

LGBTQI2S Tobacco Project Screening Questionnaire Part 1

PID 4834


Codebook ▾

Data Dictionary Codebook

01/22/2021 5:35pm

[^ Collapse all instruments](#)


#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																								
Instrument: Consent (consent) Enabled as survey <div>^ Collapse</div>																											
1	record_id	Record ID	text																								
2	from	Where from?	<div>radio</div> <table><tr><td>1</td><td>Ad buys</td></tr><tr><td>2</td><td>Advisory (Including YAAMS)</td></tr><tr><td>3</td><td>Grindr (dating apps)</td></tr><tr><td>4</td><td>Toronto CWG</td></tr><tr><td>5</td><td>Thunder Bay CWG</td></tr><tr><td>6</td><td>Montreal CWG</td></tr><tr><td>7</td><td>Website</td></tr><tr><td>8</td><td>Project Team</td></tr><tr><td>9</td><td>Newsletter</td></tr><tr><td>10</td><td>JLB</td></tr><tr><td>11</td><td>General Project</td></tr><tr><td>12</td><td>Her dating app</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	1	Ad buys	2	Advisory (Including YAAMS)	3	Grindr (dating apps)	4	Toronto CWG	5	Thunder Bay CWG	6	Montreal CWG	7	Website	8	Project Team	9	Newsletter	10	JLB	11	General Project	12	Her dating app
1	Ad buys																										
2	Advisory (Including YAAMS)																										
3	Grindr (dating apps)																										
4	Toronto CWG																										
5	Thunder Bay CWG																										
6	Montreal CWG																										
7	Website																										
8	Project Team																										
9	Newsletter																										
10	JLB																										
11	General Project																										
12	Her dating app																										
3	intro	Welcome to the LGBTQI2S+ Campaign on Tobacco Use and its Culture. The University of Toronto and the Canadian Cancer Society are leading this project, with a lot of input from LGBTQI2S+ young adults and community advisors.	descriptive																								
4	intro_2	<div>Section Header:</div> <div>Eligibility Questions:If you're interested in completing the survey, you'll first be asked a few questions about your age, sexual orientation, and gender, location and ethno-racial background. Your completion of the eligibility questions is voluntary, and your answers will be kept confidential. Some of the questions are required, but you can stop completing the eligibility questions at any time. These questions will take about two to four minutes to complete. Everyone who completes these questions will be entered into a draw for a chance to win a \$50 e-gift card.</div>	descriptive																								
5	intro_3	<div>Section Header:</div> <div>Full Survey:If you're eligible, the research team will send you a link to complete the rest of the survey, which will take about 30 minutes to complete.This is the first of four surveys in total, which we'll be sending out annually over the next three years.To thank you for your time, we'll send you a \$10 e-gift card for completing the full survey. E-gift cards will be emailed to you from Giftbit, where you can choose from iTunes, Amazon, or Starbucks. Everyone who completes the full survey will be entered into a draw for a chance to win a \$100 e-gift card.</div>	descriptive																								

6	intro_4	Section Header: If you'd like to do the full survey in French, please email the project coordinators and we'll send you the link when it's ready.	descriptive						
7	intro_5	Section Header: Confidentiality: Your answers to all survey questions are confidential and you can stop participating at any time. If you have any questions about your rights as a research participant, email the Office of Research Ethics or call 416-946-3389. For more information about this project, email the project coordinators or visit our temporary web page.	descriptive						
8	intro_6	Section Header: Please download and review the Informed Consent for this study before beginning this survey.	descriptive						
9	video	Section Header: Please check out this welcome video to get an idea of what our project is about.	descriptive						
10	consent	Section Header: I have read the informed consent and I would like to participate in the survey. I understand that I can stop the survey at any time.	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
11	consent_followup	I consent to being re-contacted by the study team for follow-up surveys, future research, including a follow-up interview.	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
12	consent_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Screener (screener)  Enabled as survey ^ Collapse									
13	age	How old are you? Please enter the number.	text (number, Min: 0, Max: 100), Required Custom alignment: LV						
14	country	Section Header: Where do you live?	radio, Required <table border="1"> <tr><td>1</td><td>Canada</td></tr> <tr><td>2</td><td>United States</td></tr> <tr><td>3</td><td>Other</td></tr> </table> Custom alignment: LV	1	Canada	2	United States	3	Other
1	Canada								
2	United States								
3	Other								

15	province Show the field ONLY if: [country] = '1'	Section Header: Which province or territory do you live in?	radio, Required <table border="1"> <tr><td>1</td><td>Alberta</td></tr> <tr><td>2</td><td>British Columbia</td></tr> <tr><td>3</td><td>Manitoba</td></tr> <tr><td>4</td><td>New Brunswick</td></tr> <tr><td>5</td><td>Newfoundland and Labrador</td></tr> <tr><td>6</td><td>Nova Scotia</td></tr> <tr><td>7</td><td>Ontario</td></tr> <tr><td>8</td><td>Prince Edward Island</td></tr> <tr><td>9</td><td>Quebec</td></tr> <tr><td>10</td><td>Saskatchewan</td></tr> <tr><td>11</td><td>Northwest Territories</td></tr> <tr><td>12</td><td>Nunavut</td></tr> <tr><td>13</td><td>Yukon</td></tr> </table> Custom alignment: LV	1	Alberta	2	British Columbia	3	Manitoba	4	New Brunswick	5	Newfoundland and Labrador	6	Nova Scotia	7	Ontario	8	Prince Edward Island	9	Quebec	10	Saskatchewan	11	Northwest Territories	12	Nunavut	13	Yukon								
1	Alberta																																				
2	British Columbia																																				
3	Manitoba																																				
4	New Brunswick																																				
5	Newfoundland and Labrador																																				
6	Nova Scotia																																				
7	Ontario																																				
8	Prince Edward Island																																				
9	Quebec																																				
10	Saskatchewan																																				
11	Northwest Territories																																				
12	Nunavut																																				
13	Yukon																																				
16	ont_city Show the field ONLY if: [province] = '7'	Section Header: What city do you live in?	radio <table border="1"> <tr><td>1</td><td>Barrie</td></tr> <tr><td>2</td><td>Brampton</td></tr> <tr><td>3</td><td>Brantford</td></tr> <tr><td>4</td><td>Guelph</td></tr> <tr><td>5</td><td>Hamilton</td></tr> <tr><td>6</td><td>Kingston</td></tr> <tr><td>7</td><td>Kitchener</td></tr> <tr><td>8</td><td>London</td></tr> <tr><td>9</td><td>Markham</td></tr> <tr><td>10</td><td>Mississauga</td></tr> <tr><td>11</td><td>Oakville</td></tr> <tr><td>12</td><td>Ottawa</td></tr> <tr><td>13</td><td>St. Catharines</td></tr> <tr><td>14</td><td>Thunder Bay</td></tr> <tr><td>15</td><td>Toronto</td></tr> <tr><td>16</td><td>Windsor</td></tr> <tr><td>17</td><td>Other (specify)</td></tr> </table> Custom alignment: LV	1	Barrie	2	Brampton	3	Brantford	4	Guelph	5	Hamilton	6	Kingston	7	Kitchener	8	London	9	Markham	10	Mississauga	11	Oakville	12	Ottawa	13	St. Catharines	14	Thunder Bay	15	Toronto	16	Windsor	17	Other (specify)
1	Barrie																																				
2	Brampton																																				
3	Brantford																																				
4	Guelph																																				
5	Hamilton																																				
6	Kingston																																				
7	Kitchener																																				
8	London																																				
9	Markham																																				
10	Mississauga																																				
11	Oakville																																				
12	Ottawa																																				
13	St. Catharines																																				
14	Thunder Bay																																				
15	Toronto																																				
16	Windsor																																				
17	Other (specify)																																				
17	ont_city_other Show the field ONLY if: [ont_city] = '17'	Please specify the city that you live in.	text Custom alignment: LV																																		

18	que_city Show the field ONLY if: [province] = '9'	Section Header: What city do you live in?	radio <table border="1"> <tr><td>1</td><td>Alma</td></tr> <tr><td>2</td><td>Drummondville</td></tr> <tr><td>3</td><td>Gatineau</td></tr> <tr><td>4</td><td>Jonquière</td></tr> <tr><td>5</td><td>Laval</td></tr> <tr><td>6</td><td>Lévis</td></tr> <tr><td>7</td><td>Longueuil</td></tr> <tr><td>8</td><td>Montreal</td></tr> <tr><td>9</td><td>Quebec</td></tr> <tr><td>10</td><td>Rimouski</td></tr> <tr><td>11</td><td>Shawinigan</td></tr> <tr><td>12</td><td>Sherbrooke</td></tr> <tr><td>13</td><td>Terrebonne</td></tr> <tr><td>14</td><td>Trois-Rivières</td></tr> <tr><td>15</td><td>Victoriaville</td></tr> <tr><td>16</td><td>Other (please specify)</td></tr> </table> Custom alignment: LV	1	Alma	2	Drummondville	3	Gatineau	4	Jonquière	5	Laval	6	Lévis	7	Longueuil	8	Montreal	9	Quebec	10	Rimouski	11	Shawinigan	12	Sherbrooke	13	Terrebonne	14	Trois-Rivières	15	Victoriaville	16	Other (please specify)								
1	Alma																																										
2	Drummondville																																										
3	Gatineau																																										
4	Jonquière																																										
5	Laval																																										
6	Lévis																																										
7	Longueuil																																										
8	Montreal																																										
9	Quebec																																										
10	Rimouski																																										
11	Shawinigan																																										
12	Sherbrooke																																										
13	Terrebonne																																										
14	Trois-Rivières																																										
15	Victoriaville																																										
16	Other (please specify)																																										
19	que_city_other Show the field ONLY if: [que_city] = '16'	Please specify what city you live in.	text Custom alignment: LV																																								
20	attn_image	Section Header:	descriptive																																								
21	attn_check	We need to know that real people are actually doing the survey. What does the image above show? Type the 7-letter/one word answer below using only lower-case letters.	text, Required Custom alignment: LV																																								
22	yob	Section Header: What year were you born?	dropdown, Required, Identifier <table border="1"> <tr><td>2006</td><td>2006</td></tr> <tr><td>2005</td><td>2005</td></tr> <tr><td>2004</td><td>2004</td></tr> <tr><td>2003</td><td>2003</td></tr> <tr><td>2002</td><td>2002</td></tr> <tr><td>2001</td><td>2001</td></tr> <tr><td>2000</td><td>2000</td></tr> <tr><td>1999</td><td>1999</td></tr> <tr><td>1998</td><td>1998</td></tr> <tr><td>1997</td><td>1997</td></tr> <tr><td>1996</td><td>1996</td></tr> <tr><td>1995</td><td>1995</td></tr> <tr><td>1994</td><td>1994</td></tr> <tr><td>1993</td><td>1993</td></tr> <tr><td>1992</td><td>1992</td></tr> <tr><td>1991</td><td>1991</td></tr> <tr><td>1990</td><td>1990</td></tr> <tr><td>1989</td><td>1989</td></tr> <tr><td>1988</td><td>1988</td></tr> <tr><td>1987</td><td>1987</td></tr> </table>	2006	2006	2005	2005	2004	2004	2003	2003	2002	2002	2001	2001	2000	2000	1999	1999	1998	1998	1997	1997	1996	1996	1995	1995	1994	1994	1993	1993	1992	1992	1991	1991	1990	1990	1989	1989	1988	1988	1987	1987
2006	2006																																										
2005	2005																																										
2004	2004																																										
2003	2003																																										
2002	2002																																										
2001	2001																																										
2000	2000																																										
1999	1999																																										
1998	1998																																										
1997	1997																																										
1996	1996																																										
1995	1995																																										
1994	1994																																										
1993	1993																																										
1992	1992																																										
1991	1991																																										
1990	1990																																										
1989	1989																																										
1988	1988																																										
1987	1987																																										

1986	1986
1985	1985
1984	1984
1983	1983
1982	1982
1981	1981
1980	1980
1979	1979
1978	1978
1977	1977
1976	1976
1975	1975
1974	1974
1973	1973
1972	1972
1971	1971
1970	1970
1969	1969
1968	1968
1967	1967
1966	1966
1965	1965
1964	1964
1963	1963
1962	1962
1961	1961
1960	1960
1959	1959
1958	1958
1957	1957
1956	1956
1955	1955
1954	1954
1953	1953
1952	1952
1951	1951
1950	1950
1949	1949
1948	1948
1947	1947
1946	1946
1945	1945
1944	1944
1943	1943
1942	1942
1941	1941
1940	1940
1939	1939


				<table><tr><td>1938</td><td>1938</td></tr><tr><td>1937</td><td>1937</td></tr><tr><td>1936</td><td>1936</td></tr><tr><td>1935</td><td>1935</td></tr><tr><td>1934</td><td>1934</td></tr><tr><td>1933</td><td>1933</td></tr><tr><td>1932</td><td>1932</td></tr><tr><td>1931</td><td>1931</td></tr><tr><td>1930</td><td>1930</td></tr></table> <div>Custom alignment: LV</div>	1938	1938	1937	1937	1936	1936	1935	1935	1934	1934	1933	1933	1932	1932	1931	1931	1930	1930
1938	1938																					
1937	1937																					
1936	1936																					
1935	1935																					
1934	1934																					
1933	1933																					
1932	1932																					
1931	1931																					
1930	1930																					
	23	age_year	Calculated Age (years)	calc Calculation: 2020-[yob] Custom alignment: LV Field Annotation: @HIDDEN																		
	24	age_confirmed	Age (Confirmed)	calc Calculation: [age_year] - [age] Custom alignment: LV Field Annotation: @HIDDEN																		
	25	eligibility	Eligibility	calc Calculation: if (([age_confirmed] = "0" or [age_confirmed] = "1"), 1, 0) Custom alignment: LV Field Annotation: @HIDDEN																		
	26	screener_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																					
1	Unverified																					
2	Complete																					
Instrument: Eligibility (eligibility)  Enabled as survey <div>^ Collapse</div>																						
	27	cig_smoked_screen	Approximately how many cigarettes have you smoked in your life?	radio <table><tr><td>1</td><td>0 (I have never smoked any cigarettes)</td></tr><tr><td>2</td><td>1 to 10 cigarettes</td></tr><tr><td>3</td><td>11 to 19 cigarettes</td></tr><tr><td>4</td><td>20 to 25 cigarettes (This is about one pack of cigarettes)</td></tr><tr><td>5</td><td>26 to 50 cigarettes</td></tr><tr><td>6</td><td>51 to 99 cigarettes (This is about 4-5 packs of cigarettes)</td></tr><tr><td>7</td><td>100 or more</td></tr><tr><td>8</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div>	1	0 (I have never smoked any cigarettes)	2	1 to 10 cigarettes	3	11 to 19 cigarettes	4	20 to 25 cigarettes (This is about one pack of cigarettes)	5	26 to 50 cigarettes	6	51 to 99 cigarettes (This is about 4-5 packs of cigarettes)	7	100 or more	8	I don't know		
1	0 (I have never smoked any cigarettes)																					
2	1 to 10 cigarettes																					
3	11 to 19 cigarettes																					
4	20 to 25 cigarettes (This is about one pack of cigarettes)																					
5	26 to 50 cigarettes																					
6	51 to 99 cigarettes (This is about 4-5 packs of cigarettes)																					
7	100 or more																					
8	I don't know																					
	28	curr_smoke_screen <div>Show the field ONLY if: [cig_smoked_screen] = '2' or [cig_smoked_screen] = '3' or [cig_smoked_screen] = '4' or [cig_smoked_screen] = '5' or [cig_smoked_screen] = '6' or [cig_smoked_screen] = '7'</div>	How often do you currently smoke cigarettes?	radio <table><tr><td>1</td><td>Daily or almost daily</td></tr><tr><td>2</td><td>Less than daily but at least weekly</td></tr><tr><td>3</td><td>Less than weekly but at least monthly</td></tr><tr><td>4</td><td>Less than monthly</td></tr><tr><td>5</td><td>Not at all</td></tr></table> <div>Custom alignment: LV</div>	1	Daily or almost daily	2	Less than daily but at least weekly	3	Less than weekly but at least monthly	4	Less than monthly	5	Not at all								
1	Daily or almost daily																					
2	Less than daily but at least weekly																					
3	Less than weekly but at least monthly																					
4	Less than monthly																					
5	Not at all																					
	29	self_orient	In your own words, how do you describe your current sexual orientation?	text Custom alignment: LV																		


30	curr_orient	For the purposes of this survey only, please choose one of the following that best describes your current sexual orientation.	radio, Required <table border="1"> <tr><td>1</td><td>Asexual</td></tr> <tr><td>2</td><td>Bisexual</td></tr> <tr><td>3</td><td>Gay</td></tr> <tr><td>4</td><td>Heteroflexible</td></tr> <tr><td>5</td><td>Lesbian</td></tr> <tr><td>6</td><td>Pansexual</td></tr> <tr><td>7</td><td>Queer</td></tr> <tr><td>8</td><td>Not sure or Questioning</td></tr> <tr><td>9</td><td>Straight or Heterosexual</td></tr> <tr><td>10</td><td>Two-Spirit</td></tr> <tr><td>11</td><td>Prefer not to answer</td></tr> <tr><td>12</td><td>I don't know</td></tr> </table> Custom alignment: LV	1	Asexual	2	Bisexual	3	Gay	4	Heteroflexible	5	Lesbian	6	Pansexual	7	Queer	8	Not sure or Questioning	9	Straight or Heterosexual	10	Two-Spirit	11	Prefer not to answer	12	I don't know
1	Asexual																										
2	Bisexual																										
3	Gay																										
4	Heteroflexible																										
5	Lesbian																										
6	Pansexual																										
7	Queer																										
8	Not sure or Questioning																										
9	Straight or Heterosexual																										
10	Two-Spirit																										
11	Prefer not to answer																										
12	I don't know																										
31	curr_orient_check Show the field ONLY if: [curr_orient] = '11' or [curr_orient] = '12'	For the purposes of this survey we'll need you to pick one of the categories above. If you want to change your choice, just choose another option.	descriptive																								
32	self_gender	In your own words, how do you describe your current gender identity?	text Custom alignment: LV																								
33	curr_gender	If you are able, which of the following would you choose to best describe your current gender identity, for purposes of the survey?	radio, Required <table border="1"> <tr><td>1</td><td>Gender fluid</td></tr> <tr><td>2</td><td>Genderqueer</td></tr> <tr><td>3</td><td>Gender non-binary</td></tr> <tr><td>4</td><td>Gender non-conforming</td></tr> <tr><td>5</td><td>Man</td></tr> <tr><td>6</td><td>Woman</td></tr> <tr><td>7</td><td>Two-Spirit</td></tr> <tr><td>8</td><td>Prefer not to answer</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> Custom alignment: LV	1	Gender fluid	2	Genderqueer	3	Gender non-binary	4	Gender non-conforming	5	Man	6	Woman	7	Two-Spirit	8	Prefer not to answer	9	I don't know						
1	Gender fluid																										
2	Genderqueer																										
3	Gender non-binary																										
4	Gender non-conforming																										
5	Man																										
6	Woman																										
7	Two-Spirit																										
8	Prefer not to answer																										
9	I don't know																										
34	curr_gender_check Show the field ONLY if: [curr_gender] = '8' or [curr_gender] = '9'	For the purposes of this survey we'll need you to pick one of the categories above. If you want to change your choice, just choose another option.	descriptive																								
35	trans	Do you consider yourself to be transgender?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Yes	2	No	3	I don't know	4	Prefer not to answer																
1	Yes																										
2	No																										
3	I don't know																										
4	Prefer not to answer																										
36	intersex	Intersex refers to a person whose chromosomal, hormonal or anatomical sex characteristics fall outside the conventional classifications of male or female. There are different intersex traits or variations. Do you have an intersex variation?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Yes	2	No	3	I don't know	4	Prefer not to answer																
1	Yes																										
2	No																										
3	I don't know																										
4	Prefer not to answer																										

