure
- Heart disease
- Chronic bowel condition (e.g. Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome)
- Chronic breathing condition (e.g. asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis or emphysema)
- Arthritis
- Stroke
- Dementia
- Mood or anxiety disorder (e.g. depression, bipolar disorder, a phobia, a panic disorder)
- None of the above
- Prefer not to answer

19. Have you had a fall in the past year? *Think about any falls that occurred at home, at work or during sports etc.*

- Yes, and I had to seek medical treatment (e.g. went to Emergency Room, walk-in clinic)
 - Yes, but I did not seek medical treatment
 - No
 - I don't know
 - Prefer not to answer
- Go to Question 21

20. How did you fall? *If you had more than one fall in the past year, think about your most recent fall*

- While skiing or snowboarding
- Mountain biking
- Other biking or cycling
- Slip, trip or stumble while walking
- While engaged in other sport or physical exercise
- Going up or down stairs (indoors or outdoors)
- From furniture (e.g. chair, bed)
- Due to health problems (e.g. faint, dizziness, hip/knee gave out, seizure)
- Other – specify: _____
- Prefer not to answer

21. During the past 12 months, how often did you drink alcoholic beverages?

- Never → *Go to Question 24*
- Less than once a month
- Once a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day
- Prefer not to answer

22. **If you are male or transgender**, how often in the past 12 months have you had 5 or more drinks in one occasion? *One drink includes one glass of beer, one small glass of wine or one shot of hard alcohol*

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week
- I don't know
- Prefer not to answer

23. **If you are female**, how often in the past 12 months have you had 4 or more drinks in one occasion? *One drink includes one glass of beer, one small glass of wine or one shot of hard alcohol*

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week
- I don't know
- Prefer not to answer

24. Which of the following best describes you?

- I smoke cigarettes daily
- I smoke cigarettes occasionally
- I no longer smoke cigarettes, but I used to smoke cigarettes daily
- I no longer smoke cigarettes, but I used to smoke cigarettes occasionally
- I have never smoked cigarettes
- Prefer not to answer

25. In the past six months, did you use any other tobacco products regularly or often? (e.g. electronic cigarette, hookah, chewing tobacco, cigars, etc.)

- Yes
- No
- Prefer not to answer

26. **If you no longer smoke cigarettes**, when was your last cigarette/when did you stop smoking?

Year: _____

27. During the past seven days, on how many days did you do moderate or vigorous physical activities that made you breathe harder than normal?

- _____ days per week
- I don't know
- Prefer not to answer

28. How much time did you usually spend doing moderate or vigorous physical activities on one of those days?

- _____ hours per day AND _____ minutes per day
- I did not do any moderate or vigorous activity this week

Your answers to the next two questions should add up to the total amount of walking you did in the past seven days.

29. In total during the past seven days, how much time did you spend walking for recreation or leisure?

- _____ hours AND _____ minutes
- I don't know
- Prefer not to answer

30. In total during the past seven days, how much time did you spend walking as part of your commute or to do errands or shopping?

- _____ hours AND _____ minutes
- I don't know
- Prefer not to answer

31. In a typical day, outside of work, how much time do you spend watching television or videos, playing video games or on a computer or tablet (including playing computer games and using the internet)?

- None
- Less than 1 hour
- From 1 to 2 hours
- From 2 to 5 hours
- From 5 to 10 hours
- More than 10 hours
- I don't know
- Prefer not to answer

32. On average, how many hours per day (24 hour period) do you usually sleep, including naps?

- _____ hours AND _____ minutes
- I don't know
- Prefer not to answer

33. How many servings of fruit and/or vegetables did you eat yesterday? *Do not include fruit or vegetable juice, but can include fresh, frozen and canned fruits and vegetables. One serving is equal to one piece of fruit or ½ cup (about what would fit in your cupped hand)*

_____ servings

34. In the past seven days, how many times did you eat or drink the following:

- | | |
|---|-------------|
| Fruit juice | _____ times |
| Other sugary beverages (e.g. regular pop/soda, energy or sports drinks) | _____ times |
| Salty snacks (e.g. chips) | _____ times |
| Sugary snacks (e.g. chocolate, sweets incl. 'mithai', ice cream) | _____ times |
| Baked goods (e.g. pastries, muffins, 'Tang sik' style bake goods) | _____ times |
| Eat in or take out meal from a fast food chain | _____ times |

35. Thinking of a typical dinner or supper meal, not including fruit and dairy, what percentage of your plate (or bowl) is made up of the following? *Meal portions must add up to 100%*

100% { _____ % Vegetables
_____ % Meat and other protein sources
_____ % Grains

36. Which of the following statements best describes the food eaten in your household in the past 12 months?

- You always have enough of the kinds of food you wanted to eat
- You had enough to eat, but not always the kind of food you wanted
- Sometimes you did not have enough to eat
- Often you did not have enough to eat
- I don't know
- Prefer not to answer

37. Do you have a regular family doctor?

- Yes → *Go to Question 39*
- No
- Prefer not to answer

38. Why do you not have a regular family doctor?

- I want one, but there are no family doctors available in my area
- I want one, but the family doctors in my area are not taking new patients
- I want one, but my family doctor left or retired
- I want one, but do not have one for other reasons: Other – specify: _____
- I do not want one
- Prefer not to answer

39. When was the last time you saw or talked to a doctor, nurse or other health professional about any physical or mental health issue?

