

FIRST NATIONS REGIONAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR REALITY

Adult 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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Adult Phase 2

Introduction

Welcome to the First Nations Regional Longitudinal Health Survey 2007

Consent # _____

Section: Personal Information

1. What is your date of birth?

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Are you male or female?

☐ Male ☐ Female

3. What region do you 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

4. What First Nations community do you currently live in?

5. How tall are you without your shoes on?

<input type="text"/> Feet	<input type="text"/> Inches
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6. How much do you weigh (lbs)?

<input type="text"/>	Pounds
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<<If respondent is male, proceed to language section>>

7. Are you currently pregnant?

☐ Yes
☐ No → If no, go to language section
☐ Don't know

☐ Refused

8. If yes, how many weeks pregnant are you?

Number of weeks

Section: Language

9. Which language(s) do you use most in daily life?

Check all that apply.

☐ English

☐ French

☐ First Nation language

☐ Other:

10. Can you understand or speak a First Nation language?

☐ Yes

☐ No → If no, go to education section

☐ Don't know

☐ Refused

11. Please list all First Nation languages:

12. How well can you understand 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	Understanding				Speaking			
	Fluent	Intermediate	Basic	A few words	Fluent	Intermediate	Basic	A few words

Section: Education

13. What is the highest grade that you have completed for elementary and secondary school (junior high, high school)?

<input type="radio"/> No schooling	<input type="radio"/> Grade 6	<input type="radio"/> Grade 12
<input type="radio"/> Grade 1	<input type="radio"/> Grade 7	<input type="radio"/> Grade 13 (Ontario)
<input type="radio"/> Grade 2	<input type="radio"/> Grade 8	<input type="radio"/> Don't know
<input type="radio"/> Grade 3	<input type="radio"/> Grade 9	<input type="radio"/> Refused
<input type="radio"/> Grade 4	<input type="radio"/> Grade 10	<input type="radio"/> Other (specify):
<input type="radio"/> Grade 5	<input type="radio"/> Grade 11	

The following question is for Quebec residents only. Please proceed to question 15 if you are not a Quebec resident.

14. What is the highest grade that you have completed for elementary and secondary school (for Quebec residents)?

<input type="radio"/> Preschool	<input type="radio"/> Grade 6	<input type="radio"/> Grade 12
<input type="radio"/> Grade 1	<input type="radio"/> Secondary 1 (or Grade 7)	<input type="radio"/> Attestation of Vocational Education (AVE)
<input type="radio"/> Grade 2	<input type="radio"/> Secondary 2 (or Grade 8)	<input type="radio"/> Diploma of Vocational Studies (DVS)
<input type="radio"/> Grade 3	<input type="radio"/> Secondary 3 (or Grade 9)	<input type="radio"/> Attestation of Vocational Specialization (AVS)
<input type="radio"/> Grade 4	<input type="radio"/> Secondary 4 (or Grade 10)	<input type="radio"/> Don't know
<input type="radio"/> Grade 5	<input type="radio"/> Secondary 5 (or Grade 11)	<input type="radio"/> Refused

15. Did you graduate from high school?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

16. Other than elementary and secondary grades (junior high/high school), what other education have you completed?

Check all that apply.

<input type="radio"/> None	<input type="radio"/> Diploma or certificate from trade, technical or vocational school	<input type="radio"/> Masters degree
<input type="radio"/> Some trade, technical, or	<input type="radio"/> Diploma or certificate from	<input type="radio"/> Earned doctorate (PhD)

vocational school	community college, CEGEP, or university	
<input type="radio"/> Some community college or CEGEP	<input type="radio"/> University/undergraduate degree	<input type="radio"/> Other:
<input type="radio"/> Some university	<input type="radio"/> Professional degree	

The following question is for Quebec residents only. Please proceed to question 18 if you are not a Quebec resident.

17. Other than elementary and secondary grades, what other education have you completed (for Quebec residents)?

Check all that apply.

<input type="radio"/> None	<input type="radio"/> Technical college diploma	<input type="radio"/> Bachelor's Degree
<input type="radio"/> Some technical college	<input type="radio"/> General college diploma	<input type="radio"/> Master's Degree
<input type="radio"/> Some general college	<input type="radio"/> Some university	<input type="radio"/> Doctorate Degree

18. Was your training in a health field?

Health field includes nursing, medicine, lab technician, dentist, epidemiology etc.

Training	Yes	No	Don't know	Refused	Not Applicable
Some trade, technical, or vocational school					
Some community college or CEGEP					
Some university					
Diploma or certificate from trade, technical or vocational school					
Diploma or certificate from community college, CEGEP, or university					
University/undergraduate degree					
Professional Degree					
Masters degree					
Earned doctorate (PhD)					
Other					

The following question is for Quebec residents only. Please proceed to employment and income section if you are not a Quebec resident.

19. Was your training in a health field?

Health fields include nursing, medicine, lab technician, dentist, epidemiology, etc.

Training	Yes	No	Don't know	Refused
Some technical college				
Some general college				
Technical college diploma				
General college diploma				
Some university				
Bachelor's Degree				
Master's Degree				
Doctorate Degree				

Section: Employment and Income

The following questions ask about your employment situation and income. This information will be kept confidential and your answers cannot be tracked back to you.

20. Do you currently work for pay (wages, salary, self-employed)?

- ☐ Yes → If yes, go to question 23
☐ No
☐ Don't know
☐ Refused

21. Are you currently looking for work?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

22. If no, which of the following best describes your situation?

<input type="radio"/> Poor health or disabled	<input type="radio"/> Stay-at- home parent	<input type="radio"/> Other (specify):
<input type="radio"/> Seasonal worker	<input type="radio"/> Student	<input type="radio"/> Don't know
<input type="radio"/> Retired	<input type="radio"/> No longer looking for work, gave up	<input type="radio"/> Refused

If not working, please proceed to question 26.

