

FIRST NATIONS REGIONAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR REALITY

Child Questionnaire
May 1, 2008
(Content based on laptop-based survey)



INTRODUCTION

The First Nations Regional Longitudinal Health Survey (RHS) is the only national health survey operated by First Nations, for First Nations. The main objectives of the RHS are to provide scientifically and culturally validated information, while enhancing First Nations capacity and control over research. It is conducted across the ten regions in Canada, surveying participants in over two hundred First Nation communities.

The RHS Phase 2 (2008) is composed of three main survey components:

- **Adult** (age 18 years and over, self-reported)
- **Youth** (age 12-17 years, self-reported)
- **Child** (age 0-11 years, completed by primary care giver)

The RHS is collected using a Computer Assisted Personal Interview (CAPI) system, with over 250 laptops across the country. The data are gathered by trained local field workers, and the survey is conducted in person, within the selected communities. The final versions of the RHS Phase 2 questionnaires were reviewed and approved by the First Nations Information Governance Committee (FNIGC).

BACKGROUND

The RHS is overseen by the First Nations Information Governance Committee (FNIGC) and is coordinated by ten First Nations regional organizations and a national team housed at the Assembly of First Nations. For the complete list of the RHS Regional Coordinators and related RHS information, please visit our website at www.rhs-ers.ca

The Assembly of First Nations Chiefs Committee on Health mandated that a nation-wide First Nations health survey be implemented every four years, creating the First Nations Regional Longitudinal Health Survey (RHS). The RHS was launched as a pilot survey in 1997 and became the first stepping-stone in First Nations control over research. The RHS has played a pivotal role in the growing awareness of the importance of information and the inherent right for First Nations to exercise self-determination. The RHS collected data in 2002-03 (Phase 1), is currently in the field for data collection in 2008 (Phase 2) and will continue every four years until 2016.

**This is our story....RHS is our survey,
our voice, our future.**

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FOR INFORMATION ONLY

Child Phase 2

Introduction

Welcome to the First Nations Regional Longitudinal Health Survey 2007

Consent # _____

Section: Personal Information

1. What is the name of the child?
If no answer, write in 'the child'. This information is used for the CAPI version and is deleted before the survey is saved.

2. What is your relationship to the child?

<input type="radio"/> Birth parent	<input type="radio"/> Grandparent
<input type="radio"/> Step parent (including common-law step parent)	<input type="radio"/> Sister or brother
<input type="radio"/> Adoptive parent	<input type="radio"/> Other:
<input type="radio"/> Foster parent	

3. What is your date of birth?

Day Month Year

5. Are you male or female?

Male Female

The remainder of the questions concerns the child and child's family and household.

6. What is the child's date of birth?

Day Month Year

7. If your child male or female?

Male Female

8. What region does the child live in?

<input type="radio"/> Alberta	<input type="radio"/> Newfoundland	<input type="radio"/> Prince Edward Island
<input type="radio"/> British Columbia	<input type="radio"/> Northwest Territories	<input type="radio"/> Quebec
<input type="radio"/> Manitoba	<input type="radio"/> Nova Scotia	<input type="radio"/> Saskatchewan
<input type="radio"/> New Brunswick	<input type="radio"/> Ontario	<input type="radio"/> Yukon

9. What First Nations community does the child currently live in?

Section: Household and Living Environment

10. Including the child, how many children and youth live in this household?
*Include all children under 18 years who reside in the household at least half of the time.
 If none, mark '0'.*

0-5 years	
6-11 years	
12-18 years	

11. How many adults usually live in this household?
Include all adults, 18 years and over, who reside in the household at least half of the time.