37	poc	Would you describe yourself as a person of colour?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Yes	2	No	3	Prefer not to answer																																													
1	Yes																																																					
2	No																																																					
3	Prefer not to answer																																																					
38	ethnicity_other	In your own words, how would you describe your ethno-racial background?	text Custom alignment: LV																																																			
39	ethnicity	If you are able, which of the following would you choose to best describe your ethno-racial background for purposes of the survey? Check all that apply.	checkbox <table border="1"> <tr><td>1</td><td>ethnicity__1</td><td>East Asian</td></tr> <tr><td>2</td><td>ethnicity__2</td><td>South Asian</td></tr> <tr><td>3</td><td>ethnicity__3</td><td>Southeast Asian</td></tr> <tr><td>4</td><td>ethnicity__4</td><td>Black - African</td></tr> <tr><td>5</td><td>ethnicity__5</td><td>Black - Caribbean</td></tr> <tr><td>6</td><td>ethnicity__6</td><td>Black - North American</td></tr> <tr><td>7</td><td>ethnicity__7</td><td>First Nations</td></tr> <tr><td>8</td><td>ethnicity__8</td><td>Indigenous</td></tr> <tr><td>9</td><td>ethnicity__9</td><td>Inuit</td></tr> <tr><td>10</td><td>ethnicity__10</td><td>Latin American</td></tr> <tr><td>11</td><td>ethnicity__11</td><td>Metis</td></tr> <tr><td>12</td><td>ethnicity__12</td><td>Middle Eastern</td></tr> <tr><td>13</td><td>ethnicity__13</td><td>White - North American</td></tr> <tr><td>14</td><td>ethnicity__14</td><td>White - Other</td></tr> <tr><td>15</td><td>ethnicity__15</td><td>Mixed heritage (specify)</td></tr> <tr><td>16</td><td>ethnicity__16</td><td>Prefer not to answer</td></tr> <tr><td>17</td><td>ethnicity__17</td><td>I don't know</td></tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='16,17'	1	ethnicity__1	East Asian	2	ethnicity__2	South Asian	3	ethnicity__3	Southeast Asian	4	ethnicity__4	Black - African	5	ethnicity__5	Black - Caribbean	6	ethnicity__6	Black - North American	7	ethnicity__7	First Nations	8	ethnicity__8	Indigenous	9	ethnicity__9	Inuit	10	ethnicity__10	Latin American	11	ethnicity__11	Metis	12	ethnicity__12	Middle Eastern	13	ethnicity__13	White - North American	14	ethnicity__14	White - Other	15	ethnicity__15	Mixed heritage (specify)	16	ethnicity__16	Prefer not to answer	17	ethnicity__17	I don't know
1	ethnicity__1	East Asian																																																				
2	ethnicity__2	South Asian																																																				
3	ethnicity__3	Southeast Asian																																																				
4	ethnicity__4	Black - African																																																				
5	ethnicity__5	Black - Caribbean																																																				
6	ethnicity__6	Black - North American																																																				
7	ethnicity__7	First Nations																																																				
8	ethnicity__8	Indigenous																																																				
9	ethnicity__9	Inuit																																																				
10	ethnicity__10	Latin American																																																				
11	ethnicity__11	Metis																																																				
12	ethnicity__12	Middle Eastern																																																				
13	ethnicity__13	White - North American																																																				
14	ethnicity__14	White - Other																																																				
15	ethnicity__15	Mixed heritage (specify)																																																				
16	ethnicity__16	Prefer not to answer																																																				
17	ethnicity__17	I don't know																																																				
40	eligibility_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																													
0	Incomplete																																																					
1	Unverified																																																					
2	Complete																																																					

Instrument: **Eligible Contact** (eligible_contact)  Enabled as survey[^ Collapse](#)

41	eligible	Thank you for your interest in this project. We will contact you if you are eligible to complete the full survey. Please click the SUBMIT button below to enter your contact information. We will ask you to enter your contact information so we can send you the link with the full survey if you are eligible. We will do a manual check to confirm eligibility before sending out the survey link. Your privacy is important to us. All personal information will be kept confidential and your data will not be shared outside of the project team. All data will be combined, and no personal identifying information will be released. If you have any questions, please email the project coordinators or visit our temporary web page.	descriptive						
42	eligible_contact_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Not Eligible Contact** (not_eligible_contact)  Enabled as survey[^ Collapse](#)

43	eligible_v2	Thank you for your interest in this project. We will contact you if you are eligible to complete the full survey. Please click the SUBMIT button below to enter your contact information. We will ask you to enter your contact information so we can send you the link with the full survey if you are eligible. We will do a manual check to confirm eligibility before sending out the survey link. Your privacy is important to us. All personal information will be kept confidential and your data will not be shared outside of the project team. All data will be combined, and no personal identifying information will be released. If you have any questions, please email the project coordinators or visit our temporary web page.	descriptive						
44	not_eligible_contact_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Not Eligible No Contact (not_eligible_no_contact)  Enabled as survey ^ Collapse									
45	ineligible	Thank you for your interest in this project. Unfortunately, you do not meet the eligibility criteria. Please click the Submit button to exit. Have a great day! If you have any questions, please email the project coordinators or visit our temporary web page.	descriptive						
46	not_eligible_no_contact_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

LGBTQI2S Tobacco Project Screening Questionnaire Part 2 Eligible

PID 4975

Codebook ▾

Data Dictionary Codebook

01/22/2021 5:37pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: Contact Info (contact_info) Enabled as survey ^ Collapse									
1	record_id	Record ID	text						
2	study_id	Unique ID	text Custom alignment: LV Field Annotation: @HIDDEN						
3	fname	First Name or Alias. We ask for your name so we can personalize our emails to you. You can use an alias if you like.	text, Identifier Custom alignment: LV						
4	email	Email Address. We ask for your email so we can send you the full survey and follow-up surveys.	text (email), Required, Identifier Custom alignment: LV						
5	other_studies	In addition to this study, we plan to conduct other studies related to health and wellness. Would you like to be invited to participate in future studies?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
6	contact_info_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Thank you (thank_you) Enabled as survey ^ Collapse									
7	thanks	Please click the SUBMIT button below to send us your contact info and exit the survey. Thank you for your interest in this project. We will contact you if you are eligible to complete the full survey.	descriptive						
8	thank_you_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

LGBTQI2S Tobacco Project Full Questionnaire Part 1

PID 5128

Codebook ▾

Data Dictionary Codebook

01/22/2021 5:37pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: demo (demo) Enabled as survey <div>^ Collapse</div>									
1	record_id	Record ID	text						
2	fname	First Name	text, Identifier Custom alignment: LV Field Annotation: @HIDDEN						
3	email	Email	text (email), Identifier Custom alignment: LV Field Annotation: @HIDDEN						
4	cyon1	ONCY	text Custom alignment: LV Field Annotation: @HIDDEN						
5	cyqc1	QUCY	text Custom alignment: LV Field Annotation: @HIDDEN						
6	on1	ON	text Custom alignment: LV Field Annotation: @HIDDEN						
7	gr1	GR	text Custom alignment: LV Field Annotation: @HIDDEN						
8	ts1	TS	text Custom alignment: LV Field Annotation: @HIDDEN						
9	demo_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: start (start) Enabled as survey <div>^ Collapse</div>									
10	intro	Thank you for being a part of the LGBTQI2S+ Campaign on Tobacco Use and its Culture. The survey will take up to 30 minutes to complete--we know it's really long! This research hasn't been done before in this depth and we want to get it right.If you complete the survey, you will receive a \$10 electronic gift card within 10 days of completing the survey. You will also be entered to win a \$100 electronic gift card. Please note that you can leave the survey and come back to complete it later, but you must click the Save button before exiting the survey. You'll be given an auto-generated return code (please save the code in a safe place) which you'll be required to enter when you return to the survey in order to continue.. When you're ready, click the Submit button to start.	descriptive						
11	go		descriptive						
12	start_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

LGBTQI2S Tobacco Project Full Questionnaire Part 2

PID 5131

Codebook ▾

Data Dictionary Codebook

01/22/2021 5:41pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																
Instrument: Baseline (baseline) Enabled as survey ^ Collapse																			
1	record_id	Record ID	text																
2	study_id	Study ID	text Custom alignment: LV Field Annotation: @HIDDEN																
3	cyon2	ONCY	text Custom alignment: LV Field Annotation: @HIDDEN																
4	cyqc2	QUCY	text Custom alignment: LV Field Annotation: @HIDDEN																
5	on2	ON	text Custom alignment: LV Field Annotation: @HIDDEN																
6	gr2	GR	text Custom alignment: LV Field Annotation: @HIDDEN																
7	ts2	TS	text Custom alignment: LV Field Annotation: @HIDDEN																
8	smoking_intro	Smoking The following questions are about your experiences and insights with smoking commercial cigarettes (not ceremonial tobacco). Everyone's experience with smoking is personal and unique.	descriptive																
9	cigs_smoked	Approximately how many cigarettes have you smoked in your life?	<div>radio, Required</div> <table><tr><td>1</td><td>0 (I have never smoked any cigarettes)</td></tr><tr><td>2</td><td>1 to 10 cigarettes</td></tr><tr><td>3</td><td>11 to 19 cigarettes</td></tr><tr><td>4</td><td>20 to 25 cigarettes (This is about one pack of cigarettes)</td></tr><tr><td>5</td><td>26 to 50 cigarettes</td></tr><tr><td>6</td><td>51 to 99 cigarettes (This is about 4-5 packs of cigarettes)</td></tr><tr><td>7</td><td>100 or more</td></tr><tr><td>8</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div>	1	0 (I have never smoked any cigarettes)	2	1 to 10 cigarettes	3	11 to 19 cigarettes	4	20 to 25 cigarettes (This is about one pack of cigarettes)	5	26 to 50 cigarettes	6	51 to 99 cigarettes (This is about 4-5 packs of cigarettes)	7	100 or more	8	I don't know
1	0 (I have never smoked any cigarettes)																		
2	1 to 10 cigarettes																		
3	11 to 19 cigarettes																		
4	20 to 25 cigarettes (This is about one pack of cigarettes)																		
5	26 to 50 cigarettes																		
6	51 to 99 cigarettes (This is about 4-5 packs of cigarettes)																		
7	100 or more																		
8	I don't know																		
10	curr_smoke Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'	How often do you currently smoke cigarettes?	<div>radio, Required</div> <table><tr><td>1</td><td>Daily or almost daily</td></tr><tr><td>2</td><td>Less than daily but at least weekly</td></tr><tr><td>3</td><td>Less than weekly but at least monthly</td></tr><tr><td>4</td><td>Less than monthly</td></tr><tr><td>5</td><td>Not at all</td></tr></table> <div>Custom alignment: LV</div>	1	Daily or almost daily	2	Less than daily but at least weekly	3	Less than weekly but at least monthly	4	Less than monthly	5	Not at all						
1	Daily or almost daily																		
2	Less than daily but at least weekly																		
3	Less than weekly but at least monthly																		
4	Less than monthly																		
5	Not at all																		

11	<div>last_smoked</div> <div>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') AND ([curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4' or [curr_smoke] = '5')</div>	<div>When was the last time you smoked a cigarette, even a puff?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Less than one month ago</td></tr><tr><td>2</td><td>1-6 months ago</td></tr><tr><td>3</td><td>7-12 months ago</td></tr><tr><td>4</td><td>Over 12 months ago</td></tr></table> <div>Custom alignment: LV</div>	1	Less than one month ago	2	1-6 months ago	3	7-12 months ago	4	Over 12 months ago
1	Less than one month ago										
2	1-6 months ago										
3	7-12 months ago										
4	Over 12 months ago										
12	<div>cigs_day</div> <div>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</div>	<div>How many cigarettes do you smoke per day on the days that you smoke? Enter numbers only.</div>	<div>text (number), Required</div> <table><tr><td>1</td><td>no. of cigarettes per day</td></tr></table> <div>Custom alignment: LV</div>	1	no. of cigarettes per day						
1	no. of cigarettes per day										
13	<div>age_smoke</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>How old were you when you first started smoking cigarettes. Enter numbers only.</div>	<div>text (number), Required</div> <div>Custom alignment: LV</div>								
14	<div>wake_smoke</div> <div>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</div>	<div>How soon after you wake up do you smoke your first cigarette?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Within 5 minutes</td></tr><tr><td>2</td><td>From 6 to 30 minutes</td></tr><tr><td>3</td><td>From 31 to 60 minutes</td></tr><tr><td>4</td><td>More than 60 minutes</td></tr></table> <div>Custom alignment: LV</div>	1	Within 5 minutes	2	From 6 to 30 minutes	3	From 31 to 60 minutes	4	More than 60 minutes
1	Within 5 minutes										
2	From 6 to 30 minutes										
3	From 31 to 60 minutes										
4	More than 60 minutes										
15	<div>addicted</div> <div>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</div>	<div>We want to ask you the extent to which you feel you are dependent on cigarettes. Would you say that you are:</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Not at all dependent on cigarettes</td></tr><tr><td>2</td><td>Somewhat dependent on cigarettes</td></tr><tr><td>3</td><td>Very dependent on cigarettes</td></tr><tr><td>4</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div>	1	Not at all dependent on cigarettes	2	Somewhat dependent on cigarettes	3	Very dependent on cigarettes	4	I don't know
1	Not at all dependent on cigarettes										
2	Somewhat dependent on cigarettes										
3	Very dependent on cigarettes										
4	I don't know										

16	<p>brand</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	What brand of cigarettes do you typically smoke?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Du Maurier</td></tr> <tr><td>2</td><td>Players</td></tr> <tr><td>3</td><td>Export A</td></tr> <tr><td>4</td><td>Belmont</td></tr> <tr><td>5</td><td>Matinee</td></tr> <tr><td>6</td><td>Cameo</td></tr> <tr><td>7</td><td>Number 7</td></tr> <tr><td>8</td><td>Benson & Hedges</td></tr> <tr><td>9</td><td>Rothman's</td></tr> <tr><td>10</td><td>Peter Jackson</td></tr> <tr><td>11</td><td>Canadian Classics</td></tr> <tr><td>12</td><td>MacDonald</td></tr> <tr><td>13</td><td>Accord</td></tr> <tr><td>14</td><td>Avanti</td></tr> <tr><td>15</td><td>Cigarettes from First Nations/Native brand</td></tr> <tr><td>16</td><td>Don't have a typical brand</td></tr> <tr><td>17</td><td>Other (specify)</td></tr> </table> <p>Custom alignment: LV</p>	1	Du Maurier	2	Players	3	Export A	4	Belmont	5	Matinee	6	Cameo	7	Number 7	8	Benson & Hedges	9	Rothman's	10	Peter Jackson	11	Canadian Classics	12	MacDonald	13	Accord	14	Avanti	15	Cigarettes from First Nations/Native brand	16	Don't have a typical brand	17	Other (specify)
1	Du Maurier																																				
2	Players																																				
3	Export A																																				
4	Belmont																																				
5	Matinee																																				
6	Cameo																																				
7	Number 7																																				
8	Benson & Hedges																																				
9	Rothman's																																				
10	Peter Jackson																																				
11	Canadian Classics																																				
12	MacDonald																																				
13	Accord																																				
14	Avanti																																				
15	Cigarettes from First Nations/Native brand																																				
16	Don't have a typical brand																																				
17	Other (specify)																																				
17	<p>brand_other</p> <p>Show the field ONLY if: [brand] = '17'</p>	What brand of cigarettes do you typically smoke?	<p>text</p> <p>Custom alignment: LV</p>																																		
18	day_use_intro	In the past 30 days, have you used each of the following:	descriptive																																		
19	use_cigar	Cigars or cigarillos	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																														
1	Yes																																				
0	No																																				
20	use_wp	Waterpipe (e.g. hookah, sheesha)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																														
1	Yes																																				
0	No																																				
21	use_smokeless	Smokeless tobacco products (e.g. snus, chew)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																														
1	Yes																																				
0	No																																				
22	<p>covid</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	How has COVID-19 affected your cigarette smoking, if at all?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I smoke more</td></tr> <tr><td>2</td><td>I smoke less</td></tr> <tr><td>3</td><td>I smoke the same</td></tr> <tr><td>4</td><td>I stopped smoking</td></tr> </table> <p>Custom alignment: LV</p>	1	I smoke more	2	I smoke less	3	I smoke the same	4	I stopped smoking																										
1	I smoke more																																				
2	I smoke less																																				
3	I smoke the same																																				
4	I stopped smoking																																				
23	thoughts	<p>Section Header:</p> <p>Thoughts on Smoking The next questions are about your thoughts on cigarette smoking and how it's perceived in your communities.</p>	descriptive																																		