23. Where is your work located?

- ☐ In own First Nation community
- ☐ In another First Nation community
- ☐ In a non-First Nation community
- ☐ Other:
- ☐ Refusal

24. On average, how many hours a week do you work?
A full time job is usually around 35 hours.

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25. What job sector do you work in?
Check all that apply.

<input type="radio"/> Agriculture, Forestry, Fishing and Hunting	<input type="radio"/> Information
<input type="radio"/> Mining	<input type="radio"/> Professional, Scientific and Technical Services
<input type="radio"/> Construction	<input type="radio"/> Administrative Support, Waste Management and Remediation Services
<input type="radio"/> Manufacturing	<input type="radio"/> Educational Services
<input type="radio"/> Utilities	<input type="radio"/> Health Care and Social Assistance
<input type="radio"/> Transportation and Warehousing	<input type="radio"/> Arts, Entertainment, and Recreation
<input type="radio"/> Wholesale Trade	<input type="radio"/> Other Services (except Public Administration)
<input type="radio"/> Retail	<input type="radio"/> Public Administration
<input type="radio"/> Accommodation and Food Services	<input type="radio"/> Management of Companies and Enterprises
<input type="radio"/> Finance and Insurance	<input type="radio"/> Other (Specify):
<input type="radio"/> Real Estate and Rental and Leasing	

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

Reminder: Your answers will remain confidential.

Which income range does it fall under?

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

27. During the previous year (December 31, 2007), did you receive income from any of the following source?

We will ask you about each income source, though some may not apply. Please provide an answer for each income source.

Income Sources	Yes	No	Don't know	Refused
Paid employment (wages or salary)				
Earning from self-employment				
Employment insurance				
Social assistance				
Royalties, trusts, and land claim payments				
Basic Old Age Security				
Benefits from Canada or Quebec Pension Plan				
Guaranteed income supplement or Spouse's allowance				
Retirement, pensions, superannuation, annuities				
Veteran's pension				
Child tax benefit				
Child support/alimony				
Worker's compensation				
Disability allowance				
Education or training allowance				
Maternity/paternity leave				

Section: Household

28. How many children 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	

29. Including yourself, how many adults usually live in this household?

Include all adults, 18 years and over, who reside in the household at least half the time.

30. Including yourself, how many household members received income from any source in the previous year (ending December 31, 2007)?

31. 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 income range does it fall under?

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

32. In the past 12 months, did you ever struggle to meet the following basic living requirements? (i.e. have to borrow money, miss bill payments to satisfy your basic living needs)

Basic Needs	No	A few times a year	Monthly	More than once a month	Non-applicable	Don't know	Refusal
Food							
Shelter							
Utilities (heat, electricity)							
Clothing							
Transportation							
Childcare							

Section: Housing

33. Is your primary residence (home):

- ☐ Rented by you or another member of this household
- ☐ Owned by you or another member of this household
- ☐ Other
- ☐ Don't know
- ☐ Refused

34. Do you live in band owned housing?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

35. How many rooms are there in your 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
<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12	

36. Does your home have:

Home Amenities	Yes	No	Don't know	Refused
A working smoke detector				
A carbon monoxide detector				
A fire extinguisher				
A telephone with service				
A computer				
An internet connection				
A refrigerator				
A stove for cooking				
Electricity				
Cold running water				
Hot running water				
A flush toilet				
Either a septic tank or sewage service (any kind)				
Garbage collection service				

37. Is this dwelling in need of repairs?

Major repairs include: defective plumbing or electrical wiring, structural repairs to walls, floors, ceiling etc.

Minor repairs include: missing or loose floor tiles, bricks, shingles, defective steps, railings, siding, etc.

- ☐ Yes, major repairs
- ☐ Yes, minor repairs
- ☐ No, only regular maintenance is required (painting, furnace)
- ☐ Don't know
- ☐ Refused

38. In the past 12 months, has there been mold or mildew in your home?

Water damage from broken pipes, leaks or flood, and moisture in the air can cause mold and mildew to form.

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Refused

39. What is the main water supply for your household?

Refers to the main water supply where most of the household's water comes from for showers, toilets, etc. Not necessarily the same source as drinking water.

<input type="radio"/> Piped in (local or community water supply)	<input type="radio"/> Collect it yourself from river, lake, pond	<input type="radio"/> Other:
<input type="radio"/> Trucked in	<input type="radio"/> Collect it yourself from water plan	<input type="radio"/> Don't know
<input type="radio"/> Well (individual or shared)	<input type="radio"/> From a neighbour's house	<input type="radio"/> Refused

40. Do you consider the main water supply in your home safe for drinking year round?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

41. Do you use any other sources of drinking water?

Mark all that apply.

<input type="radio"/> No other sources	<input type="radio"/> Boiled tap water
<input type="radio"/> Bottled water	<input type="radio"/> River, lake or stream
<input type="radio"/> Water from another house	<input type="radio"/> Other:

Section: General Health

42. In general, would you say that your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

Is it:

- ☐ Much better now than 1 year ago
- ☐ Somewhat better now
- ☐ About the same as a year ago
- ☐ Somewhat worse now
- ☐ Much worse now than 1 year ago

44. What things help make you healthy? **If fair or poor health, please go to next section**

Do not read list. Check all that apply.

<input type="checkbox"/> Good diet (low fat, fruits and vegetables etc.)	<input type="checkbox"/> Regular exercise / Active in sports
<input type="checkbox"/> Reduced stress	<input type="checkbox"/> In balance (physical, emotional, mental, spiritual)
<input type="checkbox"/> Good social supports (family, friends, co-workers)	<input type="checkbox"/> Other:
<input type="checkbox"/> Good sleep / Proper rest	<input type="checkbox"/> Don't know
<input type="checkbox"/> Happy, content	<input type="checkbox"/> Refused

Section: Health Conditions

The following questions ask about health conditions. You will need to answer 'yes' or 'no' for each condition. If yes, we will ask about what age you were diagnosed and if you are currently undergoing treatment.