12. How many rooms are there in the child's home?
*Include kitchen, bedrooms, living rooms and finished basement rooms.
 Do not count bathrooms, halls, laundry rooms and attached sheds.*

<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 13 or more
<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> Don't know
<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> Refused

13. Who does the child live with most of the time?
Read list and mark all that apply.

<input type="radio"/> Biological mother (birth mother)	<input type="radio"/> The mother that adopted them
<input type="radio"/> Biological father	<input type="radio"/> The father that adopted them
<input type="radio"/> Brother(s)/sister(s)	<input type="radio"/> Unrelated children

<input type="checkbox"/> Aunt/uncle/cousins	<input type="checkbox"/> A woman they are not related to
<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> A man they are not related to
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Don't know
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Refused
<input type="checkbox"/> Step-brother(s)/step-sister(s)	<input type="checkbox"/> Other:

14. For the previous year (ending December 31 2007), please think of your total household income, before deductions from all sources. We are asking for the total sum of all the money you and the other earners in your household made in the past year.

Which salary range does it fall under?

<input type="checkbox"/> No income	<input type="checkbox"/> \$15,000-\$19,999	<input type="checkbox"/> \$40,000-\$49,000	<input type="checkbox"/> \$80,000 and over
<input type="checkbox"/> \$1-\$4,999	<input type="checkbox"/> \$20,000-\$24,999	<input type="checkbox"/> \$50,000-\$59,000	<input type="checkbox"/> Don't know
<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$25,000-\$29,999	<input type="checkbox"/> \$60,000-\$69,999	<input type="checkbox"/> Refusal
<input type="checkbox"/> \$10,000-\$14,999	<input type="checkbox"/> \$30,000-\$39,000	<input type="checkbox"/> \$70,000-\$79,999	<input type="checkbox"/> Income loss

15. What is the highest level of formal schooling that the child's parents have completed?
Please choose one answer from the list.

Parents Education	Mother (or guardian)	Father (or guardian)
Not applicable		
Some elementary school		
Elementary school		
Some high school		
High school diploma		
Diploma/certificate from trade or vocational school		
Diploma/certificate from community college, CEGEP		
Professional Degree		
University Degree		
Masters Degree		
Earned Doctorate (PhD)		

16. Are either of the following currently working for pay?

Parent Working	Yes	No	Non-applicable	Don't know	Refused
Mother (or guardian)					
Father (or guardian)					

Section: Language

17. Which language(s) does the child use in his or her day-to-day life?

We are asking about the main language they use to talk with their friends and family etc.

- English
- French
- First Nation language
- Other

18. Can the child understand or speak a First Nations language?

- Yes
- No → If no, go to question 21.
- Don't know
- Refused

19. Please list all First Nation languages:

20. How well can the child understand and speak the language?

A few words: understand or can speak a few words (hello, goodbye, etc)

Basic: understand basic phrases, ask simple questions ('where am I?'), and write basic sentences

Intermediate: understand main idea of everyday speech (TV, radio), engaged in conversations, write paragraphs/text

Fluent: no difficulty understanding spoken word, carrying on complex conversations, write complex reports/letters/etc.

First Nation Language	Understand					Speaking				
	Fluent	Intermediate	Basic	A few words	N/A	Fluent	Intermediate	Basic	A few words	N/A

21. How important is it for the child to learn a First Nations language?

<input type="radio"/> Very important	<input type="radio"/> Not important
<input type="radio"/> Somewhat important	<input type="radio"/> Don't know
<input type="radio"/> Not very important	<input type="radio"/> Refused

22. How important are traditional cultural events in the child's life?

Traditional cultural events vary, but may include powwows, sweat lodges, and community feasts.

<input type="radio"/> Very important	<input type="radio"/> Not important
<input type="radio"/> Somewhat important	<input type="radio"/> Don't know
<input type="radio"/> Not very important	<input type="radio"/> Refused

23. Who helps the child understand their culture?

Check all that apply.

