

First Nations Regional Longitudinal
Health Survey (RHS) 2002/03



Report on Process and Methods



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TABLE OF CONTENTS

1. Background	1
2. Origin of the Survey	1
2.1 Project Management for the First Round (1996 to 1999)	2
2.2 Methods: 1997 Survey	3
2.3 The First and Second Rounds, Compared	4
3. Overview of the Second Round	5
3.1 Project Management for the Second Round (2000 to Present)	5
3.1.1 First Nations Organizations Involved	5
3.1.2 Governance	5
3.1.3 Coordination and Implementation	6
3.1.4 Guiding Principles and Values	7
4. Methods for the Second Round	8
4.1 Survey Development	9
4.1.1 Pilot/Field Testing	10
4.2 Survey Content	10
4.3 Interviewing	11
4.4 Sampling Design	11
4.4.1 Design Overview	11
4.4.2 Target Population and Coverage	12
4.4.3 Overall Sampling Design	13
4.4.4 Cross-Sectional Estimates	13
4.4.5 Longitudinal Component	14
4.4.5.1 Longitudinal Design Parameters	15
4.4.5.2 Attrition Rates	15
4.4.6 Combined Sampling Approach	15
4.4.6.1 Selection of Communities	16
4.4.6.2 Allocation of Sample to Communities	16
4.4.6.3 Minimum Community Samples	16
4.4.6.4 Sampling of Older Adults	16
4.4.6.5 Replacement of Communities	17
4.4.6.6 Community Sampling Frames and Selection of Individuals	17
4.4.7 Other Sampling Considerations	18
4.4.7.1 Overall Data Quality—Cross-Sectional Component	18
4.4.7.2 Overall Data Quality: RHS—Longitudinal Component (to 2014)	18
4.4.7.3 Overall Data Quality—Regional and Canada-Level Sample Sizes	18
4.5 Long-Term Sampling Plans	18
4.6 Data Collection	19
4.6.1 Regional Coordination	19
4.6.2 Fieldworker Training	19
4.6.3 Computer Assisted Personal Interviewing	20

4.6.3.1	Rationale	20
4.6.3.2	Selection of Laptop Technology	20
4.6.3.3	Laptop-Server Design	21
4.6.3.4	Privacy/Security	21
4.6.3.5	Time	21
4.6.3.6	Connectivity Problems	22
4.6.3.7	Paper-Based Surveys	22
4.6.3.8	Changes to Software After Start of Data Collection	23
4.6.3.9	Survey Upload Reports	24
4.6.3.10	Overall Assessment of the CAPI Approach	24
4.6.4	Consent	25
4.7	Final Sample	27
4.7.1	Coverage	27
4.7.2	Final Sample in Relation to Design	28
4.7.2.1	Proportion of Target Samples Achieved	28
4.7.2.2	Community Participation and Replacement	30
4.7.2.3	Individual Participation (Participation Rate)	30
4.7.2.4	Use of Alternate Community Sampling Frames	31
4.7.2.5	Inclusion of Off-Reserve Sample	32
4.7.2.6	Changes to Community Sampling Targets	32
4.7.2.7	Individuals Completing the Wrong Survey Type	32
4.8	Data Processing	33
4.8.1	Data Capture (Data Entry)	33
4.8.2	Editing: In the Field	34
4.8.3	Removal of Records Deemed Not Valid	34
4.8.3.1	Removal of Duplicates	34
4.8.3.2	Removal of Incomplete Surveys	35
4.8.3.3	Removal of Records with Inadequately Documented Consent	35
4.8.4	Integration of Missing/Blank Responses	37
4.8.5	Editing: Validity and Outliers	37
4.8.6	Coding and Re-coding	37
4.8.7	Weighting	38
4.8.8	Analysis and Interpretation	39
4.8.8.1	Overview of Analysis, Interpretation and Dissemination Strategy	39
4.8.8.2	Overview of 34-Chapter Report	40
4.8.8.3	Writing and Statistical Standards for 34-Chapter Report	41
4.8.8.4	Review and Quality Control for 34-Chapter Report	41
4.8.8.5	Data Analysis for 34-Chapter Report	42
4.8.9	First Nations Interpretation	42
4.9	Data Quality	43
4.9.1	Sampling Errors	43
4.9.2	Non-Sampling Errors	43
4.9.2.1	Interview/Response Errors	44
4.9.2.2	Coverage	44
4.9.2.3	Total Non-Response	44
4.9.2.4	Partial Non-Response	44
4.9.2.5	Processing Errors	45

LIST OF TABLES

Table 1	Overview of First and Second Rounds of the RHS	4
Table 2	Topics Addressed in Each National Survey Component	10
Table 4	Time to Complete Surveys, Median and 95th Percentile	11
Table 3	2002/03 Regional Modules by Survey Type	11
Table 5	Estimated First Nations Population in First Nations Communities, by Region (Adjusted, Projected 2002 Indian Register Counts)	12
Table 6	Attrition Rates by Age Group for Each Survey Year to 2014	15
Table 7	Target Sample Sizes by Region for the Combined Sample Design	16
Table 8	Proportion of Target Sample Achieved, by Region	29
Table 9	Proportion of Target Sample Achieved, by Age/Gender Group	29
Table 10	Number and Proportion of First Selection and Replacement Communities, by Region	30
Table 11	Number of Respondents Completing the “Right” and “Wrong” Surveys, by Age	33
Table 12	Mean Weights by Region and Database	38
Table 13	Weights at the 80th and 90th Percentile, by Database	39
Table 14	Chapters in Technical Report	40
Table 15	Mean Number of “Don’t Know” and “Refused” Responses: Paper-Based vs. Other Surveys	45
Table 16	Summary of Available Data Estimates, by Level of Geography	45

LIST OF FIGURES

Figure 1	First Nations “Sub-Regions”	14
Figure 2	Data Collection Schedule, 1997-2014	15
Figure 3	Examples of Consent Form Elements Requiring a Mark	26
Figure 4	Number of Sub-Regions and Communities and Proportion of On-Reserve Residents Sampled, by Region	27
Figure 5	Percent of First Nations Community Population Sampled, by Age	28
Figure 6	Overview of Individual Participation Based on Survey and Consent Form Records	31
Figure 7	Data Processing Flowchart	34
Figure 8	Proportion of Surveys According to Level of Item Non-Response	36
Figure 9	Chapter Drafting and Review Process	42



APPENDICES

Appendix 1: National Adult Survey	47
Appendix 2: National Youth Survey	91
Appendix 3: National Child Survey	125
Appendix 4: Themes of the 2002/03 RHS Regional Surveys	151
Appendix 5: Regional Surveys	153
Appendix 5.1: Yukon Surveys	155
Appendix 5.2: British Columbia Surveys	171
Appendix 5.3: Manitoba Surveys	175
Appendix 5.4: Ontario Surveys	221
Appendix 5.5: Quebec Surveys	223
Appendix 5.6: Dene (NT) Survey	241
Appendix 5.7: Nova Scotia/Newfoundland Surveys	259
Appendix 6: Estimated Community Populations By Sub-Region and Size Group (2002)	267
Appendix 7: Combined Community Population (On Reserve or Crown Land), by Sub-Region	281
Appendix 8: Cross-Sectional and Longitudinal Sampling Design Table	283
Appendix 9: Information and Consent Form Package	287
Appendix 10: Sample Regional Weekly Upload Report	295
Appendix 11: Proportion of Population Sampled, by Sub-Region	303
Appendix 12: Proportion of Target Sample Achieved, by Sub-Region	305
Appendix 13: Communities Initially Selected and Included in Final Sample	307
Appendix 14: Adult Data Dictionary	325
Appendix 15: Youth Data Dictionary	423
Appendix 16: Child Data Dictionary	463
Appendix 17: Adult Survey Database Weights by Region and Sub-Region	497
Appendix 18: Youth Survey Database Weights by Region and Sub-Region	499
Appendix 19: Child Survey Database Weights by Region and Sub-Region	501
Appendix 20: February 2005 Request for Authors (RFA) for Major National Report	503
Appendix 21: Tabulation Request Form for RHS Chapter Authors	521
Appendix 22: Notes to “First Nations Regional Longitudinal Health Survey (RHS) 2002/03: Report on Process and Methods”	533

1. Background

The First Nations Regional Longitudinal Health Survey (RHS) traces its origins back to 1995. Although initially proposed essentially to fill data gaps, the nature of the project has evolved considerably.

Ten years later, in keeping with its mandate from the Assembly of First Nations' Chiefs Committee on Health, the RHS has disseminated results from two rounds of data collection and has emerged as the only national research initiative under complete First Nations control.

Results from the 1997 round were released in 1999.¹ For the 2002/03 survey, a series of preliminary releases were followed by the launch of national reports² at a dedicated First Nations research conference in November 2005.³

After an overview of the project's development, including general information about the 1997 and 2002/03 surveys, this report focuses on methods used in the 2002/03 round.

2. Origin of the Survey

The need for a national longitudinal survey of Aboriginal people was identified in 1994, after the launch of three Canadian longitudinal surveys that specifically excluded First Nation reserves and Inuit communities in the provinces: *National Population Health Survey (NPHS)*, *National Longitudinal Survey of Children and Youth (NLSCY)* and *Survey of Labour and Income Dynamics (SLID)*. The sample sizes of the new surveys were also too small to describe the off-reserve First Nations or Aboriginal populations. The idea for an Aboriginal survey to fill the gaps created by the new surveys was vetted through a feasibility study based on a series of consultations conducted in the fall of 1994 with Aboriginal professionals in Aboriginal communities and organizations.

RHS Timeline

1994 Three Canadian longitudinal surveys launched, excluding First Nations and Inuit communities.

FIRST ROUND OF THE SURVEY

1995 Funding for first round by Health Canada. Indian Affairs and Human Resources Development Canada declined.

1996 Mandate from Assembly of First Nations.

1996 Direct First Nations and Inuit control established.

1996 Development of instruments and methods.

1997 Data collection in nine regions: 14,008 surveys (9,870 adults; 4,138 children).

1997 Code of Research Ethics adopted.

1998 "OCA" principles first articulated.

1999 Final report based on 1997 survey released.

SECOND ROUND OF THE SURVEY

2000/01 Proposals and long-term plans submitted for funding and potential Treasury Board submission.

2000/02 Development of instruments and methods for 1st wave of longitudinal survey.

2002 Coordination transferred to the First Nations Centre (NAHO).

2002/03 Data collection in 10 First Nations regions: 22,602 surveys (10,962 adults; 4,983 youth; 6,657 children).

2004 Data processing.

2004 Preliminary results released.

2005 Major reports released.

The guidelines and direction that emerged, particularly with respect to Aboriginal control, regional processes, and capacity development, provided the project's foundation when it was funded as *The First Nations and Inuit Regional Health Survey*⁴ by the Medical Services Branch

¹ <http://www.naho.ca/firstnations/english/initial_data1997.php>

² <http://www.naho.ca/firstnations/english/regional_health.php>

³ <<http://www.naho.ca/firstnations/english/FirstNationsResearchConference.php>>

⁴ The name was subsequently changed to *The First Nations Regional Longitudinal Health Survey (RHS)*, reflecting the longitudinal design of the second round and the decision of the Labrador Inuit not to participate.

(MSB) of Health Canada in 1996.^{5,6,7} The two other departments that had initially contributed to the feasibility study (Indian and Northern Affairs Canada and Human Resources Development Canada) subsequently declined to contribute.

2.1 PROJECT MANAGEMENT FOR THE FIRST ROUND (1996 TO 1999)

A total of eight First Nations authorities and one Inuit entity coordinated the initial round of data collection in their respective regions in 1997:

- Labrador Inuit Health Commission
- Union of Nova Scotia Indians
- Union of New Brunswick Indians (including PEI)
- First Nations of Quebec and Labrador Health and Social Services Commission
- Chiefs of Ontario
- Assembly of Manitoba Chiefs
- Federation of Saskatchewan Indian Nations
- Alberta Indian Health Care Commission
- First Nations Health Summit (BC).

First Nations in the Northwest Territories and the Yukon were excluded from MSB's funding allocations for the first round of the survey.

In 1996, the Assembly of First Nations' Chiefs Committee on Health provided a mandate for the survey to take place every four years. Gail McDonald, a Mohawk from Akwesasne, was hired as the national coordinator and the project was hosted at the Chiefs of Ontario. Widely respected for her vision of First Nations self-determination in health, McDonald worked diligently with the National Steering Committee (NSC) and

other collaborators, building trust and unity, as she guided the project through its first round and into its second.

In 1997, the NSC assumed complete (regional) First Nations and Inuit control of the project. The committee developed a *Letter of Understanding* and a *Code of Research Ethics* (subsequently updated⁸), outlining the respectful processes, roles and relationships that would guide the project.

The *Code of Research Ethics* policy statement clearly outlines the values and motivations that underpin the project to this day:

It is acknowledged and respected that the right of self-determination of the First Nation and Inuit peoples includes the jurisdiction to make decisions about research in their communities. The benefits to the communities, to each region and to the national effort should be strengthened by the research. Research should facilitate the First Nation and Inuit communities in learning more about the health and well-being of their peoples, taking control and management of their health information and to assist in the promotion of healthy lifestyles, practices and effective program planning.⁹

The original National Steering Committee, signatories to the *Code of Research Ethics*, included:

- Iris Allen, Labrador Inuit Health Committee
- Ceal Tournier, Federation of Saskatchewan Indian Nations
- Sharon Rudderham, Union of Nova Scotia Indians

⁵ O'Neil, J. D., et al. The First Nations and Inuit Longitudinal Health Survey: A Process Report. 1998.

⁶ O'Neil, J. D., and Commanda, L. Determining the Feasibility of the Canadian First Nations and Inuit Regional (Longitudinal) Health Surveys. Circumpolar Health, 1998.

⁷ First Nations of Quebec and Labrador Health and Social Services Commission. Regional Medical Survey on the Health of First Nations Members, Quebec region: Final Report. Information Codification, 1997.

⁸ <http://www.naho.ca/firstnations/english/pdf/code_ethics_RHS.pdf>

⁹ Ibid.

- Richard Saunders, Alberta Indian Health Care Commission
- Wendy Paul and Darren Graham, Union of New Brunswick Indians
- Phil Hall, B.C. First Nations Health Summit
- Gary Cole and Jane Gray, First Nations and Inuit of Quebec and Labrador Health and Social Services Commission
- Allen Deleary, Assembly of First Nations, Ex-officio
- Cathryn George, Association of Iroquois and Allied Indians, Ontario
- Roda Grey, Pauktuutit, Inuit Women's Health Association (Pauktuutit withdrew in January 1997)
- Audrey Leader, Assembly of Manitoba Chiefs
- Nichole Simond, Medical Services Branch, Ex-officio.

A critical factor in the success of the survey has been the ability of the steering committee members to stay connected and remain accountable to First Nations. The members' individual and collective abilities to bring regional First Nations issues, priorities and concerns to the national table have kept the project on solid footing. Committee members ensured that First Nations and Inuit processes and protocols were followed, communities remained actively engaged and community-level interests were reflected in design and implementation. The members' relationship with First Nations and Inuit leadership were also key to building and maintaining support for the project. Numerous regional and national First Nations Chiefs' resolutions serve as testament.¹⁰

There was also a "Co-Principal Investigators" group, made up mostly of university-based researchers who wrote the first report and

worked alongside the representatives of the First Nations and Inuit regional organizations on the technical aspects of the project. In addition to collaborating nationally, the researchers also supported implementation and undertook analysis in their respective regions.

2.2 METHODS: 1997 SURVEY

The 1997 survey was very regional in nature, with nine largely autonomous processes. A limited number of questions, representing about 20 minutes of interview time, were shared nationally. Those questions were the basis for the national results. The regional questionnaires, developed in eight of the nine regions, were typically longer and covered more topics. The final sample included 14,008 people (9,870 adults and 4,138 children) in 186 communities based on sampling strategies that varied greatly from region to region. The methods ranged from two-stage cluster sampling, to interviewing all the heads of households, to opportunistic (volunteer) sampling. In one region adults were defined as 15 years and over, elsewhere 18 and over. In some regions, household sampling was adopted; elsewhere, local band membership lists were used. Weighting made up for some of the variation when the diverse databases were rolled up into a national one.

In 1999, final regional and national reports¹¹ were released. The national report included eight thematic chapters: 1) Non-traditional use of tobacco; 2) Chronic Diseases; 3) Children's Health; 4) Disability; 5) Health Services; 6) Dental Health; 7) Residential Schools and the Health of the Elderly and, 8) Wellness. Subsequently, fact sheets and a synthesis of regional reports¹² were also released. As the only

¹⁰ Since 1996, there were six national support resolutions from the Assembly of First Nations (1998, 1999, 2000, 2001, 2001, 2004) as well as one in the Yukon (2004), one in the Northwest Territories (2005), two in British Columbia (2003, 2004), one in Saskatchewan (2001), one in Manitoba (1998), one in Ontario (2004), four in Quebec (1996, 2001, 2001, 2004) and one in the Atlantic provinces (2001).

¹¹ <http://naho.ca/firstnations/english/initial_data1997.php>

¹² <http://naho.ca/firstnations/english/initial_data1997.php>
<http://naho.ca/firstnations/english/pdf/RHS_synthesis_report.pdf>

national First Nations and Inuit health data of its kind at the time, results were widely cited in published literature¹³ and used by Government and others to set policy and support programs.¹⁴

More detail on the history from 1994 through completion of the survey's first round, including information about methodology, academic technical support and regional processes, is contained in an earlier process report.¹⁵ Additional historical information is also contained in the *RHS Code of Research Ethics*.

The 1997 round was successful as a first-ever national research initiative carried out under First Nations and Inuit governance. It created the conditions for trust in research and established the foundation and governance structures needed for a more harmonized survey in 2002/03.

2.3 THE FIRST AND SECOND ROUNDS, COMPARED

Although the second round of the survey is a continuation of the first, there are a variety of differences between the two, summarized in Table 1.