24	<p>reason</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7')</p>	<p>Think about the first few times you smoked cigarettes. Which of the following are reasons why you first started smoking? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>reason__1</td><td>A lot of my family members were smoking</td></tr> <tr><td>2</td><td>reason__2</td><td>A lot of my LGBTQI2S+ friends were smoking</td></tr> <tr><td>3</td><td>reason__3</td><td>A lot of my straight cisgender friends were smoking</td></tr> <tr><td>4</td><td>reason__4</td><td>A lot of my co-workers were smoking</td></tr> <tr><td>5</td><td>reason__5</td><td>To connect with others</td></tr> <tr><td>6</td><td>reason__6</td><td>To help meet new people</td></tr> <tr><td>7</td><td>reason__7</td><td>To fit in with friends</td></tr> <tr><td>8</td><td>reason__8</td><td>To deal with stress</td></tr> <tr><td>9</td><td>reason__9</td><td>To deal with stigma (e.g., discrimination)</td></tr> <tr><td>10</td><td>reason__10</td><td>To deal with my mental health</td></tr> <tr><td>11</td><td>reason__11</td><td>I saw smoking in the media</td></tr> <tr><td>12</td><td>reason__12</td><td>I was curious about smoking</td></tr> <tr><td>13</td><td>reason__13</td><td>I don't know</td></tr> <tr><td>14</td><td>reason__14</td><td>Other (specify</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='13'</p>	1	reason__1	A lot of my family members were smoking	2	reason__2	A lot of my LGBTQI2S+ friends were smoking	3	reason__3	A lot of my straight cisgender friends were smoking	4	reason__4	A lot of my co-workers were smoking	5	reason__5	To connect with others	6	reason__6	To help meet new people	7	reason__7	To fit in with friends	8	reason__8	To deal with stress	9	reason__9	To deal with stigma (e.g., discrimination)	10	reason__10	To deal with my mental health	11	reason__11	I saw smoking in the media	12	reason__12	I was curious about smoking	13	reason__13	I don't know	14	reason__14	Other (specify
1	reason__1	A lot of my family members were smoking																																											
2	reason__2	A lot of my LGBTQI2S+ friends were smoking																																											
3	reason__3	A lot of my straight cisgender friends were smoking																																											
4	reason__4	A lot of my co-workers were smoking																																											
5	reason__5	To connect with others																																											
6	reason__6	To help meet new people																																											
7	reason__7	To fit in with friends																																											
8	reason__8	To deal with stress																																											
9	reason__9	To deal with stigma (e.g., discrimination)																																											
10	reason__10	To deal with my mental health																																											
11	reason__11	I saw smoking in the media																																											
12	reason__12	I was curious about smoking																																											
13	reason__13	I don't know																																											
14	reason__14	Other (specify																																											
25	<p>oth_reason</p> <p>Show the field ONLY if: [reason(14)] = '1'</p>	<p>What are some other reasons why you first started smoking?</p>	<p>notes</p> <p>Custom alignment: LV</p>																																										

26	<p>cues</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	<p>Which of the following are reasons why you reach for a cigarette now? Check all that apply.</p> <p>I reach for a cigarette when I am:</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>cues__1</td><td>Starting a conversation with someone</td></tr> <tr><td>2</td><td>cues__2</td><td>At a social event</td></tr> <tr><td>3</td><td>cues__3</td><td>At work</td></tr> <tr><td>4</td><td>cues__4</td><td>Doing something part of my daily routine</td></tr> <tr><td>5</td><td>cues__5</td><td>Feeling stressed</td></tr> <tr><td>6</td><td>cues__6</td><td>Coping with my mental health</td></tr> <tr><td>7</td><td>cues__7</td><td>Needing to get out of a situation</td></tr> <tr><td>8</td><td>cues__8</td><td>Giving myself a reward</td></tr> <tr><td>9</td><td>cues__9</td><td>Taking a break</td></tr> <tr><td>10</td><td>cues__10</td><td>Trying to control my body weight or suppress appetite</td></tr> <tr><td>11</td><td>cues__11</td><td>Feeling bored</td></tr> <tr><td>12</td><td>cues__12</td><td>Offered a cigarette by someone</td></tr> <tr><td>13</td><td>cues__13</td><td>Craving a cigarette</td></tr> <tr><td>14</td><td>cues__14</td><td>Feeling dependent on a cigarette</td></tr> <tr><td>15</td><td>cues__15</td><td>Done eating a meal</td></tr> <tr><td>16</td><td>cues__16</td><td>About to go to sleep</td></tr> <tr><td>17</td><td>cues__17</td><td>Drinking alcohol</td></tr> <tr><td>18</td><td>cues__18</td><td>Using cannabis</td></tr> <tr><td>19</td><td>cues__19</td><td>Mixing tobacco with cannabis</td></tr> <tr><td>20</td><td>cues__20</td><td>Using other drugs</td></tr> <tr><td>21</td><td>cues__21</td><td>I don't know</td></tr> <tr><td>22</td><td>cues__22</td><td>Other (specify)</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='21'</p>	1	cues__1	Starting a conversation with someone	2	cues__2	At a social event	3	cues__3	At work	4	cues__4	Doing something part of my daily routine	5	cues__5	Feeling stressed	6	cues__6	Coping with my mental health	7	cues__7	Needing to get out of a situation	8	cues__8	Giving myself a reward	9	cues__9	Taking a break	10	cues__10	Trying to control my body weight or suppress appetite	11	cues__11	Feeling bored	12	cues__12	Offered a cigarette by someone	13	cues__13	Craving a cigarette	14	cues__14	Feeling dependent on a cigarette	15	cues__15	Done eating a meal	16	cues__16	About to go to sleep	17	cues__17	Drinking alcohol	18	cues__18	Using cannabis	19	cues__19	Mixing tobacco with cannabis	20	cues__20	Using other drugs	21	cues__21	I don't know	22	cues__22	Other (specify)
1	cues__1	Starting a conversation with someone																																																																			
2	cues__2	At a social event																																																																			
3	cues__3	At work																																																																			
4	cues__4	Doing something part of my daily routine																																																																			
5	cues__5	Feeling stressed																																																																			
6	cues__6	Coping with my mental health																																																																			
7	cues__7	Needing to get out of a situation																																																																			
8	cues__8	Giving myself a reward																																																																			
9	cues__9	Taking a break																																																																			
10	cues__10	Trying to control my body weight or suppress appetite																																																																			
11	cues__11	Feeling bored																																																																			
12	cues__12	Offered a cigarette by someone																																																																			
13	cues__13	Craving a cigarette																																																																			
14	cues__14	Feeling dependent on a cigarette																																																																			
15	cues__15	Done eating a meal																																																																			
16	cues__16	About to go to sleep																																																																			
17	cues__17	Drinking alcohol																																																																			
18	cues__18	Using cannabis																																																																			
19	cues__19	Mixing tobacco with cannabis																																																																			
20	cues__20	Using other drugs																																																																			
21	cues__21	I don't know																																																																			
22	cues__22	Other (specify)																																																																			
27	<p>cues_oth</p> <p>Show the field ONLY if: [cues(22)] = '1'</p>	<p>What are some other reasons why you reach for a cigarette?</p>	<p>notes</p> <p>Custom alignment: LV</p>																																																																		
28	<p>friends_smoke</p>	<p>How many of your close friends smoke?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>All of them</td></tr> <tr><td>2</td><td>Most of them</td></tr> <tr><td>3</td><td>About half of them</td></tr> <tr><td>4</td><td>A few of them</td></tr> <tr><td>5</td><td>None of them</td></tr> </table> <p>Custom alignment: LV</p>	1	All of them	2	Most of them	3	About half of them	4	A few of them	5	None of them																																																								
1	All of them																																																																				
2	Most of them																																																																				
3	About half of them																																																																				
4	A few of them																																																																				
5	None of them																																																																				
29	<p>risk_intro</p>	<p>Section Header:</p> <p>How much do you think people risk harming their health physically and in other ways when they do each of the following:</p> <p>1 = No risk 2 = Low risk 3 = Moderate risk 4 = High risk 5 = Very high risk</p>	<p>descriptive</p>																																																																		

30	risk1	Smoke cigarettes daily?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 No risk</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very high risk</td></tr> </table>	1	1 No risk	2	2	3	3	4	4	5	5 Very high risk
1	1 No risk												
2	2												
3	3												
4	4												
5	5 Very high risk												
31	risk2	Smoke cigarettes some days but not daily?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 No risk</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very high risk</td></tr> </table>	1	1 No risk	2	2	3	3	4	4	5	5 Very high risk
1	1 No risk												
2	2												
3	3												
4	4												
5	5 Very high risk												
32	risk3	Use e-cigarettes daily?	radio (Matrix) <table border="1"> <tr><td>1</td><td>1 No risk</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very high risk</td></tr> </table>	1	1 No risk	2	2	3	3	4	4	5	5 Very high risk
1	1 No risk												
2	2												
3	3												
4	4												
5	5 Very high risk												
33	risk4	Use e-cigarettes some days but not daily?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 No risk</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very high risk</td></tr> </table>	1	1 No risk	2	2	3	3	4	4	5	5 Very high risk
1	1 No risk												
2	2												
3	3												
4	4												
5	5 Very high risk												
34	risk_thoughts	Feel free to express your thoughts.	notes Custom alignment: LV										
35	rates	Section Header: What do you think about this statement: "Smoking rates are higher among LGBTQI2S+ young adults"?	radio, Required <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Somewhat disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat agree</td></tr> <tr><td>5</td><td>Strongly agree</td></tr> </table> Custom alignment: LV	1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly agree
1	Strongly disagree												
2	Somewhat disagree												
3	Neutral												
4	Somewhat agree												
5	Strongly agree												
36	rates_thoughts	Feel free to express your thoughts.	notes Custom alignment: LV										
37	reasons_intro	Section Header: To what extent do you agree or disagree with each of the following statements: I think LGBTQI2S+ individuals are more likely than straight cisgender individuals to smoke cigarettes because: 1 = Strongly disagree 2 = Somewhat disagree 3 = Neutral 4 = Somewhat agree 5 = Strongly agree	descriptive										

38	accept	Smoking is more acceptable among LGBTQI2S+ young adults	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
39	stress	LGBTQI2S+ young adults deal with more stress	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
40	stigma	LGBTQI2S+ young adults deal with more stigma (e.g., discrimination)	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
41	pressure	Social pressures to smoke are higher for LGBTQI2S+ young adults	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
42	mhealth	LGBTQI2S+ young adults have more mental health concerns	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
43	culture	Smoking is part of the LGBTQI2S+ culture	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
44	reasons_thts	Feel free to express your thoughts.	notes Custom alignment: LV
45	sm_accept_self	Section Header: How acceptable do you think smoking cigarettes is among LGBTQI2S+ young adults?	radio, Required 1 Very unacceptable 2 Somewhat unacceptable 3 Neutral 4 Somewhat acceptable 5 Very acceptable Custom alignment: LV

46	sm_accept_friends	How acceptable do your friends think smoking cigarettes is among LGBTQI2S+ young adults?	radio, Required <table><tr><td>1</td><td>Very unacceptable</td></tr><tr><td>2</td><td>Somewhat unacceptable</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat acceptable</td></tr><tr><td>5</td><td>Very acceptable</td></tr></table> Custom alignment: LV	1	Very unacceptable	2	Somewhat unacceptable	3	Neutral	4	Somewhat acceptable	5	Very acceptable																							
1	Very unacceptable																																			
2	Somewhat unacceptable																																			
3	Neutral																																			
4	Somewhat acceptable																																			
5	Very acceptable																																			
47	moiramoved Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'	Section Header:	descriptive																																	
48	quitting_intro Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') OR ([curr_smok e] = 1 or [curr_smoke] = 2 or [curr_smoke] = 3 or [curr_sm oke] = 4)	Quitting Smoking Next up, we'd like to ask about your thoughts and experiences with quitting smoking. We know that everyone is on their own journey and some folks may not have thought about quitting before.	descriptive																																	
49	plan_quit Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	Are you planning to quit smoking cigarettes...?	radio, Required <table><tr><td>1</td><td>I have already quit</td></tr><tr><td>2</td><td>Within the next month</td></tr><tr><td>3</td><td>Within the next 6 months</td></tr><tr><td>4</td><td>Sometime in the future beyond 6 months</td></tr><tr><td>5</td><td>I am not planning to quit</td></tr></table> Custom alignment: LV	1	I have already quit	2	Within the next month	3	Within the next 6 months	4	Sometime in the future beyond 6 months	5	I am not planning to quit																							
1	I have already quit																																			
2	Within the next month																																			
3	Within the next 6 months																																			
4	Sometime in the future beyond 6 months																																			
5	I am not planning to quit																																			
50	why_stop Show the field ONLY if: [plan_quit] = '2' or [plan_quit] = '3' or [plan_quit] = '4'	Why do you want to stop smoking? Please check all that apply.	checkbox, Required <table><tr><td>1</td><td>why_stop__1</td><td>Reduce disease risk / improve health</td></tr><tr><td>2</td><td>why_stop__2</td><td>Illness / disability</td></tr><tr><td>3</td><td>why_stop__3</td><td>As quitting strategy / trying to quit</td></tr><tr><td>4</td><td>why_stop__4</td><td>Too expensive / cost</td></tr><tr><td>5</td><td>why_stop__5</td><td>Smoking restrictions</td></tr><tr><td>6</td><td>why_stop__6</td><td>Reduce others' exposure to second-hand smoke</td></tr><tr><td>7</td><td>why_stop__7</td><td>Pregnancy / breastfeeding</td></tr><tr><td>8</td><td>why_stop__8</td><td>Reduced need / craving</td></tr><tr><td>9</td><td>why_stop__9</td><td>Family pressure</td></tr><tr><td>10</td><td>why_stop__10</td><td>Peer pressure</td></tr><tr><td>11</td><td>why_stop__11</td><td>Other (specify)</td></tr></table> Custom alignment: LV	1	why_stop__1	Reduce disease risk / improve health	2	why_stop__2	Illness / disability	3	why_stop__3	As quitting strategy / trying to quit	4	why_stop__4	Too expensive / cost	5	why_stop__5	Smoking restrictions	6	why_stop__6	Reduce others' exposure to second-hand smoke	7	why_stop__7	Pregnancy / breastfeeding	8	why_stop__8	Reduced need / craving	9	why_stop__9	Family pressure	10	why_stop__10	Peer pressure	11	why_stop__11	Other (specify)
1	why_stop__1	Reduce disease risk / improve health																																		
2	why_stop__2	Illness / disability																																		
3	why_stop__3	As quitting strategy / trying to quit																																		
4	why_stop__4	Too expensive / cost																																		
5	why_stop__5	Smoking restrictions																																		
6	why_stop__6	Reduce others' exposure to second-hand smoke																																		
7	why_stop__7	Pregnancy / breastfeeding																																		
8	why_stop__8	Reduced need / craving																																		
9	why_stop__9	Family pressure																																		
10	why_stop__10	Peer pressure																																		
11	why_stop__11	Other (specify)																																		
51	why_quit_other Show the field ONLY if: [why_stop(11)] = '1'	Please specify why else you want to quit smoking.	notes Custom alignment: LV																																	

52	<p>quit_attempts</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	<p>In the past 12 months, how many attempts have you made (lasting at least 24 hours) to quit smoking cigarettes?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>No attempts</td></tr> <tr><td>2</td><td>1 attempt</td></tr> <tr><td>3</td><td>2 attempts</td></tr> <tr><td>4</td><td>3 or more attempts</td></tr> </table> <p>Custom alignment: LV</p>	1	No attempts	2	1 attempt	3	2 attempts	4	3 or more attempts																																																																
1	No attempts																																																																										
2	1 attempt																																																																										
3	2 attempts																																																																										
4	3 or more attempts																																																																										
53	<p>time_quit</p> <p>Show the field ONLY if: [quit_attempts] = '2' or [quit_attempts] = '3' or [quit_attempts] = '4'</p>	<p>In the last 12 months, what is the longest period of time you have quit and remained smoke-free? Enter approximate number of days only.</p>	<p>text (number), Required</p> <p>Custom alignment: LV</p>																																																																								
54	<p>cess_methods</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4') and ([quit_attempts] = '2' or [quit_attempts] = '3' or [quit_attempts] = '4')</p>	<p>Have you previously used the following medications, resources or methods to help you quit or reduce smoking? Please check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>cess_methods__1</td><td>I have not used any medications, resources or methods to help me quit or reduce smoking</td></tr> <tr><td>2</td><td>cess_methods__2</td><td>Stopped smoking suddenly (cold turkey)</td></tr> <tr><td>3</td><td>cess_methods__3</td><td>Zyban or Wellbutrin (bupropion)</td></tr> <tr><td>4</td><td>cess_methods__4</td><td>Champix (varenicline)</td></tr> <tr><td>5</td><td>cess_methods__5</td><td>Nicotine patch</td></tr> <tr><td>6</td><td>cess_methods__6</td><td>Nicotine gum</td></tr> <tr><td>7</td><td>cess_methods__7</td><td>Nicotine lozenge</td></tr> <tr><td>8</td><td>cess_methods__8</td><td>Nicotine inhaler</td></tr> <tr><td>9</td><td>cess_methods__9</td><td>E-cigarettes</td></tr> <tr><td>10</td><td>cess_methods__10</td><td>Individual counselling</td></tr> <tr><td>11</td><td>cess_methods__11</td><td>Group counselling</td></tr> <tr><td>12</td><td>cess_methods__12</td><td>Advice from a physician/doctor</td></tr> <tr><td>13</td><td>cess_methods__13</td><td>Advice from a dentist/dental hygienist</td></tr> <tr><td>14</td><td>cess_methods__14</td><td>Advice from a pharmacist</td></tr> <tr><td>15</td><td>cess_methods__15</td><td>Advice from a nurse</td></tr> <tr><td>16</td><td>cess_methods__16</td><td>Self-help book or</td></tr> <tr><td>17</td><td>cess_methods__17</td><td>Self-help website</td></tr> <tr><td>18</td><td>cess_methods__18</td><td>Smokers' Helpline Phone</td></tr> <tr><td>19</td><td>cess_methods__19</td><td>Smokers' Helpline Text</td></tr> <tr><td>20</td><td>cess_methods__20</td><td>Smokers' Helpline Online</td></tr> <tr><td>21</td><td>cess_methods__21</td><td>Alternative treatments (e.g., laser therapy, herbal remedies, hypnosis, acupuncture,)</td></tr> <tr><td>22</td><td>cess_methods__22</td><td>Mobile app to help quit smoking</td></tr> <tr><td>23</td><td>cess_methods__23</td><td>A public health unit/local program</td></tr> <tr><td>24</td><td>cess_methods__24</td><td>Other (please specify)</td></tr> </table> <p>Custom alignment: LV</p> <p>Field Annotation: @NONEOFTHEABOVE='1'</p>	1	cess_methods__1	I have not used any medications, resources or methods to help me quit or reduce smoking	2	cess_methods__2	Stopped smoking suddenly (cold turkey)	3	cess_methods__3	Zyban or Wellbutrin (bupropion)	4	cess_methods__4	Champix (varenicline)	5	cess_methods__5	Nicotine patch	6	cess_methods__6	Nicotine gum	7	cess_methods__7	Nicotine lozenge	8	cess_methods__8	Nicotine inhaler	9	cess_methods__9	E-cigarettes	10	cess_methods__10	Individual counselling	11	cess_methods__11	Group counselling	12	cess_methods__12	Advice from a physician/doctor	13	cess_methods__13	Advice from a dentist/dental hygienist	14	cess_methods__14	Advice from a pharmacist	15	cess_methods__15	Advice from a nurse	16	cess_methods__16	Self-help book or	17	cess_methods__17	Self-help website	18	cess_methods__18	Smokers' Helpline Phone	19	cess_methods__19	Smokers' Helpline Text	20	cess_methods__20	Smokers' Helpline Online	21	cess_methods__21	Alternative treatments (e.g., laser therapy, herbal remedies, hypnosis, acupuncture,)	22	cess_methods__22	Mobile app to help quit smoking	23	cess_methods__23	A public health unit/local program	24	cess_methods__24	Other (please specify)
1	cess_methods__1	I have not used any medications, resources or methods to help me quit or reduce smoking																																																																									
2	cess_methods__2	Stopped smoking suddenly (cold turkey)																																																																									
3	cess_methods__3	Zyban or Wellbutrin (bupropion)																																																																									
4	cess_methods__4	Champix (varenicline)																																																																									
5	cess_methods__5	Nicotine patch																																																																									
6	cess_methods__6	Nicotine gum																																																																									
7	cess_methods__7	Nicotine lozenge																																																																									
8	cess_methods__8	Nicotine inhaler																																																																									
9	cess_methods__9	E-cigarettes																																																																									
10	cess_methods__10	Individual counselling																																																																									
11	cess_methods__11	Group counselling																																																																									
12	cess_methods__12	Advice from a physician/doctor																																																																									
13	cess_methods__13	Advice from a dentist/dental hygienist																																																																									
14	cess_methods__14	Advice from a pharmacist																																																																									
15	cess_methods__15	Advice from a nurse																																																																									
16	cess_methods__16	Self-help book or																																																																									
17	cess_methods__17	Self-help website																																																																									
18	cess_methods__18	Smokers' Helpline Phone																																																																									
19	cess_methods__19	Smokers' Helpline Text																																																																									
20	cess_methods__20	Smokers' Helpline Online																																																																									
21	cess_methods__21	Alternative treatments (e.g., laser therapy, herbal remedies, hypnosis, acupuncture,)																																																																									
22	cess_methods__22	Mobile app to help quit smoking																																																																									
23	cess_methods__23	A public health unit/local program																																																																									
24	cess_methods__24	Other (please specify)																																																																									