<input type="radio"/> Grandparents	<input type="radio"/> Community elders
<input type="radio"/> Parents (mother and/or father)	<input type="radio"/> Other community members
<input type="radio"/> Aunts and uncles	<input type="radio"/> No one
<input type="radio"/> Other relatives (siblings, cousins, etc.)	<input type="radio"/> Don't know
<input type="radio"/> Friends	<input type="radio"/> Refused
<input type="radio"/> School teachers	<input type="radio"/> Other:

Section: Education

24. Is the child currently attending school?

- Yes
- No
- Don't know
- Refused

25. Has the child ever attended an Aboriginal Head Start program?

- Yes
- No
- Don't know
- Refused

26. What grade is the child in? → If child is not attending school, go to question 29.

<input type="radio"/> Aboriginal Head Start	<input type="radio"/> 5
<input type="radio"/> Pre-Kindergarten	<input type="radio"/> 6
<input type="radio"/> Kindergarten	<input type="radio"/> 7
<input type="radio"/> 1	<input type="radio"/> 8
<input type="radio"/> 2	<input type="radio"/> 9
<input type="radio"/> 3	<input type="radio"/> Refused
<input type="radio"/> 4	

27. Has the child ever skipped or advanced a grade, as a result of academic performance?

- Yes

- No
- Don't know
- Refused

28. Has the child ever repeated a grade?

- Yes
- No
- Don't know
- Refused

Section: General Health

29. What was the child's birth weight?

	Pounds		Ounces
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The following few questions deal with the health of the mother during the child's pregnancy.

30. Did the child's mother smoke during pregnancy for her/him?

<input type="radio"/> No, did not smoke at all	<input type="radio"/> Yes, but quit in the 3 rd trimester
→ If no, go to question 32.	
<input type="radio"/> Yes, throughout the pregnancy	<input type="radio"/> Don't know
<input type="radio"/> Yes, but quit in the 1 st trimester	<input type="radio"/> Refused
<input type="radio"/> Yes, but quit in the 2 nd trimester	

31. If yes, how often did the child's mother smoke?

- Daily
- Occasionally
- Don't know
- Refused

32. Did anyone else in the household smoke while the child's mother was pregnant?

- Yes
- No
- Don't know
- Refused

33. Does the child live in a smoke-free home?

- Yes

- No
- Don't know
- Refused

34. In general, would you say that the child's health is:

- Excellent
- Very good
- Good
- Fair
- Poor

35. How tall is the child without his/her shoes on?
Approximate if necessary.

Feet Inches

If the respondent uses centimeters, refer to a conversion table and report response in feet and inches

How much does your child weigh? (lbs)

lbs

If the respondent uses kilograms, refer to a conversion table and report response in pounds (lbs).

Section: Health Conditions

36. Have you been told by a health care professional that the child has any of the follow health conditions?

37. If yes, what age were you diagnosed?

38. If yes, are you currently undergoing treatment(s) or taking medication(s) for these condition(s)?

Read through the entire list of conditions and answer 'yes' or 'no'.

Answer 'yes' or 'no' to each disease (this question set is connected to following questions). Include conditions that have lasted at least 6 months or are expected to last at least 6 months.

- Yes = Y
- No = N
- Don't know = DK
- Refused = R

Conditions	36.. Told that you have:	If Yes: →	37. Age when	38. If yes, Undergoing treatment
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	Yes	No	DK	R		diagnosed	Yes	No	DK	R
Allergies	Y	N	DK	R			N	DK	R	Y
Anemia (chronic)	Y	N	DK	R			Y	N	DK	R
Anxiety or depression	Y	N	DK	R			Y	N	DK	R
Asthma	Y	N	DK	R			Y	N	DK	R
→ Have you had an asthma attack in the past 12 months? O Yes O No										
Attention Deficit Disorder / Attention Deficit-Hyperactivity Disorder (ADD/ADHD)	Y	N	DK	R			Y	N	DK	R
Autism	Y	N	DK	R			Y	N	DK	R
Blindness or serious vision problems (can't be corrected with glasses)	Y	N	DK	R			Y	N	DK	R
Cancer	Y	N	DK	R			Y	N	DK	R
Chronic bronchitis	Y	N	DK	R			Y	N	DK	R
Cognitive or Mental disability	Y	N	DK	R			Y	N	DK	R
Dermatitis, atopic eczema	Y	N	DK	R			Y	N	DK	R
Diabetes	Y	N	DK	R			Y	N	DK	R
Fetal Alcohol Symptom Disorder (FASD)	Y	N	DK	R			Y	N	DK	R
Hearing impairment										
Heart condition	Y	N	DK	R			Y	N	DK	R
Hepatitis	Y	N	DK	R			Y	N	DK	R
→ If yes, what type of hepatitis do you have? O Type A O Type B O Type C O Don't know	Y	N	DK	R			Y	N	DK	R
Kidney Disease	Y	N	DK	R			Y	N	DK	R
Learning Disability	Y	N	DK	R			Y	N	DK	R
Speech/Language difficulties	Y	N	DK	R			Y	N	DK	R
Tuberculosis	Y	N	DK	R			Y	N	DK	R
→ If yes, is your tuberculosis active or inactive? O Active O Inactive O Don't know	Y	N	DK	R						