	First Round (1997)	Second Round (2002-03)
Title	<i>First Nations and Inuit Regional Health Survey</i>	<i>First Nations Regional Longitudinal Health Survey</i>
Acronym	FNRLHS or RHS	FNRLHS or RHS
Mandate	Assembly of First Nations Chiefs Committee on Health	Assembly of First Nations Chiefs Committee on Health
National governance	RHS National Steering Committee	First Nations Information Governance Committee
Regional coordination	First Nations Regional Organizations	First Nations Regional Organizations
National coordination	Assembly of First Nations ¹⁶ Aboriginal Health Organization	First Nations Centre, National
Number of regions	8 First Nations Regions (provinces) and 1 Inuit Region (Labrador)	10 First Nations Regions (including all provinces and territories except Nunavut)
Target population	The Inuit of Labrador and First Nations communities in the provinces (not the territories)	First Nations communities across Canada ¹⁷
Longitudinal cohort	First round for Nova Scotia only	First round for all other regions
Sample design	Varied by region	Largely standardized
Sample size	14,008 surveys: 9,870 adults and 4,138 children	22,602 surveys: 10,962 adults, 4,983 youth and 6,657 children
Communities	186 included	238 included
Length of national "core" components	Approximately 20 minutes of interview time (for adult and child components combined)	84 minutes median interview time (for adult, youth and child surveys combined)
Region-specific questions	Detailed questionnaires in 8 of 9 regions.	Additional modules of varying length in 7 of 10 regions

¹³ For example: Young T. K., et al. Type 2 diabetes mellitus in Canada's first nations: status of an epidemic in progress. *CMAJ* (163:561-566), 2000; <<http://www.diabetes.ca/cpg2003/chapters.aspx?references2.htm>>; <<http://dsp-psd.pwgsc.gc.ca/Collection/H35-4-6-2001E.pdf>>; <http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-5-aboriginal-autochtone/index_e.html>; <<http://www.hc-sc.gc.ca/iacob-dgiac/arad-draa/english/accountability/indicators.html>>; <http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/2003_stat_profil/index_e.html>; Kirkland, S. A., Greaves, L., Devichand, P. "Gender differences in smoking and self-reported indicators of health." *Women's Health Surveillance Report: A multidimensional look at the health of Canadian women.* BMC Women's Health, 2004. (4:S7-19).

¹⁴ For example, it was used for planning and funding the federal First Nations and Inuit Home and Community Care program, the Aboriginal Diabetes Initiative and the First Nations and Inuit Tobacco strategy.

¹⁵ O'Neil, J. D., and Commanda, L. *Determining the Feasibility of the Canadian First Nations and Inuit Regional (Longitudinal) Health Surveys.* Circumpolar Health, 1998.

¹⁶ National coordination of the first round was initially through the Chiefs of Ontario.

¹⁷ Excluding the James Bay Cree of Northern Quebec and the Innu of Labrador (see 4.7.1 and 4.9.2.2).

3. Overview of the Second Round

The design phase of the second survey began in 2000. The instruments and methods were fine-tuned through an inclusive, iterative process that lasted over two years. Data collection took place between August 2002 and November 2003 in First Nations communities throughout Canada. Over 22,000 surveys were collected and the First Nations Centre released preliminary national results in September 2004.¹⁸

3.1 PROJECT MANAGEMENT FOR THE SECOND ROUND (2000 TO PRESENT)

In addition to important changes in methods and instruments described in section 4, the cast of players changed, decision-making processes evolved, the guiding principles were further focused and the beginnings of a First Nations health data/research infrastructure emerged.

3.1.1 First Nations Organizations Involved

Two regions were added and one opted not to participate. First Nations in the Northwest Territories and Yukon regions joined the process once funding was secured to include them. The Labrador Inuit, though, decided to pass on the second round (first wave of the longitudinal) and pursue Inuit-specific initiatives instead. As of 2005, survey partners were:

National

- Assembly of First Nations (Coordination of First Nations Information Governance Committee)
- First Nations Centre of the National Aboriginal Health Organization (National coordination and data stewardship)

Regional Coordination and Data Stewardship

- Union of Nova Scotia Indians
- Union of New Brunswick Indians

- First Nations of Quebec and Labrador Health and Social Services Commission
- Chiefs of Ontario
- Assembly of Manitoba Chiefs
- Federation of Saskatchewan Indian Nations
- First Nations Adult and Higher Education Consortium (Alberta)
- First Nations Chiefs' Health Committee (B.C.)
- Dene National Office
- Council of Yukon First Nations

3.1.2 Governance

The RHS National Steering Committee has been renamed the First Nations Information Governance Committee (FNIGC). It is made up of members of the partner organizations and is a standing committee of the national Chiefs Committee on Health (Assembly of First Nations). The name change reflects the broadened mandate and range of issues that years of work on the RHS had brought into focus. The group's initial (spring 2000) mandate and vision reflect this bigger vision:

Mandate

"... to ensure that accountability, respect, ethics, values and the principles of ownership, control, access and possession to First Nation data are protected and advanced in the development of the First Nation Health Info structure (regional and national) and within the various current national federal initiatives that are underway (and provincial and territorial) where applicable."

Vision

"First Nations will assume authority, control and responsibility for research, data gathering, information management systems to support First Nations self government and to build a distinct, autonomous info structure that will be strategically interconnected Regionally and Nationally to the Canada Health Infoway."¹⁹

¹⁸ <http://www.naho.ca/firstnations/english/pdf/RHS_prelim_results_nov8.pdf>

¹⁹ First Nations Information Governance Committee. Terms of Reference. Rev. 2000.

While continuing to devote a great deal of attention to guiding the RHS, the FNIGC increasingly addresses issues related to university research, government data collection processes, health information systems and initiatives, research ethics and development of First Nations research infrastructure. Within most regions a research advisory committee or similar entity parallels the work of the FNIGC, including oversight and direction of the survey.

3.1.3 Coordination and Implementation

The university-based “Co-Principal Investigators Group” was no longer active after the first round, as the emphasis focused increasingly on the development of expertise within First Nations organizations. With RHS funding from Health Canada, Regional Coordinator or Research and Information Coordinator (RC) positions were created in the 10 regional partner organizations. RCs are responsible for regional implementation of the survey through all phases and generally for managing health research and information issues. Creating these positions is seen as a step towards a First Nations health research infrastructure. Despite being housed in political (rather than research) organizations, and despite the uneven flow of RHS project funding, the group has remained effective thanks to the dedication of the individuals and First Nations organizations involved.

In addition to their regional roles, Regional Coordinators come together to provide technical guidance and mutual support as part of the “National RHS Team.”

Since 2002, the national process has been coordinated through the First Nations Centre at the National Aboriginal Health Organization (NAHO). Following extensive consultations with Aboriginal groups, NAHO²⁰ itself was incorporated in 2000 and the First Nations Centre (FNC) was established in 2001. With its recognized

role in research and knowledge-based activities in general, the FNC was considered an obvious choice for both coordination and data stewardship. In 2002, the FNIGC and the Chiefs Committee on Health adopted a formal motion

Steps taken to protect privacy and OCAP rights

- Sought and obtained First Nations political mandates.
- Conducted a Privacy Impact Assessment.
- Conducted a First Nations Ethics Review.
- Supported National and Regional First Nations Governance/Steering committees.
- Developed innovative “License to Use” statistics agreement with Health Canada.
- Developed detailed data protection protocols, including data release rules.
- Made lifetime commitments to protect data.
- Devised protocols for return of community results.
- Required oath of confidentiality for interviewers, coordinators and other staff.
- Required community consent prior to data collection.
- Required individual informed consent.
- Provided training on privacy and data protection.
- Incorporated data protection measures into all computer software.
- Ensured First Nations interpretation and developed cultural framework to guide analysis.

²⁰ NAHO was named the Aboriginal Health Institute during consultations and was incorporated as the Organization for the Advancement of Aboriginal Peoples’ Health.

to move the project's coordination from the AFN to the FNC. All significant decisions, though, continued to rest with the FNIGC.

In 2002, Jane Gray, a Miq'mak from Listiguj, assumed the role of National Coordinator responsible for leading the project nationally. Ms. Gray, the FNIGC, and all those involved, work to ensure that the collection, analysis, interpretation and dissemination phases are carried out in keeping with First Nations' processes and values.

3.1.4 Guiding Principles and Values

At the heart of the RHS are the First Nations principles of Ownership, Control, Access and Possession (OCAP). Sometimes referred to as "self-determination applied to research", OCAP was crystallized by the RHS National Steering Committee (now the FNIGC). Since the acronym was coined (initially as "OCA") in 1998, it is increasingly recognized as the emerging paradigm for research and the management of data involving First Nations peoples. The principles have been articulated this way:

Ownership: *Refers to the relationship of a First Nations community to its cultural knowledge/data/information. The principle states that a community or group owns information collectively in the same way that an individual owns their personal information. It is distinct from stewardship [or possession].*

Control: *The aspirations and rights of First Nations to maintain and regain control of all aspects of their lives and institutions include research, information and data. The principle of control asserts that First Nations Peoples, their communities and representative bodies, are within their rights in seeking to control all aspects of research and information management*

processes which impact them. First Nations control of research can include all stages of a particular research project – from conception to completion. The principle extends to the control of resources and review processes, the formulation of conceptual frameworks, data management and so on.

Access: *First Nations people must have access to information and data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.*

Possession: *While ownership identifies the relationship between a people and their data in principle, possession or stewardship is more literal. Although not a condition of ownership per se, possession (of data) is a mechanism by which ownership can be asserted and protected. When data owned by one party is in the possession of another, there is a risk of breach or misuse. This is particularly important when trust is lacking between the owner and possessor."*²¹

Another primary focus of the RHS is research capacity development. The emphasis is not only on individuals but also on building long-term research and data management capacity within First Nations communities and regional organizations.

Capacity development and OCAP are seen as closely related. Research capacity enhances the ability to assert OCAP while the assertion of OCAP creates new opportunities for capacity

²¹ Schnarch, B. "Ownership, Control, Access and Possession (OCAP) or Self-Determination Applied to Research: A Critical Analysis of Aboriginal Research Practice and Some Options for Aboriginal Communities." *Journal of Aboriginal Health*. Vol. 1, No. 1. Ottawa: National Aboriginal Health Organization, 2004.

National Data Release (excerpt from RHS 2004 Data Protection and Stewardship Protocol)

“The Regional Organizations and the First Nations Centre (FNC) seek to maximize benefits to First Nations that may be derived from the RHS survey process and the information that it produces. To that end, the FNC and Regional Organizations are committed to extensive and strategic use, analysis and dissemination of the RHS data. In order to maximize benefits and ensure the effective and appropriate use of RHS data, validation by First Nations authorities (FNIGC/CCOH) is required.

In respect of the privacy rights of individuals, the sovereign rights of First Nations and the authorities conferred or mandated to their representative bodies and in keeping with the principles of OCAP, the FNC and Regional Organizations are bound by the following:

The FNC will not release or disseminate any data or statistical information from the RHS except if:

- a. The FNC has thoroughly complied with statistics release protocols (or data release protocols) approved by the FNIGC or
- b. The FNC has received direct approval of the FNIGC...

...The FNC and the Regional Organizations will not release or disseminate any data or information from the RHS that identifies or could lead to the identification of a community without authorization from that community’s recognized leadership.

The FNC will not release or disseminate any data or information from the RHS that identifies or could lead to the identification of a First Nations Region or group of communities (e.g., tribal council, treaty area) without authorization from the appropriately mandated First Nations authority. “

development in First Nations organizations and communities. The development of a sustainable First Nations, community-driven health research infrastructure is seen as the long-term goal, developing capacity and implementing OCAP at the same time.

As noted, the 2002/03 RHS was more harmonized than the first round (e.g., standardized sampling methods, larger set of national “core” questions) while maintaining its regional emphasis. The RHS did not shift the balance from regional to national. Rather, the national process is strengthened because it is built on top of and supported by regional processes. The RHS emphasizes collaboration and mutual support among First Nations partners.

4. Methods for the Second Round

A set of broad objectives helped to focus the survey’s implementation:

- To offer scientifically and culturally validated information;
- To enhance First Nations capacity and control over research;
- To provide First Nations with key information for planning, policy and advocacy at the community, regional and national levels;
- To assist First Nations in assessing their communities’ progress in health;
- To serve as a model for community based research.

Specifically, the purpose of the survey was to provide detailed data on the health and well being of First Nations within in a holistic framework and, more specifically,

to provide information on topics considered priorities by First Nations.

The following sections detail the methodology for the 2002/03 survey following the chronology of its development and describe the design stage, data collection, data processing and finally, the analysis, interpretation and dissemination phases. Some issues may be addressed in more than one section. Participant consent, for example, is discussed in relation to survey design, data collection and data processing. The description of methods closes with an overview of data quality.

4.1 SURVEY DEVELOPMENT

In addition to the adult and children's surveys, it was decided that a separate and distinct youth survey was needed to reflect the unique issues facing First Nations youth. A survey specific to older adults was considered but ultimately not developed. An over sampling of those 55 years and over was, though, built in to the sampling design (see 4.4.6.4).

Starting with the most common and useful questions and topics contained in the 1997 national and regional questionnaires, initial drafts of the child, youth and adult surveys were prepared. Each questionnaire subsequently went through dozens of revisions over a two-year period. A large number of people provided input, including:

- Regional Coordinators;
- First Nations Information Governance Committee members;
- Assembly of First Nations and First Nations Centre staff;
- Health workers in First Nations communities;
- Health Canada (First Nations and Inuit Health Branch) staff;

- Physicians and nurses;
- University-based researchers;
- Staff and consultants of First Nations regional and national organizations.

Most of the active survey development work was undertaken by the "National RHS Team"—ten First Nations Regional Coordinators plus the national staff. The team held meetings and teleconferences to fine-tune the instruments, while seven of ten regions simultaneously developed components focused on their regional priorities.

The requirement to produce instruments that were both scientifically and culturally valid guided the development phase. In formulating questions, a balance was sought between content comparable to questions used in other Canadian surveys²² and questions specifically appropriate to First Nations. Topics primarily of regional interest were excluded from the national surveys. Keeping the instruments to a manageable length while covering all topics deemed important by the group was challenging. Deciding how to address "sensitive" questions presented a further challenge.

A 1998 Chiefs Committee on Health resolution directed that the second iteration of the survey incorporate sensitive issues such as HIV/AIDS, suicide and mental health. Ultimately the adult and youth questionnaires addressed those issues as well as questions about residential school, alcohol, drug use and sexual activity. Inclusion of these topics raised ethical issues. Concern that the survey questions could cause painful memories to resurface and result in difficult and even potentially dangerous situations had to be balanced with the importance of addressing critical health and social issues. To mitigate the concerns, special efforts were made in recruitment and training. The fieldworker manual included a detailed chapter on handling sensitive issues and difficult situations; fieldworkers

²² Including the Canadian Community Health Survey (CCHS), the National Population Health Survey (NPHS), the National Longitudinal Survey of Children and Youth (NLSCY) and the 2001 Canadian Census.

were instructed on how to avoid and how to deal with various scenarios and were provided with ongoing support, referral lists and phone numbers (see 4.6.2).

4.1.1 Pilot/Field Testing

In addition to individual input and group reviews, each draft questionnaire was subject to at least two rounds of formal qualitative field testing based on standardized procedures and probes. The qualitative testing was led by

regional coordinators and resulted in substantial changes to the survey instruments.

4.2 SURVEY CONTENT

The three national survey instruments address a comprehensive range of health status, wellness and health determinant measures. Table 2 provides an overview of the subjects addressed. For purposes of comparability across age groups, where possible, the same questions were used in all three surveys.

Adult Survey (18+ years)	Youth Survey (12-17 years)	Child Survey (0-12 years)
<ul style="list-style-type: none"> • Age, gender, marital status, community • Languages—comprehension, use • Education • Employment • Income and sources • Household— composition, income • Housing—condition, crowding, mold • Water quality • Services (phone, water, smoke detector, internet etc.) • Height, weight • 28 health conditions—duration, treatment, effects • Diabetes—type, treatment, effects • Physical injuries • Dental care • Disabilities, limitations • Physical activity • Food and nutrition • Home care—use, need • Health services—use, access, NIHB • Traditional medicines, healers • Smoking, alcohol, drugs—use, cessation, treatment • HIV/AIDS, STD's and sexuality • Pregnancy, fertility • Preventative health practices • Wellness, supports & mental health • Suicidal ideation and attempts • Residential schools—impacts • Community wellness • Culture, spirituality, religion • Community development 	<ul style="list-style-type: none"> • Age, gender, household/family composition • Education—level, performance, personal goals • Language—comprehension, use • Food and nutrition • Activities—physical, social • Height, weight, satisfaction with • Diabetes—type, treatment • 19 health conditions—duration, treatment, effects • Injuries • Dental care • Smoking, alcohol, drugs • Sexuality • Preventative health practices • Personal wellness, supports & mental health • Suicidal ideation, attempts • After school activities • Traditional culture—importance, learning • Residential school (parents, grandparents) 	<ul style="list-style-type: none"> • Age, gender, household/family composition • Parental education • Education—level, performance, Head Start • Height, weight—at birth, current • Breastfeeding history • Smoking, second hand smoke exposure—pre & post natal • Language—comprehension, use, interest • Food and nutrition • Activities—physical, social, after school • 19 health conditions—duration, treatment, effects • Injuries • Disabilities, limitations • Health service access—NIHB • Dental, baby bottle tooth decay • Traditional culture—importance, learning • Emotional & social well-being • Childcare –babysitting • Residential school (parents, grandparents)

The complete national questionnaires are contained in Appendix 1, Appendix 2 and Appendix 3. Regional modules were administered immediately following the national component. Table 3 identifies which regions developed and administered regional modules. A summary of the primary themes of each regional questionnaire is presented in Appendix 4. The regional modules themselves are included in Appendix 5.

	Regional Survey Components		
	Children	Youth	Adults
Yukon	✓	✓	
Northwest Territories			✓
British Columbia			✓
Alberta			
Saskatchewan			
Manitoba	✓	✓	✓
Ontario		✓	✓
Quebec		✓	✓
Nova Scotia/NFLD	✓	✓	✓
New Brunswick/PEI			
Number	3	5	6

4.3 INTERVIEWING

Surveys were completed using laptop computers in the respondent's home with a few exceptions discussed in section 4.6.3.7. The adults were interviewed directly. The children were surveyed by proxy with a person who knew them well, generally the mother (81.7%²³), father (12.5%²⁴) or grandmother (3.1%). Youth completed the survey themselves, with interviewer assistance when required or requested.