55	cess_methods_other Show the field ONLY if: [cess_methods(24)] = '1'	What other medications, resources or methods did you use to help you quit or reduce smoking?	notes Custom alignment: LV																																																
56	methods_challenges Show the field ONLY if: [cess_methods(2)] = '1' or [cess_methods(3)] = '1' or [cess_methods(4)] = '1' or [cess_methods(5)] = '1' or [cess_methods(6)] = '1' or [cess_methods(7)] = '1' or [cess_methods(8)] = '1' or [cess_methods(9)] = '1' or [cess_methods(10)] = '1' or [cess_methods(11)] = '1' or [cess_methods(12)] = '1' or [cess_methods(13)] = '1' or [cess_methods(14)] = '1' or [cess_methods(15)] = '1' or [cess_methods(16)] = '1' or [cess_methods(17)] = '1' or [cess_methods(18)] = '1' or [cess_methods(19)] = '1' or [cess_methods(20)] = '1' or [cess_methods(21)] = '1' or [cess_methods(22)] = '1' or [cess_methods(23)] = '1' or [cess_methods(24)] = '1'	What challenges, if any, did you encounter in using any of these above methods?	notes Custom alignment: LV																																																
57	cess_barriers Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([quit_attempts] = '2' or [quit_attempts] = '3' or [quit_attempts] = '4')	In general, what challenges or barriers to quitting or reducing smoking have you experienced? Please check all that apply.	<div>checkbox, Required</div> <table border="1"> <tr><td>1</td><td>cess_barriers__1</td><td>I have never tried to quit or reduce smoking</td></tr> <tr><td>2</td><td>cess_barriers__2</td><td>No challenges faced</td></tr> <tr><td>3</td><td>cess_barriers__3</td><td>Financial cost</td></tr> <tr><td>4</td><td>cess_barriers__4</td><td>Stress</td></tr> <tr><td>5</td><td>cess_barriers__5</td><td>Addiction/dependency</td></tr> <tr><td>6</td><td>cess_barriers__6</td><td>Habit</td></tr> <tr><td>7</td><td>cess_barriers__7</td><td>Going out more (parties, bars, etc.)</td></tr> <tr><td>8</td><td>cess_barriers__8</td><td>Lack of support or information on programs/services</td></tr> <tr><td>9</td><td>cess_barriers__9</td><td>Difficulty accessing programs/services</td></tr> <tr><td>10</td><td>cess_barriers__10</td><td>Weight gain</td></tr> <tr><td>11</td><td>cess_barriers__11</td><td>Depression, anxiety, boredom</td></tr> <tr><td>12</td><td>cess_barriers__12</td><td>Drinking alcohol/caffeine</td></tr> <tr><td>13</td><td>cess_barriers__13</td><td>Experiencing symptoms of withdrawal</td></tr> <tr><td>14</td><td>cess_barriers__14</td><td>Disconnect from my friends who smoke</td></tr> <tr><td>15</td><td>cess_barriers__15</td><td>Not being able to go out with people who are smoking</td></tr> <tr><td>16</td><td>cess_barriers__16</td><td>Other (please, specify)</td></tr> </table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='1,2'</div>	1	cess_barriers__1	I have never tried to quit or reduce smoking	2	cess_barriers__2	No challenges faced	3	cess_barriers__3	Financial cost	4	cess_barriers__4	Stress	5	cess_barriers__5	Addiction/dependency	6	cess_barriers__6	Habit	7	cess_barriers__7	Going out more (parties, bars, etc.)	8	cess_barriers__8	Lack of support or information on programs/services	9	cess_barriers__9	Difficulty accessing programs/services	10	cess_barriers__10	Weight gain	11	cess_barriers__11	Depression, anxiety, boredom	12	cess_barriers__12	Drinking alcohol/caffeine	13	cess_barriers__13	Experiencing symptoms of withdrawal	14	cess_barriers__14	Disconnect from my friends who smoke	15	cess_barriers__15	Not being able to go out with people who are smoking	16	cess_barriers__16	Other (please, specify)
1	cess_barriers__1	I have never tried to quit or reduce smoking																																																	
2	cess_barriers__2	No challenges faced																																																	
3	cess_barriers__3	Financial cost																																																	
4	cess_barriers__4	Stress																																																	
5	cess_barriers__5	Addiction/dependency																																																	
6	cess_barriers__6	Habit																																																	
7	cess_barriers__7	Going out more (parties, bars, etc.)																																																	
8	cess_barriers__8	Lack of support or information on programs/services																																																	
9	cess_barriers__9	Difficulty accessing programs/services																																																	
10	cess_barriers__10	Weight gain																																																	
11	cess_barriers__11	Depression, anxiety, boredom																																																	
12	cess_barriers__12	Drinking alcohol/caffeine																																																	
13	cess_barriers__13	Experiencing symptoms of withdrawal																																																	
14	cess_barriers__14	Disconnect from my friends who smoke																																																	
15	cess_barriers__15	Not being able to go out with people who are smoking																																																	
16	cess_barriers__16	Other (please, specify)																																																	
58	cess_barriers_other Show the field ONLY if: [cess_barriers(15)] = '1'	What other challenges or barriers to quitting or reducing smoking have you experienced?	notes Custom alignment: LV																																																

59	<div>tailored</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>If you were to use a smoking cessation service in the future, would you prefer a service tailored to LGBTQ2IS+ folks?</div> <div>Note: By tailored we mean inclusive and focused on the needs of LGBTQI2S+ young adults.</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	2	No	3	I don't know				
1	Yes												
2	No												
3	I don't know												
60	<div>sprt_intro</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>Section Header:</div> <div>Assuming that each of the following are tailored to meet the needs of LGBTQI2S+ folks, how likely would you be to use each:</div> <div>1 = Very unlikely 2 = Somewhat unlikely 3 = Neutral 4 = Somewhat likely 5 = Very likely</div>	<div>descriptive</div>										
61	<div>sprtgrp</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>Support groups</div>	<div>radio (Matrix), Required</div> <table><tr><td>1</td><td>1 Very unlikely</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very likely</td></tr></table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
62	<div>peer</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>Peer support programs</div>	<div>radio (Matrix), Required</div> <table><tr><td>1</td><td>1 Very unlikely</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very likely</td></tr></table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
63	<div>m_health</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>Mental health services</div>	<div>radio (Matrix), Required</div> <table><tr><td>1</td><td>1 Very unlikely</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very likely</td></tr></table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
64	<div>stressgmt</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>Stress management strategies</div>	<div>radio (Matrix), Required</div> <table><tr><td>1</td><td>1 Very unlikely</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very likely</td></tr></table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
65	<div>craving</div> <div>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'</div>	<div>Strategies to help deal with cravings</div>	<div>radio (Matrix), Required</div> <table><tr><td>1</td><td>1 Very unlikely</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very likely</td></tr></table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												

66	<p>doc</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Talking to a health care professional with training in LGBTQI2S+ health	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
67	<p>nrt</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Nicotine replacement therapy (e.g., nicotine gum, patch)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
68	<p>meds</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Quit-smoking medication (e.g., Zyban, Champix)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
69	<p>quitline</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Telephone quitline with coaches trained in LGBTQI2S+ health	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
70	<p>app</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	A mobile app (e.g., to track progress or help with cravings)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
71	<p>contest</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Contest or challenge to encourage quitting/reducing smoking	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
72	<p>profile</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	A customizable online profile	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
73	<p>prograss</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	A progress-tracking online tool	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												

74	<p>game</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	An online game	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
75	<p>website</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	A website with resources	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
76	<p>text</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Text-based services	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
77	<p>chat</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	Chat options in existing platforms (e.g., Reddit, Facebook)	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Very unlikely</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very likely</td></tr> </table>	1	1 Very unlikely	2	2	3	3	4	4	5	5 Very likely
1	1 Very unlikely												
2	2												
3	3												
4	4												
5	5 Very likely												
78	<p>serv_oth</p> <p>Show the field ONLY if: [cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7'</p>	What other services would you consider using?	<p>notes</p> <p>Custom alignment: LV</p>										
79	<p>culturefactor_intro</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	<p>Section Header:</p> <p>To what extent do you agree with the following statements?</p> <p>1 = Strongly disagree 2 = Somewhat disagree 3 = Neither disagree nor agree 4 = Somewhat agree 5 = Strongly agree</p>	descriptive										
80	<p>convo</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	I'll miss out on conversations if I quit smoking	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree
1	1 Strongly disagree												
2	2												
3	3												
4	4												
5	5 Strongly agree												

81	self Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	I don't see myself as a 'smoker'	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
82	socialize Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	Smoking makes it easier for me to socialize	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
83	out_friend Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	I only smoke when I'm out with friends	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
84	enjoy Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	I enjoy smoking too much to give it up	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
85	keep Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	I might get pressured to keep smoking if I try to quit	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
86	deal_strss Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')	Smoking calms me down when I'm stressed or upset	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree

87	<p>eventual</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	I'll quit smoking eventually	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree
1	1 Strongly disagree												
2	2												
3	3												
4	4												
5	5 Strongly agree												
88	<p>impnt</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	Smoking is an important part of my life	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree
1	1 Strongly disagree												
2	2												
3	3												
4	4												
5	5 Strongly agree												
89	<p>image</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	I like my image when I smoke	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree
1	1 Strongly disagree												
2	2												
3	3												
4	4												
5	5 Strongly agree												
90	<p>cutdown</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	I want to reduce my smoking but not quit	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree
1	1 Strongly disagree												
2	2												
3	3												
4	4												
5	5 Strongly agree												
91	<p>smok_drg</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	I smoke cigarettes when I use other drugs	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree
1	1 Strongly disagree												
2	2												
3	3												
4	4												
5	5 Strongly agree												
92	<p>quit_support</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_s moked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_s moked] = '7') and ([curr_smok e] = '1' or [curr_smoke] = '2' o r [curr_smoke] = '3' or [curr_s moke] = '4')</p>	<p>Section Header:</p> <p>If you were to seek support in quitting smoking, how confident are you that you could find the support that you need?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Not very confident at all</td></tr> <tr><td>2</td><td>Somewhat not confident</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat confident</td></tr> <tr><td>5</td><td>Very confident</td></tr> </table> <p>Custom alignment: LV</p>	1	Not very confident at all	2	Somewhat not confident	3	Neutral	4	Somewhat confident	5	Very confident
1	Not very confident at all												
2	Somewhat not confident												
3	Neutral												
4	Somewhat confident												
5	Very confident												

93	<p>where_support</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	Where would you turn to for this support?	notes Custom alignment: LV																						
94	<p>quit_import</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	<p>Section Header:</p> <p>On a scale of 0 to 10 where 0 is not at all important and 10 is extremely important, how important is it to you to quit smoking:</p>	descriptive																						
95	<p>quitimport1</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	Within the next month?	<p>radio (Matrix), Required</p> <table><tr><td>0</td><td>0 Not important at all</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 Extremely important</td></tr></table>	0	0 Not important at all	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Extremely important
0	0 Not important at all																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Extremely important																								
96	<p>quitimport2</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	For good?	<p>radio (Matrix), Required</p> <table><tr><td>0</td><td>0 Not important at all</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 Extremely important</td></tr></table>	0	0 Not important at all	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Extremely important
0	0 Not important at all																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Extremely important																								

97	<p>quitimport3</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	And remain smoke-free?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>0</td><td>0 Not important at all</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 Extremely important</td></tr> </table>	0	0 Not important at all	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Extremely important
0	0 Not important at all																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Extremely important																								
98	<p>health_change</p> <p>Show the field ONLY if: ([cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	<p>Section Header:</p> <p>How much do you think your health would change if you quit smoking?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Significantly decline</td></tr> <tr><td>2</td><td>Somewhat decline</td></tr> <tr><td>3</td><td>No difference</td></tr> <tr><td>4</td><td>Somewhat improve</td></tr> <tr><td>5</td><td>Significantly improve</td></tr> </table> <p>Custom alignment: LV</p>	1	Significantly decline	2	Somewhat decline	3	No difference	4	Somewhat improve	5	Significantly improve												
1	Significantly decline																								
2	Somewhat decline																								
3	No difference																								
4	Somewhat improve																								
5	Significantly improve																								
99	nojudge	Section Header:	descriptive																						
100	vaping_intro	Vaping Our main focus of this survey is cigarette smoking, but we want to ask about vaping too. Vaping devices are also known as electronic cigarettes, e-cigarettes, vapes, pod mods, mods and hookah pens. This does not include vapourizers used for cannabis.	descriptive																						
101	time_vape	<p>A vape session is a distinct period of time during which someone uses an e-cigarette, from their first to their last puff. A vape session can last for any length of time and involve any number of puffs, depending on a person's preferences.</p> <p>How many e-cigarette vape sessions have you had in your life?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>0 (I have never vaped)</td></tr> <tr><td>2</td><td>1 to 3</td></tr> <tr><td>3</td><td>4 to 10</td></tr> <tr><td>4</td><td>11 to 20</td></tr> <tr><td>5</td><td>21 to 50</td></tr> <tr><td>6</td><td>51 to 99</td></tr> <tr><td>7</td><td>100 or more</td></tr> <tr><td>8</td><td>I don't remember</td></tr> </table> <p>Custom alignment: LV</p>	1	0 (I have never vaped)	2	1 to 3	3	4 to 10	4	11 to 20	5	21 to 50	6	51 to 99	7	100 or more	8	I don't remember						
1	0 (I have never vaped)																								
2	1 to 3																								
3	4 to 10																								
4	11 to 20																								
5	21 to 50																								
6	51 to 99																								
7	100 or more																								
8	I don't remember																								
102	<p>curr_vape</p> <p>Show the field ONLY if: [time_vape] = '2' or [time_vape] = '3' or [time_vape] = '4' or [time_vape] = '5' or [time_vape] = '6' or [time_vape] = '7'</p>	How often do you currently vape?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>Less than daily, but at least once a week</td></tr> <tr><td>3</td><td>Less than weekly, but at least once a month</td></tr> <tr><td>4</td><td>Less than monthly</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table> <p>Custom alignment: LV</p>	1	Daily or almost daily	2	Less than daily, but at least once a week	3	Less than weekly, but at least once a month	4	Less than monthly	5	Not at all												
1	Daily or almost daily																								
2	Less than daily, but at least once a week																								
3	Less than weekly, but at least once a month																								
4	Less than monthly																								
5	Not at all																								