Note: Y= Yes, N=No, DK = Don't Know, R= Refused.

45. Have you been told by a health care professional that you have any of the following health conditions?

46. If yes, at what age were you diagnosed?

47. 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'.

Conditions	45. Told that you have:				If Yes: →	46. Age when diagnosed	47. If yes, are you undergoing treatment?			
	Yes	No	DK	R			Yes	No	DK	R
Arthritis	Y	N	DK	R			Y	N	DK	R
Chronic back pain, excluding arthritis	Y	N	DK	R			Y	N	DK	R
Rheumatism	Y	N	DK	R			Y	N	DK	R
Osteoporosis	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? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Chronic bronchitis	Y	N	DK	R			Y	N	DK	R
Emphysema	Y	N	DK	R			Y	N	DK	R
Allergies	Y	N	DK	R			Y	N	DK	R
Cataracts	Y	N	DK	R			Y	N	DK	R
Glaucoma	Y	N	DK	R			Y	N	DK	R
Blindness or serious vision problems (can't be corrected)	Y	N	DK	R			Y	N	DK	R

with glasses)									
Hearing impairment	Y	N	DK	R		Y	N	DK	R
Epilepsy	Y	N	DK	R		Y	N	DK	R
Psychological or Nervous disorders	Y	N	DK	R		Y	N	DK	R
Cognitive or Mental disability	Y	N	DK	R		Y	N	DK	R
Attention Deficit Disorder / Attention Deficit-Hyperactivity Disorder (ADD/ADHD)	Y	N	DK	R		Y	N	DK	R
Learning disability	Y	N	DK	R		Y	N	DK	R
Heart Disease	Y	N	DK	R		Y	N	DK	R
High Blood Pressure	Y	N	DK	R		Y	N	DK	R
→ If yes, was the high blood pressure related to pregnancy? O Yes O No									
Effects of Stroke (brain hemorrhage)	Y	N	DK	R		Y	N	DK	R
Thyroid problems	Y	N	DK	R		Y	N	DK	R
Cancer	Y	N	DK	R		Y	N	DK	R
→ If yes, what type of cancer were you diagnosed with?									
Liver Disease (excluding hepatitis)	Y	N	DK	R		Y	N	DK	R
Stomach and Intestinal problems	Y	N	DK	R		Y	N	DK	R
HIV/AIDS	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									
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									
Diabetes	Y	N	DK	R		Y	N	DK	R

If you do not have any health problems, please proceed to diabetes section.

Section: Diabetes

48. Which type(s) of diabetes have you been diagnosed with in your lifetime?

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
- ☐ Gestational
- ☐ Don't know
- ☐ Refused

If respondent is male, please go to question 49.

48. Were you pregnant when you were first diagnosed with diabetes (all types)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

49. What kind of treatment or measure are you using to manage your diabetes (all types)?
Check all that apply.

<input type="radio"/> Diet	<input type="radio"/> Traditional medicines
<input type="radio"/> Exercise	<input type="radio"/> Traditional ceremonies, help from healer
<input type="radio"/> Insulin	<input type="radio"/> No treatment or medicine
<input type="radio"/> Pills	<input type="radio"/> Other:

50. In the past two weeks, how often have you checked your blood sugar levels?

<input type="radio"/> More than once a day	<input type="radio"/> 2 – 5 times in the past two weeks
<input type="radio"/> Once a day	<input type="radio"/> Not at all in the past two weeks
<input type="radio"/> 10 – 13 times in the past two weeks	<input type="radio"/> Don't know
<input type="radio"/> 6 – 9 times in the past two weeks	<input type="radio"/> Refused

51. Has your diabetes (all types)...

<i>Impacts of Diabetes</i>	Yes	No	Don't know	Refused
Prompted you to adopt a healthier lifestyle, which includes a good diet and/or exercise?				
Affected your vision (e.g. retinopathy)?				
Affected your kidney function?				
Affected your circulation other than your health?				
Affected the feeling in your hands and feet (e.g. neuropathy)?				
Affected your lower limbs?				
Resulted in infections?				

Resulted in amputation?				
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52. Are you currently attending a diabetes clinic or seeing someone (MD, nurse, etc.) for diabetes education?

- ☐ Yes
☐ No → If no go to question 53.
☐ Don't know
☐ Refused

53. If you are not currently attending a diabetes clinic or seeing someone for diabetes education, why is that?

Do not read list, but check all that apply.

<input type="radio"/> No longer require diabetes education, I already have the information I need.	<input type="radio"/> Transportation costs
<input type="radio"/> I don't have sufficient information about where to go	<input type="radio"/> Childcare costs
<input type="radio"/> A diabetes clinic is not available in my area	<input type="radio"/> Felt the health service for diabetes would be inadequate
<input type="radio"/> A diabetes health specialist is not available in my area	<input type="radio"/> Felt the health service for diabetes would be culturally inappropriate
<input type="radio"/> Could not afford it	<input type="radio"/> Chose not to attend
<input type="radio"/> Direct health care costs	<input type="radio"/> Other:

Section: Injury

54. Have you been injured in the past 12 months?

- ☐ Yes
☐ No → If no, please go to disability section.
☐ Don't know
☐ Refused

55. What type of injury(ies) did you 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:

56. What part(s) of your body was injured?
Mark all that apply.

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

57. Where did the injury(ies) occur?

<input type="checkbox"/> Home	<input type="checkbox"/> Industrial or construction area
<input type="checkbox"/> School, college, university	<input type="checkbox"/> Office
<input type="checkbox"/> Sports fields/facilities of schools	<input type="checkbox"/> Countryside, forest, woodlot
<input type="checkbox"/> Street, highway, sidewalk	<input type="checkbox"/> Lake, river, ocean
<input type="checkbox"/> Community buildings (community centre, band office)	<input type="checkbox"/> Other (specify):