The decision to have the youth questions self-administered was intended to diminish non-response and increase honest disclosure, especially on sensitive or private topics, such as sexuality and drug use. The fieldworker remained in the room positioned where she/he could not see the screen, and offered help as needed.

²³ Including those who identified themselves as birth mothers (79.0%), adoptive mothers (1.2%), foster mothers (1.43%) and stepmothers (0.2%).

²⁴ Including those who identified themselves as birth fathers (12.0%), adoptive fathers (0.2%), foster fathers (0.1%) and stepfathers (0.2%).

If required or requested, the fieldworker would conduct an interview. Likewise, although adults were generally interviewed, some preferred to complete the survey themselves. No record was kept of how often this occurred.

Survey questionnaires were in English or French only. Each of the regions decided not to translate the survey into local First Nations languages, largely due to funding limitations. Recruitment and training of interviewers, though, ensured that interpretation would be provided to respondents who wished or required it.

The laptops recorded how long each individual survey was "open" on the screen. Not including introductory discussions and consent administration, which preceded administration of the questionnaire, the median times varied from 20 minutes for child surveys to 36 minutes for adults. Nineteen out of twenty adult surveys (95%) were completed in less than 88 minutes. In other words, one in twenty took longer than that. Table 4 shows the median times and 95th percentiles for each survey type.

Table 4 Time to Complete Surveys, Median and 95th Percentile

Survey type	Median time	95% of surveys completed in less than:
Adult	36 minutes	88 minutes
Youth	28 minutes	62 minutes
Child	20 minutes	51 minutes

4.4 SAMPLING DESIGN

4.4.1 Design Overview

As with the questionnaires, the sample design was built on lessons from 1997 and was developed through an iterative grass-roots process. A

consultant provided specialized expertise and drafted several versions of the sampling plan.²⁵

The design was tailored to meet specific coverage needs for each region longitudinally and for each sub-region for cross-sectional purposes, as well as to produce a nationally representative sample. Key design elements and methods were harmonized as much as possible while respecting regional differences. The sample was designed to be methodologically sound, efficient and feasible within limited budgets.

The final plan set a total target of 28,178 surveys in 273 First Nations communities. The details of the design are described in sections 4.4.2 through 4.4.7, below. The size and nature of the final sample and how it differs from the design is described subsequently, in section 4.7.

4.4.2 Target Population and Coverage

The RHS covers First Nations in private dwellings within First Nations communities in 10 provinces and two territories. Excluded were Nunavut, which has no First Nations communities, and residents of collective dwellings (e.g., group homes).

The initial frame consisted of 624 communities, later revised to 607 communities to reflect the non-participation of two First Nations sub-regions: the Quebec James Bay Cree and the Innu of Labrador. The final population covered totalled 384,638 nationally across all age/gender groups. Table 5 shows the overall community population by region. Appendix 6 shows the estimated

community populations for each age/gender group and Appendix 7 shows the total community population by sub-region.

Table 5 Estimated First Nations Population in First Nations Communities, by Region (Adjusted, Projected 2002 Indian Register Counts)

Region	First Nations Community Population (2002)
NB/PEI	8525
NS	8377
NF	767
QC	34528
ON	80942
MB	71659
SK	54673
AB	57723
BC	53382
YK	3436
NT	10626
Total	384638

All sampling was based on Indian Register²⁶ counts of those living on-reserve or on Crown land.²⁷ The population estimates used for the design was based on projecting 1999 counts to 2001, using age/gender-specific birth and death rates, to estimate age/gender totals within each community. The 2002 estimates used for weighting (see section 4.8.7) were based on 2002 counts but were further adjusted for late reporting and underreporting,²⁸ although not for inaccuracies in place of residence.²⁹ Local sampling frames were based on more up-to-date, locally validated counts (see section 4.4.6.6).

²⁵ Sampling plan for The First Nations Regional Longitudinal Health Survey (RHS). 2002.

²⁶ The Indian Register, maintained by Indian and Northern Affairs Canada (INAC), is the official record of Status Indians in Canada. Sole authority for determining who will be registered is vested in the post of Registrar in keeping with the Indian Act. First Nations authorities may recognize members that are not Registered Indians but they are not entitled to Indian rights and benefits under Canadian law.

²⁷ Under the Indian Act, reserves are tracts of land set aside for the use of Indian bands. Crown land can also be specifically identified for use of a specific Indian band or can be "no-band" Crown land. See

<http://sdiprod2.inac.gc.ca/FNProfiles/fnprofiles_definitions.asp> for definitions.

²⁸ Counts were adjusted for late reporting and underreporting at the community level for each age/gender group based on region-specific ratios (adjusted/unadjusted), according to methods described in Description of Population Projections of Registered Indians for Canada and Regions, 2001-2021. Statistics Canada, Development and Demographic Methods Section, Demography Division, 2002.

²⁹ Although the Indian Register is believed to overestimate the proportion of people living on-reserve (vs. off), no validated quantification was available with which to attempt a correction.

The accuracy and update frequency of the Indian Register— which is based on local registrations of births, deaths and moves—varies from place to place. Despite the adjustments, community population estimates were higher in some places and lower in others when compared with field counts in many communities. Specific age/gender group counts at the community level were sometimes widely discrepant. Unfortunately, no other more reliable source of population data was available for all communities and regions.³⁰

4.4.3 Overall Sampling Design

Design targets were adopted to provide reliable estimates for specified age/gender groups at the regional level for longitudinal estimates and the sub-regional level for cross-sectional estimates. Due to budget constraints, the initial design developed to produce community level estimates for all communities could not be carried through.

The overall sample design used to meet the survey targets called for a stratified two-stage sample³¹ with strata defined as community size classes within sub-regions, and the two stages of sampling as communities within strata and individuals within selected communities. A sample of communities was selected with equal probability within each size class within each sub-region. Selected communities were substratified by age/gender classification and an equal probability sample of individuals selected within each size class within each selected community. As was inevitable in a budget-constrained survey, some adjustments were necessary between the sample as designed and what could actually be achieved in practice. These modifications are described in detail in the following sections.

Based on the design parameters described in the following sections, region-by-region instructions were provided, identifying:

- Which communities to sample and which to use as replacements, if needed;
- Sample objectives for each age/gender group for each community.

Unlike in 1997, and with a few exceptions noted in section 4.7, procedures were standardized for the development of community sampling frames, random selection of individuals within age/gender groups and their replacements, as required. The sampling directions contained in the Sampling Plan³² were key components of field-worker training and the Fieldworker Manual.³³

4.4.4 Cross-Sectional Estimates

Cross sectional estimates were to be provided for six gender/age groups (0 to 11, 12 to 17 and 18+ years old males and females) for each sub-region. Regional partners identified sub-regions based on geographical areas and political groupings, such as Nations in Quebec (e.g., Abenakis, Algonquins, Hurons), Tribal Councils in Saskatchewan and Manitoba, and Treaty areas in Alberta (see Figure 1).

After due consideration of the budget constraints and numerous iterations, the design target adopted for each age/gender group in each sub-region was that an attribute having a true incidence of 20% ($p=0.2$) would be estimated as being in the range 20% +/- 8% (coefficient of variation=40%) with 95% confidence.

Once established, initial cross-sectional sample targets for each age/gender group were totalled within each sub-region and then allocated to groups of communities according to the size of the local population:³⁴ small (<300) medium (300-1499) and large (1500+). Within each sub-region, allocations were set in proportion to the total population within that size/sub-region grouping. An example will help to clarify: Nishnawbe-Aski Nation (NAN) in Ontario required 556 surveys to meet its cross-sectional

³⁰ The census excludes a number of First Nations communities that have refused to participate.

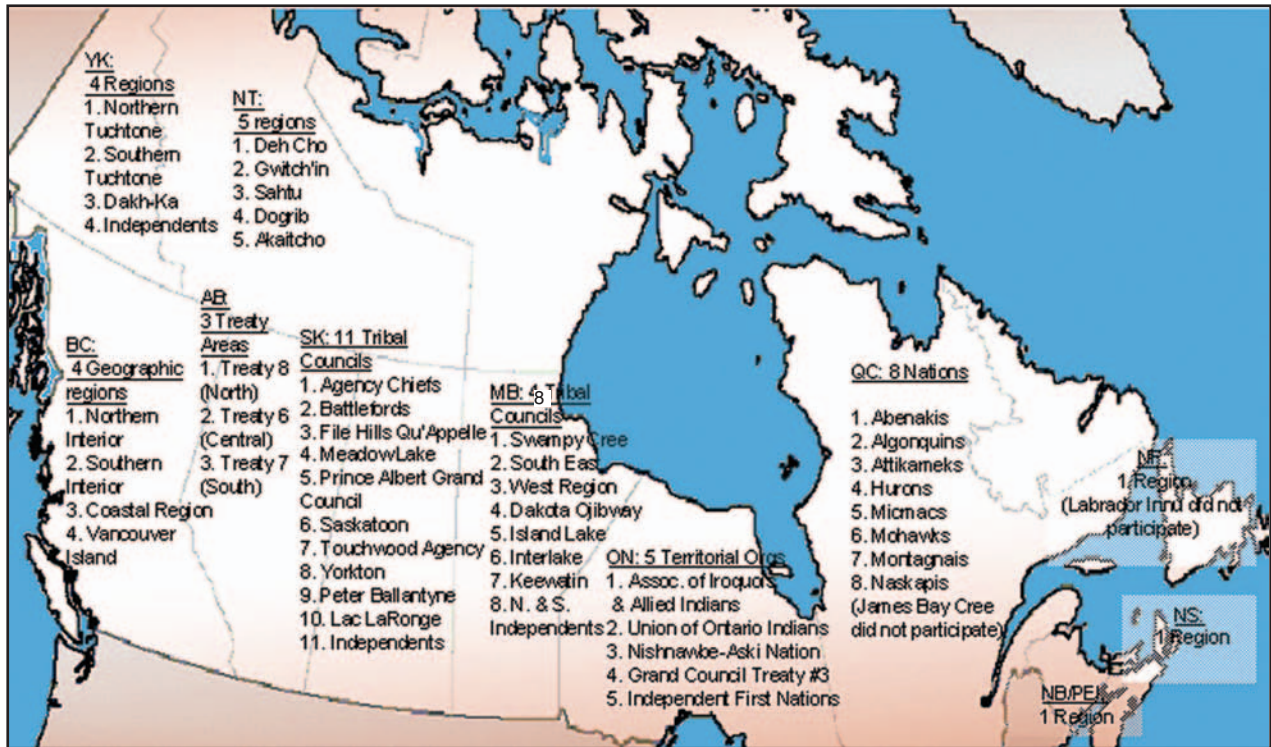
³¹ A two-stage sample here refers to the fact that communities were selected first, then individuals within those communities. The sample is considered stratified because communities were selected from groups or strata, as were individuals (by age/sex).

³² Sampling plan for The First Nations Regional Longitudinal Health Survey (RHS). 2002.

³³ <http://www.naho.ca/firstnations/english/pdf/key_docs_manual.pdf>

³⁴ Including on-reserve and on Crown land.

Figure 1 First Nations “Sub-Regions”



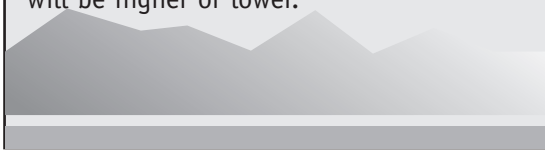
design parameters. The population of NAN’s four large communities represents 34% of NAN’s on-reserve population. The 20 medium-sized communities represent 57% and the 17 small ones

account for 9%. NAN’s sample target of 556 was distributed according to those proportions: 190 (34%), 316 (57%) and 50 (9%), respectively.

Sampling Math in Plain Language

Assuming target samples were met, the results for that group would have a level of precision that can be summarized this way:

If something is true for 20% of the group, our estimate will range from 12% and 28% (20±8%), for 95 out of every 100 samples we select. The other five times it will be higher or lower.



For each sub-region/size group, Appendix 8 lists the population, number of communities, number of communities selected and the cross-sectional and longitudinal sample objectives.

4.4.5 Longitudinal Component

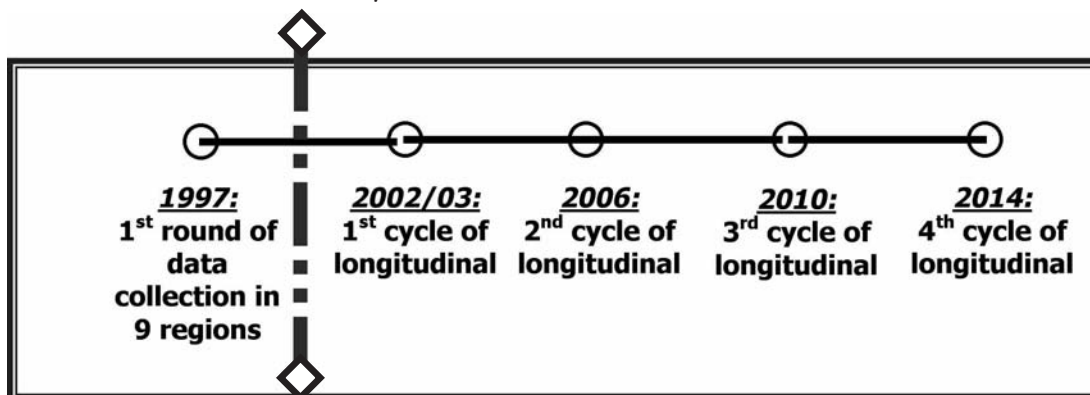
The cross-sectional sample of the RHS identifies the number of interviews required to achieve the desired level of analysis for 2002/03. For the longitudinal component, a sample size was established to obtain the desired level of analysis through four waves to 2014, for a cohort first interviewed in 2002.³⁵ For a variety of reasons,³⁶ except in Nova Scotia, respondents from the 1997 survey were not followed up in

³⁵ The longitudinal survey was initially planned for 2001 through 2013 but was delayed due to late receipt of funding for data collection. Subsequent references refer to 2002 through 2016 to avoid confusion and simplify the text.

³⁶ Reasons for starting the longitudinal survey in 2002/03 and not following the 1997 respondents include (1) improper consent in some regions to ethically return to respondents; (2)

inadequate or missing documentation of personal information in some regions; (3) inadequate sample size in some regions for a statistically healthy cohort; (4) lack of continuity in the survey instruments; (5) addition of new regions in 2002/03; and (6) non-standardized and, in some regions, sub-optimal samples in 1997.

Figure 2 Data Collection Schedule, 1997-2014



2002/03. The 2002/03 survey marks the first wave of the longitudinal survey.

Projections³⁷ were used to estimate populations for each region at the time of the final wave. Sample sizes were calculated on these projections using confidence level, incidence and sampling errors that would give statistically reliable results through the final wave. Estimated attrition rates were used to augment the regional samples in order to reach the desired samples in 2014.

Appendix 8 lists the longitudinal sample targets for each sub-region/size group, as well as other coverage and design elements as noted above.

4.4.5.1 Longitudinal Design Parameters

The design target adopted for the final cycle of the longitudinal (2014) applies to each age/gender group within each region. An attribute having a true incidence of 20% ($p=0.2$) in 2014 would be estimated as being in the range 20% +/- 6% (coefficient of variation=30%) with 95% confidence.

4.4.5.2 Attrition Rates

To compensate for the anticipated loss of sample due to death, refusal, inability to trace, etc., samples sizes were enhanced. The following age-specific attrition rates were applied:

Table 6 Attrition Rates by Age Group for Each Survey Year to 2014

Age Group	2006	2010	2014
0-11	10.1%	13.3%	14.8%
12-17	16.5%	16.3%	16.2%
18+	16.0%	16.0%	16.0%

The rates were derived from the first three cycles of Statistics Canada's National Population Health Survey (1994-95, 1996-96, and 1998-99). Attrition rates for 2006 (second column, Table 6) were based directly on the rates from the first to third NPHS cycles (4 years). For 2010 and 2014 the attrition rates for children and youth were calculated by averaging the 2006 rates for the (starting) age group and the next one, to reflect the aging of the cohort. The adults were not averaged in this way as they stay in the adult group for all cycles.

4.4.6 Combined Sampling Approach

The final sample size targets, at the regional level, were established by using the larger of those calculated separately for cross-sectional and longitudinal requirements. The resulting regional sample size was then allocated to strata within the region by stage within strata, and by age/gender group within selected communities.

³⁷ Based on estimates from Indian and Northern Affairs Canada (<http://www.ainc-inac.gc.ca/pr/sts/ipp_e.html>).

The final sample size goals for each component and the combined (final) targets are listed by region in Table 7.

Regional samples were allocated to strata within regions in proportion to their populations.

4.4.6.1 Selection of Communities

All communities were listed in strata, defined by their sub-region and population size (Appendix 6). Of the 624 communities in the initial frame, 43% were “small” (under 300 people in the community), 48% were “medium” (300 to

In Nova Scotia and Saskatchewan, all communities were included, respecting regional preferences. Outside of Nova Scotia and Saskatchewan, small and medium communities were randomly selected, with a randomized replacement strategy employed for those that declined participation.

4.4.6.2 Allocation of Sample to Communities

The sub-region/community size group sample allocations were split equally among the predetermined number of communities within that group. All samples were broken out for each age/gender group to ensure that the desired level of analysis would be met.

Before the target numbers were finalized, minor adjustments were made to the community samples to address communities with small samples and to enhance the sample of older adults as described in the next two sections.

4.4.6.3 Minimum Community Samples

In some instances, the allocation methods resulted in very small samples for certain communities. To make efficient use of resources, particularly given the remoteness of some communities, any community sample target of 24 or less was automatically increased to 25.