103	<p>reasons_vape</p> <p>Show the field ONLY if: [time_vape] = '2' or [time_vape] = '3' or [time_vape] = '4' or [time_vape] = '5' or [time_vape] = '6' or [time_vape] = '7'</p>	<p>What are the main reasons you vape(d)? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>reasons_vape__1</td><td>To help me quit/reduce smoking cigarettes</td></tr> <tr><td>2</td><td>reasons_vape__2</td><td>I think it's safer than cigarettes</td></tr> <tr><td>3</td><td>reasons_vape__3</td><td>I was curious</td></tr> <tr><td>4</td><td>reasons_vape__4</td><td>It's fun doing tricks with the vapour</td></tr> <tr><td>5</td><td>reasons_vape__5</td><td>I like the flavours (taste and smell)</td></tr> <tr><td>6</td><td>reasons_vape__6</td><td>My friends vape</td></tr> <tr><td>7</td><td>reasons_vape__7</td><td>They're easier to get than cigarettes</td></tr> <tr><td>8</td><td>reasons_vape__8</td><td>It's less expensive than smoking cigarettes</td></tr> <tr><td>9</td><td>reasons_vape__9</td><td>I can vape anywhere</td></tr> <tr><td>10</td><td>reasons_vape__10</td><td>To avoid exposing others to secondhand smoke from cigarettes</td></tr> <tr><td>11</td><td>reasons_vape__11</td><td>To help me deal with stress</td></tr> <tr><td>12</td><td>reasons_vape__12</td><td>Other (please specify)</td></tr> </table> <p>Custom alignment: LV</p>	1	reasons_vape__1	To help me quit/reduce smoking cigarettes	2	reasons_vape__2	I think it's safer than cigarettes	3	reasons_vape__3	I was curious	4	reasons_vape__4	It's fun doing tricks with the vapour	5	reasons_vape__5	I like the flavours (taste and smell)	6	reasons_vape__6	My friends vape	7	reasons_vape__7	They're easier to get than cigarettes	8	reasons_vape__8	It's less expensive than smoking cigarettes	9	reasons_vape__9	I can vape anywhere	10	reasons_vape__10	To avoid exposing others to secondhand smoke from cigarettes	11	reasons_vape__11	To help me deal with stress	12	reasons_vape__12	Other (please specify)
1	reasons_vape__1	To help me quit/reduce smoking cigarettes																																					
2	reasons_vape__2	I think it's safer than cigarettes																																					
3	reasons_vape__3	I was curious																																					
4	reasons_vape__4	It's fun doing tricks with the vapour																																					
5	reasons_vape__5	I like the flavours (taste and smell)																																					
6	reasons_vape__6	My friends vape																																					
7	reasons_vape__7	They're easier to get than cigarettes																																					
8	reasons_vape__8	It's less expensive than smoking cigarettes																																					
9	reasons_vape__9	I can vape anywhere																																					
10	reasons_vape__10	To avoid exposing others to secondhand smoke from cigarettes																																					
11	reasons_vape__11	To help me deal with stress																																					
12	reasons_vape__12	Other (please specify)																																					
104	<p>reasons_vape_other</p> <p>Show the field ONLY if: [reasons_vape(12)] = '1'</p>	<p>What are the other main reasons you vape(d)?</p>	<p>notes</p> <p>Custom alignment: LV</p>																																				
105	<p>cutting_down</p> <p>Show the field ONLY if: ([time_vape] = '2' or [time_vape] = '3' or [time_vape] = '4' or [time_vape] = '5' or [time_vape] = '6' or [time_vape] = '7') and ([curr_smoke] = '1' or [curr_smoke] = '2' or [curr_smoke] = '3' or [curr_smoke] = '4')</p>	<p>While using an e-cigarette, I have been:</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Not at all successful at reducing my tobacco use</td></tr> <tr><td>2</td><td>Somewhat unsuccessful at reducing my tobacco use</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat successful at reducing my tobacco use</td></tr> <tr><td>5</td><td>Very successful at reducing my tobacco use</td></tr> </table> <p>Custom alignment: LV</p>	1	Not at all successful at reducing my tobacco use	2	Somewhat unsuccessful at reducing my tobacco use	3	Neutral	4	Somewhat successful at reducing my tobacco use	5	Very successful at reducing my tobacco use																										
1	Not at all successful at reducing my tobacco use																																						
2	Somewhat unsuccessful at reducing my tobacco use																																						
3	Neutral																																						
4	Somewhat successful at reducing my tobacco use																																						
5	Very successful at reducing my tobacco use																																						
106	<p>nic_strength</p> <p>Show the field ONLY if: [time_vape] = '2' or [time_vape] = '3' or [time_vape] = '4' or [time_vape] = '5' or [time_vape] = '6' or [time_vape] = '7'</p>	<p>What is the nicotine strength of the e-juice you last used?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I don't use nicotine</td></tr> <tr><td>2</td><td>1-4 mg/ml (0.1-0.4%)</td></tr> <tr><td>3</td><td>5-8 mg/ml (0.5-0.8%)</td></tr> <tr><td>4</td><td>9-14 mg/ml (0.9-1.4%)</td></tr> <tr><td>5</td><td>15-20 mg/ml (1.5-2.0%)</td></tr> <tr><td>6</td><td>21-24 mg/ml (2.1-2.4%)</td></tr> <tr><td>7</td><td>25-49 mg/ml (2.5-4.9%)</td></tr> <tr><td>8</td><td>50 mg/ml (5%) or more</td></tr> <tr><td>9</td><td>I don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	I don't use nicotine	2	1-4 mg/ml (0.1-0.4%)	3	5-8 mg/ml (0.5-0.8%)	4	9-14 mg/ml (0.9-1.4%)	5	15-20 mg/ml (1.5-2.0%)	6	21-24 mg/ml (2.1-2.4%)	7	25-49 mg/ml (2.5-4.9%)	8	50 mg/ml (5%) or more	9	I don't know																		
1	I don't use nicotine																																						
2	1-4 mg/ml (0.1-0.4%)																																						
3	5-8 mg/ml (0.5-0.8%)																																						
4	9-14 mg/ml (0.9-1.4%)																																						
5	15-20 mg/ml (1.5-2.0%)																																						
6	21-24 mg/ml (2.1-2.4%)																																						
7	25-49 mg/ml (2.5-4.9%)																																						
8	50 mg/ml (5%) or more																																						
9	I don't know																																						

107	friends_vape	How many of your close friends use e-cigarettes?	radio, Required <table border="1"> <tr><td>1</td><td>All of them</td></tr> <tr><td>2</td><td>Most of them</td></tr> <tr><td>3</td><td>About half of them</td></tr> <tr><td>4</td><td>A few of them</td></tr> <tr><td>5</td><td>None of them</td></tr> <tr><td>6</td><td>I don't know</td></tr> </table> Custom alignment: LV	1	All of them	2	Most of them	3	About half of them	4	A few of them	5	None of them	6	I don't know				
1	All of them																		
2	Most of them																		
3	About half of them																		
4	A few of them																		
5	None of them																		
6	I don't know																		
108	vape_accept_self	How acceptable do you think vaping is among LGBTQI2S+ young adults?	radio, Required <table border="1"> <tr><td>1</td><td>Very unacceptable</td></tr> <tr><td>2</td><td>Somewhat unacceptable</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat acceptable</td></tr> <tr><td>5</td><td>Very acceptable</td></tr> </table> Custom alignment: LV	1	Very unacceptable	2	Somewhat unacceptable	3	Neutral	4	Somewhat acceptable	5	Very acceptable						
1	Very unacceptable																		
2	Somewhat unacceptable																		
3	Neutral																		
4	Somewhat acceptable																		
5	Very acceptable																		
109	vape_accept_friends	How acceptable do your friends think vaping is among LGBTQI2S+ young adults?	radio, Required <table border="1"> <tr><td>1</td><td>Very unacceptable</td></tr> <tr><td>2</td><td>Somewhat unacceptable</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat acceptable</td></tr> <tr><td>5</td><td>Very acceptable</td></tr> </table> Custom alignment: LV	1	Very unacceptable	2	Somewhat unacceptable	3	Neutral	4	Somewhat acceptable	5	Very acceptable						
1	Very unacceptable																		
2	Somewhat unacceptable																		
3	Neutral																		
4	Somewhat acceptable																		
5	Very acceptable																		
110	puppies	Section Header: You're about half way there!	descriptive																
		Show the field ONLY if: [cigs_smoked] = '2' or [cigs_smoked] = '3' or [cigs_smoked] = '4' or [cigs_smoked] = '5' or [cigs_smoked] = '6' or [cigs_smoked] = '7'																	
111	substances_intro	Alcohol, Cannabis, Other Drugs The next questions ask about alcohol, cannabis, and other drugs. Just a reminder, there's no judgment here. Your answers are confidential and will not be shared with anyone outside of the research team.	descriptive																
112	alcohol	During the past 12 months, on average how often did you drink alcoholic beverages? When we use the word "drink" it means: One bottle or can of beer or a glass of draft / One glass of wine / One drink or cocktail with 1.5 ounces of liquor.	radio, Required <table border="1"> <tr><td>1</td><td>Every day</td></tr> <tr><td>2</td><td>4 to 6 times a week</td></tr> <tr><td>3</td><td>2 to 3 times a week</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2 to 3 times a month</td></tr> <tr><td>6</td><td>Once a month</td></tr> <tr><td>7</td><td>Less than once a month</td></tr> <tr><td>8</td><td>Not at all</td></tr> </table> Custom alignment: LV	1	Every day	2	4 to 6 times a week	3	2 to 3 times a week	4	Once a week	5	2 to 3 times a month	6	Once a month	7	Less than once a month	8	Not at all
1	Every day																		
2	4 to 6 times a week																		
3	2 to 3 times a week																		
4	Once a week																		
5	2 to 3 times a month																		
6	Once a month																		
7	Less than once a month																		
8	Not at all																		

113	alcohol_amount Show the field ONLY if: [alcohol] = '1' or [alcohol] = '2' or [alcohol] = '3' or [alcohol] = '4' or [alcohol] = '5' or [alcohol] = '6' or [alcohol] = '7'	How often in the past 12 months have you had 5 or more drinks on one occasion?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a month</td></tr> <tr><td>3</td><td>Once a month</td></tr> <tr><td>4</td><td>2 to 3 times a month</td></tr> <tr><td>5</td><td>Once a week</td></tr> <tr><td>6</td><td>More than once a week</td></tr> </table> Custom alignment: LV	1	Never	2	Less than once a month	3	Once a month	4	2 to 3 times a month	5	Once a week	6	More than once a week																																	
1	Never																																															
2	Less than once a month																																															
3	Once a month																																															
4	2 to 3 times a month																																															
5	Once a week																																															
6	More than once a week																																															
114	cannabis	During the past 12 months, how often did you use cannabis?	radio, Required <table border="1"> <tr><td>1</td><td>Every day</td></tr> <tr><td>2</td><td>4 to 6 times a week</td></tr> <tr><td>3</td><td>2 to 3 times a week</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2 to 3 times a month</td></tr> <tr><td>6</td><td>Once a month</td></tr> <tr><td>7</td><td>Less than once a month</td></tr> <tr><td>8</td><td>Not at all</td></tr> </table> Custom alignment: LV	1	Every day	2	4 to 6 times a week	3	2 to 3 times a week	4	Once a week	5	2 to 3 times a month	6	Once a month	7	Less than once a month	8	Not at all																													
1	Every day																																															
2	4 to 6 times a week																																															
3	2 to 3 times a week																																															
4	Once a week																																															
5	2 to 3 times a month																																															
6	Once a month																																															
7	Less than once a month																																															
8	Not at all																																															
115	warning2	Section Header: Warning: The following question is about drug use and can be triggering.	descriptive																																													
116	substances	Section Header: For each drug below (not prescribed to you), check off if you ever used it at least once in the in the past 12 months. Please remember that your answers are anonymous and confidential. Researchers will not identify respondents from their answers. We're asking this to learn more about how smoking is linked to other drugs. Check all that apply.	checkbox <table border="1"> <tr><td>1</td><td>substances__1</td><td>Poppers/amyl</td></tr> <tr><td>2</td><td>substances__2</td><td>Ketamine/Special K</td></tr> <tr><td>3</td><td>substances__3</td><td>Ecstasy/MDMA</td></tr> <tr><td>4</td><td>substances__4</td><td>Crystal meth/Tina</td></tr> <tr><td>5</td><td>substances__5</td><td>Crack, free base</td></tr> <tr><td>6</td><td>substances__6</td><td>Cocaine</td></tr> <tr><td>7</td><td>substances__7</td><td>Heroin (smack)</td></tr> <tr><td>8</td><td>substances__8</td><td>Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)</td></tr> <tr><td>9</td><td>substances__9</td><td>Fentanyl</td></tr> <tr><td>10</td><td>substances__10</td><td>GHB/"G"</td></tr> <tr><td>11</td><td>substances__11</td><td>Tranquilizers or benzos (e.g., Valium, Xanax)</td></tr> <tr><td>12</td><td>substances__12</td><td>Psychedelics (e.g., LSD, mescaline, acid, mushrooms)</td></tr> <tr><td>13</td><td>substances__13</td><td>None of the above</td></tr> <tr><td>14</td><td>substances__14</td><td>Prefer not to answer</td></tr> <tr><td>15</td><td>substances__15</td><td>Other (please specify)</td></tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='13' @NONEOFTHEABOVE='14'	1	substances__1	Poppers/amyl	2	substances__2	Ketamine/Special K	3	substances__3	Ecstasy/MDMA	4	substances__4	Crystal meth/Tina	5	substances__5	Crack, free base	6	substances__6	Cocaine	7	substances__7	Heroin (smack)	8	substances__8	Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)	9	substances__9	Fentanyl	10	substances__10	GHB/"G"	11	substances__11	Tranquilizers or benzos (e.g., Valium, Xanax)	12	substances__12	Psychedelics (e.g., LSD, mescaline, acid, mushrooms)	13	substances__13	None of the above	14	substances__14	Prefer not to answer	15	substances__15	Other (please specify)
1	substances__1	Poppers/amyl																																														
2	substances__2	Ketamine/Special K																																														
3	substances__3	Ecstasy/MDMA																																														
4	substances__4	Crystal meth/Tina																																														
5	substances__5	Crack, free base																																														
6	substances__6	Cocaine																																														
7	substances__7	Heroin (smack)																																														
8	substances__8	Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)																																														
9	substances__9	Fentanyl																																														
10	substances__10	GHB/"G"																																														
11	substances__11	Tranquilizers or benzos (e.g., Valium, Xanax)																																														
12	substances__12	Psychedelics (e.g., LSD, mescaline, acid, mushrooms)																																														
13	substances__13	None of the above																																														
14	substances__14	Prefer not to answer																																														
15	substances__15	Other (please specify)																																														
117	substances_other Show the field ONLY if: [substances(14)] = '1'	Please specify what other drugs you've used at least once in the in the past 12 months.	notes Custom alignment: LV																																													

118	substances_covid	In general, how has COVID-19 changed the way you consume alcohol, cannabis or other drugs, if at all?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I consume alcohol, cannabis or other drugs more</td></tr> <tr><td>2</td><td>I consume alcohol, cannabis or other drugs less</td></tr> <tr><td>3</td><td>I consume alcohol, cannabis or other drugs the same</td></tr> <tr><td>4</td><td>I stopped consuming alcohol, cannabis or other drugs substances</td></tr> <tr><td>5</td><td>Not applicable - I don't consume alcohol or cannabis or other drugs</td></tr> </table> <p>Custom alignment: LV</p>	1	I consume alcohol, cannabis or other drugs more	2	I consume alcohol, cannabis or other drugs less	3	I consume alcohol, cannabis or other drugs the same	4	I stopped consuming alcohol, cannabis or other drugs substances	5	Not applicable - I don't consume alcohol or cannabis or other drugs				
1	I consume alcohol, cannabis or other drugs more																
2	I consume alcohol, cannabis or other drugs less																
3	I consume alcohol, cannabis or other drugs the same																
4	I stopped consuming alcohol, cannabis or other drugs substances																
5	Not applicable - I don't consume alcohol or cannabis or other drugs																
119	heath_intro	<p>Section Header:</p> <p>Mental and Physical Health Okay folks, we are going further now. We want to ask about your mental health and physical health too, and we know it's personal. We're asking so we can understand how health is connected to tobacco use. All of your responses are completely confidential.</p>	descriptive														
120	gen_health	In general, would you say your health is:	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Poor</td></tr> <tr><td>2</td><td>Fair</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Very good</td></tr> <tr><td>5</td><td>Excellent</td></tr> <tr><td>6</td><td>I don't know</td></tr> <tr><td>7</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Poor	2	Fair	3	Good	4	Very good	5	Excellent	6	I don't know	7	Prefer not to answer
1	Poor																
2	Fair																
3	Good																
4	Very good																
5	Excellent																
6	I don't know																
7	Prefer not to answer																
121	fitness1	<p>In the last 7 days, did you do sports, fitness or recreational physical activities, organized or non-organized, that lasted a minimum of 10 continuous minutes?</p> <p>Examples are walking, home or gym exercise, swimming, cycling, running, skiing, dancing and all team sports.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	2	No	3	I don't know								
1	Yes																
2	No																
3	I don't know																
122	<p>fitness2</p> <p>Show the field ONLY if: [fitness1] = '1'</p>	Did any of these recreational physical activities make you sweat at least a little and breathe harder?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	2	No	3	I don't know								
1	Yes																
2	No																
3	I don't know																
123	<p>fitness_minutes</p> <p>Show the field ONLY if: [fitness2] = '1'</p>	In the last 7 days, how much time in total did you spend doing these activities that made you sweat at least a little and breathe harder? Enter number of minutes.	<p>text (number, Min: 0, Max: 9995), Required</p> <p>Custom alignment: LV</p>														
124	mental_health	How would you rate your mental or emotional health?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Poor</td></tr> <tr><td>2</td><td>Fair</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Very good</td></tr> <tr><td>5</td><td>Excellent</td></tr> <tr><td>6</td><td>I don't know</td></tr> <tr><td>7</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Poor	2	Fair	3	Good	4	Very good	5	Excellent	6	I don't know	7	Prefer not to answer
1	Poor																
2	Fair																
3	Good																
4	Very good																
5	Excellent																
6	I don't know																
7	Prefer not to answer																

125	stresslife	Thinking about the amount of stress in your life, would you say that most days are:	radio, Required <table border="1"> <tr><td>1</td><td>Extremely stressful</td></tr> <tr><td>2</td><td>Very stressful</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Not very stressful</td></tr> <tr><td>5</td><td>Not at all stressful</td></tr> </table> Custom alignment: LV	1	Extremely stressful	2	Very stressful	3	Neutral	4	Not very stressful	5	Not at all stressful																																									
1	Extremely stressful																																																					
2	Very stressful																																																					
3	Neutral																																																					
4	Not very stressful																																																					
5	Not at all stressful																																																					
126	diagnosis	Have you been diagnosed by a health professional with a mental health condition?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Yes	2	No	3	I don't know	4	Prefer not to answer																																											
1	Yes																																																					
2	No																																																					
3	I don't know																																																					
4	Prefer not to answer																																																					
127	conditions Show the field ONLY if: [diagnosis] = '1'	Which condition(s) have you been diagnosed with? Check all that apply.	checkbox, Required <table border="1"> <tr><td>1</td><td>conditions__1</td><td>Anorexia or bulimia</td></tr> <tr><td>2</td><td>conditions__2</td><td>Anxiety disorder</td></tr> <tr><td>3</td><td>conditions__3</td><td>Attention deficit disorder (ADD)</td></tr> <tr><td>4</td><td>conditions__4</td><td>Attention deficit hyperactivity disorder (ADHD)</td></tr> <tr><td>5</td><td>conditions__5</td><td>Bipolar disorder (manic depression)</td></tr> <tr><td>6</td><td>conditions__6</td><td>Depression disorder</td></tr> <tr><td>7</td><td>conditions__7</td><td>Dysthymia</td></tr> <tr><td>8</td><td>conditions__8</td><td>Mania</td></tr> <tr><td>9</td><td>conditions__9</td><td>Obsessive compulsive disorder (OCD)</td></tr> <tr><td>10</td><td>conditions__10</td><td>Panic disorder</td></tr> <tr><td>11</td><td>conditions__11</td><td>Phobia</td></tr> <tr><td>12</td><td>conditions__12</td><td>Psychosis</td></tr> <tr><td>13</td><td>conditions__13</td><td>Post-traumatic stress disorder (PTSD)</td></tr> <tr><td>14</td><td>conditions__14</td><td>Schizophrenia</td></tr> <tr><td>15</td><td>conditions__15</td><td>Other (specify)</td></tr> <tr><td>16</td><td>conditions__16</td><td>I don't know</td></tr> <tr><td>17</td><td>conditions__17</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='16,17'	1	conditions__1	Anorexia or bulimia	2	conditions__2	Anxiety disorder	3	conditions__3	Attention deficit disorder (ADD)	4	conditions__4	Attention deficit hyperactivity disorder (ADHD)	5	conditions__5	Bipolar disorder (manic depression)	6	conditions__6	Depression disorder	7	conditions__7	Dysthymia	8	conditions__8	Mania	9	conditions__9	Obsessive compulsive disorder (OCD)	10	conditions__10	Panic disorder	11	conditions__11	Phobia	12	conditions__12	Psychosis	13	conditions__13	Post-traumatic stress disorder (PTSD)	14	conditions__14	Schizophrenia	15	conditions__15	Other (specify)	16	conditions__16	I don't know	17	conditions__17	Prefer not to answer
1	conditions__1	Anorexia or bulimia																																																				
2	conditions__2	Anxiety disorder																																																				
3	conditions__3	Attention deficit disorder (ADD)																																																				
4	conditions__4	Attention deficit hyperactivity disorder (ADHD)																																																				
5	conditions__5	Bipolar disorder (manic depression)																																																				
6	conditions__6	Depression disorder																																																				
7	conditions__7	Dysthymia																																																				
8	conditions__8	Mania																																																				
9	conditions__9	Obsessive compulsive disorder (OCD)																																																				
10	conditions__10	Panic disorder																																																				
11	conditions__11	Phobia																																																				
12	conditions__12	Psychosis																																																				
13	conditions__13	Post-traumatic stress disorder (PTSD)																																																				
14	conditions__14	Schizophrenia																																																				
15	conditions__15	Other (specify)																																																				
16	conditions__16	I don't know																																																				
17	conditions__17	Prefer not to answer																																																				
128	conditions_other Show the field ONLY if: [conditions(15)] = '1'	What other condition(s) have you been diagnosed with?	notes Custom alignment: LV																																																			
129	feeling_intro	Section Header: Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way during the past week. 1 = Rarely or none of the time (less than 1 day) 2 = Some or a little of the time (1-2 days) 3 = Occasionally or moderate amount of time (3-4 days) 4 = Most or all of the time (5-7 days) Prefer not to answer	descriptive																																																			