58. What were you doing when the injury(ies) occurred?

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

59. What caused the injury(ies)?

<input type="checkbox"/> Motor vehicle collision	<input type="checkbox"/> Contact with a machine, tool, etc.
→ 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"/> ATV collision	<input type="checkbox"/> Smoke, fire, flames
→ 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"/> Snowmobile collision	<input type="checkbox"/> Contact with HOT liquid, object, etc.
→ 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"/> Hunting accident	<input type="checkbox"/> Extreme weather or natural disaster (i.e.flood)
<input type="checkbox"/> Boating accident	<input type="checkbox"/> Thin ice
→ 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"/> 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="radio"/> Domestic/ Family violence	<input type="radio"/> Riding a bicycle
	→ Were you wearing a helmet? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
<input type="radio"/> Other physical assault	<input type="radio"/> Other (specify):

60. Where did you get medical treatment for your injury(ies)?

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

61. When the injury(ies) happened, did any of the following have an influence in your injury?

- ☐ Alcohol
- ☐ Marijuana
- ☐ Not under the influence
- ☐ Other substances
- ☐ Don't know
- ☐ Refused

Section: Disability

62. Are you limited in the kinds or amount of activity you can do at home, work or otherwise because of a physical or mental condition, or a health problem?

- ☐ Yes, often
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know
- ☐ Refusal

Do you have difficulties with any of the following activities?

	Yes	No	Refused
Seeing/reading newsprint (with glasses or contacts if normally used)			
Hearing normal conversation (with hearing aid if normally used)			
Having your speech understood by those who speak the same language			
Lifting or carrying 10 lbs			
Walking for 5 minutes without resting			

Climbing a flight of stairs without resting			
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Section: HUI

The Health Utilities Index is a system for measuring health status, health-related quality of life, as well as single- and multi-attribute utility scores. The HUI health-state attributes include: Vision, Hearing, Speech, Ambulation/Mobility, Pain, Dexterity, Self-Care, Emotion, and Cognition.

Permission to use the HUI material must be obtained in writing from HUI Inc. Therefore, we have not included the HUI module in the public version of the questionnaire.

Requests for Information about HUI should be addressed to:

Health Utilities Inc.
88 Sydenham Street
Dundas, ON, L9H 2V3, Canada
Phone: 905-525-9140, ext 22389
Fax: 905-627-7914
Email: huinfo@healthutilities.com
or visit their website at: <http://www.healthutilities.com>

Section: Home Health Care

78. Because of a physical condition or health problem, do you believe you currently need any of the following services at home? If yes, do you currently receive the service??
Mark a response for each.

Home Care	NEED the service?				If yes, RECEIVE the service???			
	Yes	No	DK	RF	Yes	No	DK	RF
Light housekeeping								
Home maintenance								
Care from a nurse								
Palliative care (terminally ill)								

Personal care (grooming, washing etc.)								
Meals prepared or delivered								

80. Do you help with homecare (e.g. dressing, bathing, meals, housekeeping, travel) for a family member or friend because he/she has a chronic condition or a disability?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

If you do not help with homecare, please proceed to personal safety section.

81. What type of care do you provide?

Mark all that apply.

<input type="checkbox"/> Housekeeping (cleaning, laundry, etc.)	<input type="checkbox"/> Home maintenance (minor repair, shoveling driveway)
<input type="checkbox"/> Personal care (grooming, washing, etc.)	<input type="checkbox"/> Running errands
<input type="checkbox"/> Food preparation	<input type="checkbox"/> Other:

82. How many hours a week do you provide?

83. Do you have an immediate family member that has been placed in a long-term care facility that is located outside the community of off-reserve?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

84. How old was your immediate family member when they entered a long-term care facility?

85. What was the **main** reason your immediate family member is in the long-term care facility?

Section: Personal Safety

86. Have you experienced physical aggression in the past 12 months?

This includes hitting, kicking, crowding, etc.

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

87. Have you ever experienced any verbal aggression in the past 12 months?

Includes threats, insults, name calling, etc.

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

88. Did you seek help with the aggression?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Section: Health Care Access

89. Do you use traditional medicine?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

90. Have you had any of the following difficulties when trying to access traditional medicines?

Mark all that apply.

If you didn't experience any difficulties, please mark 'no difficulties' and proceed to the next question.

<input type="radio"/> No difficulties	<input type="radio"/> Not available through health care
<input type="radio"/> Do not know where to get them	<input type="radio"/> Not covered by non-insured health benefits (Health Canada)
<input type="radio"/> Can't afford it	<input type="radio"/> Not interested
<input type="radio"/> Too far to travel	<input type="radio"/> Don't know
<input type="radio"/> Concerned about effects	<input type="radio"/> Refused
<input type="radio"/> Do not know enough about them	<input type="radio"/> Other:

91. How would you rate the level of access to health services available to you compared to Canadians generally?

- ☐ Same level of access
- ☐ Less access
- ☐ Better access
- ☐ Don't know
- ☐ Refused

92. During the past 12 months, have you experienced any of the following barriers to receiving health care? 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				

93. Have you had any difficulties accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB) provided to status First Nations through Health Canada??

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.

<input type="radio"/> No difficulties	<input type="radio"/> Escort travel
<input type="radio"/> Medication	<input type="radio"/> Transportation services or costs (air or road)
<input type="radio"/> Dental care	<input type="radio"/> Don't know
<input type="radio"/> Vision care (e.g. glasses)	<input type="radio"/> Refused
<input type="radio"/> Hearing aid	<input type="radio"/> Other:
<input type="radio"/> Other medical supplies (e.g. walker, crutches)	

94. Over the past 12 months, how often has your primary healthcare provider (family physician/RN/nurse practitioner) changed?