4.4.6.4 Sampling of Older Adults

Adults over 55 were not treated as a separate group in defining the initial sample targets as they make up only a very small percentage of the population (i.e., about 5 percent). Nevertheless, an over sampling of this population was incorporated to generally enhance precision for the group. Within the sample sizes allocated to the over 18 group, 10% was allocated to those 55 and over—twice their representation in the population. Fieldworkers thus received quotas for males and females in each of

Table 7 Target Sample Sizes by Region for the Combined Sample Design

Region	Cross-Sectional Sample Requirement	Longitudinal Sample Requirement	Final Target Sample
New Brunswick & Prince Edward Island	523	1459	1459
Nova Scotia	523	1459	1459
Newfoundland	280	684	684
Quebec and Labrador	4687	1634	4687
Ontario	2665	1648	2665
Manitoba	4695	1651	4695
Saskatchewan	5370	1645	5370
Alberta	1659	1645	1659
British Columbia	2167	1640	2167
Yukon	1214	1177	1214
Northwest Territories	2118	1493	2118
Total	25903	16135	28178

1,499) and 9% were large (1,500+), with the largest a little over 11,000.

All communities with populations over 1,500 were invited to participate (“take all” stratum) since they represent the majority of the population. Within each sub-region, representative numbers of small- and medium-sized communities were picked keeping the number as small as feasible to lower costs without compromising the overall design. For reasons of cost-efficiency, communities with populations of less than 75 persons were not included (approximately 11% of all communities).

four age groups (0-11, 12-17, 18-54, 55+) instead of three.

4.4.6.5 Replacement of Communities

Communities were selected within sub-region/size groups, as described above. All large communities and a random sample of small- and medium-sized communities were included. In keeping with First Nations protocols and OCAP, communities were invited to participate. Surveys were collected only after local authorities, normally the Band Council, approved. In some regions, a band council resolution, or formal “community consent,” form was required.

When a community became “non-participating” due to refusal or for other reasons, it was replaced randomly with another community in the same sub-region and size grouping. When no other community existed in the same size category, a community could be substituted with one in a “neighbouring” size group. In such exceptions, though, the substitute community had to be close in size to the other group (e.g., almost 300 for a small community replacing a medium-sized one). Large communities could not replace medium-sized ones because all large communities were already included by design. Communities could not be substituted from a different sub-region.

Also, where a selected community did not have sufficient population to achieve the target sample (e.g., because of non-response), the balance could be obtained in another already participating or additional community in keeping with the same substitution rules.

4.4.6.6 Community Sampling Frames and Selection of Individuals

Local sampling frames, with exceptions as noted in section 4.7.2.4, were derived from First Nations community/band membership lists. The approach was adopted by the First Nations

Information Governance Committee, as it (a) was effective in 1997 in several regions; (b) provides locally validated information not available elsewhere; (c) provides an opportunity for local capacity development in survey methods; and (d) respects community definitions and control of their own membership lists.

To develop the local frame, Regional Coordinators or fieldworkers used the sampling kit and instructions contained in the *Fieldworker Manual*.³⁸ Typically, working with the local membership clerk (or other person delegated by council), a list of First Nations living in the community was drawn up based on (a copy of) the most recent band or membership list. Recent changes due to births, deaths or moves were incorporated prior to drawing the sample.

Membership lists were defined locally and, as such, may have differed from the lists of Registered Indians defined by Indian and Northern Affairs Canada (INAC) used to establish the target population (4.4.2) and for statistical weighting (4.8.7). The membership lists used for sample selection were generally more up-to-date and may have included individuals recognized as members by the band but not recognized as Registered Indians by INAC.

The membership lists were divided into eight lists based on the age/gender groups, and names were numbered consecutively. The selection of respondents, and substitutions for non-response, within each age/gender group was made by taking the first x members, where x is the sample size requirement, in a randomly ordered list of the members of the group. Substitutions for non-respondents among the first x members were allowed from, but not beyond, the following $x/2$ members (i.e., up to an additional 50%) in the ordered listing. Random number generators on the laptop were used to facilitate randomization.

³⁸ <http://www.naho.ca/firstnations/english/pdf/key_docs_manual.pdf>

Respecting local authority and privacy concerns, membership clerks generally supervised every step of the process and copies of membership lists were not supposed to be taken out of the community/band office. The sample and backup lists were stored securely in keeping with RHS data protection protocols. Actual membership lists were in no way modified by this exercise, although some communities may have taken advantage of the process to update their own lists.

4.4.7 Other Sampling Considerations

4.4.7.1 Overall Data Quality—Cross-Sectional Component

As noted, the cross-sectional design component focused on sub-regional strata, based on a 95% confidence level, with an incidence of 20% and a sampling error of +/- 8%. The final sample targets, however, also took the longitudinal requirements into account. As shown in the last column of Table 7, some regions required more samples to fulfill their longitudinal requirements than they needed for the cross-sectional component, thus increasing the samples available for 2002/03 and hence the anticipated precision for cross-sectional analysis. These regions are New Brunswick/Prince Edward Island, Nova Scotia and Newfoundland.³⁹

4.4.7.2 Overall Data Quality: RHS—Longitudinal Component (to 2014)

As noted, the RHS longitudinal design component was designed around region-level results for 2014. The final sample targets, however, also incorporated the cross-sectional requirements. As a result, as shown in Table 7, seven regions' cross-sectional component requirements were larger than their longitudinal requirements. Of those, three had cross-sectional target samples more than double their longitudinal targets (Quebec, Manitoba and Saskatchewan). These regions will have the luxury of extra sample

³⁹ The Union of Nova Scotia Indians coordinates the survey for Nova Scotia and Newfoundland; the Union of New Brunswick Indians was responsible for New Brunswick and Prince Edward Island.

⁴⁰ The Information and Consent Form (Appendix 9) foresees this possibility.

going forward longitudinally and the potential for higher precision in future waves.

4.4.7.3 Overall Data Quality—Regional and Canada-Level Sample Sizes

When rolled up from the regional or sub-regional level of the design to the national level, overall sampling precision increases substantially, cross-sectionally and for future waves.

4.5 LONG-TERM SAMPLING PLANS

In addition to the longitudinal plan, there is also potential for a range of spin-off surveys, building on the RHS infrastructure and, potentially utilizing the 2002/03 sample as a frame.⁴⁰ Potential spin-offs could include, for example, surveys on nutrition, disability, diabetes, smoking, mental health, nutrition, and children's issues. To date, one small pilot survey—on West Nile Virus and protection from mosquitoes—was completed in four communities by leveraging the RHS process.⁴¹ Other surveys are being considered.

There is keen interest to pursue a much larger cross-sectional sample, as initially proposed, in order to provide communities with much needed community level data. Finally, although the 2002/03 survey is restricted to First Nations communities, there have been plans (but no funding) since 1996 to include an off-reserve component—something that was piloted in the Quebec region in both 1997 and 2002.⁴²

In a broader perspective, the RHS is now widely seen as the model to build upon for First Nations research and data stewardship. Many view the governance structure, principles, processes and capacity developed through implementation of the RHS, as a potential foundation for future First Nations surveys, surveillance and data-related initiatives.

⁴¹ <http://www.naho.ca/firstnations/english/pdf/WNV_report_04.pdf>

⁴² The Quebec off-reserve samples included one city in 1997 and three cities in 2002/03. The urban sample is not included in the national database.

4.6 DATA COLLECTION

4.6.1 Regional Coordination

Each of the ten First Nations partner organizations hired a Regional Coordinator (RC) who was responsible for overseeing the planning and regional implementation of all phases of the survey, as well as related activities. The Regional Coordinators played key roles in the:

- Development of national questionnaires, tools and methods;
- Development of regional questionnaires and tools;
- Development and implementation of communications strategies with communities, regional organizations and other stakeholders;
- Recruitment, training, supervision and support of fieldworkers and, sometimes, field coordinators and assistants;
- Development and implementation of data protection protocols for survey data and personal information from consent forms;
- Data entry of consent form information;
- Management of contracts with technical consultants;
- Data processing (cleaning) of regional questionnaire components;
- Production of regional reports and other data products;
- Overall project and budget management;
- Development of a new community-level (ecological) survey on factors influencing health.

Regional Coordinators received support from the staff at the First Nations Centre by phone, email and in person, and through regular conference calls and meetings. Many new Regional Coordinators received an orientation session at the First Nations Centre office in Ottawa. Formal training was provided on several occasions, including two train-the-trainer sessions prior to

the commencement of fieldwork, and two sessions on data analysis upon its completion.

Generally speaking, the development of research and survey capacity in First Nations organizations, regionally, has occurred through the RHS Regional Coordinators. Many have broader roles in First Nations health research in their respective provinces and territories.

4.6.2 Fieldworker Training

A fieldworker manual and training tools were developed collaboratively to support standardized data collection processes. The training was provided in two steps: training the trainers, and training the fieldworkers.

Following train-the-trainer sessions, the Regional Coordinators returned home to deliver training to fieldworkers recruited from participating communities.⁴³ In some cases, the sub-regional or field coordinators helped provide the training. Sessions typically lasted two to three days and were based on standardized materials and the 150+ page *Fieldworker Manual*.⁴⁴

The manual includes everything fieldworkers need to prepare for and do their job, including answers to frequently asked questions, copies of forms and training exercises. Trainers reported that topics needing special attention were sampling, laptop use/interviewing practice, administration of the (complex) consent form, and dealing with sensitive situations.

In addition to the manual (viewable in PDF⁴⁵ format on the laptops), the more portable “fieldworker kits” that could be taken from house to house were provided. The kits contained everything needed in the field,⁴⁶ and were organized into folders and placed with the laptops in RHS-branded laptop bags.

⁴³ In one instance only, a team was hired to travel and interview in several communities.

⁴⁴ <http://www.naho.ca/firstnations/english/pdf/key_docs_manual.pdf>

⁴⁵ Adobe Acrobat Portable Document Format.

⁴⁶ Fieldworker kits included charged laptop and power cord, mouse and mouse pad, confidential personal information/consent forms, envelopes for confidential forms, information brochures, agenda books for scheduling, pens, paper surveys (if needed), tape measure (for height), survey response cue cards to show respondents, list of community services/contacts for referrals, participation gifts, the “Field Worker Review Sheet,” and the “Questions and Answers” sheet.

The rate of fieldworker turnover was considerably higher than initially anticipated. The need to re-recruit and retrain, sometimes several times within a community, contributed to fieldwork delays and increased field costs.

4.6.3 Computer Assisted Personal Interviewing

4.6.3.1 Rationale

A customized Computer Assisted Personal Interviewing (CAPI) package was developed for computers deployed directly to the field. The decision to adopt this technology was supported by the following considerations:

- Improved data quality related to:
 - Automated management of skip patterns—respondents answer only those questions that apply to them;
 - Integrated “checks” flagging impossibilities (e.g., a 3-year-old widow);
 - Elimination of missing responses by forcing either a regular response option or “don’t know” or “refused”;
- Ability to hyperlink explanations (glossary function);
- Expectation of increased respondent interest and, thus, participation rates;
- Fieldworker exposure to and training on new technology;
- Elimination of post-interview paper-to-computer data entry costs and errors;
- Reduced time between collection and analysis by eliminating paper-to-computer data entry and reducing post-collection “cleaning”;
- Ability to manage and monitor survey progress and to flag and correct problems quickly via uploads (transfer from the laptop to the server) and downloads (transfer from the server to the laptop);
- Decreasing hardware prices and increasingly available and sophisticated software and expertise.

The RHS’s longitudinal design and potential for spin-off surveys in the mid-term, as well as a range of other anticipated post-collection uses (e.g., computer-based training), also influenced the decision. The investment was expected to produce important cost-savings over the long term while developing First Nations’ health information infrastructure and capacity.

4.6.3.2 Selection of Laptop Technology

Despite a generally positive pilot of hand-held devices (PocketPC’s), it was decided that laptop computers would be preferable.

The decision was made considering a contrast of the technologies in terms of price, screen size, software choices, availability of qualified developers, relative technical complexity and the potential for post-survey re-deployment. Laptops offered a more standard and well-known platform, implying less risk and potential complication. A one-time infusion of capital funds from First Nations and Inuit Health Branch in 2002 made it possible to buy laptop computers. Servers and software were also purchased and a developer was hired on contract.

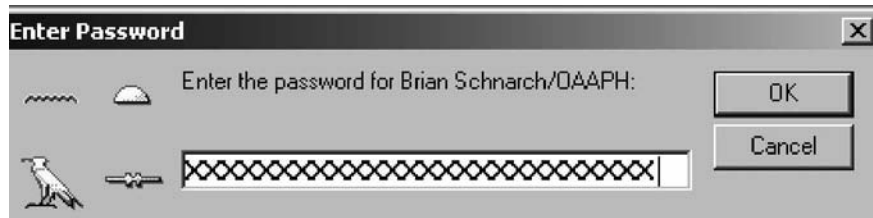
4.6.3.3 Laptop-Server Design

The CAPI system incorporated:

- 265 laptop computers and three servers (one each in Quebec, Saskatchewan and at the First Nations Centre for other regions);
- A customized client-server software package programmed within Lotus Notes®/Lotus Domino that supported secure data transfer from any phone line to dedicated toll-free lines;
- A locked down, user friendly primarily point-and-click interface incorporating:
 - questionnaires in English and French;
 - the Fieldworker Manual (PDF), a random number generator, a glossary and message window for updates;

- Automated report generation to support quality control and fieldworker management. Interviewers were paid according to the number of surveys completed. The reports (Appendix 10) were used to track progress and catch potential problems early (e.g., excessive numbers of refusals, surveys completed too quickly);
- Two-way server-laptop communications allowing not only for the transfer of survey data, but also the receipt (download) of software/database updates and “fieldworker news” items.

Transfer of encrypted survey-response data was one-way only (from the workstation in the field to the server) and only RHS-configured laptops with proper passwords were able to exchange data with the servers. Any other attempt to connect was rejected. The national server was stored at GT Telecom’s state-of-the-art collocation facility in Ottawa, Ontario. Remote access to the server for maintenance and quality control was available to the technical support group



4.6.3.4 Privacy/Security

The move away from paper-based surveys, by itself, eliminated the security risk associated with volumes of potentially visible personal information in fieldworkers’ bags and homes/offices. However, the switch to computer-based records posed potential security and data loss risks that had to be carefully addressed through procedures, training and software design, as outlined below.

The self-administration for youth and the opportunity for other respondents to hide their responses by turning the laptop screen were praised in the RHS Privacy Impact Assessment.⁴⁷ As a further protection, fieldworkers could not access (re-open or view) surveys once they were complete.

Each survey required two passwords (bios/start-up and interviewer identification) as well as redundant consent form number entries. Laptops were “locked down” such that non-survey applications or functions were inaccessible and there was no way to inappropriately access, copy or transfer data.

and the FNC through a modern, secure virtual private network (VPN).

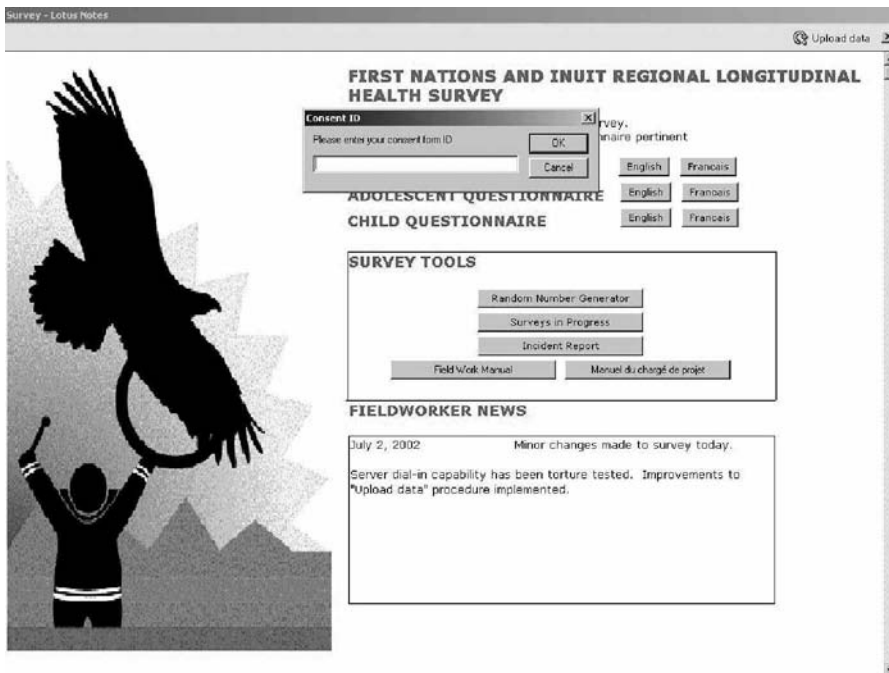
4.6.3.5 Time

According to field tests, individual surveys were completed more quickly on laptops than on paper. The elimination of the data entry phase also resulted in a significant time savings. The number of laptops, though, emerged as a crucial bottleneck limiting the pace of data collection.

Regional Coordinators frequently had to recall and re-deploy laptops once community target samples were met or when laptops were unproductive or under-utilized. The process of recalling, re-deploying and the associated re-training represented a significant amount of down time. One region sought to maximize productivity by instituting laptop sharing among several interviewers in a community.

As noted, data collection lasted 15 months from start to finish. Although a paper-based survey could likely have been collected more quickly, a larger cadre of interviewers, as well as a time-

⁴⁷ Flaherty, D. A Privacy Impact Assessment of the First Nations and Inuit Regional Longitudinal Health Survey (FNIRLHS), 2002.



Connectivity problems of this nature had not been anticipated. During the design phase, telecommunications experts had indicated that any phone line that could successfully transmit a fax would be adequate. It turned out that this was not the case in some First Nations communities.

4.6.3.7 Paper-Based Surveys

In Manitoba, a decision was made to switch to paper-based surveys in communities with telecommunications difficulties

consuming data entry phase, would have been required.

Preliminary results, based on partial data were made public in January 2003, just a few months into data collection. With a conventional paper-based survey, this would not have been practical until after all data edits and corrections were complete.