39. Which type(s) of diabetes has the child been diagnosed with?
Include all diagnosis that you have received.

Type 1 typically occurs in childhood or adolescence and requires multiple daily injections for survival.

Type 2 usually begins after age 30 and is more common in First Nation populations. This type can be prevented and effectively managed by eating healthy foods and engaging in regular exercise.

Gestational diabetes occurs only during pregnancy.

- Type 1
- Type 2
- Don't know
- Refused

40. Since birth, has the child ever had an ear infection?

- Yes
- No
- Don't know
- Refused

41. How many ear infections has the child has in the past 12 months?

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42. Have you been told by a health care professional that the child has chronic ear infections or ear problems?

Chronic ear infections are recurring frequently or last a long time.

- Yes
- No
- Don't know
- Refused

43. Does the child take the following medications?

Check all that apply.

<input type="checkbox"/> Asthma drugs (inhalers, puffers, Ventolin)	<input type="checkbox"/> Ritalin (or other ADD meds)
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Vitamins
<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Traditional medicines

44. How often does the child take the medications?

Medication Frequency	Asthma Drugs	Antibiotics	Antihistamines	Ritalin	Vitamins	Traditional Medicines
More than once a day						
Once a day						
More than once a week						
Once a week						
At least once per month						

At least once per year						
Less than once per year						
Don't know						
Refused						

Section: Injury

45. Has the child been injured in the past 12 months?

- Yes
- No → If no go to Health Care Access Section.
- Don't know
- Refused

46. What type of injury(ies) did the child have?
For example, was it a burn, a broken bone, etc.
Please select all that apply.

<input type="radio"/> Broken or fractured bones	<input type="radio"/> Poisoning
<input type="radio"/> Burns or scalds	<input type="radio"/> Injury to internal organ
<input type="radio"/> Dislocation	<input type="radio"/> Dental injury
<input type="radio"/> Major sprain or strain	<input type="radio"/> Hypothermia, frost bite
<input type="radio"/> Minor cuts, scrapes or bruises	<input type="radio"/> Repetitive strain
<input type="radio"/> Concussion	<input type="radio"/> Other:

47. What part(s) of the child's body was injured?
Mark all that apply.

<input type="radio"/> Hand	<input type="radio"/> Torso
<input type="radio"/> Wrist	<input type="radio"/> Eye(s)
<input type="radio"/> Arm	<input type="radio"/> Head
<input type="radio"/> Foot	<input type="radio"/> Multiple sites
<input type="radio"/> Ankle	<input type="radio"/> Other:
<input type="radio"/> Knee	<input type="radio"/> Don't know
<input type="radio"/> Leg	<input type="radio"/> Refused

48. Where did the injury(ies) occur?

<input type="radio"/> Home	<input type="radio"/> Industrial or construction area
<input type="radio"/> School, college, university	<input type="radio"/> Office
<input type="radio"/> Sports fields/facilities of schools	<input type="radio"/> Countryside, forest, woodlot
<input type="radio"/> Street, highway, sidewalk	<input type="radio"/> Lake, river, ocean

<input type="checkbox"/> Community buildings (community centre, band office)	<input type="checkbox"/> Other (specify):
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49. What was the child doing when the injury(ies) occurred?