	130	feel1	I had trouble keeping my mind on what I was doing	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													
	131	feel2	I felt depressed	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													
	132	feel3	I felt that everything I did was an effort	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													
	133	feel4	My sleep was restless	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													
	134	feel5	I could not get "going"	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													
	135	feel6	I felt sad	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													
	136	feel7	I did not feel like eating; my appetite was poor	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Rarely or none of the time</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Most or all of the time</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	1 Rarely or none of the time	2	2	3	3	4	4 Most or all of the time	5	Prefer not to answer
1	1 Rarely or none of the time													
2	2													
3	3													
4	4 Most or all of the time													
5	Prefer not to answer													

137	treatment	<p>Section Header:</p> <p>Are you currently being treated for, or have you been diagnosed with, any of the following? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>treatment__1</td><td>Chronic lung disease (e.g., emphysema, chronic bronchitis)</td></tr> <tr><td>2</td><td>treatment__2</td><td>Asthma</td></tr> <tr><td>3</td><td>treatment__3</td><td>Chronic pain</td></tr> <tr><td>4</td><td>treatment__4</td><td>Diabetes</td></tr> <tr><td>5</td><td>treatment__5</td><td>Heart disease</td></tr> <tr><td>6</td><td>treatment__6</td><td>Lung cancer</td></tr> <tr><td>7</td><td>treatment__7</td><td>Other cancers</td></tr> <tr><td>8</td><td>treatment__8</td><td>None of the above</td></tr> <tr><td>9</td><td>treatment__9</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='8,9'</p>	1	treatment__1	Chronic lung disease (e.g., emphysema, chronic bronchitis)	2	treatment__2	Asthma	3	treatment__3	Chronic pain	4	treatment__4	Diabetes	5	treatment__5	Heart disease	6	treatment__6	Lung cancer	7	treatment__7	Other cancers	8	treatment__8	None of the above	9	treatment__9	Prefer not to answer			
1	treatment__1	Chronic lung disease (e.g., emphysema, chronic bronchitis)																															
2	treatment__2	Asthma																															
3	treatment__3	Chronic pain																															
4	treatment__4	Diabetes																															
5	treatment__5	Heart disease																															
6	treatment__6	Lung cancer																															
7	treatment__7	Other cancers																															
8	treatment__8	None of the above																															
9	treatment__9	Prefer not to answer																															
138	disability	<p>Are you currently living with any of the following? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>disability__1</td><td>Intellectual disability</td></tr> <tr><td>2</td><td>disability__2</td><td>Learning disability</td></tr> <tr><td>3</td><td>disability__3</td><td>Autism, Asperger's or neuro-diverse spectrum</td></tr> <tr><td>4</td><td>disability__4</td><td>Difficulty seeing e.g., blind, low vision or visual impairment</td></tr> <tr><td>5</td><td>disability__5</td><td>Difficulty hearing</td></tr> <tr><td>6</td><td>disability__6</td><td>Difficulty walking, using stairs, using your hands or fingers, or doing other physical activities</td></tr> <tr><td>7</td><td>disability__7</td><td>Chronic pain</td></tr> <tr><td>8</td><td>disability__8</td><td>None of the above</td></tr> <tr><td>9</td><td>disability__9</td><td>Other (please specify)</td></tr> <tr><td>10</td><td>disability__10</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='8,10'</p>	1	disability__1	Intellectual disability	2	disability__2	Learning disability	3	disability__3	Autism, Asperger's or neuro-diverse spectrum	4	disability__4	Difficulty seeing e.g., blind, low vision or visual impairment	5	disability__5	Difficulty hearing	6	disability__6	Difficulty walking, using stairs, using your hands or fingers, or doing other physical activities	7	disability__7	Chronic pain	8	disability__8	None of the above	9	disability__9	Other (please specify)	10	disability__10	Prefer not to answer
1	disability__1	Intellectual disability																															
2	disability__2	Learning disability																															
3	disability__3	Autism, Asperger's or neuro-diverse spectrum																															
4	disability__4	Difficulty seeing e.g., blind, low vision or visual impairment																															
5	disability__5	Difficulty hearing																															
6	disability__6	Difficulty walking, using stairs, using your hands or fingers, or doing other physical activities																															
7	disability__7	Chronic pain																															
8	disability__8	None of the above																															
9	disability__9	Other (please specify)																															
10	disability__10	Prefer not to answer																															
139	disability_other	<p>What are you currently living with?</p> <p>Show the field ONLY if: [disability(9)] = '1'</p>	<p>notes</p> <p>Custom alignment: LV</p>																														
140	warning1	<p>Section Header:</p> <p>Warning: The following question is about suicidal thoughts and can be triggering.</p>	<p>descriptive</p>																														
141	suicidal	<p>Section Header:</p> <p>This question is about suicidal thoughts. In the past 12 months, how often did you feel suicidal?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than once a month</td></tr> <tr><td>3</td><td>1 to 3 times per month</td></tr> <tr><td>4</td><td>1 to 6 times per week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Never	2	Less than once a month	3	1 to 3 times per month	4	1 to 6 times per week	5	Every day	6	Prefer not to answer																		
1	Never																																
2	Less than once a month																																
3	1 to 3 times per month																																
4	1 to 6 times per week																																
5	Every day																																
6	Prefer not to answer																																
142	seek_help	<p>Since March 2020, was there a time when you wanted to talk with or seek help from a health professional about stress, depression, problems with emotions or substance use?</p>	<p>radio, Required</p> <table border="1"> <tr><td>6</td><td>Yes</td></tr> <tr><td>7</td><td>No</td></tr> <tr><td>8</td><td>I don't know</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	6	Yes	7	No	8	I don't know	9	Prefer not to answer																						
6	Yes																																
7	No																																
8	I don't know																																
9	Prefer not to answer																																

143	help_delay Show the field ONLY if: [seek_help] = '6'	Did you delay or not get the care you thought you needed?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>I don't know</td></tr><tr><td>4</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	2	No	3	I don't know	4	Prefer not to answer
1	Yes										
2	No										
3	I don't know										
4	Prefer not to answer										
144	min_stress_intro_3	If you need to speak with someone, here are some resources. National Services: Crisis Services Canada 24/7 Suicide prevention service (EN) 1-833-456-4566 (FR) 1-866-277-3553 Kids Help Phone 24/7 national support service for children and youth Call 1-800-668-6868 Text CONNECT 686868 Youthscape Online crisis and emotional support chat for anyone under 30 6pm-midnight (PST) Text: 778 783 0177 Ontario Services: LGBT Youthline Confidential peer support age 16 to 29 Text: 647-694-4275 Chat online: www.youthline.ca Sunday to Friday 4pm-9:30pm Trans Lifeline Trans-led organization connecting people to community and resources 1-877-330-6366 Good 2 Talk Confidential support services for post-secondary students in Ontario and Nova Scotia 1-866-925-545 Text GOODTALKON to 686868 Quebec Services: Interligne Front-line center for help and information for people concerned with sexual and gender diversity 514-866-0103 (Montreal) 1-888-505-1010 (Toll-free) Text : 1-888-505-1010 Online chat: https://interligne.co/ Email: aide@interligne.co Aide aux trans du Quebec 24-hour crisis and intervention line, support groups for transgender individuals 1-855-909-9038 Option 1 (Montreal and other regions in Quebec) Option 3 (Québec City) TEL-JEUNES Confidential line for young people aged 20 and under in Quebec 1-800-263-2266 – TEXT 514-600-1002 Online Chat: https://www.teljeunes.com/Accueil 211 QC - https://www.211qc.ca/en/ Thunder Bay Services and Organizations: NorWest CHC Thunder Bay District Health Unit Thunder Bay Counselling Canadian Mental Health Association – Thunder Bay PRIDE Central Toronto Services and Organizations: The 519 Lumenus Centre for Addiction and Mental Health (CAMH) Rainbow Services Centre for Addiction and Mental Health (CAMH) Gender Identity Clinic Toronto 211 Central Montreal Services and Organizations: LGBTQ+ Community Centre of Montreal Pride Therapy Network of Montreal REZO Projet 10 West Island LGBTQ2+ Centre – Beaconsfield AGIR Montreal (Action LGBTQ avec les Immigrant.es et Réfugié.es) L'astérisq Project contact: smokingproject.dlsph@utoronto.ca	descriptive								
145	ident_intro	Section Header: Identity, Outness & Engagement The next questions ask more about your identity and how connected you feel with your community(ies).	descriptive								
146	indent_cent_intro	This set of questions asks about how much you identify with your sexual orientation/gender identity. The options are a bit repetitive! For each of the following questions, please mark the response that best indicates your current experience: 1 = Strongly disagree 2 = Somewhat disagree 3 = Neutral 4 = Somewhat agree 5 = Strongly agree	descriptive								

147	central	My sexual orientation/gender identity is a central part of my identity	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
148	not_sig	My sexual orientation/gender identity is an insignificant part of who I am	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
149	imprtant	Being an LGBTQI2S+ person is a very important aspect of my life	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
150	understand	To understand who I am as a person, you have to know that I'm LGBTQI2S+	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree
151	outness_intro	Section Header: Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. 1 = Definitely does NOT know about your sexual orientation 2 = Might know, but it is NEVER talked about 3 = Probably knows, but it is NEVER talked about 4 = Probably knows, but it is RARELY talked about 5 = Definitely knows, but it is RARELY talked about 6 = Definitely knows, and it is SOMETIMES talked about 7 = Definitely knows, and it is OFTEN talked about 0 = N/A	descriptive
152	mom	Mother	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A

153	dad	Father	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
154	sibs	Sibling(s)	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
155	partner	Spouse/partner	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
156	ext_fam	Extended family	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
157	new_frnd	New straight cisgender friends	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A

158	old_frnd	Old straight cisgender friends	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
159	co_work	Co-workers	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
160	employr	Employer	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
161	relig_mem	Religious community	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A
162	stranger	Strangers, new acquaintances	radio (Matrix), Required 1 1 Definitely doesn't know 2 2 3 3 4 4 5 5 6 6 7 7 Definitely knows, talks about 8 0 N/A

163	famdoc	Family doctor	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Definitely doesn't know</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Definitely knows, talks about</td></tr> <tr><td>8</td><td>0 N/A</td></tr> </table>	1	1 Definitely doesn't know	2	2	3	3	4	4	5	5	6	6	7	7 Definitely knows, talks about	8	0 N/A
1	1 Definitely doesn't know																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7 Definitely knows, talks about																		
8	0 N/A																		
164	oth_hlth	Other healthcare providers	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Definitely doesn't know</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Definitely knows, talks about</td></tr> <tr><td>8</td><td>0 N/A</td></tr> </table>	1	1 Definitely doesn't know	2	2	3	3	4	4	5	5	6	6	7	7 Definitely knows, talks about	8	0 N/A
1	1 Definitely doesn't know																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7 Definitely knows, talks about																		
8	0 N/A																		
165	classmt	Classmates	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Definitely doesn't know</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Definitely knows, talks about</td></tr> <tr><td>8</td><td>0 N/A</td></tr> </table>	1	1 Definitely doesn't know	2	2	3	3	4	4	5	5	6	6	7	7 Definitely knows, talks about	8	0 N/A
1	1 Definitely doesn't know																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7 Definitely knows, talks about																		
8	0 N/A																		
166	teach	Teachers	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Definitely doesn't know</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Definitely knows, talks about</td></tr> <tr><td>8</td><td>0 N/A</td></tr> </table>	1	1 Definitely doesn't know	2	2	3	3	4	4	5	5	6	6	7	7 Definitely knows, talks about	8	0 N/A
1	1 Definitely doesn't know																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7 Definitely knows, talks about																		
8	0 N/A																		
167	gend_out_intro Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Section Header: Have you asked any of the following people to call you by a different name or pronoun, one which reflects your gender identity?	descriptive																
168	mom_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Mother	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Do not plan on doing</td></tr> <tr><td>2</td><td>Plan to do</td></tr> <tr><td>3</td><td>Have done</td></tr> <tr><td>4</td><td>N/A</td></tr> </table>	1	Do not plan on doing	2	Plan to do	3	Have done	4	N/A								
1	Do not plan on doing																		
2	Plan to do																		
3	Have done																		
4	N/A																		

169	dad_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Father	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
170	sibs_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Sibling(s)	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
171	spouse_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Spouse/partner	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
172	extend_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Extended family	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
173	frnd_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	New straight cisgender friends	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
174	ntfriend_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Old straight cisgender friends	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
175	cwrkr_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Co-workers	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
176	emp_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Employer	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A
177	relig_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Religious community	radio (Matrix), Required 1 Do not plan on doing 2 Plan to do 3 Have done 4 N/A

178	stranger_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Strangers, new acquaintances	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Do not plan on doing</td></tr> <tr><td>2</td><td>Plan to do</td></tr> <tr><td>3</td><td>Have done</td></tr> <tr><td>4</td><td>N/A</td></tr> </table>	1	Do not plan on doing	2	Plan to do	3	Have done	4	N/A				
1	Do not plan on doing														
2	Plan to do														
3	Have done														
4	N/A														
179	fam_doc_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Family doctor	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Do not plan on doing</td></tr> <tr><td>2</td><td>Plan to do</td></tr> <tr><td>3</td><td>Have done</td></tr> <tr><td>4</td><td>N/A</td></tr> </table>	1	Do not plan on doing	2	Plan to do	3	Have done	4	N/A				
1	Do not plan on doing														
2	Plan to do														
3	Have done														
4	N/A														
180	otherhelth_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Other healthcare providers	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Do not plan on doing</td></tr> <tr><td>2</td><td>Plan to do</td></tr> <tr><td>3</td><td>Have done</td></tr> <tr><td>4</td><td>N/A</td></tr> </table>	1	Do not plan on doing	2	Plan to do	3	Have done	4	N/A				
1	Do not plan on doing														
2	Plan to do														
3	Have done														
4	N/A														
181	clss_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Classmates	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Do not plan on doing</td></tr> <tr><td>2</td><td>Plan to do</td></tr> <tr><td>3</td><td>Have done</td></tr> <tr><td>4</td><td>N/A</td></tr> </table>	1	Do not plan on doing	2	Plan to do	3	Have done	4	N/A				
1	Do not plan on doing														
2	Plan to do														
3	Have done														
4	N/A														
182	tchr_t Show the field ONLY if: ([gr2] = '1' or [gr2] = '2' or [gr2] = '3' or [gr2] = '4' or [gr2] = '7') or ([ts2] = '1' and ([gr2] = '5' or [gr2] = '6'))	Teachers	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Do not plan on doing</td></tr> <tr><td>2</td><td>Plan to do</td></tr> <tr><td>3</td><td>Have done</td></tr> <tr><td>4</td><td>N/A</td></tr> </table>	1	Do not plan on doing	2	Plan to do	3	Have done	4	N/A				
1	Do not plan on doing														
2	Plan to do														
3	Have done														
4	N/A														
183	comm_conn_intro	Section Header: This question asks about how you are connected with those who identify with your sexual orientation/gender identity. To what extent do you agree with the following statements? 1 = Strongly disagree 2 = Somewhat disagree 3 = Neutral 4 = Somewhat agree 5 = Strongly agree Prefer not to answer	descriptive												
184	part_q	You feel you're a part of your community	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree														
2	2														
3	3														
4	4														
5	5 Strongly agree														
6	Prefer not to answer														
185	pos_q	Participating in your community is a positive thing for you	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree														
2	2														
3	3														
4	4														
5	5 Strongly agree														
6	Prefer not to answer														

186	bond_q	You feel a bond with your community	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
187	proud_q	You are proud of your community	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
188	polit_q	It is important for you to be politically active in your community	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
189	solv_q	If we work together people can solve problems in your community	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
190	prob_q	You really feel that any problems faced by your community are also your own problems	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer

