

CORE QUESTIONNAIRE – VERITAS

VERITAS (Visualisation, Evaluation and Recording of Itineraries and Activity Spaces) is a map-based survey that aims to collect data to help understand the complex interactions between daily mobility, social networks, and urban environments. These questions are asked in the questionnaires for all study sites, unless otherwise indicated.

1: RESIDENCE AND NEIGHBOURHOOD

Q1. Now, let's start with your home. What is your address?

Address Line 1: (Street address)

Address Line 2: (Apartment, suite, unit, building, floor, etc.)

City:

Postal Code:

Q2. Do you confirm this is the location of your home address?

Q3. When did you move to your current address?

Date: YYYY/MM

Q3A. Please list all of the other places you have lived for six months or longer since 2006 and the corresponding time period.¹

Address Line 1: (Street address)

Address Line 2: (Apartment, suite, unit, building, floor, etc.)

City:

Postal Code:

I lived here from YYYY/MM to YYYY/MM

Q4. You can see your place of residence indicated on the map. It is represented by a house icon with a red door. If you were asked to draw the boundaries of your neighbourhood, what would they be?

Q5. How attached are you to your neighbourhood?

Not attached at all 1 2 3 4 5 6 very attached I don't know

¹ Question included only in Montreal questionnaire

INTERACT

Q6. On average, how many hours per day do you spend outside of your home?

_____ hours

Q7. Of this time spent outside your home, on average how many hours do you spend outside your neighbourhood?

_____ hours

Q8. Are there one or more areas close to where you live that you tend to avoid because you do not feel safe there (for any reason)?

- No
- Yes

Q9. Can you draw the boundaries of the area(s) you tend to avoid?

Q10. Do you spend the night somewhere other than your home at least once per week?

- No
- Yes

Q11. Can you tell us where you spend the night at least once per week other than at your home?

Place Complement Form

2. OCCUPATION

Q12. Are you currently working?

Please choose 'yes' if you are a paid employee working full-time or part-time, even if your job is temporary. Answer 'no' if you do not currently work for pay or if you are working as a volunteer; a separate question is asked about volunteering later.

- No
- Yes

Q13. Where do you work?

You can name up to 5 places.

Place Complement Form

Q14. On average, how many hours per week do you work?

INTERACT

_____ hours per week

Q15. Which of the following categories best describes the amount of physical activity required for your job?

- Mainly sitting with slight arm movements
- Sitting and standing with some walking
- Walking, with some handling of materials generally weighing less than 25 kg (55 lbs).
- Walking and heavy manual work often requiring handling of materials weighing over 25 kg (50 lbs).

Q16. Are you currently a registered student?

- No
- Yes

Q17. Where do you study?

You can name up to 3 places.

Place Complement Form

Q18. On average, how many hours per week do you study?

This includes hours spent in classes or in the laboratory, as well as studying on campus, at home, or other locations.

_____ hours per week

3. SHOPPING ACTIVITIES

The following questions ask about the places where you shop at least once a month (e.g., supermarket, public/farmer's market, bakery, specialty food store, convenience store).

Q19. Do you shop for groceries at a supermarket at least once per month?

- No
- Yes

Q20. Can you locate the supermarket(s) where you shop?

You can name up to 5 places.

Place Complement Form

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Q21. Do you shop at a public/farmer's market at least once per month?

- No
- Yes

Q22. Can you locate the public/farmer's market(s) where you shop?

Place Complement Form

Q23. Do you shop at a bakery at least once per month?

- No
- Yes

Q24. Can you locate the bakery or bakeries where you shop?
You can name up to 5 places.

Place Complement Form

Q25. Do you go to a specialty food store at least once per month? *For example: a cheese shop, fruit and vegetable store, butcher's shop, natural and health food store.*

- No
- Yes

Q26. Can you locate the specialty food store(s) where you shop?
You can name up to 5 places.

Place Complement Form

Q27. Do you go to a convenience store or dépanneur² at least once per month?

- No
- Yes

Q28. Can you locate the convenience store(s) or dépanneur(s) where you shop?
You can name up to 5 places.

Place Complement Form

² Dépanneur used only in Montreal

INTERACT

Q29. Do you go to a liquor store/SAQ³ at least once per month? *

No
Yes

Q30. Can you locate the liquor store/SAQ where you shop? *
You can name up to 5 places.

Place Complement Form

4. SERVICES

The following questions ask about services you might regularly use (e.g., the bank, hair salon or barber shop, post office, drugstore, health care provider).

Q31. Where is the bank you go to most often located?

I never or rarely go to the bank.

Place Complement Form

Q32. Where is the hair salon or barber shop you go to most often?

I never or rarely go to the hair salon or barbershop.

Place Complement Form

Q33. Where is the post office where you go to most often?

I never or rarely go to the post office.

Place Complement Form

Q34. Where is the drugstore you go to most often?

I never or rarely go to the drugstore.