<input type="checkbox"/> Sports or physical exercise	<input type="checkbox"/> Travel to and from work/school
<input type="checkbox"/> Leisure or hobby	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Unpaid work/ chores around the house	

50. What caused the injury(ies)?

<input type="checkbox"/> Motor vehicle collision → Were you wearing a seat belt? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Contact with a machine, tool, etc.
<input type="checkbox"/> ATV collision → Were you wearing a helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Smoke, fire, flames
<input type="checkbox"/> Snowmobile collision → Were you wearing a helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Contact with HOT liquid, object, etc.
<input type="checkbox"/> Hunting accident	<input type="checkbox"/> Extreme weather or natural disaster (i.e.flood)
<input type="checkbox"/> Boating accident → Were you wearing a life jacket? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Thin ice
<input type="checkbox"/> Accidental contact with another person or animal	<input type="checkbox"/> Overexertion or strenuous movement
<input type="checkbox"/> Fall	<input type="checkbox"/> Suicide attempt or other self-inflicted injury
<input type="checkbox"/> Domestic/ Family violence	<input type="checkbox"/> Riding a bicycle → Were you wearing a helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<input type="checkbox"/> Other physical assault	<input type="checkbox"/> Other (specify):

51. Where did the child get medical treatment for his/her injury(ies)?

<input type="checkbox"/> Doctors office	<input type="checkbox"/> At home
<input type="checkbox"/> Hospital emergency room	<input type="checkbox"/> Traditional healer
<input type="checkbox"/> Walk-in clinic	<input type="checkbox"/> By telephone
<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Didn't seek any medical treatment
<input type="checkbox"/> At school	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> At work	

Section: Health Care Access

52. During the past 12 months, have you experienced any of the following barriers to receiving

health care for the child? Read each item and answer 'yes' or 'no'

Note: NIHB or non-insured health benefits is the Health Canada program that provides support to help cover health care costs - medications, dental care, vision care, medical supplies/equipment, etc.

Access Barriers	Yes	No	Don't know	Refused
Doctor or nurse not available in my area				
Health facility no available in my area (e.g. nursing station or hospital)				
Waiting list is too long				
Unable to arrange transportation				
Difficulty in getting traditional care (e.g. healer, medicine person, or elder)				
Not covered by non-insured Health Benefits (NIHB)				
Prior approval of Non-Insured Health Benefits was denied				
Could not afford direct cost of care/services				
Could not afford transportation costs				
Could not afford childcare costs				
Felt health care provided was inadequate				
Felt service was not culturally appropriate				
Chose not to see health care professional				
Service was not available in my area				

Section: Child Immunized

53. Has the child received his/her routine (regular) vaccinations/immunizations?

- Yes → If yes, go to question 55.
- No
- Don't know
- Refused

54. Why hasn't the child received his/her immunizations/vaccinations?

<input type="radio"/> Doctor or nurse not available in my area	<input type="radio"/> Too many immunizations required
<input type="radio"/> Immunization service not available in my area	<input type="radio"/> Didn't want to immunize child for cultural reasons
<input type="radio"/> Scheduling problem/clinic waiting list is too long	<input type="radio"/> Don't think vaccines are safe
<input type="radio"/> Forgot/failed to remember	<input type="radio"/> Think local vaccine services are inadequate (e.g. poor refrigeration, out of date medications)

Section: Dental Care

55. Approximately when was the last time the child had any dental care?

<input type="radio"/> Less than six months ago	<input type="radio"/> More than five years ago
<input type="radio"/> Between six months and one year ago	<input type="radio"/> Never
<input type="radio"/> Between one year and two years ago	<input type="radio"/> Don't know
<input type="radio"/> Between two and five years ago	<input type="radio"/> Refused

56. What type of dental treatment does the child currently need?

Mark all that apply.