191	connect	<p>Section Header:</p> <p>In which ways are you connected with LGBTQI2S+ communities? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>connect__1</td><td>Bar culture</td></tr> <tr><td>2</td><td>connect__2</td><td>Drag Shows</td></tr> <tr><td>3</td><td>connect__3</td><td>LGBTQI2S+ game nights</td></tr> <tr><td>4</td><td>connect__4</td><td>Queer/Trans comedy shows etc.</td></tr> <tr><td>5</td><td>connect__5</td><td>Book clubs</td></tr> <tr><td>6</td><td>connect__6</td><td>Art scene</td></tr> <tr><td>7</td><td>connect__7</td><td>Social media platforms</td></tr> <tr><td>8</td><td>connect__8</td><td>Dating apps e.g., Grindr</td></tr> <tr><td>9</td><td>connect__9</td><td>Friend groups</td></tr> <tr><td>10</td><td>connect__10</td><td>LGBTQI2S+ sports clubs</td></tr> <tr><td>11</td><td>connect__11</td><td>Other clubs or social groups</td></tr> <tr><td>12</td><td>connect__12</td><td>I don't know</td></tr> <tr><td>13</td><td>connect__13</td><td>None of the above</td></tr> <tr><td>14</td><td>connect__14</td><td>Prefer not to answer</td></tr> <tr><td>15</td><td>connect__15</td><td>Other (please specify)</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='13,14'</p>	1	connect__1	Bar culture	2	connect__2	Drag Shows	3	connect__3	LGBTQI2S+ game nights	4	connect__4	Queer/Trans comedy shows etc.	5	connect__5	Book clubs	6	connect__6	Art scene	7	connect__7	Social media platforms	8	connect__8	Dating apps e.g., Grindr	9	connect__9	Friend groups	10	connect__10	LGBTQI2S+ sports clubs	11	connect__11	Other clubs or social groups	12	connect__12	I don't know	13	connect__13	None of the above	14	connect__14	Prefer not to answer	15	connect__15	Other (please specify)
1	connect__1	Bar culture																																														
2	connect__2	Drag Shows																																														
3	connect__3	LGBTQI2S+ game nights																																														
4	connect__4	Queer/Trans comedy shows etc.																																														
5	connect__5	Book clubs																																														
6	connect__6	Art scene																																														
7	connect__7	Social media platforms																																														
8	connect__8	Dating apps e.g., Grindr																																														
9	connect__9	Friend groups																																														
10	connect__10	LGBTQI2S+ sports clubs																																														
11	connect__11	Other clubs or social groups																																														
12	connect__12	I don't know																																														
13	connect__13	None of the above																																														
14	connect__14	Prefer not to answer																																														
15	connect__15	Other (please specify)																																														
192	connect_oth Show the field ONLY if: [connect(15)] = '1'	What other ways are you connected with LGBTQI2S+ communities?	<p>notes</p> <p>Custom alignment: LV</p>																																													
193	puppies_2 Show the field ONLY if: [cigs_smoked] = '1' or [cigs_smoked] = '8'	<p>Section Header:</p> <p>You're about half way there!</p>	descriptive																																													
194	min_stress_intro	<p>Section Header:</p> <p>These next sets of questions can feel quite intrusive. We are asking them to better understand LGBTQI2S+ communities' experience with stress, stigma, and other life experiences. What you're sharing with us is for research purposes; your identity will not be revealed. If needed, we've included some links to resources if you'd like to check them out.</p>	descriptive																																													
195	stigma_intro	<p>The following is a question about stigma and can be triggering. Please rate the extent to which you have experienced the following. How often have you:</p> <p>1 = Never 2 = Rarely 3 = Every once in a while 4 = Sometimes 5 = Many times Prefer not to answer</p>	descriptive																																													
196	norm_q	Heard that being LGBTQI2S+ is not normal?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer																																	
1	1 Never																																															
2	2																																															
3	3																																															
4	4																																															
5	5 Many times																																															
6	Prefer not to answer																																															

197	pass_q	Had to pretend to be or pass as straight or cisgender in order to be accepted?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
198	relat_q	Heard that LGBTQI2S+ people can't have long term relationships?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
199	hit_q	Been hit or beaten up for being LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
200	police_q	Been harassed by the police for being LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
201	live_q	Lost a place to live for being LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
202	job_q	Been rejected or lost a job or career opportunity for being LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer

203	names_q	Been made fun of or called names for being LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
204	asslt_q	Been sexually assaulted for being LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
205	frnd_q	Lost your straight or cisgender friends because you are LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
206	hurt_q	Felt your family was hurt and embarrassed because you are LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
207	fam_q	Felt you had to stop associating with your family because you are LGBTQI2S+?	radio (Matrix), Required 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer
208	relig_q	Been denied access to religious centers or religious services because you are LGBTQI2S+?	radio (Matrix) 1 1 Never 2 2 3 3 4 4 5 5 Many times 6 Prefer not to answer

	209	comfrt_intro	<p>Section Header:</p> <p>We are interested in how you feel about the following statements. To what extent do you agree or disagree with the following statements?</p> <p>1 = Strongly disagree 2 = Somewhat disagree 3 = Neutral 4 = Somewhat agree 5 = Strongly agree Prefer not to answer</p>	descriptive												
	210	comfrt	I am comfortable with people knowing that I identify as LGBTQI2S+	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree															
2	2															
3	3															
4	4															
5	5 Strongly agree															
6	Prefer not to answer															
	211	control	It is important for me to control who knows that I identify as LGBTQI2S+	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree															
2	2															
3	3															
4	4															
5	5 Strongly agree															
6	Prefer not to answer															
	212	public	I am comfortable with discussing my sexual orientation or gender identity in a public situation	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree															
2	2															
3	3															
4	4															
5	5 Strongly agree															
6	Prefer not to answer															
	213	change	I would change my sexual orientation or gender identity if I could	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree															
2	2															
3	3															
4	4															
5	5 Strongly agree															
6	Prefer not to answer															
	214	seen	I am comfortable being seen in public with people who identify as LGBTQI2S+	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree															
2	2															
3	3															
4	4															
5	5 Strongly agree															
6	Prefer not to answer															

215	sustain	I believe most people who identify as LGBTQI2S+ cannot sustain a long-term committed relationship.	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
216	anonym	I agree that most people who identify as LGBTQI2S+ prefer anonymous sexual encounters	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
217	promisc	I agree that people who identify as LGBTQI2S+ are generally more promiscuous than other people	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
218	nervous	I am nervous in places that are not accepting of people who identify as LGBTQI2S+	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
219	public_plc	I am comfortable in public places (e.g. local campus, restaurant) with people who identify as LGBTQI2S+	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer
220	bars	I am comfortable in LGBTQI2S+ bars/parties/events	radio (Matrix), Required 1 1 Strongly disagree 2 2 3 3 4 4 5 5 Strongly agree 6 Prefer not to answer

221	advnce	It is difficult for me to make an advance (hit on) other people who identify as LGBTQI2S+	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Strongly agree</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Strongly disagree	2	2	3	3	4	4	5	5 Strongly agree	6	Prefer not to answer
1	1 Strongly disagree														
2	2														
3	3														
4	4														
5	5 Strongly agree														
6	Prefer not to answer														
222	anti_bi_intro Show the field ONLY if: [on2] = '2'	Section Header: Please rate the extent to which you have experienced the following among your straight cisgender friends: 1 = Never 2 = Rarely 3 = Every once in a while 4 = Sometimes 5 = Many times Prefer not to answer	descriptive												
223	curios_h Show the field ONLY if: [on2] = '2'	People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
224	serious_h Show the field ONLY if: [on2] = '2'	People have not taken my sexual orientation seriously, because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
225	confuse_h Show the field ONLY if: [on2] = '2'	People have addressed my bisexuality as if it means that I am simply confused about my sexual orientation	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
226	cheat_h Show the field ONLY if: [on2] = '2'	People have assumed that I will cheat in a relationship because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														

227	sex_h Show the field ONLY if: [on2] = '2'	People have treated me as if I am obsessed with sex because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
228	act_h Show the field ONLY if: [on2] = '2'	Others have acted uncomfortable around me because of my bisexuality	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
229	alien_h Show the field ONLY if: [on2] = '2'	I have been alienated because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
230	neg_h Show the field ONLY if: [on2] = '2'	Others have treated me negatively because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
231	anti_bi2_intro Show the field ONLY if: [on2] = '2'	Section Header: Please rate the extent to which you have experienced the following among your bisexual friends: 1 = Never 2 = Rarely 3 = Every once in a while 4 = Sometimes 5 = Many times Prefer not to answer	descriptive												
232	stable_bi Show the field ONLY if: [on2] = '2'	People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														

233	serious_bi Show the field ONLY if: [on2] = '2'	People have not taken my sexual orientation seriously, because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
234	confuse_bi Show the field ONLY if: [on2] = '2'	People have addressed my bisexuality as if it means that I am simply confused about my sexual orientation	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
235	cheat_bi Show the field ONLY if: [on2] = '2'	People have assumed that I will cheat in a relationship because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
236	sex_bi Show the field ONLY if: [on2] = '2'	People have treated me as if I am obsessed with sex because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
237	uncomf_bi Show the field ONLY if: [on2] = '2'	Others have acted uncomfortable around me because of my bisexuality	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
238	alien_bi Show the field ONLY if: [on2] = '2'	I have been alienated because I am bisexual	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														

239	neg_bi Show the field ONLY if: [on2] = '2'	Others have treated me negatively because I am bisexual	radio (Matrix) <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Many times</td></tr> <tr><td>6</td><td>Prefer not to answer</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Many times	6	Prefer not to answer
1	1 Never														
2	2														
3	3														
4	4														
5	5 Many times														
6	Prefer not to answer														
240	min_stress_intro_4	Section Header: If you need to speak with someone, here are some resources. National Services: Crisis Services Canada 24/7 Suicide prevention service (EN) 1-833-456-4566 (FR) 1-866-277-3553 Kids Help Phone 24/7 national support service for children and youth Call 1-800-668-6868 Text CONNECT 686868 Youthspace Online crisis and emotional support chat for anyone under 30 6pm-midnight (PST) Text: 778 783 0177 Ontario Services: LGBT Youthline Confidential peer support age 16 to 29 Text: 647-694-4275 Chat online: www.youthline.ca Sunday to Friday 4pm-9:30pm Trans Lifeline Trans-led organization connecting people to community and resources 1-877-330-6366 Good 2 Talk Confidential support services for post-secondary students in Ontario and Nova Scotia 1-866-925-545 Text GOODTALKON to 686868 Quebec Services: Interligne Front-line center for help and information for people concerned with sexual and gender diversity 514-866-0103 (Montreal) 1-888-505-1010 (Toll-free) Text : 1-888-505-1010 Online chat: https://interligne.co/ Email: aide@interligne.co Aide aux trans du Quebec 24-hour crisis and intervention line, support groups for transgender individuals 1-855-909-9038 Option 1 (Montreal and other regions in Quebec) Option 3 (Québec City) TEL-JEUNES Confidential line for young people aged 20 and under in Quebec 1-800-263-2266 – TEXT 514-600-1002 Online Chat: https://www.teljeunes.com/Accueil 211 QC - https://www.211qc.ca/en/ Thunder Bay Services and Organizations: NorWest CHC Thunder Bay District Health Unit Thunder Bay Counselling Canadian Mental Health Association – Thunder Bay PRIDE Central Toronto Services and Organizations: The 519 Lumenus Centre for Addiction and Mental Health (CAMH) Rainbow Services Centre for Addiction and Mental Health (CAMH) Gender Identity Clinic Toronto 211 Central Montreal Services and Organizations: LGBTQ+ Community Centre of Montreal Pride Therapy Network of Montreal REZO Projet 10 West Island LGBTQ2+ Centre – Beaconsfield AGIR Montreal (Action LGBTQ avec les Immigrant.es et Réfugié.es) L'astérisk Project contact: smokingproject.dlsph@utoronto.ca	descriptive												
241	warning3	Section Header: Warning: The following questions are about childhood experiences and can be triggering.	descriptive												
242	acesyn	Section Header: <i>The following questions are about adverse childhood experiences and are completely optional. You may not expect questions about childhood on a survey about smoking. There's been very limited research on LGBTQI2S+ communities on this subject, despite the understanding that many experiences can have lifelong impacts on our lives, including health behaviours such as smoking, vaping, and chronic diseases. The information you provide will be used to further develop safe, accessible services that reflect the broad life experiences that may impact smoking behaviours. It will further inform other research for LGBTQI2S+ folks as well including risk factors for smoking. You've gotten to this point in the survey, so you know this research project is about your journey through life. We ask that you pause and make sure you're in a place to answer questions about your childhood that may be triggering. Again these questions can be completely skipped if you don't want to see it or answer. Thank you again.</i> Would you like to answer these questions?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														

243	aces2_intro Show the field ONLY if: [acesyn] = '1'	Section Header: These questions are very personal. The reason we are asking is to allow folks to acknowledge childhood adverse experiences/trauma and the impact it can have on your life. Prior to your 18th birthday:	descriptive										
244	mentalill Show the field ONLY if: [acesyn] = '1'	Did you live with anyone who was depressed, mentally ill or suicidal?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> <tr><td>5</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	I don't know	4	Prefer not to answer	5	N/A
1	Yes												
2	No												
3	I don't know												
4	Prefer not to answer												
5	N/A												
245	drinker Show the field ONLY if: [acesyn] = '1'	Did you live with anyone who was a problem drinker or alcoholic?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> <tr><td>5</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	I don't know	4	Prefer not to answer	5	N/A
1	Yes												
2	No												
3	I don't know												
4	Prefer not to answer												
5	N/A												
246	streetdrug Show the field ONLY if: [acesyn] = '1'	Did you live with anyone who used illegal street drugs or abused prescription medications?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> <tr><td>5</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	I don't know	4	Prefer not to answer	5	N/A
1	Yes												
2	No												
3	I don't know												
4	Prefer not to answer												
5	N/A												
247	jail Show the field ONLY if: [acesyn] = '1'	Did you live with anyone who served time or was sentenced to serve time in a prison, jail or other correctional facility?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> <tr><td>5</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	I don't know	4	Prefer not to answer	5	N/A
1	Yes												
2	No												
3	I don't know												
4	Prefer not to answer												
5	N/A												
248	divorce Show the field ONLY if: [acesyn] = '1'	Were your parents separated or divorced?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>I don't know</td></tr> <tr><td>4</td><td>Prefer not to answer</td></tr> <tr><td>5</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	I don't know	4	Prefer not to answer	5	N/A
1	Yes												
2	No												
3	I don't know												
4	Prefer not to answer												
5	N/A												
249	slap Show the field ONLY if: [acesyn] = '1'	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	radio (Matrix) <table border="1"> <tr><td>1</td><td>More than once</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I don't know</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	More than once	2	Once	3	Never	4	I don't know	5	Prefer not to answer
1	More than once												
2	Once												
3	Never												
4	I don't know												
5	Prefer not to answer												
250	beat Show the field ONLY if: [acesyn] = '1'	Before age 18, how often did a parent or adult in your home ever hit, beat, kick or physically hurt you in any way (not including spanking)	radio (Matrix) <table border="1"> <tr><td>1</td><td>More than once</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I don't know</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	More than once	2	Once	3	Never	4	I don't know	5	Prefer not to answer
1	More than once												
2	Once												
3	Never												
4	I don't know												
5	Prefer not to answer												

251	swear Show the field ONLY if: [acesyn] = '1'	How often did a parent or adult in your home ever swear at you, insult you, or put you down?	radio (Matrix) <table border="1"> <tr><td>1</td><td>More than once</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I don't know</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	More than once	2	Once	3	Never	4	I don't know	5	Prefer not to answer
1	More than once												
2	Once												
3	Never												
4	I don't know												
5	Prefer not to answer												
252	inapptouch Show the field ONLY if: [acesyn] = '1'	How often did anyone at least five years older than you or an adult ever touch you sexually?	radio (Matrix) <table border="1"> <tr><td>1</td><td>More than once</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I don't know</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	More than once	2	Once	3	Never	4	I don't know	5	Prefer not to answer
1	More than once												
2	Once												
3	Never												
4	I don't know												
5	Prefer not to answer												
253	inapptouchyou Show the field ONLY if: [acesyn] = '1'	How often did anyone at least five years older than you or an adult ever make you touch sexually?	radio (Matrix) <table border="1"> <tr><td>1</td><td>More than once</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I don't know</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	More than once	2	Once	3	Never	4	I don't know	5	Prefer not to answer
1	More than once												
2	Once												
3	Never												
4	I don't know												
5	Prefer not to answer												
254	forced Show the field ONLY if: [acesyn] = '1'	How often did anyone at least five years older than you or an adult ever force you to have sex?	radio (Matrix) <table border="1"> <tr><td>1</td><td>More than once</td></tr> <tr><td>2</td><td>Once</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I don't know</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table>	1	More than once	2	Once	3	Never	4	I don't know	5	Prefer not to answer
1	More than once												
2	Once												
3	Never												
4	I don't know												
5	Prefer not to answer												

255	min_stress_intro_2 Show the field ONLY if: [acesyn] = '1'	If you need to speak with someone, here are some resources. National Services: Crisis Services Canada 24/7 Suicide prevention service (EN) 1-833-456-4566 (FR) 1-866-277-3553 Kids Help Phone 24/7 national support service for children and youth Call 1-800-668-6868 Text CONNECT 686868 Youthspeak Online crisis and emotional support chat for anyone under 30 6pm-midnight (PST) Text: 778 783 0177 Ontario Services: LGBT Youthline Confidential peer support age 16 to 29 Text: 647-694-4275 Chat online: www.youthline.ca Sunday to Friday 4pm-9:30pm Trans Lifeline Trans-led organization connecting people to community and resources 1-877-330-6366 Good 2 Talk Confidential support services for post-secondary students in Ontario and Nova Scotia 1-866-925-545 Text GOODTALKON to 686868 Quebec Services: Interligne Front-line center for help and information for people concerned with sexual and gender diversity 514-866-0103 (Montreal) 1-888-505-1010 (Toll-free) Text : 1-888-505-1010 Online chat: https://interligne.co/ Email: aide@interligne.co Aide aux trans du Quebec 24-hour crisis and intervention line, support groups for transgender individuals 1-855-909-9038 Option 1 (Montreal and other regions in Quebec) Option 3 (Québec City) TEL-JEUNES Confidential line for young people aged 20 and under in Quebec 1-800-263-2266 – TEXT 514-600-1002 Online Chat: https://www.teljeunes.com/Accueil 211 QC - https://www.211qc.ca/en/ Thunder Bay Services and Organizations: NorWest CHC Thunder Bay District Health Unit Thunder Bay Counselling Canadian Mental Health Association – Thunder Bay PRIDE Central Toronto Services and Organizations: The 519 Lumenus Centre for Addiction and Mental Health (CAMH) Rainbow Services Centre for Addiction and Mental Health (CAMH) Gender Identity Clinic Toronto 211 Central Montreal Services and Organizations: LGBTQ+ Community Centre of Montreal Pride Therapy Network of Montreal REZO Projet 10 West Island LGBTQ2+ Centre – Beaconsfield AGIR Montreal (Action LGBTQ avec les Immigrant.es et Réfugié.es) L'astérisq Project contact: smokingproject.dlsph@utoronto.ca	descriptive												
256	demo_intro	Section Header: Additional Demographic Questions It's been a long survey... Thank you for taking the time and making it to this final section.	descriptive												
257	residence	How long have you lived in Canada?	radio, Required <table><tr><td>1</td><td>2 years or less</td></tr><tr><td>2</td><td>3 to 5 years</td></tr><tr><td>3</td><td>6 to 10 years</td></tr><tr><td>4</td><td>11 to 20 years</td></tr><tr><td>5</td><td>All of my life</td></tr><tr><td>6</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	1	2 years or less	2	3 to 5 years	3	6 to 10 years	4	11 to 20 years	5	All of my life	6	Prefer not to answer
1	2 years or less														
2	3 to 5 years														
3	6 to 10 years														
4	11 to 20 years														
5	All of my life														
6	Prefer not to answer														