Place Complement Form

³ SAQ used only in Montreal

* indicates a question which was not asked in Victoria

INTERACT

Q35. If you need to visit a doctor or other healthcare provider, where do you go most often?
You can name up to 5 places.

I never or rarely visit a doctor or healthcare provider.

Place Complement Form

5. TRANSPORTATION

Q36. Do you use public transit from your home?

No

Yes

Q37. Where are the public transit stops that you access from your home?
You can name up to 5 stops.

Place Complement Form

6. LEISURE ACTIVITIES

The following questions ask about your leisure activities and outings.

Q38. Do you participate in any (individual or group) sports or leisure-time physical activities at least once per month?

No

Yes

Q39. Can you locate the place where you do this sport or physical activity?
You can name up to 5 places. If more than one activity is practiced at the same location, document all the activities that take place there, for example, weight lifting and swimming at a gym.

Place Complement Form

Q40. Do you visit a park at least once per month?

No

Yes

Q41. Where is this park?
You can name up to 5 places.

INTERACT

Place Complement Form

Q42. Do you participate in or attend as a spectator a cultural or non-sport leisure activity at least once per month? *For example: singing or drawing lessons, book or poker club, concert or play.*

No
Yes

Q43. Where do you do this activity or these activities?
You can name up to 5 places.

Place Complement Form

Q44. Do you volunteer at least once per month?

No
Yes

Q45. Where do you volunteer?
You can name up to 5 places.

Place Complement Form

Q46. Do you engage in any religious or spiritual activities at least once per month?

No
Yes

Q47. Where do you practice this activity?
You can name up to 5 places.

Place Complement Form

Q48. Do you go to a restaurant, café, bar or other food and drink establishment at least once per month?

No
Yes

Q49. Where is this food and drink establishment(s) located?
You can name up to 5 places.

Place Complement Form

Q50. Do you get take-out food at least once per month?

- No
- Yes

Q51. Where do you get take-out food from?

You can name up to 5 places.

Place Complement Form

Q52. Do you regularly go for walks?

- No
- Yes

Q53. Can you locate where you usually go for a walk?

You can name up to 5 places.

Place Complement Form

7. OTHER PLACES/ACTIVITIES

Q54. Are there other places that you go to at least once per month that we have not mentioned? *For example: a mall, a daycare, a hardware store, or a community center.*

- No
- Yes

Q55. Can you locate this place?

You can name up to 5 places.

Place Complement Form

8. AREAS OF CHANGE⁴

Q# Can you locate areas where you have noticed an improvement of the urban environment?

You can identify up to 5 areas.

⁴ Section included only in Montreal questionnaire

INTERACT

Map with point and click location feature

- I haven't noticed any changes.

Q# Can you locate areas where you have noticed a deterioration of the urban environment?

You can identify up to 5 areas.

Map with point and click location feature

- I haven't noticed any changes.

9. SOCIAL CONTACT

Q56. Do you visit anyone at his or her home at least once per month?

- No
- Yes

Q57. Where does this person live?

Map with point and click location feature

Q58. Great, we are almost done completing this questionnaire. You have documented all your activity places on a map, and specified with whom you generally do these activities. These last few questions concern the people you documented earlier.

- 1.1 Among these people, who do you discuss important matters with?
- 2.1 Among these people, who do you like to socialize with?
- 3.1 Among these people, who do you meet often with but do not necessarily feel close to?
- 4.1 Among these people, who knows whom?

a. Place Complement Form

Name of place (specify):

Textbox

How often do you go there?

Textbox times per week month year

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Usually, how do you go there? (Check all that apply.)

- By car and you drive
- By car and someone else drives
- By taxi/Uber
- On foot
- By bike
- By bus
- By subway⁵
- By train
- Other

If other, please specify

Textbox

Do you usually go to this place alone or with other people?

- Alone
- With other people

Who do you usually go to this place with?

Add a new person or choose from the list of those you have previously added. You can also add a group and specify who is part of this group.

b. Person Form

First name Textbox

Last name or initial Textbox

Relation to you

- Spouse or partner
- Child
- Parent
- Another member of your family
- Friend
- Acquaintance
- Colleague
- Other

If other, please specify

Textbox

⁵ Option for Subway / Métro only appears in Montreal

INTERACT

Age

Textbox

How long have you known each other?

Textbox Weeks Months Years

How often do you see each other?

Textbox times per Week Month Year
 Never

How often do you text, video chat, or phone each other?

Textbox times per Week Month Year
 Never

Where does this person live?

- In your house
- In your building
- In your neighbourhood
- Outside your neighbourhood
- I don't know

c. Group Form

Name of the group (for example: bowling group)

How many people are in this group?

This group is made up of... (check all that apply)

- Members of your family
- Friends
- Acquaintances
- Colleagues

How long have you been seeing this group?

Textbox weeks months years

Are there any individuals from your personal network who are in this group?