<input type="radio"/> None	<input type="radio"/> Prosthetics (e.g denture, including repair and maintenance)
<input type="radio"/> Cavities filled or other restorative work (e.g. fillings, crowns, bridge)	<input type="radio"/> Urgent care (dental problems requiring immediate attention)
<input type="radio"/> Maintenance (e.g. check ups or teeth cleaning)	<input type="radio"/> Orthodontics (e.g. braces)
<input type="radio"/> Extractions (taking teeth out)	<input type="radio"/> Don't know
<input type="radio"/> Fluoride treatment	<input type="radio"/> Refusal
<input type="radio"/> Periodontal (gum) work	<input type="radio"/> Other:

57. Have the child's teeth been affected by Baby Bottle Tooth Decay?

Baby Bottle Tooth Decay is a form of tooth decay that occurs in children aged 5 years and under. It involves so many teeth that children usually need dental surgery in hospital.

- Yes
- No
- Don't know
- Refused

58. Has the child been treated for Baby Bottle Tooth Decay?

- Yes
- No
- Don't know
- Refused

59. Was the child ever breast-fed?

- Yes
- No → If no, go to question 61.
- Don't know
- Refused

60. How many months was the child breast fed?

61. Was the child ever bottle fed?

- Yes
- No
- Don't know
- Refused

62. Was the child ever fed any of the following in his/her bottle?

<input type="radio"/> Breast milk	<input type="radio"/> Kool-Aid and other powdered drinks
<input type="radio"/> Iron fortified formula	<input type="radio"/> 100% fruit juices
<input type="radio"/> Regular formula	<input type="radio"/> Tea
<input type="radio"/> Milk	<input type="radio"/> Herbal mixtures
<input type="radio"/> Soy milk	<input type="radio"/> Soft drinks
<input type="radio"/> Canned milk	<input type="radio"/> Coffee whitener
<input type="radio"/> Powdered milk	<input type="radio"/> Other (specify):
<input type="radio"/> Water	

Section: Food and Nutrition

63. Does the child eat a nutritious balanced diet?

<input type="radio"/> Always/ almost always	<input type="radio"/> Never
<input type="radio"/> Sometimes	<input type="radio"/> Don't know
<input type="radio"/> Rarely	<input type="radio"/> Refused

64. On average, how often does the child eat or drink the following foods?

Choose the answer that best describes the way he/she normally eat.

Frequency of Consumption of Food	Several Times a Day	Once a Day	A few times a week	About once a week	Never/hardly ever
Milk and milk products (e.g. yogurt, cheese)					
Protein (beef, chicken, pork, fish, eggs, beans, tofu)					
Vegetables					
Fruit (excluding fruit juice)					
Bread, pasta, rice and other grains					
Water					

Juice					
Soft drinks/pop					
Fast food (e.g. burgers, pizza, hotdogs, French fries)					
Sweets (e.g. candy, cookies, cake)					

65. In the past 12 months, how often has the child eaten the following traditional foods?

Frequency of Traditional Foods	Not at all	A few times	Often
Land-based animals (moose, caribou, bear, deer, bison, etc.)			
Fresh water fish			
Salt water fish			
Other water based foods (shellfish, eels, clams, seaweed, etc.)			
Sea-based animals (whale, seal, etc.)			
Game birds (goose, duck, etc.)			
Small game (rabbit, muskrat, etc.)			
Berries or other wild vegetation			
Bannok/Fry bread			
Wild rice			
Corn soup			

66. In the past 12 months, how often did someone share traditional food with the child's household?

- Often
- Sometimes
- Never
- Don't know
- Refused

Section: Physical Activity

67. Which of the following activities has the child participated in the past 12 months?

Mark all that apply.