- ☐ Two times or more
- ☐ Once
- ☐ Stayed the same
- ☐ Don't know
- ☐ Refused

Section: Dental Care

95. Approximately when was the last time you 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 and two years ago	<input type="radio"/> Don't know
<input type="radio"/> Between two and five years ago	<input type="radio"/> Refused

96. Do you have one or more of your own teeth?

We are referring to your permanent adult teeth, not including false teeth or dentures.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

97. Do you wear full or partial dentures, false teeth, bridges, or dental plates to replace missing permanent teeth?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

98. Have you had any of the following difficulties accessing dental care?

Note: NIHB or Non-Insured Health Benefits is the Health Canada program that provides money to help cover health care costs – medications, dental care, vision care, medical supplies/equipment, etc.

	Yes	No	Don't know	Refused
Dental services not available in my area				
Waiting list is too long				
Service not covered by non-insured Health Benefits (NIHB)				
Prior approval for services under NIHB was denied				
Direct cost of dental care				
Transportation costs				
Childcare costs				
Other costs				
Felt dental services were inadequate				

99. What type of dental treatment do you currently need?

Mark all that apply.

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

Section: Food and Nutrition

100. On average, how often do you eat or drink the following foods?

Choose the answer that best describes the way you normally eat.

	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)					

101. In the past 12 months, how often have you 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			
Bannock/Fry bread			
Wild rice			
Corn soup			

102. Do you eat a nutritious balanced diet?

- ☐ Always / almost always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know
- ☐ Refused

103. In the past 12 months, how often did someone share traditional food with your household?

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

Section: Food Security

104. I'm going to read you a few statements that people have made about their food situation. Please tell me if the statement was often true, sometimes true, or never true for you and your family in the past 12 months.

The first statement is "The food that we bought just didn't last and we didn't have the money to get more". Was that statement often, sometimes or never true for your household in the past 12 months?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know
- ☐ Refusal

105. Next statement: "We couldn't afford to eat balanced meals". Was that statement often, sometimes, or never true for your household in the past 12 months?

Balanced meals contain a variety of food groups, for example a selection of protein, vegetables and fruits, and dairy products.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know
- ☐ Refusal

106. In the past 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No → If you answered no, go to question 108.
- ☐ Don't know
- ☐ Refused

107. If you answered yes to skipping meals, how often did this happen – almost every month, some months but not every month, or in only 1 or 2 months in the past year?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only one or two months
- ☐ Don't know
- ☐ Refused

108. In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

109. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

110. I'm going to read you several statements that people have made about their food situation for household with children. ***If you do not have any children in your household, please skip to the Physical Activity section.***

Please tell me if the statement was often true, sometimes true, or never true for you and your family in the past 12 months.

The first statement is: "You had to rely on only a few kinds of low-cost food (e.g. macaroni, rice) to feed your child/children because you were running out of money to buy food".

Was that statement often, sometimes or never true for your household in the last 12 months?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know
- ☐ Refusal

111. The next statement is: "You couldn't feed your child/children a balanced meal, because you couldn't afford it". Was that statement often, sometimes or never true for your household in the last 12 months?

Balanced meals contain a variety of food groups, for example a selection of protein, vegetables and fruits, and dairy products.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know
- ☐ Refusal

112. The final statement: "The child was not eating enough because you (the primary care giver) just couldn't afford enough food". Was that statement often, sometimes or never true for your household in the last 12 months?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know
- ☐ Refusal

Section: Physical Activity

113. In the past 12 months, which of the following have you participated in?

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)	

114. In the past 12 months, how many times did you participate in the activity?

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

Activity (insert all checked above)	Number of times participated

115. How much time (in minutes) do you generally spend doing the activity in the average session?

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

Activity (insert all checked above)	Average length of time participated

116. Which best describes your routine in a typical day?

<input type="radio"/> You spend most of a typical day sitting (watching TV, sitting at a desk at work, playing cards/bingo). You are rarely active.	<input type="radio"/> Your daily routing involves walking or other moderate activities (swimming, bicycling, outdoor gardening) at least 60 minutes every day (either in work, errands, or through other activities).
<input type="radio"/> You spend most of your day sitting (watching TV, sitting at a desk at work, playing cards/bingo) but you do at least 30 minutes of physical activity at least once a week.	<input type="radio"/> Refused
<input type="radio"/> Your daily routing involves walking or other moderate activities (swimming, bicycling, outdoor gardening) 35 – 59 minutes a day (either in work, errands, or through other activities).	

117. During the past week, how much time in an average day did you spend watching TV, reading, playing bingo/video games or working at your computer (outside of workday/school day)?

- ☐ Less than 30 minutes
- ☐ 30 minutes to 1 hour
- ☐ 1 hour to 1 ½ hours
- ☐ More than 1 ½ hours
- ☐ Don't know
- ☐ Refused

Section: Smoking

118. At the present time, do you smoke cigarettes?

- ☐ Not at all
- ☐ Daily → Go to question 120
- ☐ Occasionally → Go to question 120
- ☐ Refused

119. Have you ever smoked cigarettes?

(Current non-smokers only)

- ☐ Yes, daily → Go to question 122
- ☐ Yes, occasionally → Go to question 122
- ☐ No → If you answered no, go to question 127.
- ☐ Don't know
- ☐ Refused

120. On average, how many cigarettes do you currently smoke each day?

Approximate if necessary

121. At what age did you begin smoking cigarettes?
(Age in years) **(Current smokers)**

122. In the past 12 months, how many times have you tried to quit smoking?
(For current smokers and ex-smokers)

- ☐ 0 (never tried to quit)
- ☐ 1 – 2 tries
- ☐ 3 – 4 tries
- ☐ 5 or more tries
- ☐ Don't know
- ☐ Refused