4.6.3.6 Connectivity Problems

In some remote communities, largely concentrated in Manitoba and to a lesser extent the Northwest Territories, “noisy” phone lines or poor connectivity made data transfer and remote software updates difficult or impossible. In some cases, laptops with completed surveys had to be shipped to other places for data transfer. This increased costs, delayed fieldwork (while the laptop was unavailable for collection) and raised concerns about the potential risk of losing surveys if the laptop was damaged or stolen.

rather than have to ship laptops. In British Columbia, some surveys were also collected on paper. In that case, the decision was intended to increase the pace of data collection, given the limited number of laptops.

Altogether, 2205 surveys were paper-based. The vast majority of those (1947) were collected in Manitoba and the rest (258) in British Columbia. Thus, about one in 10 (9.8%) surveys nationally were collected on paper. In Manitoba, the proportion was nearly half (49.0%) and for British Columbia, about one in seven (13.3%).

Paper surveys were mailed back and data entered into dedicated laptop computers at the regional office using the standard CAPI programs. Without the benefit of the software validation and skip management procedures, the surveys were subject to the same limitations as other paper surveys—most notably, skipped questions.

ADULT QUESTIONNAIRE – Lotus Notes

First Nations and Inuit Regional Longitudinal Health Survey

B. PERSONAL BACKGROUND INFORMATION

NOTES MENU GLOSSARY NEXT

1. Date of Birth
 Date of birth Age
 Day Month Year

2. Gender
 Male Female

3. Name of First Nation or Inuit community where you currently live

4. Present marital status
 Married Common Law Separated
 Divorced Widowed Single

NEXT

Since blanks were not possible with the final CAPI software instruments (exceptions are discussed in section 4.6.3.8), the Manitoba team decided to enter them as “refused” responses. Unfortunately, this both increased the rate of item non-response (see section 4.9.2.4) and may have resulted in an underestimation of negative (i.e., “no”) responses (see section 4.8.4) typical of paper surveys.

4.6.3.8 Changes to Software After Start of Data Collection

Minor errors and missing response validations for certain questions were identified within the survey instrument software after deployment of most of the laptop computers. Fortunately, the built-in update/download functionality allowed for remote updating. Unfortunately, this same functionality contributed to significant harmonization problems. Put simply, not all surveys were collected with identical instruments.

Before reaching a final version, two major updates comprising numerous small changes were made to the software during the first three months of the 15-month data collection period. Surveys collected early and surveys collected using software that had not been updated—by the regional office, national office or fieldworker—were based on less refined CAPI instruments.

The fact that there were three independently managed servers contributed further to the lack of standardization. While the laptops automatically downloaded revisions when they dialed in, the three servers did not communicate directly with each other. National software updates had to be deliberately integrated by the regional server manager. Although the Quebec server software was kept up-to-date, not all changes were incorporated in Saskatchewan. Surveys collected using Saskatchewan laptops were collected using essentially the same instruments as those used for early surveys elsewhere.

Although interview date and laptop number and region were automatically documented, the inability to track which version of the software was being used complicated the process of identifying which survey records were collected with less refined software. It is estimated that approximately one-quarter of all surveys, mostly from Saskatchewan, were collected using software that was not in its final version.

The important differences between the earlier and later instruments were:

- Correction of approximately one dozen typos/spelling mistakes, mostly in the French versions of the surveys;
- Correction of problems resulting in technical software error messages;
- Incorrect skip pattern (e.g., current smokers being asked when they quit smoking);
- Implementation of response validation for questions that could previously be skipped and left blank. Requirement of some kind of response, even if only “don’t know” or “refused”, was added in November 2002, for:
 - 20 of 117 adult questions (17%)
 - 13 of 82 youth questions (16%)
 - 8 of 65 child questions (12%)

The corrections implemented to harmonize those surveys containing questions that could be left blank with those that could not are described in section 4.8.4

4.6.3.9 Survey Upload Reports

Automated weekly reports (sample in Appendix 10) provided details on all survey records uploaded (transferred) to the server. The reports included details on the previous week’s surveys as well as cumulative totals.

Regional Coordinators matched the consent numbers of the uploaded surveys with consent

forms sent in from the field and then released payment to interviewers accordingly. The weekly reports provided basic information about each completed survey (e.g., interviewer comments if entered, time to complete survey, number of “don’t know” and “refused” responses) that facilitated quality control. Interviewers were contacted if something appeared to need attention or if surveys were not coming in.

Nationally, the automated reports were used to monitor, analyze and report progress towards sample targets. In addition to the automated weekly reports, 24 national data collection progress reports were prepared. The reports provided everyone involved with various measures of progress (e.g., percent of target sample achieved to date by region/age/gender), productivity (e.g., surveys per laptop per month over time), and survey quality (e.g., mean number of “don’t know” and “refused” responses, mean time to complete surveys).

4.6.3.10 Overall Assessment of the CAPI Approach

Although most were positive, a few respondents did indicate a distrust of the technology, expressing concerns about putting their information “into that box.” Initial concerns that some older respondents would be particularly uncomfortable with the technology were not substantiated.

Regional Coordinators provided feedback on the CAPI system based on their experience in the development/testing phase, fieldworker training, “front line” technical support and the overall management and deployment of the technology. Although some were initially sceptical about fieldworker uptake and respondent comfort with the technology, the concerns dissipated with time and exposure.

Primary complaints about the technology included:

- The number of software problems, particularly those that required correction after the data collection had begun;
- The difficulties with software harmonization;
- Inability to transfer (upload/download) data in several remote communities (with poor connectivity/noisy phone lines), which resulted in frustration, logistical complications, lost time and increased costs;
- The limited number of laptops slowing data collection. A number of lost, stolen and damaged computers exacerbated the problem;
- Although providing excellent user interface and data transfer, the output data was in a format that required extensive manipulation prior to analysis. An alternate choice in software and a design team more experienced in data analysis applications would have decreased the time needed to prepare data for analysis.

Regional Coordinators—including those that were less technically inclined— were satisfied with the experience overall, citing among other features data quality, capacity, privacy, speed and the management/tracking benefits. The upload reports and data collection progress reports were appreciated for providing timely, relevant information in useful formats.

There was general consensus that computers would be chosen again over paper, but with improved quality control prior to deployment, and with alternative data transfer and backup procedures (e.g., via diskette), primarily for communities with inadequate connectivity. More laptops would also be preferable.

4.6.4 Consent

Like the questionnaires and sample design, consent forms were developed through an iterative process with regional partners. Following expert advice, an early shorter and “friendlier” version was dropped in favour of a more detailed form (Appendix 9).⁴⁸ The information and consent form package included a participant log sheet that helped fieldworkers remain organized, a two-page consent form in two copies (one for the study, one for the respondent) and a page with contact information for longitudinal follow-up.

In response to privacy concerns from some regions, it was decided that the consent form package would be paper-based (not on the laptops) and that all personally identifying information⁴⁹ required for longitudinal follow-up would be collected through this instrument. Although more complicated, separate storage of consent records increased privacy protection and permitted regional offices to be the exclusive custodians of identifying information. The RHS data protection schedules laid out the requirements for proper storage and protection of this information, needed for subsequent cycles of the survey.

Consent form packages were consecutively numbered for unique identification. The numbers had to be double entered into the laptop in order to begin a survey and verify that the consent process had been completed and the forms signed. The tear-out “study copies” of the forms were sealed in envelopes and returned to the Regional Coordinator, who matched the numbers with those on the automated weekly upload report from the server before paying interviewers. The “participant copies” of the forms were left with the respondents.

The information on the information and consent form packages was entered into a stand-alone

⁴⁸ Manitoba region used its own (similar) consent form.

⁴⁹ The consent form package included sections for the name and contact information of respondents (or proxies for children) and contact people who could help to find them, if needed, in the future.

data entry program regionally and was later matched by the FNC to the survey response records to ensure that consent had been properly documented. Once all regional consent form databases were received (excluding personal information fields) the first linkage was completed, revealing some unanticipated problems:

- Surveys with no matching consent forms;
- Consents with no matching surveys;
- Consent forms with unmarked elements (see Figure 3);
- Consent forms not (initially) entered into the data entry module;
- Consent forms incorrectly entered into the data entry module (typos, etc);
- Consent forms used for more than one member of a household;
- Verbal consent not formally documented.

Although they received an “A+” in the RHS Privacy Impact Assessment,⁵⁰ the forms were lengthy and complex to administer. Ten separate elements

required a mark, signature or initials. In addition, proper documentation entailed different

things for children, youth and adults. Some of the elements are illustrated in Figure 3.

Complex consent administration, fieldworker turnover, a consent form data entry template that required multiple updates, and the coincidental timing of First Nations’ information cam-

Figure 3 Examples of Consent Form Elements Requiring a Mark

aigns about Health Canada’s Non-Insured Health Benefit (NIHB) consent form were among the underlying factors behind uneven practices.

⁵⁰ Flaherty, D. A *Privacy Impact Assessment of the First Nations and Inuit Regional Longitudinal Health Survey (FNIRLHS)*, 2002.

The lack of complete consent documentation for some surveys raised an ethical dilemma. After due consideration, the FNIGC decided that some surveys would have to be discarded rather than run the risk of using personal information without certainty of consent. Section 4.8.3.3 discusses the specific consent documentation requirements adopted and the number of survey records impacted.

4.7 FINAL SAMPLE

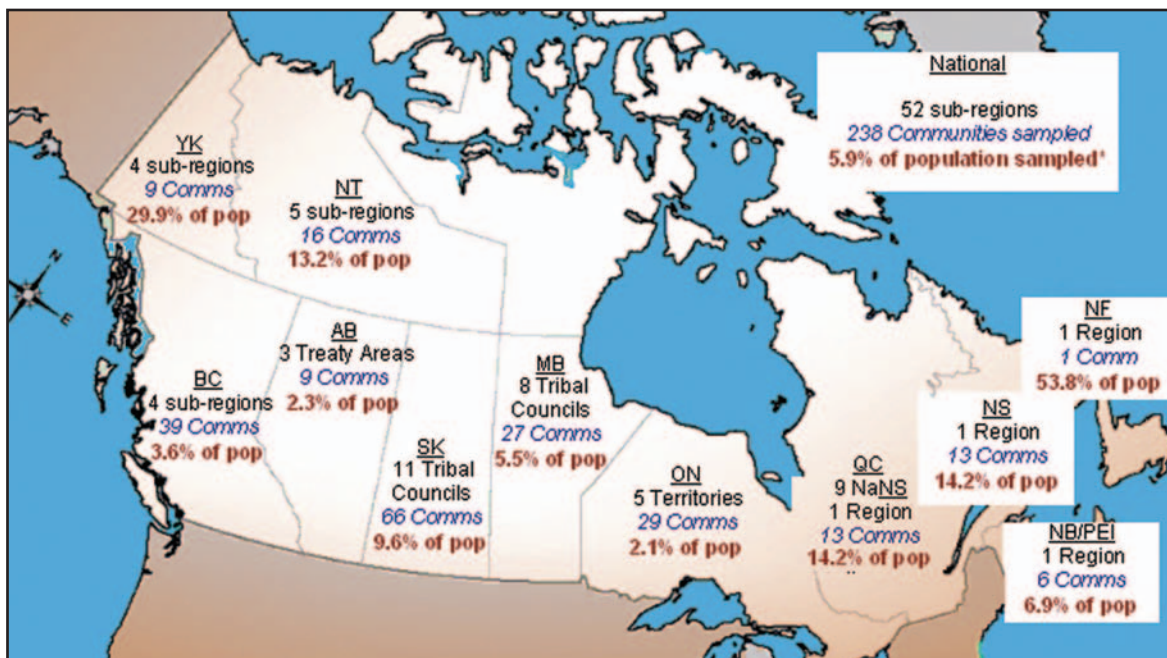
4.7.1 Coverage

The final sample of 22,602 includes 10,962 adults, 4,983 youth and 6,657 children living in 238 communities within 52 sub-regions in 10 regions.⁵¹ This is the final number available for analysis after removing duplicate records,

records with more than 50% item non-response and those with inadequate consent documentation (as described in section 4.8.3).

With the exception of the James Bay Cree of Northern Quebec and the Innu of Labrador, all First Nations sub-regions were represented. Overall, the national sample represents 5.9% of First Nations living in First Nations communities (mostly reserves) in Canada. As shown in Figure 4, coverage rates ranged from 2.1% in Ontario to 53.8% in Newfoundland. These variations are primarily a reflection of the sub-regional design.⁵² The level of “success” in reaching targets described in section 4.7.2.1 only contributes marginally to the variation. Sub-regional coverage rates are shown in Appendix 7.

Figure 4 Number of Sub-Regions and Communities and Proportion of On-Reserve* Residents Sampled, by Region



*Figures show the proportion of all First Nations living in First Nations communities that were included in the sample.

⁵¹ Note that Manitoba region collected additional surveys after the national collection period was over and the RHS database was closed. The additional sample will be available for Manitoba regional analysis but will not be integrated into the national database.

By survey type, the final available sample represents 6.0% of First Nations children living in First Nations communities, 10.0% of youth and 4.9% of adults. Figure 5 displays the percent of population sampled by gender/age group, separating out those 55 and over. As shown in Figure 5, the sampling rates range from 4.1% for 18-34 year old males to 10.8% for 12-17 year old females. The higher rates for youth and children reflect the design's intent to provide equivalent statistical precision across all three survey types.

4.7.2 Final Sample in Relation to Design

The following sections contrast the sampling design described in section 4.4 with the final sample and sampling methods actually used on the ground. The nature and extent of all significant deviations from the plan and methods are outlined in the following areas:

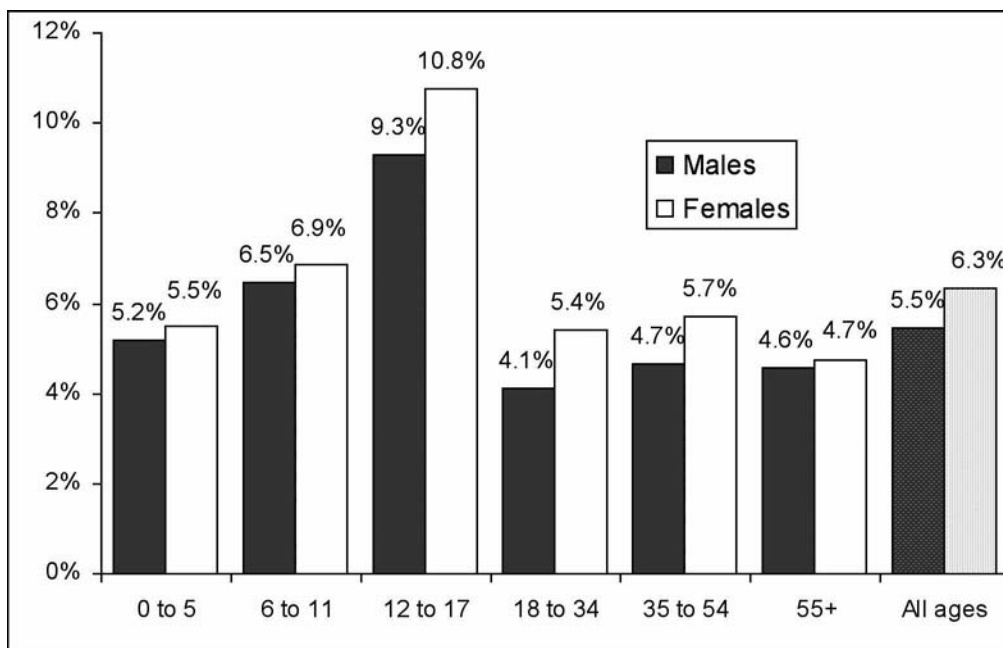
- Proportion of target samples achieved (4.7.2.1)

- Community participation and replacement (4.7.2.2)
- Individual participation (participation rate) (4.7.2.3)
- Use of alternate community sampling frames (4.7.2.4)
- Inclusion of off-reserve sample (4.7.2.5)
- Changes to community sampling targets (4.7.2.6)
- Individuals completing the wrong survey type (4.7.2.7)
- Proportion of Sampling Design Targets Achieved.

4.7.2.1 Proportion of Target Samples Achieved

The final sample represents 80% of the sampling plan's target sample of 28,178. The percent-of-target available varies by region and by age/gender group, as shown in Tables 8 and 9. The breakdown by sub-region is provided in Appendix 12.

Figure 5 Percent of First Nations Community Population Sampled, by Age



⁵² To be more precise, the regional sampling proportions are predominantly driven by the ratio of sub-regions to population within that region.

Table 8 Proportion of Target Sample Achieved, by Region

Region	Proportion of Target Achieved
New Brunswick & Prince Edward Island	40%
Nova Scotia	81%
Newfoundland	60%
Quebec and Labrador	81%
Ontario	64%
Manitoba*	85%
Saskatchewan	98%
Alberta	80%
British Columbia	90%
Yukon	84%
Northwest Territories	66%
Total	80%

*Surveys collected by Manitoba after the national database was closed are not counted here.

Table 9 Proportion of Target Sample Achieved, by Age/Gender Group

AGE/GENDER	% of Target Achieved
0-11 Males	70%
0-11 Females	70%
12-17 Males	58%
12-17 Females	62%
18-54 Males	88%
18-54 Females	106%
55+ Males	141%
55+ Females	160%

A number of factors help to explain the difference between the final sample and the initial targets:

- 3,528 surveys initially counted towards the targets were subsequently removed because they were duplicates, had greater than 50% item non-response or were lacking adequate consent documentation (see 4.8.3);

- The number of laptop computers, fieldworker turnover, financial and human resources were limited;
- High sampling rates, especially among youth, made it difficult or impossible to reach targets within some smaller communities;
- The challenge of high sampling rates in certain communities was exacerbated by inflated population estimates (based on the Indian Register). Sometimes the actual community population was too small to meet sampling requirements, particularly for youth;
- There were issues of timing when soliciting participation of certain replacement communities.

4.7.2.2 Community Participation and Replacement

A total of 238 communities are represented in the final sample. Of those, 197 (83%) were “first selections” in the sampling plan and the other 41 (17%) were replacements. Table 10 provides a breakdown by region. Appendix 13 provides a complete listing of all communities identifying “first selections” and those in the final sample.