<input type="checkbox"/> Walking	<input type="checkbox"/> Weights, exercise equipment
<input type="checkbox"/> Hunting, trapping	<input type="checkbox"/> Aerobics/Fitness classes
<input type="checkbox"/> Fishing	<input type="checkbox"/> Canoeing/Kayaking
<input type="checkbox"/> Berry picking or other food gathering	<input type="checkbox"/> Swimming

<input type="checkbox"/> Running or jogging	<input type="checkbox"/> Bowling
<input type="checkbox"/> Hiking	<input type="checkbox"/> Golf
<input type="checkbox"/> Bicycling riding/Mountain biking	<input type="checkbox"/> Snowshoeing
<input type="checkbox"/> Dancing (aerobic, traditional, modern, etc.)	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Skating	<input type="checkbox"/> Gardening, yard work
<input type="checkbox"/> Skiing/Snowboarding	<input type="checkbox"/> Other:
<input type="checkbox"/> Competitive or team sports (e.g hockey, basketball, baseball, lacrosse, tennis)	

68. How many times did the child participate in the activity in the past 12 months?

Note: Some examples of annual estimates:

Daily= 365 times per year

Three times a week =156 times per year

Twice a month = 24 times per year

69. How much time (in minutes) does the child generally spend doing the activity?

½ hour = 30 minutes 1 hour = 60 minutes 1 ½ hour = 90 minutes

70. During the past week, how much time in an average day did the child spend watching TV, working at your computer, reading or playing video games?

Sedentary Activities	Less than 30 minutes	30 minutes to an hour	1 hour to 1 ½ hours	More than 1 ½ hours	Don't know	Refused
Watching TV						
Working at a computer						
Reading						
Playing video games						

Section: Personal Wellness

71. Outside of school hours, how often does the child:

Outside of school hours	Never	Less than once per week	1-3 times per week	4 times or more a week	Not applicable
Take part in sport teams or lessons					
Take part in art or music					

groups or lessons					
Take part in traditional singing, drumming, or dancing groups or lessons					

72. How often does the child read for fun (not just school) or is read to?

<input type="radio"/> Everyday	<input type="radio"/> A few times a month
<input type="radio"/> A few times a week	<input type="radio"/> Less than once a month
<input type="radio"/> Once a week	<input type="radio"/> Almost never

73. During the past six months, how well has the child gotten along with the rest of the family?

<input type="radio"/> Very well, no difficulties	<input type="radio"/> Not at all well, constant difficulties
<input type="radio"/> Quite well, hardly any difficulties	<input type="radio"/> Don't know
<input type="radio"/> Not too well, lots of difficulties	<input type="radio"/> Refused

74. During the past six months, do you think the child has had more emotional or behavioural problems than other boys or girls of his/her age?

- Yes
- No
- Don't know
- Refused

Section: Residential Schools

The following questions are about Residential Schools.

For the purpose of the survey, the term "residential schools" refers to the residential school systems attended by Aboriginal students. This includes residential schools run by religious orders, industrial schools, boarding schools, student residences, hostels and billets. The last residential school shut down in 1996.

75. Did either of your parents or grandparents attend a residential school?

Parents/Grandparents Attending Residential Schools	Yes	No	Don't know	Refused
Mother				
Father				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

Section: Child Care Arrangements

76. Does the child currently receive childcare?

- Yes
- No
- Don't know
- Refused

77. What is the child's main childcare arrangement?

<input type="radio"/> Care in someone else's home by a family member/relative	<input type="radio"/> Daycare centre
<input type="radio"/> Care in child's home by a relative (other than brother/sister)	<input type="radio"/> Nursery school/Preschool
<input type="radio"/> Care in child's home by child's brother/sister	<input type="radio"/> Private home daycare
<input type="radio"/> Care in someone else's home by a non-relative	<input type="radio"/> Before-and-After school programs
<input type="radio"/> Care in child's home by a non-relative	<input type="radio"/> Other:

78. How many hours a week does the child spend in childcare?

Section: Ending

Did someone interpret/translate the questions of this survey?

- Yes
- No
- Don't know
- Refused

Thank you for participating in the RHS!

Are there other issues affecting the well-being of children in this community that should be asked about in the next survey?