123. At what age did you begin smoking cigarettes?
(age in years) **(ex-smokers only)**

124. At what age did you quit smoking cigarettes?
(age in years) **(ex-smokers only)**

125. What were the reasons for quitting smoking?
Mark all that apply.

<input type="checkbox"/> Respect for the cultural and traditional significance of tobacco	<input type="checkbox"/> Greater awareness/education about the ill effects of cigarettes on my health
<input type="checkbox"/> Chose a healthier lifestyle	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Health condition	<input type="checkbox"/> Don't know
<input type="checkbox"/> Doctor's orders	<input type="checkbox"/> Refused
<input type="checkbox"/> Peer pressure from friends and co-workers	<input type="checkbox"/> Other:
<input type="checkbox"/> Out of respect of loved ones	

126. What method(s) did you use to quit smoking?
Mark all that apply.

<input type="checkbox"/> Cold turkey/will power alone	<input type="checkbox"/> Other prescribed medications
<input type="checkbox"/> With help from spirituality	<input type="checkbox"/> Traditional methods
<input type="checkbox"/> With assistance from family	<input type="checkbox"/> Self help/support program
<input type="checkbox"/> Nicotine replacement patch	<input type="checkbox"/> Don't know

<input type="radio"/> Nicotine replacement gum	<input type="radio"/> Refused
<input type="radio"/> Zyban (bupropion)	<input type="radio"/> Other:

127. Do you have a smoke free home?

(For non-smokers, ex-smokers, and current smokers)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Section: Alcohol

128. During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- ☐ Yes
- ☐ No → If no, go to question 131.
- ☐ Don't know
- ☐ Refused

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

Please select one that best describes your habits.

- ☐ Once a day
- ☐ About 2 – 3 times a week
- ☐ About 2 – 3 times a month
- ☐ About once a month
- ☐ About 2 – 3 times a year
- ☐ Refused

130. During the past 12 months, how often have you had 5 or more alcoholic drinks on one occasion?

One drink includes one beer, one glass of wine, or one shot of hard liquor.

- ☐ Never
- ☐ Less than once a month
- ☐ Once per month
- ☐ 2-3 times per month
- ☐ Once per week
- ☐ More than once per week
- ☐ Every day
- ☐ Refused

131. Have you had any of the following substances in the last 12 months (without a prescription)?

For each substance, please select the answer that best describes your usage.

Substances	Never	Once or twice	Monthly	Weekly	Daily or almost daily	Don't know	Refused
Cannabis (marijuana, pot, grass, hash, etc)							
Cocaine (coke, crack, etc)							
Amphetamine type stimulants (crystal meth, speed, ecstasy, etc)							
Inhalants (solvents, glue, petrol, paint thinner, etc)							
Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc)							
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc)							
Opioids (heroin, morphine, methadone, codeine, etc)							

132. Have you ever sought treatment for substance abuse/addiction?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Section: Gambling

133. Have you ever gambled (bet or spent money on bingo, card games, lottery tickets, VLT, casino, sports games)?

- ☐ Yes
- ☐ No → If no, got to next section.
- ☐ Don't know
- ☐ Refused

134. Have you ever borrowed money to gamble?

- ☐ Yes
- ☐ No
- ☐ Not a gambler
- ☐ Don't know
- ☐ Refused

135. Have you ever bet more money than you could afford to lose?

- ☐ Yes
- ☐ No
- ☐ Not a gambler
- ☐ Don't know
- ☐ Refused

136. Has your gambling caused any financial problems for you and your family?

- ☐ Yes
- ☐ No
- ☐ Not a gambler
- ☐ Don't know
- ☐ Refused

Section: Sexual Activities

The following questions are about sexual behaviours. These questions are being asked of everyone, regardless of age, gender or situation. They may not apply to you. Remember anything you say will remain confidential.

137. Are you sexually active?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer/refused

138. Have you had sexual intercourse in the last 12 months?

- ☐ Yes
- ☐ No → If no, go to question 140.
- ☐ Don't know
- ☐ Refused

139. How many people have you had sexual intercourse with in the past 12 months?

- ☐ None
- ☐ 1 partner
- ☐ 2 partners
- ☐ 3 partners
- ☐ 4 partners or more

- ☐ Don't know
- ☐ Refused

140. Which of the following birth control or protective methods do you and/or your partner(s) use?
Read the list. Check all that apply.

<input type="radio"/> Withdrawal	<input type="radio"/> Surgery (hysterectomy, vasectomy, tubes tied)
<input type="radio"/> Condoms	<input type="radio"/> None → Go to question 142.
<input type="radio"/> Birth control pills	<input type="radio"/> Don't know
<input type="radio"/> Depo Provera (injection)	<input type="radio"/> Refused
<input type="radio"/> Rhythm (natural family planning)	<input type="radio"/> Other

141. What is the main purpose of that/those methods?

- ☐ Birth control (avoid pregnancy)
- ☐ Protection from sexually transmitted diseases
- ☐ Both (birth control and STD protection)
- ☐ Other
- ☐ Don't know
- ☐ Refused

142. How often do you use condoms?

- ☐ Always → If always, go to question 144.
- ☐ Most of the time
- ☐ Occasionally
- ☐ Never
- ☐ Refused

143. What is the main reason for not always using condoms?
Check the answer that best describes your situation.

<input type="radio"/> Your partner didn't want to use one	<input type="radio"/> You were with your steady partner
<input type="radio"/> You were under the influence of alcohol or drugs	<input type="radio"/> You didn't have a condom at the time
<input type="radio"/> Your partner doesn't have HIV/AIDS	<input type="radio"/> You thought you were safe
<input type="radio"/> You or your partner wanted to get pregnant	<input type="radio"/> You didn't think of using a condom
<input type="radio"/> You couldn't afford to buy condoms	<input type="radio"/> Other:

144. How many children have you given birth to or fathered?
If none, write '0'.

145. At what age did you have your first child?

146. Do you identify as being homosexual (gay or lesbian), bisexual or two-spirited?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

147. Have you ever been tested for Sexually Transmitted Diseases (STDs) or Sexually Transmitted Infections (STIs)?

Some examples of STD/STIs include chlamydia, herpes, gonorrhea, syphilis

- ☐ Yes
- ☐ No
- ☐ Refused

148. Without revealing the test result, have you ever been tested for HIV/AIDS?

- ☐ Yes
- ☐ No
- ☐ Refused

Section: Preventative Health Care

149. When did you last consult a traditional healer?

- ☐ Never
- ☐ Within the last 12 months
- ☐ 1-2 years ago
- ☐ Over 2 years ago
- ☐ I don't remember
- ☐ Refused

150. In the past 12 months, have you had any of the following tests or examinations?

Please check a response for each.