Seven regions met a rigorous standard with:

- At least 70% of their sampled communities being “first selections”;
- At least 70% of their “first selection” communities being in their final sample.

These seven regions—Nova Scotia, Newfoundland, Saskatchewan, Quebec, Yukon, New Brunswick/PEI, and the Northwest Territories—came closest to the initial design in terms of community selection.

Given that all sub-regions and community sizes are represented, and given the number of communities involved, the impact on representativity nationally is considered minor. The impact at

the regional level may be addressed in regional reports.

Following a decision by the First Nations regional authorities, two communities that had expressed an interest in participating were added as replacement communities in British Columbia although they had not been randomly selected (see 4.4.6.5).

Of those who were sampled and for whom a form was completed (27,094), 87% filled out surveys, either partially or completely. After excluding surveys that could not be used because they were either too incomplete or lacked proper consent documentation (see 4.8.3.2 and 4.8.3.3), the proportion of those documented as eligible to be interviewed that were retained for analysis dropped to 84% (see Figure 6.)

Table 10 Number and Proportion of First Selection and Replacement Communities, by Region

	1st selection communities in final sample	Replacement communities in final sample	Total communities in final sample	1st selections sampled/all communities sampled	First selection communities in design	1st selections sampled/1st selections in design
AB	5	4	9	(5/9) 56%	16	(5/16) 31%
BC	24	15	39	62%	38	63%
MB	17	10	27	63%	35	49%
NB/PEI	5	1	6	83%	7	71%
NF	1	0	1	100%	1	100%
NS	13	0	13	100%	13	100%
NT	12	4	16	75%	14	86%
ON	29	0	29	100%	44	66%
QC	18	5	23	78%	18	100%
SK	66	0	66	100%	70	94%
YK	7	2	9	78%	8	88%
National	197	41	238	83%	264	75%

4.7.2.3 Individual Participation (Participation Rate)

A separate consent form package was to be used for each individual drawn from the sampling frame regardless of whether they ended up participating. Each name from the randomly drawn community samples (see 4.4.6.6) was transferred to the tracking sheet at the front of the consent package. Names from the backup sample lists were also transferred over to the tracking sheets, but one-by-one, as needed, in seeking to reach quota. The forms were then either administered (to document consent) or marked with the reason for non-participation (e.g., refused, absent, deceased).

The figures exclude two regions (Alberta and Yukon) that did not document non-participation. Their inclusion would have artificially inflated the participation rates. In other regions, despite training and written guidelines, it is likely that some non-participation also went unrecorded as fieldworkers were compensated only for completed surveys. The extent of undercounting and thus overestimation of participation rates can, unfortunately, not be quantified.

Among the 13% with consent form records but no survey, exactly half provided a reason for non-participation. And, of those, 41% were excluded because they were deceased and 36%

were documented as refusing to participate. Overall, of the 27,094 forms completed, 555 (2.0%) were specifically identified as refusals. The actual number of refusals was likely higher. Uneven administration and documentation of consent (see 4.6.4) make more precise estimates impossible.

4.7.2.4 Use of Alternate Community Sampling Frames

Although standardized procedures called for the use of local membership lists as sampling frames, this was not always feasible. In some communities, the lists could or would not be shared, primarily due to confidentiality/privacy concerns, in spite of safeguards that had been put in place. In total, a household-based frame was adopted in 39 of the 238 (17%) participating communities instead. Manitoba decided to standardize regionally with a household-frame approach for all of its 27 communities because frames based on membership lists were not uni-

versally accessible. Alternate local frames were also used in eight Saskatchewan communities and in one community in each of the following: Alberta, Quebec, Ontario and Nova Scotia.

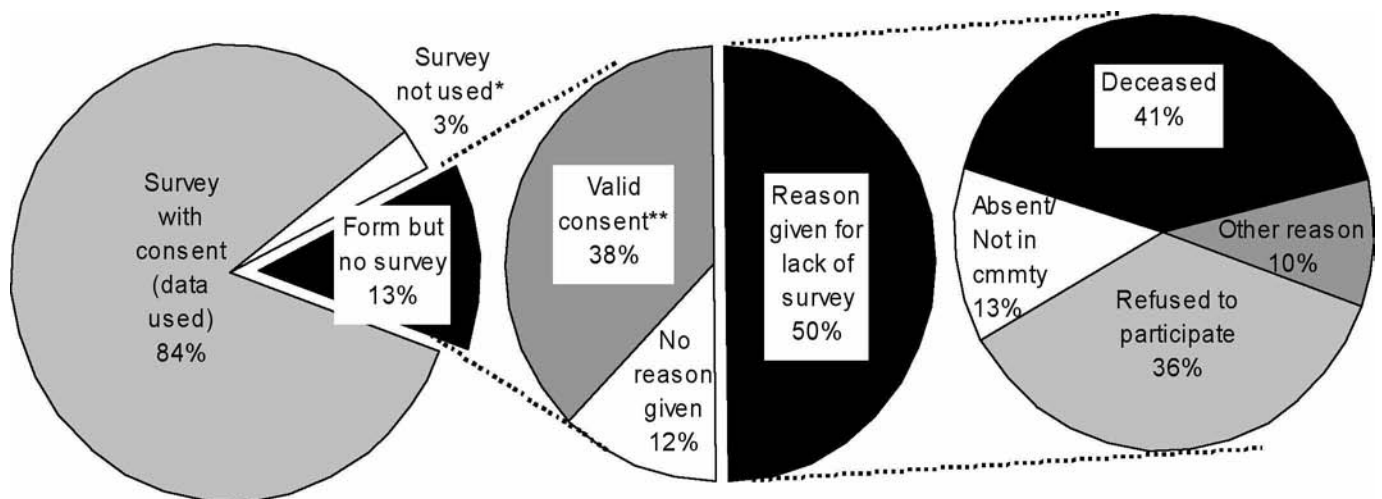
In all cases, sampling was randomized, with backup lists to ensure the attainment of established quotas.

4.7.2.5 Inclusion of Off-Reserve Sample

In 15 of the 238 communities sampled (6%), individuals living off-reserve (or outside the community) were included in the national sample.⁵³ Based on Regional Coordinator reports, the total number of people represented is estimated at 200—less than 1% of the total sample.⁵⁴ The two primary reasons for including people from off-reserve areas were:

- People were living off-reserve temporarily (examples included people living out of their community for seasonal work, those

Figure 6 Overview of Individual Participation Based on Survey and Consent Form Records



* Surveys were removed if consent documentation was inadequate or item non-response exceeded 50% (see 4.8.3.2 and 4.8.3.3).

** Valid consent was documented but no survey was completed (or successfully uploaded).

⁵³ Quebec region's urban sample in three cities is excluded from the national sample and is not considered here.

⁵⁴ Each region provided a report detailing any deviations from the sample design and sampling procedures.

waiting for band housing and those waiting while mold was being cleaned from their houses);

- People living close to the reserve boundaries who made use of reserve-based services.

4.7.2.6 *Changes to Community Sampling Targets*

Regional Coordinators reported all changes to sample targets relative to the initial design described in section 4.4. In 58 communities, at least one age/gender group's target sample was **increased**. The increased community targets were intended to do one of the following:

- Provide community-level statistics where not provided by the design;
- Include all community members—complete census—to provide rich community-level statistics (communities in Saskatoon Tribal Council, Saskatchewan);
- Meet sub-regional targets when sample in other communities was not adequate for whatever reason;
- Decrease sampling error (improve confidence).

Meanwhile, in 13 communities,⁵⁵ at least one age/gender group's target sample was **decreased** relative to the initial design. In every case, this was the result of populations too small to meet the initial target, usually due to an initial over-estimation of the population (based on projected adjusted Indian Register estimates). In almost all cases, only youth and children—with their higher sampling rates—were affected.

The deliberate increases and decreases to community targets are generally distinct from the actual level of success in meeting targets described in section 4.7.2.1.

4.7.2.7 *Individuals Completing the Wrong Survey Type*

A few children and a few adults completed youth surveys while some youth completed adult or child surveys. The reasons for this were not documented but the following are likely scenarios:

- Errors may have been made in age calculation during sample selection;
- Some respondents may have had their 12th or 18th birthdays between the time they were selected and the time they were interviewed;
- Errors may have been made in recording birth date or age within the CAPI system;
- Children and youth may have felt that they “belonged” in the younger or older age group (e.g., 11-year-olds considering themselves to be youth);
- The age of some respondents who completed paper surveys (see 4.6.3.7) may have been artificially inflated by one year. This is because the age-at-time-of-survey calculation was based on the data entry date (into the CAPI system) and not the actual (on-paper) survey administration date. Thus, those who had their 12th or 18th birthdays between completing the paper survey and its recording in the CAPI system would appear to be misclassified.

Table 11 provides a breakdown of those who completed the “wrong” surveys.

In all cases, individuals of the “wrong” age were kept within the database for the survey they completed. They were assigned weights corresponding to the closest “legitimate” age in the group. For example, 17-year-old “adults” were treated as 18-year-olds in the weighting (see 4.8.7). For the purposes of reporting, unless otherwise noted, analyses include those who completed the “wrong” survey.

⁵⁵ Three of these were also among the 58 with increased samples for other age/gender groups.

Table 11 Number of Respondents Completing the “Right” and “Wrong” Surveys, by Age

	Right age	Wrong age for survey				
Child age	0 to 11	12	13	14	Total “wrong”	Total, all ages
Number	6458	187	10	2	201 (3%)	6657
	Right age	Wrong age for survey				
Youth age	12 to 17	11	18	19	Total “wrong”	Total, all ages
Number	6458	40	55	9	104 (2%)	4983
	Right age	Wrong age for survey				
Adult age	18 and up	17			Total “wrong”	Total, all ages
Number	10941	21			21 (0.2%)	10962

4.8 DATA PROCESSING

Figure 7 provides a simplified view of the main steps in the data processing phase. Survey data was uploaded from laptops in the field to two regional servers and one national server as described in section 4.6.3. The data was combined nationally and exported from Lotus Notes/Lotus Domino via Microsoft Excel and then translated into SAS format for data cleaning and re-coding. Data from the separate consent form databases were then merged with the survey data. After removing records deemed to be lacking adequate consent documentation (see 4.6.4) or that were otherwise unusable (see 4.8.3.2 and 4.8.3, below), the final list of valid records was established. Statistical weights were then developed, based on adjusted Indian Register counts (see 4.4.2). The data was translated into SPSS format.⁵⁶ Databases were standardized for a large number of users by applying labels and developing detailed data dictionaries.

4.8.1 Data Capture (Data Entry)

Survey capture took place directly on the laptops in the field using a customized laptop-based tool (see 4.6.3) Data from check boxes (choose many), radio buttons (choose one), pull-down lists and write-in text boxes were all captured. As noted above, some surveys were com-

pleted on paper and the data was captured later using the standard laptop interface.

Data from the consent form packages was captured regionally into a Microsoft Excel-based database template developed by the national office. A portion of the resulting data was subsequently merged using unique identifiers with the survey response records to validate consent (see 4.6.4).

4.8.2 Editing: In the Field

Until each survey was marked as complete and became inaccessible (see 4.6.3.4), the fieldworker could return to any question in order to correct mistakes. Fieldworkers were trained to verify that responses were correctly entered during the interview. They did not need to be concerned about missed questions or skip patterns as the laptop-based CAPI system managed those.

4.8.3 Removal of Records Deemed Not Valid

At the close of data collection, there were 26,130 records. As part of the validation process, a series of filters was applied reducing the number of records available for analysis. A total of 3,528 records were removed through application of the following steps, applied in order:

⁵⁶ SPSS and SAS are advanced statistical analysis software packages. Although some initial data manipulations were completed using SAS, final databases were prepared in SPSS format after considering the pros and cons of various options.

1. Removal of duplicate records—2,658 cases (primarily test/practice surveys and surveys with matching useable records).
2. Removal of records within excess of 50% item non-response—246 cases.
3. Removal of records with improperly documented consent—624 cases.

- Record was a “false start,” later started again as a new survey (rather than continuing the original). These were usually blank or almost blank;
- Data entry mistake (e.g., typo);
- One consent identification number was used for everyone in a household (see 4.6.4).

Each step is detailed further in the sections that follow.

4.8.3.1 Removal of Duplicates

The first filter applied to available records was the removal of duplicates.⁵⁷ Duplicate records were defined as those with the same consent identification number. Although consent identification numbers on the consent forms were unique (see 4.6.4), many duplicates were nonetheless entered into laptop computers, generally for the following reasons:

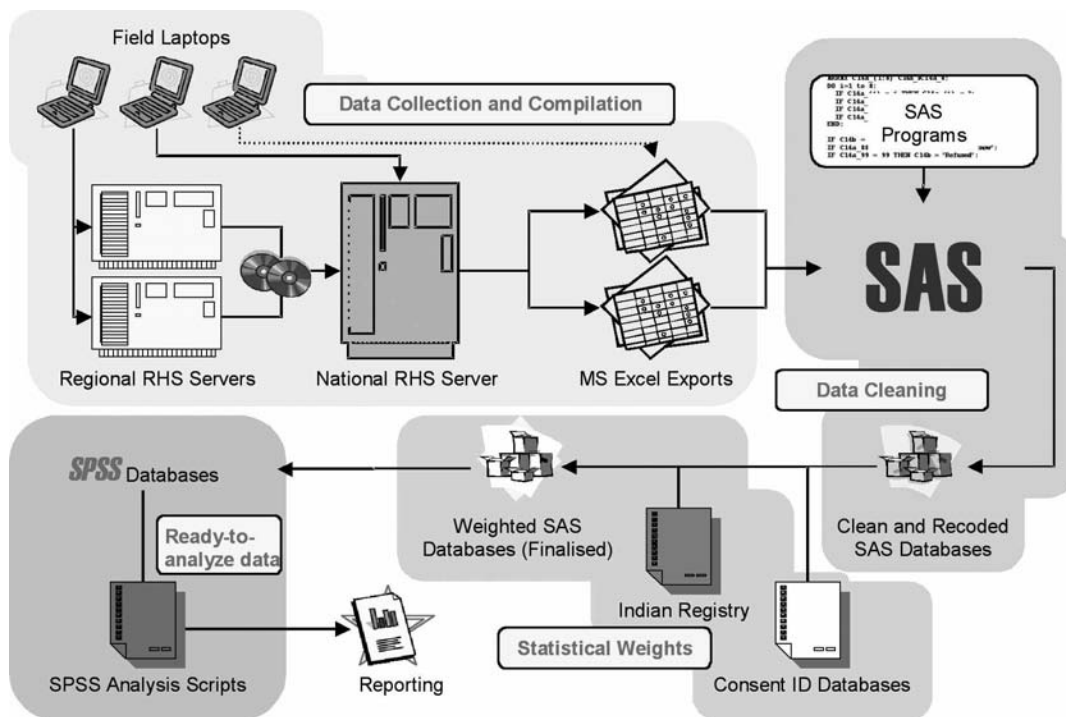
- Record was created as a test or during practice/training;

The status of duplicates was resolved by reviewing and comparing them on a case-by-case basis. Where required, Regional Coordinators’ verified the original (paper) consent form information and updated the database records. In some cases fieldworkers were also contacted.

Typos were corrected, individuals with “household consents” were given new unique numbers, and the more complete survey was retained when more than one was available for an individual.

Of the initial 3,228 duplicate records representing 1,397 unique identification numbers, 570

Figure 7 Data Processing Flowchart



⁵⁷ “Duplicates” here includes triplicates, quadruplicates and so on. One consent form identification number was entered 45 times—perhaps during a training session simulation.

were retained and 2,658 were removed. The majority of those removed were simply test/practice surveys and “false starts” that could have been removed by fieldworkers prior to uploading.

4.8.3.2 Removal of Incomplete Surveys

After unusable duplicates were filtered out, incomplete surveys were removed from the analysis databases by applying a “maximum 50% missing rule.”

There were 756 data elements in the adult survey that could be identified as missing. For youth, the count was 534 and for children, 450. If more than half (50%) were missing (blank, “don’t know” or “refused”), the record was removed from the analysis database.⁵⁸

As shown in Figure 8, the vast majority (86.1%) of available records had an item non-response rate of less than 10%. 246 records met the 50% threshold for removal from the analysis databases. Of those removed, though, about half were empty records with no valid responses. Although the reason was not recorded or quantified, the most common explanations for non-duplicate incomplete records were identified:

- Some represented respondents who changed their minds about participation during the interview;
- The vast majority was likely either practice surveys or “false starts” (as described above) and was subsequently completed as new records with new numbers.

The level of item non-response in surveys that were kept for analysis is discussed in section 4.9.2.4.

Surveys missing the respondent’s community, gender or age (or age group) were also excluded from analyses, as they could not be weighted (see 4.8.7.) There were 28 such cases.

4.8.3.3 Removal of Records with Inadequately Documented Consent

As described in section 4.6.4, consent forms were not always completed correctly or fully, in large part thanks to the complexity of the forms. Although extensive verification and updating decreased the number of surveys with incomplete consent documentation, the total remained substantial.

In keeping with the RHS Code of Research Ethics,⁵⁹ it was imperative to be certain that each respondent provided informed consent. At the same time, it was important not to lose or delete valuable data as a result of errors or misunderstandings related to complex forms and procedures. A series of meetings and briefings led to the following decisions by the First Nations Information Governance Committee:

- Verbal consent was deemed acceptable, in keeping with First Nations protocols, but only if properly documented. More than 400 surveys would have otherwise been lost. Most of these were in Quebec where a First Nations campaign against an entirely different consent form resulted in some confusion.
- A single consent was acceptable for more than one member of a family/household if documented as such by the fieldworker or Regional Coordinator. About 30 survey pairs (for a total of 60) were thus added, primarily from Saskatchewan.
- All other consents were valid only if the following were documented:
 - At least one consent validation mark or signature in a section reserved for the fieldworker, **and**
 - At least one consent validation mark or signature in a section reserved for the respondent.

⁵⁸ The 50% threshold was established as a conservative standard relative to other surveys, according to Tom Goss (Goss Gilroy Inc.).