- Less than 6 months ago
- Between 6 months and 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- 3 or more years ago
- Never → *Go to Question 42*
- I don't know
- Prefer not to answer

40. Where did you get the care you needed?

- Doctor's office (with appointment)
- Walk-in clinic (with no appointment)
- Community health centre
- Hospital emergency room
- Hospital outpatient clinic
- Telephone consultation/8-1-1
- Other – specify: _____
- I don't know
- Prefer not to answer

**BOWEN ISLAND
RESIDENTS
ONLY**

41. Did you receive this care from a doctor, nurse or other health professional on Bowen Island?

- Yes
- No
- Prefer not to answer

42. When was the last time you saw a dental professional, including a dentist or a dental hygienist?

- Less than 6 months ago
- Between 6 months and 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- 3 or more years ago
- Never
- I don't know
- Prefer not to answer

43. In the past 12 months, have you seen or talked to any complementary or alternative health care providers about your physical or mental health? (e.g. acupuncturist, homeopath, chiropractor, etc.)

- Yes
- No
- Prefer not to answer

44. **If you are female**, which of the following have you had in the past 12 months?
(check all that apply)

- Pap test
- Mammogram
- Flu (Influenza) Shot
- Colorectal exam
- Colonoscopy
- None
- Prefer not to answer

45. **If you are male**, which of the following have you had in the past 12 months?
(check all that apply)

- Flu (Influenza) Shot
- Colorectal exam
- Colonoscopy
- None
- Prefer not to answer

**BOWEN ISLAND
RESIDENTS
ONLY**

46. In the past 12 months, have you ever experienced difficulty in getting the care you needed from a doctor, nurse or other health professional?

- Yes, often
- Yes, occasionally
- Yes, a little bit
- No → *Go to Question 48*
- Prefer not to answer

47. What type of difficulties did you experience? (**check all that apply**)

- The care I needed was not available in my area
- Cost of transportation was too high
- Time to travel to care was too long
- Transportation was not available
- Language barrier
- Wait time was too long (e.g. for an appointment)
- Cost (other than transportation costs)
- Other – specify: _____
- Prefer not to answer

48. Have you set aside any emergency preparedness supplies (e.g. food, water, radio etc.) at home, in your car or at work in case of an emergency such as a flood or earthquake?

- Yes, enough for more than 3 days
- Yes, enough for about 3 days
- Yes, enough for about 1 to 2 days
- No
- Prefer not to answer

49. Are you exposed to second hand smoke every day or almost every day in any of the following locations? (**check all that apply**)

- Your own home or someone else's home
- Your own vehicle or someone else's vehicle
- Workplace
- Transit shelter/waiting for the bus
- Restaurant/coffee shop patio
- Other outdoor public area (e.g. beach, park, sidewalk, trails, building entranceway)
- Other – specify: _____
- I am not exposed to second hand smoke every day or almost every day
- Prefer not to answer

50. What is your primary mode of commuting to and from work or school? *If you use more than one method, select the one used for most of the travel distance. If you don't have a regular commute (e.g. you are retired), select 'not applicable'*

- Car, truck, van as driver (own vehicle)
- Car, truck, van as driver (car share/car co-op vehicle – e.g Car2Go or ZipCar)
- Motorcycle
- Car, truck, van as passenger (i.e. carpool)
- Public transit (e.g. bus, streetcar, subway, light-rail transit, commuter train, ferry)
- Walk
- Bicycle
- Taxicab
- Not applicable → *Go to Question 52*
- Prefer not to answer

51. How long is your regular commute to work or school on an average day (one direction)?

- _____ hours AND _____ minutes
- I don't know
- Prefer not to answer

52. What is your primary mode of traveling to do errands, like grocery shopping or other shopping? *If you use more than one mode, choose the one that you use for most trips*

- Car, truck, van as driver (own vehicle)
- Car, truck, van as driver (car share/car co-op vehicle – e.g Car2Go or ZipCar)
- Motorcycle
- Car, truck, van as passenger (i.e. carpool)
- Public transit (e.g. bus, streetcar, subway, light-rail transit, commuter train, ferry)
- Walk
- Bicycle
- Taxicab
- Other – specify: _____
- Not applicable
- Prefer not to answer

