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| **Supplementary Table 1. Definitions for exposure variables** | | |
| **Risk Factor** | **CCHS survey question(s) used to define risk factor variable** | **Type** |
| Ethnicity | Are you white? | Collected |
| Immigrant Status | Immigrant status  Were you born a Canadian citizen?  In what year did you first come to Canada to live? | Derived  Collected  Collected |
| Household income quintile (national-level) | The adjusted ratio of their total household income to the low income cut-off corresponding to their household community size | Derived |
| Food security | Household food security index – food secure, moderately food insecure, severely food insecure | Derived |
| Asthma | Have you had asthma symptoms or asthma attacks in the past 12 months? | Collected |
| Arthritis | Do you have arthritis, excluding fibromyalgia? | Collected |
| Back problems | Do you have back problems, excluding fibromyalgia and arthritis? | Collected |
| Migraines | Do you have migraine headaches? | Collected |
| Chronic obstructive pulmonary disease | Do you have bronchitis, emphysema or chronic obstructive pulmonary disease? | Collected |
| Diabetes | Do you have diabetes? | Collected |
| High blood pressure | Do you have high blood pressure? | Collected |
| Heart disease | Do you have heart disease? | Collected |
| Cancer | Do you have cancer? | Collected |
| Intestinal ulcers | Do you have intestinal or stomach ulcers? | Collected |
| Stroke | Do you suffer from the effects of stroke? | Collected |
| Urinary incontinence | Do you have urinary incontinence? | Collected |
| Bowel disease | Do you have a bowel disorder such as Crohn’s Disease, ulcerative colitis, irritable Bowel syndrome or bowl incontinence? | Collected |
| Alzheimer’s disease | Do you have Alzheimer’s Disease or any other dementia? | Collected |
| Mood disorder | Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia? | Collected |
| Anxiety | Do you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or panic disorder? | Collected |
| Perceived general health | In general, would you say your health is excellent, very good, good, fair, or poor? | Collected |
| Body Mass Index | Body Mass Index (BMI) / self-report  Height (meters) / self-report  Weight (kilograms) / self-report | Derived  Collected  Collected |
| Smoking Status | Type of smoker  How many cigarettes do you smoke each day now? (daily smokers)  On days that you smoke, how many cigarettes do you usually smoke? (occasional smokers)  How many cigarettes did you usually smoke each day? (former daily smokers)  In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)? | Derived  Collected  Collected  Collected  Collected |
| Physical Activity | Daily energy expenditure in leisure time physical activities in the past 3 months expressed as Metabolic Equivalent of Task (MET) (kcal/kg/day).  Energy expenditure calculated using the frequency and duration per session of physical activity and MET value of the activity. | Derived |
| Alcohol Consumption | During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?  During the past 12 months, how often did you drink alcoholic beverages?  How often in the past 12 months have you had 5 or more drinks on one occasion?  Number of drinks – past week  Starting with yesterday, that is [day name], how many drinks did you have – Monday  Starting with yesterday, that is [day name], how many drinks did you have – Tuesday  Starting with yesterday, that is [day name], how many drinks did you have – Wednesday  Starting with yesterday, that is [day name], how many drinks did you have – Thursday  Starting with yesterday, that is [day name], how many drinks did you have – Friday  Starting with yesterday, that is [day name], how many drinks did you have – Saturday  Starting with yesterday, that is [day name], how many drinks did you have - Sunday | Collected  Collected  Collected  Derived  Collected  Collected  Collected  Collected  Collected  Collected  Collected |
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| Marital Status | What is your marital status? Are you married, living common-law, widowed, separated, divorced, single, or never married | Collected |
| Educational attainment | What is the highest degree, certificate, or diploma you have obtained? | Collected |
| Diet | Daily consumption – Carrots  Daily consumption – Potatoes  Daily consumption – Fruit juice  Daily consumption – Total fruits and vegetables | Derived  Derived  Derived  Derived |
| Perceived life stress | Thinking about the amount of stress in your life, would you say that the days are not at all stressful, not very stressful, a bit stressful, quite a bit stressful, or extremely stressful? | Collected |
| Self-perceived mental health | In general, would you say your mental health is excellent, very good, good, fair, or poor? | Collected |
| Life satisfaction | How do you feel about your life as a whole right now – very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied? | Derived |
| Has a regular doctor | Do you have a regular medical doctor? | Collected |
| Consulted a mental health professional | In the past 12 months have you seen or talked to a health professional about your emotional or mental health? | Collected |