⁵⁹ <http://www.naho.ca/firstnations/english/pdf/code_ethics_RHS.pdf>

Surveys with less complete or no consent documentation whatsoever were rejected despite the fact that respondents completed whole surveys (apparently implying consent) and despite a legal opinion obtained indicating they could be used. The requirement for unambiguous, documented consent was upheld as a matter of principle. As a result of these difficult decisions, 624 surveys were removed from the analytical databases. For longitudinal follow-up, a further filter will be applied later based on responses to the check box that asked respondents' permission to contact them in the future.

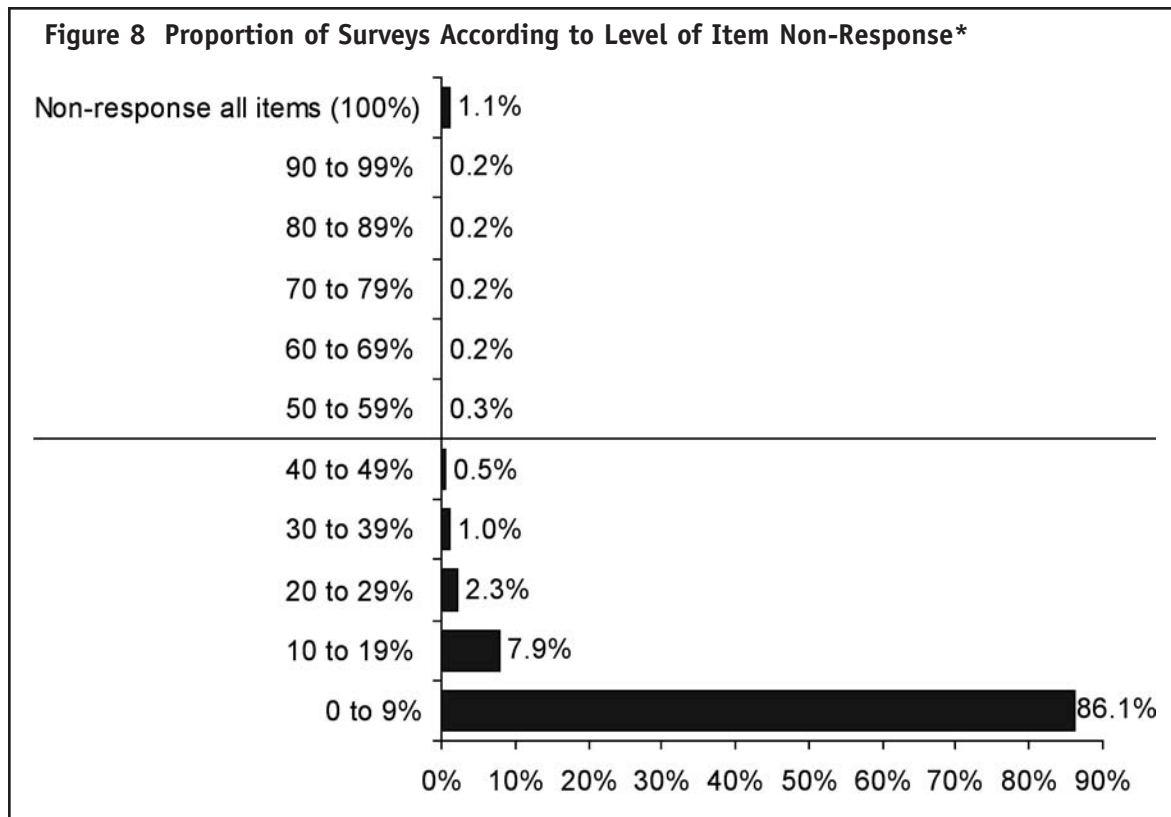
In future cycles, consent forms, their administration procedures and the related training will need to be reviewed.

4.8.4 Integration of Missing/Blank Responses

As discussed in section 4.6.3.8, it was possible to leave certain questions blank on surveys collected with early versions of the CAPI software. Those blanks were normally re-coded as "refused." For most analyses, they are treated as missing values, and excluded.

Blanks on paper-based surveys in Manitoba (see 4.6.3.7) were also entered as "refused" into the central laptop computers and not otherwise identified. (There was, of course, no "blank/skipped" flag available in the CAPI survey instruments.)

For paper-based surveys and those from the early CAPI software, it is impossible to know the



*Includes records later removed because of inadequately documented consent.

proportion of skipped questions that actually might have represented negative responses (i.e., a “no”). As a result, there may be an undercounting of negative responses and thus a relative overestimation of the proportion of responses that were positive. For the surveys based on non-final software versions, only the questions initially lacking “forced” replies are affected.⁶⁰ For the paper-based surveys, all questions are impacted. Thus, data-quality benefits anticipated from a CAPI-based system were not fully realized.

The level of item non-response for paper-based surveys is compared with CAPI-based surveys in section 4.9.2.4.

4.8.5 Editing: Validity and Outliers

Although validation procedures in the Computer Assisted Personal Interviewing (CAPI) tool avoided most potentially invalid or illogical responses (e.g., pregnant men, non-smokers smoking 10 cigarettes a day), some were still possible. Most derived from type-in responses and some were due to validations that had not been incorporated into the CAPI tool.

Using pre-specified edit rules, responses that were either internally contradictory or beyond normal human ranges (for type-in values) were generally changed to missing. Corrections were mostly automated, but case-by-case review occurred where necessary.

A running count of “offences” was used to try to identify potentially fictitious or fraudulent surveys. The counts were low and no survey records were removed as a result.

Verifications were also undertaken at the macro-level. Frequency distributions for all variables were reviewed to identify potential anomalies, such as unexpected frequencies/values or missing categories.

4.8.6 Coding and Re-coding

In order to prepare the three databases for analysis:

- Global variables were developed for individual questions and fields were packed more efficiently;
- Coding was standardized (e.g., 0 for “no” and 1 for “yes”, 88 for “don’t know”, 99 for “refused”);
- Blanks were re-coded as “refused” (as described in section 4.8.4);
- Open text responses (e.g., “other, specify”) were standardized and recoded into new or, where possible, existing categories;
- Numerous summary and derived variables were created to facilitate analysis (e.g., any grandparent attended residential school, body mass index from height and weight, crowding index from number of people and number of rooms);
- Some ecological (community-level) values were appended from other data sources based on the respondents’ residence;
- Descriptive SPSS variable and field labels were applied for all levels;
- Variables were identified as numeric or string;
- Data dictionaries (Appendix 14, Appendix 15 and Appendix 16) were prepared.

Given that the databases were prepared on behalf of and for ten different regions, and

⁶⁰ As noted in section 4.6.3.8, 17% of adult questions, 16% of youth questions and 12% of children’s questions had validations added to later survey instruments.

given that a large number of analysts with various levels of knowledge and expertise would be involved, databases were made as user-friendly as possible.

4.8.7 Weighting⁶¹

Sample weights were derived in three steps, the first two of which correspond to the second and first stages of sampling, while the third enhances the precision of resulting estimates:

- Individuals were weighted to the predetermined population for their age/gender group within their community;
- They were further weighted by the ratio of the number of communities within their stratum (i.e., sub-region and size class) to the number of communities sampled in the stratum—in other words, the inverse of the community sampling rate within the stratum.
- Finally, they were further weighted by the ratio of the stratum population for their age/gender group to the stratum population of their age/gender group in the selected communities only.

The final overall weight for an individual is the product of the three weights.⁶²

The mean weights are 20.4 for adults, 10.0 for youth and 16.7 for children, reflecting the different sampling rates in each. As shown below, the highest average weights are in Ontario and Alberta. The lowest are in Newfoundland and the Yukon. Sub-regional weights, including ranges, are provided in Appendix 17 (adult), Appendix 18 (youth) and Appendix 19 (child).

The weights at specific percentiles within the databases are one measure of sampling variability. As shown in Table 13, 80% of the weights in

the adult databases were below a value of 26.7. The values at that level in the youth and children's databases were 12.8 and 22.5, respectively.

Table 12 Mean Weights by Region and Database

Region	Adults	Youth	Children
NB/PEI	20.4	7.6	11.3
NS	10.0	3.7	6.0
NF	2.0	3.0	1.3
QC	11.3	4.9	8.3
ON	73.8	23.3	34.7
MB	16.4	11.4	30.4
SK	12.5	6.0	10.9
AB	42.2	36.0	51.6
BC	47.3	11.9	18.9
YK	3.5	3.3	2.9
NT	11.2	4.8	4.8
National	20.4	10.0	16.7

Table 13 Weights at the 80th and 90th Percentile, by Database

	Adult	Youth	Child
80% of weights are below	26.7	12.8	22.5
90% of weights are below	46.1	17.7	34.6

4.8.8 Analysis and Interpretation

4.8.8.1 Overview of Analysis, Interpretation and Dissemination Strategy

National RHS analysis is undertaken under the guidance of the First Nations Information Governance Committee. In keeping with RHS protocols, regional, sub-regional and community level analyses are the exclusive responsibility of the First Nations regional authorities. All results released by the First Nations Centre, therefore,

⁶¹ Statistical weights are used to provide better estimates when a sample is not a perfect reflection of the target population it is intended to represent. Weights are used to mathematically expand the sample to the actual (target) population.

⁶² Note that preliminary results released prior to June 2005 were based on earlier statistical weights that did not incorporate the third stage (ratio-to-size adjustment factor). There will, therefore, be minor discrepancies with newer estimates.

are aggregated at the national level and no region-by-region comparisons are provided.⁶³

RHS analyses and releases are guided by the following general goals and priorities:

- Statistical results should be contextualized by First Nations understandings and frameworks and be consistent with the standards of competent mainstream research;
- Information products should be community-friendly and easy to understand;
- Results should help raise awareness of First Nations health issues and of the survey itself;
- Results should first and foremost be reported back to First Nations communities;
- Results should also be accessible to as many interested parties as possible;
- Releases should provide information to support policy development, decision-making and advocacy;
- The dissemination strategy and choices should contribute something of value to First Nations nationally, regionally and at the community level;
- Ultimately, data should be used for information that leads to positive change and improvements in the health and well being of First Nations.

Following the initial dissemination of three preliminary releases between September 2004 and October 2005,⁶⁴ two reports were launched at a conference held November 13-15 in Ottawa, Ontario, Canada:⁶⁵

1. A 322+ page report organized into 34 separate thematic chapters,⁶⁶ titled *First Nations Regional Longitudinal Health Survey 2002/03: Results for Adults, Youth and*

Children Living in First Nations Communities.

2. A shorter more community-friendly report titled *First Nations Regional Longitudinal Health Survey (RHS) 2002/03: The Peoples' Report*, incorporating results from the larger report within a four-direction cultural model.

Other “products” planned for the mid-term include:

- Fact sheets and “top 10” lists;
- “RHS at a glance” summary in handbook format;
- Brochures with key findings and recommendations;
- Thematic posters;
- Interactive CD-ROM;
- Poster presentations;
- Presentations at scientific colloquia, government meetings, conferences and First Nations venues;
- Radio messages/public service announcements;
- New thematic chapters on priority themes (e.g., women’s health);
- Media releases – highlighting key findings.

4.8.8.2 Overview of 36-Chapter Report

The framework and procedures for the largest report are described in detail here, as it is the primary reference for statistical information. Several of the other information products source their material from this report.

The report was designed to provide a high-level overview of national results for all subject areas from the three surveys. A competition was held (Appendix 20) to solicit contributors to develop the chapters listed in Table 14.

The competition’s review panel selected contributors, usually with supporting teams, to draft between one and three chapters each. The

⁶³ Certain types of geographical breakdowns (e.g., by remoteness or isolation status) are provided, however.

⁶⁴ <http://www.naho.ca/firstnations/english/regional_health.php>

⁶⁵ <<http://www.naho.ca/firstnations/english/FirstNationsResearchConference.php>>

⁶⁶ Initially 36, the total was reduced to 34 when the Chronic Conditions and Disabilities/Activity Limitation chapters were combined for both adults and children.

authors were a diverse group in terms of experience and expertise, including university-based researchers, postgraduate students, Aboriginal consultants and staff from non-governmental organizations, First

Nations/Aboriginal organizations and the First Nations and Inuit Health Branch (Health Canada). The majority of those selected were First Nations individuals.

Table 14 Chapters in Technical Report*

Adult survey topic areas

1. Demographics, education, employment, income
2. Language and culture
3. Housing and living conditions
4. Health conditions and chronic diseases (excluding diabetes)*
5. Diabetes
6. Injuries
7. Disability and activity limitation*
8. Dental health and care
9. Nutrition, physical activity, body mass index
10. Non-traditional use of tobacco (smoking)
11. Alcohol and drug use
12. Sexual activity
13. Health care access and use of preventative health care
14. Residential schools and impacts
15. Mental health, personal wellness and support

Children's survey topic areas

17. Household structure and income, parental education, childcare
18. Language, culture, Head Start and school
19. Birth weight, smoking during pregnancy, breastfeeding history
20. Nutrition, physical activity, body mass index
21. Health conditions, chronic diseases and activity limitation*
22. Injuries
23. Disability and activity limitation*
24. Dental health and care
25. Parent/grand-parent residential school attendance and child's well-being
26. Emotional and Social well-being

Youth survey topic areas

27. Household/family structure, language and culture
28. School education
29. Nutrition, physical activity, body mass index
30. Health conditions, chronic diseases and activity limitation
31. Injuries
32. Dental health and care
33. Non-traditional use of tobacco (smoking), alcohol, drug use
34. Sexual activity
35. Parent/grand-parent residential school attendance and youth's well-being
36. Mental health, personal wellness and support

*Note: The number of chapters was reduced to 34 after Chapters 4 and 7 and Chapters 21 and 23 were combined.

4.8.8.3 *Writing and Statistical Standards for 34-Chapter Report*

An orientation session, detailed writing guidelines and on-going communication helped to ensure standardization of chapters in terms of type of content, organization/sections, length, format, integration of the cultural framework, reporting of statistics, presentation of graphs and tables, and so on. The following statistical specifications/standards were established:

- To protect confidentiality and decrease the risk of misinterpretation, statistics based on cell sizes with less than 30 records were suppressed (and sometimes identified with a dash within tables);
- Confidence intervals were reported for figures with a coefficient of variation greater than 33%;
- No statement indicating or implying a difference between groups or categories was included unless the difference was statistically significant. Non-significant differences were identified, usually with “NS.” Differences were considered significant if the confidence intervals of the results for the groups/categories compared did not overlap at the 95% confidence level (after bonferroni adjustment).⁶⁷

In five of the 34 chapters, different thresholds for significance were used. The standards adopted are noted within each of these chapters.

Initial plans to include confidence intervals with all reported figures (in order to facilitate interpretation and comparison with results from other sources) were dropped because of the resulting text that was difficult to read. The original statistical tables, though, containing confidence intervals, and additional details are maintained on file at the First Nations Centre.

Non-overlap in confidence intervals was adopted instead of other methods of assessing statistical difference (e.g., chi square test) because it permits specific group-by-group comparisons. For example, this makes it possible to report that adults under 30 years old are more likely to have a certain characteristic but that the other age groups (30-39, 40-49, 50-59 and 60+) were not statistically different from each other in terms of that characteristic.

After signing a non-disclosure agreement, authors were provided with a “starter pack” containing tabulations for all the main variables considered to belong in that chapter. The “starter pack” statistics were, by default, broken down for a series of standard categories (e.g., age, gender, income, education, community isolation status). Subsequently, with data dictionaries and mock datasets on-hand, authors submitted request forms to access tabulations (Appendix 21). The FNC analyst received requests and returned tabulations to authors via email. Most analyses were based on two-way and three-way cross-tabulations. Age-adjustment and some other complex analyses and modeling were also used, but multivariate analyses were not developed as the report aimed to disseminate only high level statistics.⁶⁸

A collection of comparable statistics for Canadians overall and Aboriginal people living off-reserve, based on various Statistics Canada surveys,⁶⁹ was also provided to supplement authors’ background research.

4.8.8.4 *Review and Quality Control for 34-Chapter Report*

First drafts of chapters were peer reviewed by two other authors. Second drafts were reviewed/updated from a technical perspective and copy edited. In a few cases, chapters were changed quite substantially or redrafted alto-

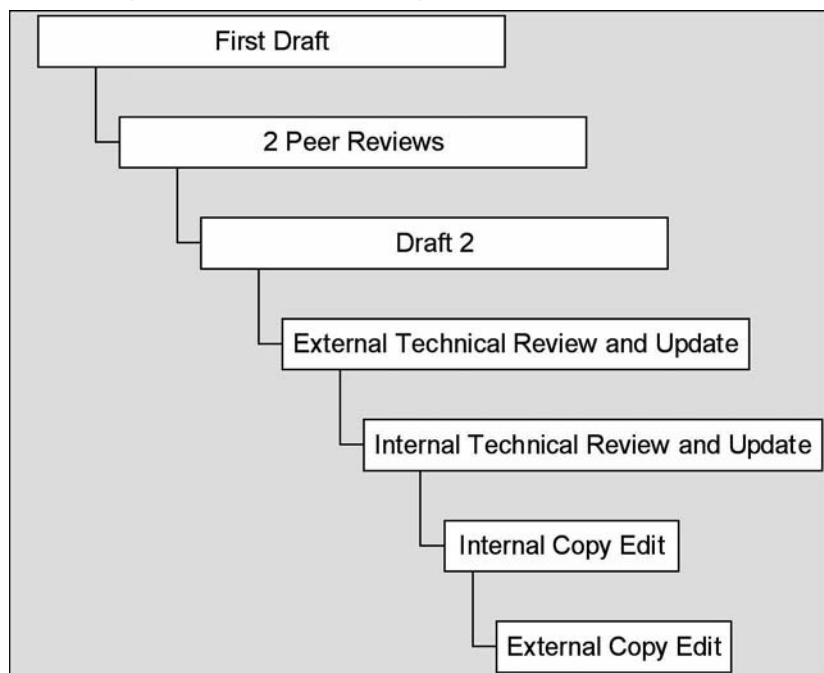
⁶⁷ The bonferroni adjustment or correction is a more conservative method of assessing statistical significance, particularly for analyses with many cells/groups.