53. The next questions will ask about the neighbourhood you live in. For this question, think about your neighbourhood as the area within a 20 minute walk or a distance of one mile (1.6km) from your home. For each statement, indicate to what extent you agree or disagree:

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
There are special lanes, separate paths or trails, shared use paths for cyclists and pedestrians in or near my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sidewalks in my neighbourhood that are well maintained (paved, with few cracks) and not obstructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many shops, restaurants, services and facilities are within easy walking or cycling distance of my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A large selection of fruits and vegetables is available in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many attractive natural sites in my neighbourhood (such as landscaping, views or parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is so much traffic along the street I live on that it makes it difficult or unpleasant to walk in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe walking alone in my neighbourhood after dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see a lot of people walking and biking in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of local issues VANCOUVER RESIDENTS ONLY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can have an impact on/influence local/municipal issues VANCOUVER RESIDENTS ONLY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Is it less than a 5 minute walk to a transit stop (e.g. bus, seabus or skytrain) from your home?

- Yes
- No
- I don't know
- Prefer not to answer

VANCOUVER RESIDENTS ONLY

55. If you lost a wallet or purse containing 100 dollars, how likely do you think it would be returned to you, with the money inside, if it was found by:

	Definitely NOT	Probably NOT	Maybe	Probably YES	Definitely YES
One of your neighbours	○	○	○	○	○
A stranger in your neighbourhood	○	○	○	○	○

56. How many people do you have in your network that you could confide in, tell your problems to, or call when you really need help?

- 0
- 1 to 3
- 4 to 6
- More than 6
- Prefer not to answer

57. How would you describe your sense of belonging to your local community?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don't know
- Prefer not to answer

VANCOUVER & RICHMOND RESIDENTS ONLY

58. Do you do volunteer work for organizations such as school groups, church social groups or community sports and recreation? *If you are involved with many organizations, just think of the ones in which you are most active*

- Yes, at least once a week
- Yes, at least once a month
- Yes, at least 3 or 4 times a year
- Yes, at least once a year
- No
- Prefer not to answer

**RICHMOND
RESIDENTS
ONLY**

59. In the past month, have you used any of the following City of Richmond facilities? (**check all that apply**)

- A city park, field or outdoor court
- A school park, field or outdoor court
- A Richmond dyke or park trail
- A community centre fitness room, fitness centre, gym or indoor court
- An indoor or outdoor aquatic facility
- A public arena/skating facility
- An arts, culture or heritage facility (e.g. Richmond Arts Centre, Richmond Art Gallery, Steveston Museum)
- Richmond Public Library
- Richmond Olympic Oval
- Other – specify: _____
- None
- Prefer not to answer

60. How long have you lived in your neighbourhood?

_____ years AND _____ months → *If more than 2 years, go to Question 62 (Bowen Island residents) or Question 63 (all other residents)*

61. Why did you move to the neighbourhood you are in? (**check all that apply**)

- Close to friends or family
- Close to work or schools
- Close to transit
- Close to shops and restaurants
- Close to outdoor spaces (e.g. parks, beaches, community gardens)
- Close to child care facilities
- Close to recreation facilities
- Close to place of worship
- Neighbourhood safety
- Diverse neighbourhood
- Family friendly neighbourhood
- Good housing/residential features
- Affordability
- Other – specify: _____
- Prefer not to answer

**BOWEN ISLAND
RESIDENTS
ONLY**

62. Have you ever considered moving off of Bowen Island for any of the following reasons? (**check all that apply**)

- To be closer to friends or family
- To be closer to work or schools
- To be closer to transit
- To be closer to shops and restaurants
- To be closer to outdoor spaces (e.g. parks, beaches, community gardens)
- To be closer to child care
- To be closer to primary health care services
- To be closer to urgent or emergency health care services
- To be closer to recreation facilities
- To be closer to a place of worship
- Affordability
- Other – specify: _____
- Prefer not to answer

63. What is your marital status?

- Legally married
- Living common law
- Widowed or widower
- Separated, but still legally married
- Divorced
- Single, never legally married
- Prefer not to answer

64. What type of dwelling do you live in?

- Single detached home
- Semi-detached home (double) or duplex
- Townhouse (row or terrace) or laneway house
- Basement suite
- Apartment or condo
- Residential care or long term care facility
- Mobile home
- I have no permanent dwelling
- Other – specify: _____
- I don't know
- Prefer not to answer

65. Is your dwelling:

- Owned without a mortgage
- Owned with a mortgage
- Rented
- Other – specify: _____
- I don't know
- Prefer not to answer