<i>Tests and Examinations</i>	Yes	No	Don't know	Refused
Cholesterol Test				
Vision/Eye exam				

Blood Pressure Test				
Blood Sugar Test				
Complete physical examination				

If you are male, please proceed to question 154.

151. How often do you perform breast self-examinations?

<input type="radio"/> Never performed one	<input type="radio"/> Less often than every 2-3 months
<input type="radio"/> About once per month	<input type="radio"/> Don't know
<input type="radio"/> About every 2-3 months	<input type="radio"/> Refused

152. When was the last time you had a mammogram?

<input type="radio"/> Never had one	<input type="radio"/> 3 years to less than 5 years ago
<input type="radio"/> Less than 6 months ago	<input type="radio"/> More than 5 years ago
<input type="radio"/> 6 months to less than 1 year ago	<input type="radio"/> Don't know
<input type="radio"/> 1 year to less than 3 years ago	<input type="radio"/> Refused

153. When was your last PAP smear?

<input type="radio"/> Never had one	<input type="radio"/> 3 years to less than 5 years ago
<input type="radio"/> Less than 6 months ago	<input type="radio"/> More than 5 years ago
<input type="radio"/> 6 months to less than 1 year ago	<input type="radio"/> Don't know
<input type="radio"/> 1 year to less than 3 years ago	<input type="radio"/> Refused

If you are female, please proceed to migration section.

154. Have you ever had a physical prostate check (rectal exam) or PSA Test?

PSA is the Prostate-specific antigen blood test. It is used to screen for cancer of the prostate.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Section: Migration

155. Have you lived outside of your First Nations community?

- ☐ Yes
- ☐ No

☐ Don't know

☐ Refused

156. What is the longest period you lived away from your community?

<input type="radio"/> Less than 1 month	<input type="radio"/> More than 5 years
<input type="radio"/> 1 - 5 months	<input type="radio"/> Don't know
<input type="radio"/> 6 – 11 months	<input type="radio"/> Refusal
<input type="radio"/> 1 – 5 years	

157. Where did you spend the majority of your time away?

<input type="radio"/> Different First Nations community	<input type="radio"/> Small town or rural area, different province
<input type="radio"/> City, same province	<input type="radio"/> USA
<input type="radio"/> Small town or rural area, same province	<input type="radio"/> Other:
<input type="radio"/> City, different province	

158. What was the main reason you moved away from your community?

Select one answer.

<input type="radio"/> Employment	<input type="radio"/> Marital/domestic problems
<input type="radio"/> Education	<input type="radio"/> Support for disability
<input type="radio"/> Relationship	<input type="radio"/> Other medical needs
<input type="radio"/> Housing	<input type="radio"/> Other (specify):
<input type="radio"/> Employment of spouse/partner	

159. Why did you return to your community?

Check all that apply.

<input type="radio"/> Family	<input type="radio"/> Job opportunities
<input type="radio"/> Connection to community/home	<input type="radio"/> Family culture
<input type="radio"/> Exposure of children to culture	<input type="radio"/> Other:
<input type="radio"/> Housing became available	

160. Do you move back and forth (off and on- reserve/First Nations community) more than once a year?

☐ Yes

☐ No → If no, go to question 162.

☐ Don't know

☐ Refused

161. In the past 12 months, how many times did you move on and off your reserve/First Nation community?

For this question, we are referring to times you changed your residence (not including vacations etc).

- ☐ Once
- ☐ 2-3 times
- ☐ 4-5 times
- ☐ 6 or more times

162. When living off-reserve/First Nation community, did you want to receive services from your First Nation community (e.g. health, education)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

163. While living outside of your First Nation community, did you vote in your First Nation elections?

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ 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.

164. Did you attend a residential school?

- ☐ Yes
- ☐ No → If no, go to question 169.
- ☐ Don't know
- ☐ Refused

165. At what age did you start to attend residential school?

166. At what age did you leave residential school?

167. Do you believe that your overall health and well-being has been affected by your attendance at residential school?

- ☐ Yes, negatively impacted
- ☐ Yes, positively impacted
- ☐ No impact
- ☐ Don't know
- ☐ Refused

168. Of the following possibilities, which do you feel contributed to the negative impact on your health and well-being?

<input type="radio"/> Loss of language	<input type="radio"/> Sexual abuse
<input type="radio"/> Loss of cultural identity	<input type="radio"/> Witnessing abuse
<input type="radio"/> Physical abuse	<input type="radio"/> Separation from community
<input type="radio"/> Loss of traditional religion/spirituality	<input type="radio"/> Harsh discipline
<input type="radio"/> Isolation from family	<input type="radio"/> Poor education
<input type="radio"/> Harsh living conditions (e.g. lack of heat)	<input type="radio"/> Lack of food
<input type="radio"/> Lack of proper clothing	<input type="radio"/> Bullying from other children
<input type="radio"/> Verbal or emotional abuse	<input type="radio"/> Other:

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

	Yes	No	Don't know	Refused
Mother				
Father				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

Section: Personal Wellness

170. How important is traditional spirituality in your life?

<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

171. How important is religion in your life (e.g. Christianity, Buddhism, Islam)?

<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

172. How often do you feel that you are in balance in the four aspects of your life (physical, emotional, mental and spiritual)?