258	education	What is the highest level of education you have completed?	radio, Required <table border="1"> <tr><td>1</td><td>Less than high school</td></tr> <tr><td>2</td><td>High school diploma, certificate or equivalent</td></tr> <tr><td>3</td><td>Some post-secondary education without degree, certificate or diploma</td></tr> <tr><td>4</td><td>Registered apprenticeship or other trades certificate or diploma</td></tr> <tr><td>5</td><td>College, CEGP, or other certificate or diploma</td></tr> <tr><td>6</td><td>University degree</td></tr> <tr><td>7</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Less than high school	2	High school diploma, certificate or equivalent	3	Some post-secondary education without degree, certificate or diploma	4	Registered apprenticeship or other trades certificate or diploma	5	College, CEGP, or other certificate or diploma	6	University degree	7	Prefer not to answer													
1	Less than high school																													
2	High school diploma, certificate or equivalent																													
3	Some post-secondary education without degree, certificate or diploma																													
4	Registered apprenticeship or other trades certificate or diploma																													
5	College, CEGP, or other certificate or diploma																													
6	University degree																													
7	Prefer not to answer																													
259	employ	How would you best describe your current employment status? Check all that apply	checkbox, Required <table border="1"> <tr><td>1</td><td>employ__1</td><td>Full-time paid employment</td></tr> <tr><td>2</td><td>employ__2</td><td>Part-time paid employment</td></tr> <tr><td>3</td><td>employ__3</td><td>Self-employed</td></tr> <tr><td>4</td><td>employ__4</td><td>Student</td></tr> <tr><td>5</td><td>employ__5</td><td>Unemployed</td></tr> <tr><td>6</td><td>employ__6</td><td>Working without pay</td></tr> <tr><td>7</td><td>employ__7</td><td>Volunteering</td></tr> <tr><td>8</td><td>employ__8</td><td>Other (specify)</td></tr> <tr><td>9</td><td>employ__9</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=8	1	employ__1	Full-time paid employment	2	employ__2	Part-time paid employment	3	employ__3	Self-employed	4	employ__4	Student	5	employ__5	Unemployed	6	employ__6	Working without pay	7	employ__7	Volunteering	8	employ__8	Other (specify)	9	employ__9	Prefer not to answer
1	employ__1	Full-time paid employment																												
2	employ__2	Part-time paid employment																												
3	employ__3	Self-employed																												
4	employ__4	Student																												
5	employ__5	Unemployed																												
6	employ__6	Working without pay																												
7	employ__7	Volunteering																												
8	employ__8	Other (specify)																												
9	employ__9	Prefer not to answer																												
260	employ_other Show the field ONLY if: [employ(8)] = '1'	How would you describe your current employment status?	text Custom alignment: LV																											
261	house_income	What is your household income, before taxes and deductions, for the past year? Household income is the combined income of everyone who lives in your home.	radio, Required <table border="1"> <tr><td>1</td><td>Less than \$15,000</td></tr> <tr><td>2</td><td>\$15,000 to \$29,999</td></tr> <tr><td>3</td><td>\$30,000 to \$59,999</td></tr> <tr><td>4</td><td>\$60,000 to \$79,999</td></tr> <tr><td>5</td><td>\$80,000 to \$100,000</td></tr> <tr><td>6</td><td>More than \$100,000</td></tr> <tr><td>7</td><td>I don't know</td></tr> <tr><td>8</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Less than \$15,000	2	\$15,000 to \$29,999	3	\$30,000 to \$59,999	4	\$60,000 to \$79,999	5	\$80,000 to \$100,000	6	More than \$100,000	7	I don't know	8	Prefer not to answer											
1	Less than \$15,000																													
2	\$15,000 to \$29,999																													
3	\$30,000 to \$59,999																													
4	\$60,000 to \$79,999																													
5	\$80,000 to \$100,000																													
6	More than \$100,000																													
7	I don't know																													
8	Prefer not to answer																													
262	ind_income	What is your individual income, before taxes and deductions, for the past year?	radio, Required <table border="1"> <tr><td>1</td><td>Less than \$15,000</td></tr> <tr><td>2</td><td>\$15,000 to \$29,999</td></tr> <tr><td>3</td><td>\$30,000 to \$59,999</td></tr> <tr><td>4</td><td>\$60,000 to \$79,999</td></tr> <tr><td>5</td><td>\$80,000 to \$100,000</td></tr> <tr><td>6</td><td>More than \$100,000</td></tr> <tr><td>7</td><td>I don't know</td></tr> <tr><td>8</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Less than \$15,000	2	\$15,000 to \$29,999	3	\$30,000 to \$59,999	4	\$60,000 to \$79,999	5	\$80,000 to \$100,000	6	More than \$100,000	7	I don't know	8	Prefer not to answer											
1	Less than \$15,000																													
2	\$15,000 to \$29,999																													
3	\$30,000 to \$59,999																													
4	\$60,000 to \$79,999																													
5	\$80,000 to \$100,000																													
6	More than \$100,000																													
7	I don't know																													
8	Prefer not to answer																													
263	postal_intro	What are the first three digits of your postal code? (This is only for research purposes)	descriptive																											

	264	post_letter1	Letter	<div>dropdown, Required</div> <table><tr><td>1</td><td>G</td></tr><tr><td>2</td><td>H</td></tr><tr><td>3</td><td>J</td></tr><tr><td>4</td><td>K</td></tr><tr><td>5</td><td>L</td></tr><tr><td>6</td><td>M</td></tr><tr><td>7</td><td>N</td></tr><tr><td>8</td><td>P</td></tr></table> <div>Custom alignment: LV</div>	1	G	2	H	3	J	4	K	5	L	6	M	7	N	8	P				
1	G																							
2	H																							
3	J																							
4	K																							
5	L																							
6	M																							
7	N																							
8	P																							
	265	post_number1	Number	<div>dropdown, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>0</td><td>0</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	0	0
1	1																							
2	2																							
3	3																							
4	4																							
5	5																							
6	6																							
7	7																							
8	8																							
9	9																							
0	0																							

	266	post_letter2	Letter	<div>dropdown, Required</div> <table><tr><td>1</td><td>A</td></tr><tr><td>2</td><td>B</td></tr><tr><td>3</td><td>C</td></tr><tr><td>4</td><td>D</td></tr><tr><td>5</td><td>E</td></tr><tr><td>6</td><td>F</td></tr><tr><td>7</td><td>G</td></tr><tr><td>8</td><td>H</td></tr><tr><td>9</td><td>I</td></tr><tr><td>10</td><td>J</td></tr><tr><td>11</td><td>K</td></tr><tr><td>12</td><td>L</td></tr><tr><td>13</td><td>M</td></tr><tr><td>14</td><td>N</td></tr><tr><td>15</td><td>O</td></tr><tr><td>16</td><td>P</td></tr><tr><td>17</td><td>Q</td></tr><tr><td>18</td><td>R</td></tr><tr><td>19</td><td>S</td></tr><tr><td>20</td><td>T</td></tr><tr><td>21</td><td>U</td></tr><tr><td>22</td><td>V</td></tr><tr><td>23</td><td>W</td></tr><tr><td>24</td><td>X</td></tr><tr><td>25</td><td>Y</td></tr><tr><td>26</td><td>Z</td></tr></table> <div>Custom alignment: LV</div>	1	A	2	B	3	C	4	D	5	E	6	F	7	G	8	H	9	I	10	J	11	K	12	L	13	M	14	N	15	O	16	P	17	Q	18	R	19	S	20	T	21	U	22	V	23	W	24	X	25	Y	26	Z
1	A																																																							
2	B																																																							
3	C																																																							
4	D																																																							
5	E																																																							
6	F																																																							
7	G																																																							
8	H																																																							
9	I																																																							
10	J																																																							
11	K																																																							
12	L																																																							
13	M																																																							
14	N																																																							
15	O																																																							
16	P																																																							
17	Q																																																							
18	R																																																							
19	S																																																							
20	T																																																							
21	U																																																							
22	V																																																							
23	W																																																							
24	X																																																							
25	Y																																																							
26	Z																																																							
	267	rural_city	What best describes the environment you live in?	<div>radio, Required</div> <table><tr><td>1</td><td>Large urban centre (100,000+ people)</td></tr><tr><td>2</td><td>Medium city/town (30,000-99,999 people)</td></tr><tr><td>3</td><td>Small city/town (1,000-29,999 people)</td></tr><tr><td>4</td><td>Rural area (< 1,000 people)</td></tr></table> <div>Custom alignment: LV</div>	1	Large urban centre (100,000+ people)	2	Medium city/town (30,000-99,999 people)	3	Small city/town (1,000-29,999 people)	4	Rural area (< 1,000 people)																																												
1	Large urban centre (100,000+ people)																																																							
2	Medium city/town (30,000-99,999 people)																																																							
3	Small city/town (1,000-29,999 people)																																																							
4	Rural area (< 1,000 people)																																																							

268	where_live	How would you describe your current living situation? (This is only for research purposes) Please select one.	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Boarding home</td></tr> <tr><td>2</td><td>Couch surfing</td></tr> <tr><td>3</td><td>Correctional facility</td></tr> <tr><td>4</td><td>Foster home</td></tr> <tr><td>5</td><td>Friend's home</td></tr> <tr><td>6</td><td>Group home</td></tr> <tr><td>7</td><td>In a car</td></tr> <tr><td>8</td><td>In a tent</td></tr> <tr><td>9</td><td>On the street</td></tr> <tr><td>10</td><td>Own my own place</td></tr> <tr><td>11</td><td>Parent/guardian's home</td></tr> <tr><td>12</td><td>Relative's home</td></tr> <tr><td>13</td><td>Rent my own place with a roommate/partner</td></tr> <tr><td>14</td><td>Rent my own place by myself</td></tr> <tr><td>15</td><td>School residence</td></tr> <tr><td>16</td><td>Shelter/hostel</td></tr> <tr><td>17</td><td>Subsidized housing</td></tr> <tr><td>18</td><td>Supportive/assisted housing</td></tr> <tr><td>19</td><td>Other (please specify)</td></tr> <tr><td>20</td><td>I don't know</td></tr> <tr><td>21</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Boarding home	2	Couch surfing	3	Correctional facility	4	Foster home	5	Friend's home	6	Group home	7	In a car	8	In a tent	9	On the street	10	Own my own place	11	Parent/guardian's home	12	Relative's home	13	Rent my own place with a roommate/partner	14	Rent my own place by myself	15	School residence	16	Shelter/hostel	17	Subsidized housing	18	Supportive/assisted housing	19	Other (please specify)	20	I don't know	21	Prefer not to answer
1	Boarding home																																												
2	Couch surfing																																												
3	Correctional facility																																												
4	Foster home																																												
5	Friend's home																																												
6	Group home																																												
7	In a car																																												
8	In a tent																																												
9	On the street																																												
10	Own my own place																																												
11	Parent/guardian's home																																												
12	Relative's home																																												
13	Rent my own place with a roommate/partner																																												
14	Rent my own place by myself																																												
15	School residence																																												
16	Shelter/hostel																																												
17	Subsidized housing																																												
18	Supportive/assisted housing																																												
19	Other (please specify)																																												
20	I don't know																																												
21	Prefer not to answer																																												
269	where_live_other Show the field ONLY if: [where_live] = '19'	Where do you currently live?	<p>text</p> <p>Custom alignment: LV</p>																																										
270	inform	<p>Section Header:</p> <p>How much do you use each of the following to stay informed?</p> <p>1 = Never 2 = Rarely 3 = Neutral 4 = Somewhat often 5 = Very often</p>	<p>descriptive</p>																																										
271	inform1	Apple News	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often																																
1	1 Never																																												
2	2																																												
3	3																																												
4	4																																												
5	5 Very often																																												
272	inform2	YouTube	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often																																
1	1 Never																																												
2	2																																												
3	3																																												
4	4																																												
5	5 Very often																																												

	273	inform3	Reddit	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	274	inform4	Google News	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	275	inform5	Facebook	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	276	inform6	Twitter	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	277	inform7	Instagram	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	278	inform8	iHeartradio	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	279	inform9	Snapchat	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													
	280	inform10	TikTok	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never													
2	2													
3	3													
4	4													
5	5 Very often													

281	inform11	Other (please specify)	radio (Matrix) <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
282	inform_other Show the field ONLY if: [inform11] = '2' or [inform11] = '3' or [inform11] = '4' or [inform11] = '5'	What other ways do you stay informed?	notes Custom alignment: LV										
283	tb_inform_intro Show the field ONLY if: [cyon2] = '14'	Section Header: In Thunder Bay, how much do you refer to each of the following to get information? 1 = Never 2 = Rarely 3 = Neutral 4 = Somewhat often 5 = Very often	descriptive										
284	tb_inform1 Show the field ONLY if: [cyon2] = '14'	Chronical Journal	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
285	tb_inform2 Show the field ONLY if: [cyon2] = '14'	NorWest Community Health Centre	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
286	tb_inform3 Show the field ONLY if: [cyon2] = '14'	Thunder Bay District Health Unit	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
287	tb_inform4 Show the field ONLY if: [cyon2] = '14'	Community Board (please specify)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
288	tb_inform5 Show the field ONLY if: [cyon2] = '14'	Other (please specify)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												

289	tb_inform4_location Show the field ONLY if: [cyon2] = '14' and ([tb_inform4] = '2' or [tb_inform4] = '3' or [tb_inform4] = '4' or [tb_inform4] = '5')	Where is the community board located?	text Custom alignment: LV										
290	tb_inform5_other Show the field ONLY if: [cyon2] = '14' and ([tb_inform5] = '2' or [tb_inform5] = '3' or [tb_inform5] = '4' or [tb_inform5] = '5')	Where else do you get information?	notes Custom alignment: LV										
291	to_inform_intro Show the field ONLY if: [cyon2] = '15'	Section Header: In Toronto, how much do you refer to each of the following to get information? 1 = Never 2 = Rarely 3 = Neutral 4 = Somewhat often 5 = Very often	descriptive										
292	to_inform1 Show the field ONLY if: [cyon2] = '15'	Toronto.ca	radio (Matrix), Required <table><tr><td>1</td><td>1 Never</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very often</td></tr></table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
293	to_inform2 Show the field ONLY if: [cyon2] = '15'	BlogTO	radio (Matrix), Required <table><tr><td>1</td><td>1 Never</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very often</td></tr></table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
294	to_inform3 Show the field ONLY if: [cyon2] = '15'	Daily Hive News	radio (Matrix), Required <table><tr><td>1</td><td>1 Never</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very often</td></tr></table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
295	to_inform4 Show the field ONLY if: [cyon2] = '15'	Queer Majority	radio (Matrix), Required <table><tr><td>1</td><td>1 Never</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very often</td></tr></table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
296	to_inform5 Show the field ONLY if: [cyon2] = '15'	YOHOMO	radio (Matrix), Required <table><tr><td>1</td><td>1 Never</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Very often</td></tr></table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												

297	to_inform6 Show the field ONLY if: [cyon2] = '15'	Toronto Telegram	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
298	to_inform7 Show the field ONLY if: [cyon2] = '15'	The Toronto Mail	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
299	to_inform8 Show the field ONLY if: [cyon2] = '15'	University of Toronto - The Bulletin	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
300	to_inform9 Show the field ONLY if: [cyon2] = '15'	University of Toronto Magazine	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
301	to_inform10 Show the field ONLY if: [cyon2] = '15'	The Varsity	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
302	to_inform11 Show the field ONLY if: [cyon2] = '15'	RU Magazine	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
303	to_inform12 Show the field ONLY if: [cyon2] = '15'	Queerevents.ca	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
304	to_inform13 Show the field ONLY if: [cyon2] = '15'	Community Board (please specify)	radio (Matrix) <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												

305	to_inform14 Show the field ONLY if: [cyon2] = '15'	Other (please specify)	radio (Matrix) <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
306	to_inform13_other Show the field ONLY if: [cyon2] = '15' and ([to_inform13] = '2' or [to_inform13] = '3' or [to_inform13] = '4' or [to_inform13] = '5')	Where is the community board located?	text Custom alignment: LV										
307	to_inform14_other Show the field ONLY if: [cyon2] = '15' and ([to_inform14] = '2' or [to_inform14] = '3' or [to_inform14] = '4' or [to_inform14] = '5')	Where else do you get information?	notes Custom alignment: LV										
308	ml_inform_intro Show the field ONLY if: [cyqc2] = '8'	Section Header: In Montreal, how much do you refer to each of the following to get information? 1 = Never 2 = Rarely 3 = Neutral 4 = Somewhat often 5 = Very often	descriptive										
309	ml_inform1 Show the field ONLY if: [cyqc2] = '8'	MTL Blog	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
310	ml_inform2 Show the field ONLY if: [cyqc2] = '8'	West Island Blog	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
311	ml_inform3 Show the field ONLY if: [cyqc2] = '8'	Time Out Montreal	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
312	ml_inform4 Show the field ONLY if: [cyqc2] = '8'	Daily Hive Montreal	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												

313	ml_inform5 Show the field ONLY if: [cyqc2] = '8'	UNIE-LGBTQ Newsletter	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
314	ml_inform6 Show the field ONLY if: [cyqc2] = '8'	Queer McGill	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
315	ml_inform7 Show the field ONLY if: [cyqc2] = '8'	Queer Concordia	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
316	ml_inform8 Show the field ONLY if: [cyqc2] = '8'	Montreal Gazette	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
317	ml_inform9 Show the field ONLY if: [cyqc2] = '8'	Community Board (please specify)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
318	ml_inform10 Show the field ONLY if: [cyqc2] = '8'	Other (please specify)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Never</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Very often</td></tr> </table>	1	1 Never	2	2	3	3	4	4	5	5 Very often
1	1 Never												
2	2												
3	3												
4	4												
5	5 Very often												
319	ml_inform9_other Show the field ONLY if: [cyqc2] = '8' and ([ml_inform9] = '2' or [ml_inform9] = '3' or [ml_inform9] = '4' or [ml_inform9] = '5')	Where is the community board located?	text Custom alignment: LV										
320	ml_inform10_other Show the field ONLY if: [cyqc2] = '8' and ([ml_inform10] = '2' or [ml_inform10] = '3' or [ml_inform10] = '4' or [ml_inform10] = '5')	Where else do you get information?	notes Custom alignment: LV										

	321	comments	<div>Section Header:</div> <div>The last word is yours. If you feel like it, please let us know about your experience with the survey and if you have any suggestions on how to make it better.</div>	<div>notes</div> <div>Custom alignment: LV</div>						
	322	newsletter	<div>Section Header:</div> <div>Thank you for taking the time to complete this survey. We really appreciate your input and your data will help shape the campaign we are developing. You will receive an electronic gift card in the next 10 days. If you have any questions, please contact us at smokingproject@dlsph.utoronto.ca.Would you like to receive our project updates?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No		
1	Yes									
0	No									
	323	baseline_complete	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									