66. Were you born in Canada?

- Yes → *Go to Question 70*
- No
- Prefer not to answer

**RESPONDENTS
NOT BORN IN
CANADA
ONLY**

67. Where were you born? (according to present boundaries)

Country: _____

68. When did you come to Canada?

Year: _____

69. Which of the following best describes your current status?

- Canadian citizen
- Permanent resident (landed immigrant)
- Refugee claimant
- Work or study permit
- I don't know
- Prefer not to answer

70. Do you consider yourself to be (**check all that apply**)

- Aboriginal (i.e. First Nations, Métis or Inuit)
- White (European descent)
- Chinese
- South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- Black (e.g. African or Caribbean)
- Filipino
- Latin American/Hispanic
- Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian)
- Arab
- West Asian (e.g. Iranian, Afghan)
- Korean
- Japanese
- Other
- Prefer not to answer

71. If selected “*Aboriginal*” in Question 70, are you First Nation(s), Métis or Inuit? (**check all that apply**)

- First Nation(s)
- Métis
- Inuit
- Other – specify: _____
- Prefer not to answer

72. If you identify yourself as a “*First Nations*” person in Question 71, do you live on a reserve?

- Yes
- No
- Prefer not to answer

73. What is your sexual orientation?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other - specify: _____
- I don't know
- Prefer not to answer

74. For the next question, we are interested in learning about the people who live in your household with you. For each individual who lives in your household, indicate their age and relationship to you.

- I live alone → Go to Question 75

Indicate the number of people in your household that fall within each age group and relationship category:

<i>Relationship \ Age of person</i>	<1 year	1 to 4 years	5 to 17 years	18 to 44 years	45 to 64 years	65+ years
Spouse or common-law partner						
Boyfriend or girlfriend (not common law)						
Grandparent						
Parent (mother or father)						
Father-in-law or Mother-in-law						
Child (son or daughter)						
Son-in-law or daughter-in-law						
Grandchild						
Sibling						
Other family relationship						
Roommate (not related)						
Lodger or boarder (not related)						
Other						

75. What language(s) are you comfortable speaking? (**check all that apply**)

- English
- French
- First Nations language (specify below)
- Cantonese
- Dutch
- German
- Hindi
- Italian
- Japanese
- Korean
- Mandarin
- Punjabi (Panjabi)
- Farsi (Persian)
- Spanish
- Tagalog (Philipino)
- Taiwanese
- Tamil
- Other – specify: _____
- Prefer not to answer

76. Which **ONE** of these languages do you prefer receiving health information in?

- English
- French
- First Nations language
- Cantonese
- Dutch
- German
- Hindi
- Italian
- Japanese
- Korean
- Mandarin
- Punjabi (Panjabi)
- Farsi (Persian)
- Spanish
- Tagalog (Philipino)
- Taiwanese
- Tamil
- Other
- Prefer not to answer

77. Can you estimate your household income, before taxes and deductions, from all sources for the last calendar (tax) year? *Household refers to all family (related) members of your household (exclude roommates). If you live alone, enter your personal income.*

- Under \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$119,999
- \$120,000 to \$139,999
- \$140,000 to \$159,999
- \$160,000 to \$179,999
- \$180,000 to \$199,999
- \$200,000 and over
- I don't know
- Prefer not to answer

78. What is the highest level of education you have completed?

- Less than high school graduation
- High school graduation
- Trade certificate or diploma from a vocational school or apprenticeship training
- Non-university certificate or diploma from a community college, CEGEP or nursing school
- University certificate below bachelor's level
- Bachelor's degree
- Graduate degree
- Prefer not to answer

79. Which of the following best describes your current employment status?

(check all that apply)

- Self-employed (full or part-time)
- Full-time employed (not self-employed)
- Part-time employed (not self-employed)
- Retired
- Looking after home and/or family
- Unable to work because of sickness or disability
- Unemployed
- Doing unpaid or voluntary work outside the home
- Full time student
- Part time student
- Prefer not to answer

**BOWEN ISLAND
RESIDENTS
ONLY**

80. If you selected “full-time or part-time employed” in Question 79, are you employed **on Bowen Island**?

- Yes
- I am employed both on and off Bowen Island
- No
- Prefer not to answer

81. What does a “healthy community” mean to you?

82. Do you have any other comments?

83. How did you hear about the survey? (**check all that apply**)

- Twitter
- Facebook
- Facebook ad
- Media - e.g. newspaper, radio, television
- Poster or pamphlet
- Heard from a friend or colleague
- Heard from my employer
- Municipal newsletter or website
- Health Authority newsletter or website
- Heard from a project surveyor
- My Health, My Community launch event
- Public Health Office / Health Unit / Community Health Centre
- Family Physician / Doctor’s Office
- Other – specify: _____

Do you have a **REFERRAL CODE** or **PROMO CODE**? Enter it here: _____