Life Balance	All the time	Most of the time	Some of the time	Almost none of the time
Physical				
Emotional				
Mental				
Spirituality				

173. In the past 12 months, have you personally experienced any instances of racism?

- ☐ Yes
☐ No → If no, go to question 175.
☐ Don't know
☐ Refused

174. If yes, has this negatively affected your self-esteem?

<input type="radio"/> No effect	<input type="radio"/> Very strong effect
<input type="radio"/> Little effect	<input type="radio"/> Don't know
<input type="radio"/> Some effect	<input type="radio"/> Refused
<input type="radio"/> Strong effect	

175. Below is a list of statements dealing with your feelings of control over your life. Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I can solve the problems that I have					
No one pushes me around in life					
I have control over the things that happen to me					
I can do just about anything I					

really set my mind to					
I often feel helpless in dealing with the problems in life					
What happens to me in the future mostly depends on me					
There is little I can do to change many of the important things in my life					

176. In the past 12 months, have you seen or talked on the telephone about your emotional or mental health to any of the following?

Answer 'yes' or 'no' for each person/professional.

	Yes	No	Don't know	Refused
Immediate family member				
Other family member				
Friend				
Traditional healer				
Family doctor				
Psychiatrist				
CHR (community health representative)				
Nurse				
Counselor				
Psychologist				
Social worker				
Crisis line worker				

Section: Depression

177. In the past month, how often did you feel tired out for no good reason?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

178. In the past month, how often did you feel nervous?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

179. In the past month, how often did you feel so nervous that nothing could calm you down?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

180. In the past month, how often did you feel hopeless?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

181. In the past month, how often did you feel restless or fidgety?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

182. In the past month, how often did you feel so restless you could not sit still?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

183. In the past month, how often did you feel depressed?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

184. In the past month, how often did you feel that everything was an effort?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

185. In the past month, how often did you feel so sad that nothing could cheer you up?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
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<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

186. In the past month, how often did you feel worthless?

<input type="radio"/> All of the time	<input type="radio"/> None of the time
<input type="radio"/> Most of the time	<input type="radio"/> Don't know
<input type="radio"/> Some of the time	<input type="radio"/> Refused
<input type="radio"/> A little of the time	

Section: Suicide

187. In the past 12 months, has a close friend or family member committed suicide?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

188. Have you ever thought about committing suicide?

- ☐ Yes
- ☐ No → If no, go to question 190.
- ☐ Don't know
- ☐ Refused

189. When did these suicidal thoughts occur?
Check all that apply.

- ☐ During the past year.
- ☐ As an adult.
- ☐ As an adolescent (aged 12-17).
- ☐ As a child (less than 12 years old).

190. Have you ever attempted suicide?

- ☐ Yes
- ☐ No → If no, go to question 192.
- ☐ Don't know
- ☐ Refused

191. When did the suicide attempt occur?
Check all that apply.

- ☐ During the past year.
- ☐ As an adult.
- ☐ As an adolescent (aged 12-17).
- ☐ As a child (less than 12 years old).

192. People sometimes look to others for companionship, assistance, guidance or other types of support. Could you tell me how often each of the following kinds of support is available to you when you need them?

Ask about each item. Mark one response for each.

	All of the time	Most of the time	Some of the time	Almost none of the time	Refused
Someone you can count on to listen to you talk when you need to talk					
Someone you can count on when you need help					
Someone to take you to the doctor if you needed it					
Someone who shows you love and affection					
Someone who can give you a break from your daily routines					
Someone to have a good time with					
Someone to confide in or talk about yourself or your problems					
Someone to do something enjoyable with					

Section: Community Wellness and Traditional Culture

193. What are the main challenges your community is currently facing?

Do not read list. Check all that apply.

<input type="checkbox"/> Education and training opportunities	<input type="checkbox"/> Funding
<input type="checkbox"/> Alcohol and drug abuse	<input type="checkbox"/> Control over decisions
<input type="checkbox"/> Housing	<input type="checkbox"/> Gang activity
<input type="checkbox"/> Culture	<input type="checkbox"/> Employment/number of jobs
<input type="checkbox"/> Natural environment/resources	<input type="checkbox"/> Other:
<input type="checkbox"/> Health	

194. Has there been any change in those areas in the past 12 months?

	Good progress/ change	Some progress/ change	No progress/ change	Worsening	Don't know	Refused
Education and training opportunities						
Alcohol and drug abuse						
Housing						
Culture						
Natural environment/ Resources						
Health						
Funding						
Control over decisions						
Gang activity						
Employment/ Number of jobs						
Other						

195. What are the main strengths of your community?
Do not read list. Check all that apply.

<input type="checkbox"/> Family values	<input type="checkbox"/> Awareness of First Nations culture
<input type="checkbox"/> Social connections (community working together)	<input type="checkbox"/> Community/health programs
<input type="checkbox"/> Traditional ceremonial activities (e.g. powwow)	<input type="checkbox"/> Low rates of suicide/crime/drug abuse
<input type="checkbox"/> Good leisure/recreation facilities	<input type="checkbox"/> Elders
<input type="checkbox"/> Use of First Nation language	<input type="checkbox"/> Education and training opportunities
<input type="checkbox"/> Natural environment	<input type="checkbox"/> Strong economy
<input type="checkbox"/> Strong leadership	<input type="checkbox"/> Other:

196. Do you take part in your local community's cultural events?

- ☐ Always/ almost always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know
- ☐ Refused

Section: Ending

Can we contact you for other potential surveys in the future?

- ☐ Yes

☐ No

Did someone interpret/translate the questions of this survey?

☐ Yes

☐ No

☐ Don't know

☐ Refused

Thank you for participating in the RHS!

The questionnaire is now complete. Are there any issues that affect the well-being of adults in your community that we missed?

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