⁶⁸ In future, more focused reports will include multivariate analyses.

⁶⁹ Comparable statistics were derived from in-house analyses of the Statistics Canada Canadian Community Health Survey: Public Use Microdata File (2003), custom tabulation requests from the Aboriginal Peoples Survey and the 2001 Census, as well as publicly available statistics compiled from the Internet.

gether. The stages of the review/revision process are shown in Figure 9.

Figure 9 Chapter Drafting and Review Process



The technical review/update:

- Verified that essential peer review comments were integrated;
- Validated and, where necessary, corrected all RHS-derived statistics;
- Removed statistics that fell below the established threshold for suppression;
- Added confidence intervals next to figures that fell below the established threshold for coefficient of variation;
- Validated, removed or revised statements that indicated or referenced differences between groups or categories, as needed, based on the established thresholds for statistical difference;
- Revised text to improve precision and clarity of statistical reporting and interpretation.

It was the responsibility of individual authors to verify results and statements based on sources other than the RHS (e.g., from the medical literature or other surveys). Additional verification by the First Nations Centre was not practical given the range and number of references, including some that would not have been accessible in a timely manner.

Relative to the technical review, copy editing focused more on standardization of language and style between chapters, grammar, formatting, plain language and overall readability.

4.8.8.5 Data Analysis for 34-Chapter Report

SPSS version 13 was used for most of the analysis. Estimates were weighted (see 4.8.7) and confidence intervals were calculated using the SPSS Complex Samples module.⁷⁰ The module goes beyond the simple-random-sampling assumptions of standard statistical analyses, producing estimates based on the relevant details of the sample's design. The weights and specifications of the RHS's complex stratified sample were programmed into the module to enhance the validity of results.

4.8.9 First Nations Interpretation

In addition to statistical conventions for reporting and interpreting data, a First Nations cultural framework was developed to help guide the interpretation of statistical results and organize the findings. The framework, described in the introduction, is applied more consistently within the "Peoples' Report." Finally, a First Nations review and the guidance of the First Nations Information Governance Committee helped to ensure that the meaning brought to the numbers was based on community-based knowledge and expertise.

⁷⁰ <http://www.spss.com/complex_samples/brochures.htm>

4.9 DATA QUALITY

Estimates of population values (e.g., the number of individuals with a certain attribute) are subject to both “sampling errors” and “non-sampling errors.” The former term refers to the difference between the value estimated from the sample and the value that would be calculated if questionnaires had been completed for the whole population. The latter term refers to the difference between the value that would be derived from the sample extended to the whole population, but subject to the same data collection, transcription, and calculation procedures as those used for the sample, on the one hand, and the underlying true value for the population, on the other.

The total error in the estimates is the combination of sampling and non-sampling errors.

4.9.1 Sampling Errors

In a “probability sample,” every member of the population has a known non-zero probability of selection. It is possible to obtain not only unbiased estimates of population values but also the distribution of sampling errors associated with the estimates. This distribution is usually summarized, as it is in this report, by providing the 95% “confidence interval” associated with the estimate.⁷¹

With a simple random sample (SRS),⁷² sampling error depends only on the sample size and on the variation in the value assigned to the variable itself (e.g., 1 if the individual has a certain attribute, 0 otherwise). However, with complex designs such as the one in this survey, the estimation of sampling error is similarly complex. The estimation calculations must take into

account such design features as stratification, multistage sampling, and unequal selection probabilities. Data analysis for the RHS incorporates suitable formulae through application of the Complex Samples modules of SPSS.⁷³

4.9.2 Non-Sampling Errors

Non-sampling errors include errors arising from departures from the sample design and in collecting and processing survey data including:

(1) Non-response bias: In this survey non-response arose both at the community level and at the individual level. Communities and individuals were randomly chosen as substitutes when those originally selected were unavailable. Nevertheless, there remains the possibility that the sampled population differs in some systematic way from the target population.

(2) Response bias: The value actually obtained and recorded for a particular respondent on a particular variable may differ from the true value, either because the respondent did not give the true value (possibly as a result of misunderstanding the question or simply not knowing the answer, the latter possibility being more prevalent in “proxy responses” given by adults for children), because the interviewer did not record the value correctly, or because the data was incorrectly captured and/or coded from the questionnaire.

These errors do not arise because this is a sample survey; in fact they tend to be less significant in a well-designed and managed sample survey than in a census. This is because of the tighter control possible for a sample under time and budget constraints.

⁷¹ For example, it is now usual for the results of polls to be given with some such statement as “this value is considered to be accurate to within +/- 4% 19 times out of 20.” This is, in effect, the 95% confidence interval for the estimate and is based on the distribution of sampling errors, as estimated from the sample itself.

⁷² While SRS is hardly, if ever, used for surveys of human populations, it provides a useful standard by which to measure the relative efficiency of a more practical design. The ratio of the variance of an estimate derived from a survey using a complex design to that of an SRS with the same overall sample size is referred to as the “design effect” (for the particular parameter estimated). Generally speaking, stratification tends to reduce the design effect while multistage sampling tends to increase it. Multistage sampling is justified, however, by its lower per-unit cost. The lower cost in turn allows for a larger overall sample size. For practical and efficient designs of samples of human populations, design effects are generally in the range of 1 to 3. The low end of this range corresponds to variables whose distribution is fairly uniform across the population surveyed, while the high end corresponds to distributions that are highly concentrated in certain sub-populations.

⁷³ <http://www.spss.com/complex_samples/brochures.htm>.

It is in the nature of non-sampling error that it is generally not possible to provide a measure of its magnitude. Allocating a sufficient portion of survey resources to its control can help to minimize the effect. This is reflected in the selection and training of interviewers, the Fieldworker Manual, the pre-testing of survey instruments and procedures and quality control during data collection editing of survey data. The protocols for this survey have been described in relevant sections of this report.

More specific information on the nature and scale of the response and non-response bias in the 2002/03 RHS are outlined in the next sections.

4.9.2.1 Interview/Response Errors

Interviewers may have misunderstood directions, misread questions or click the wrong response option. Respondents likewise may have made errors or misrepresented themselves in their responses. Although not quantifiable, these types of errors are expected to be few in total and non-systematic in nature. The removal of extreme values (outliers) and impossible combinations during the data-processing phase corrected some of these errors (see 4.8.4, 4.8.5 and 4.8.6).

4.9.2.2 Coverage

Because the 2002/03 RHS is a survey of "First Nations living in First Nations communities," the exclusion of Inuit communities in Quebec does not actually impact coverage. Removal of two First Nations sub-regions from the target population, however, diminishes representativity nationally. The two regions, James Bay Cree of Northern Quebec and the Labrador Innu, together represent two of 54 sub-regions, 10 out of 607 target communities and 3.3% of the First Nations community population.

The coverage limitations, though, are minor relative to the 1997 RHS (which excluded the Northwest Territories and the Yukon)⁷⁴ the 2001 Aboriginal peoples survey (which does not provide a nationally representative on-reserve sample).⁷⁵

4.9.2.3 Total Non-Response

Interviewers were trained to make repeated efforts to contact potential respondents and solicit their participation. They were instructed to not pressure respondents in any way and to respond to all questions.

As noted in section 4.7.2.3, 87% of those selected (and for whom paperwork was started) completed a survey. Of the 13% that did not complete a survey,⁷⁶ a reason was indicated for precisely half. Of those with a documented reason, 41% were excluded because they were deceased and 36% identified as refusing to participate. Overall, 555 of the 27,094 forms completed (2.0%) were specifically identified as refusals.

It is important to note, though, that problems with administration and documentation of consent resulted in an unquantified underestimation of both the non-response and refusal rates, as discussed in section 4.7.2.3.

4.9.2.4 Partial Non-Response

Partial non-response includes questions that were either answered with "refused" or with "don't know." Blank or skipped questions were recorded as "refused." As noted in section 4.8.3.2, records with 50% or more non-response were discarded. Considering only those kept for analysis, the mean number of non-response replies for each questionnaire is shown in bold on the last column of Table 15. On average, there were 24.9 missing items on an adult survey, 14.0 for youth and 5.9 for children.

⁷⁴ O'Neil, J. D., et al. *The First Nations and Inuit Longitudinal Health Survey: A Process Report*. 1998.

⁷⁵ Statistics Canada. *Aboriginal Peoples Survey 2001: Concepts and Methods Guide*. Housing Family and Social Statistics Division. 2003.

⁷⁶ After excluding two regions with incomplete records.

Without software-based validation, missing responses were more likely (and more possible) on paper-based surveys (see 4.6.3.7 and 4.8.4.) The average number of missing responses recorded on adult surveys completed on paper was 4.3 times that for the laptop-based survey (72.4 vs. 16.7). For youth, the mean number of missing responses was 4.9 times higher, and for children, 6.1 times higher.

Table 15 Mean Number of “Don’t Know” and “Refused” Responses: Paper-Based vs. Other Surveys*

		Paper-Based	CAPI-Based*	All
Adult	Don’t know	19.3	11.2	12.4
	Refused	53.4	5.5	12.5
	All missing	72.4	16.7	24.9
Youth	Don’t know	11.6	6.8	7.4
	Refused	36.4	2.9	6.6
	All missing	48.0	9.8	14.0
Children	Don’t know	8.0	3.7	4.0
	Refused	19.3	0.8	1.9
	All missing	27.3	4.5	5.9

*Missing/blank responses were recoded as “refused”. Saskatchewan records were excluded because of differences related to software versions (see 4.6.3.8).

4.9.2.5 Processing Errors

Processing errors could occur during the data capture (i.e., in the field on the laptops), coding, editing, weighting and analysis phases. Quality control measures, including verification of expected outputs and reviews of edits and program syntax, were implemented at all stages. Quality control at the First Nations Centre was also supplemented by review and validation undertaken by staff at each regional office.⁷⁷

4.10 LEVELS OF ANALYSIS AVAILABLE

As determined by the First Nations Information Governance Committee, the First Nations Centre will not release regional, sub-regional level or community level results without approvals from respective mandated authorities. Regional offices, in keeping with their respective protocols, may release results “below” the national level.

Based on the sample achieved, Table 16 presents a summary of the levels of geography for which estimates can be produced on a cross-sectional basis.

Table 16 Summary of Available Data Estimates, by Level of Geography

Level	Availability of estimates		
	Children	Youth	Adults
National	✓ with various breakdowns	✓ with various breakdowns	✓ with various breakdowns
Regional	✓ with some breakdowns	✓ with some breakdowns	✓ with some breakdowns
Sub-regional	✓ (most)	✓ (most)	✓ (most)
Community	55 communities with some estimates* and, of those, 7 with detailed estimates.**	53 communities with some estimates* and, of those, 4 with detailed estimates.**	83 communities with some estimates* and, of those, 18 with detailed estimates.**

*“Some estimates” refers to communities with coefficients of variation under 40% for an incidence (p) of 0.5 at the 95% confidence level.

**“Detailed estimates” refers to communities with coefficients of variation under 40% for an incidence (p) of 0.2 at the 95% confidence level.

⁷⁷ An analyst at the First Nations of Quebec and Labrador Health and Social Services Commission was an invaluable resource, identifying errors that affected all regions.

Appendix 1: National Adult Survey

FIRST NATIONS AND INUIT REGIONAL LONGITUDINAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR FUTURE

Adult Questionnaire

October 18, 2002

(Content equivalent to laptop-based survey)

Table of contents

B. PERSONAL BACKGROUND INFORMATION	3
C. LANGUAGE AND EDUCATION.....	4
D. EMPLOYMENT AND INCOME	7
E. OTHER PERSONS IN THE HOUSEHOLD	9
F. HOUSING	10
G. GENERAL HEALTH.....	12
H. HEALTH CONDITIONS.....	13
I. PHYSICAL INJURIES	19
J. DISABILITY AND ACTIVITY LIMITATION	21
K. HOME HEALTH CARE	21
L. HEALTH CARE ACCESS	22
M. DENTAL CARE	24
N. FOOD AND NUTRITION.....	26
O. PHYSICAL ACTIVITY	28
P. LIFESTYLE	29
Q. PREVENTIVE HEALTH CARE	34
R. RESIDENTIAL SCHOOLS	36
S. PERSONAL WELLNESS	37
T. COMMUNITY WELLNESS AND TRADITIONAL CULTURE.....	42
ASSISTANCE.....	43

B. PERSONAL BACKGROUND INFORMATION

1. Date of birth

01 DAY MONTH YEAR

If unknown or refused, please ask for an approximate age 02 years

If unknown or refused, please select an age group

- 01 18-24 years 02 45-54 03 75 +
04 25-34 years 05 55-64 06 Refused
07 35-44 years 08 65-74

2. Gender

- 03 Male 04 Female

3. Name of First Nation or Inuit community where you currently live

05

4. Present marital status

- 06 Married 07 Common law 08 Separated
09 Divorced 10 Widowed 11 Single

"The next two questions ask about your height and weight. Use approximate numbers if necessary."

5. How tall are you without shoes on?

- 12 Feet 13 Inches 14 Centimeters
15 Don't Know 16 Refused

6. How much do you weigh?

- 17 Pounds 18 Kilograms
19 Don't Know 20 Refused

If respondent is male, proceed to question 9.

"Because pregnancy affects the way health information is interpreted, the following question is being asked to all women in the survey."

7. Are you currently pregnant?

- 21 Yes → **8. Approximately how many weeks pregnant are you?**
- 22 *Number of weeks*
- 23 No
- 24 Don't know
- 25 Refused

C. LANGUAGE AND EDUCATION

9. What language do you most often use in daily life?

- | | |
|---|---------------------------------------|
| 26 <input type="radio"/> English | 27 <input type="radio"/> Malecite |
| 28 <input type="radio"/> French | 29 <input type="radio"/> Mi'kmaq |
| 30 <input type="radio"/> Sign language | 31 <input type="radio"/> Mohawk |
| 32 <input type="radio"/> Algonquin | 33 <input type="radio"/> Montagnais |
| 34 <input type="radio"/> Assiniboine | 35 <input type="radio"/> Naskapi |
| 36 <input type="radio"/> Attikamekw | 37 <input type="radio"/> Nisgà |
| 38 <input type="radio"/> Blackfoot | 39 <input type="radio"/> North Slave |
| 40 <input type="radio"/> Cayuga | 41 <input type="radio"/> Oji-Cree |
| 42 <input type="radio"/> Chipewyan | 43 <input type="radio"/> Ojibway |
| 44 <input type="radio"/> Chippewa | 45 <input type="radio"/> Oneida |
| 46 <input type="radio"/> Cree | 47 <input type="radio"/> Onondaga |
| 48 <input type="radio"/> Dakota | 49 <input type="radio"/> Potawatomi |
| 50 <input type="radio"/> Dogrib | 51 <input type="radio"/> Salish |
| 52 <input type="radio"/> Gitksan | 53 <input type="radio"/> Sauteaux |
| 54 <input type="radio"/> Gwich'in | 55 <input type="radio"/> South Slave |
| 56 <input type="radio"/> Haida | 57 <input type="radio"/> Stoney |
| 58 <input type="radio"/> Inuktitut | 59 <input type="radio"/> Tuscorora |
| 60 <input type="radio"/> Lakota | 61 <input type="radio"/> Wet'su'weten |
| 62 <input type="radio"/> Other (specify) <input type="text"/> | |
| 64 <input type="radio"/> Other (specify) <input type="text"/> | |

10. What languages do you understand?

Mark all that apply

	Fluently			Relatively well			A few words			Fluently			Relatively well			A few words		
English	65	<input type="radio"/>	66	<input type="radio"/>	67	<input type="radio"/>	Mi'kmaq	68	<input type="radio"/>	69	<input type="radio"/>	70	<input type="radio"/>					
French	71	<input type="radio"/>	72	<input type="radio"/>	73	<input type="radio"/>	Mohawk	74	<input type="radio"/>	75	<input type="radio"/>	76	<input type="radio"/>					
Sign language	77	<input type="radio"/>	78	<input type="radio"/>	79	<input type="radio"/>	Montagnais	80	<input type="radio"/>	81	<input type="radio"/>	82	<input type="radio"/>					
Algonquin	83	<input type="radio"/>	84	<input type="radio"/>	85	<input type="radio"/>	Naskapi	86	<input type="radio"/>	87	<input type="radio"/>	88	<input type="radio"/>					
Assiniboine	89	<input type="radio"/>	90	<input type="radio"/>	91	<input type="radio"/>	Nisgà	92	<input type="radio"/>	93	<input type="radio"/>	94	<input type="radio"/>					
Attikamekw	95	<input type="radio"/>	96	<input type="radio"/>	97	<input type="radio"/>	North Slave	98	<input type="radio"/>	99	<input type="radio"/>	100	<input type="radio"/>					
Blackfoot	101	<input type="radio"/>	102	<input type="radio"/>	103	<input type="radio"/>	Ojibway	104	<input type="radio"/>	105	<input type="radio"/>	106	<input type="radio"/>					
Cayuga	107	<input type="radio"/>	108	<input type="radio"/>	109	<input type="radio"/>	Oji-Cree	110	<input type="radio"/>	111	<input type="radio"/>	112	<input type="radio"/>					
Chipewyan	113	<input type="radio"/>	114	<input type="radio"/>	115	<input type="radio"/>	Oneida	116	<input type="radio"/>	117	<input type="radio"/>	118	<input type="radio"/>					
Chippewa	119	<input type="radio"/>	120	<input type="radio"/>	121	<input type="radio"/>	Onondaga	122	<input type="radio"/>	123	<input type="radio"/>	124	<input type="radio"/>					
Cree	125	<input type="radio"/>	126	<input type="radio"/>	127	<input type="radio"/>	Potawatomi	128	<input type="radio"/>	129	<input type="radio"/>	130	<input type="radio"/>					
Dakota	131	<input type="radio"/>	132	<input type="radio"/>	133	<input type="radio"/>	Salish	134	<input type="radio"/>	135	<input type="radio"/>	136	<input type="radio"/>					
Dogrib	137	<input type="radio"/>	138	<input type="radio"/>	139	<input type="radio"/>	Saulteaux	140	<input type="radio"/>	141	<input type="radio"/>	142	<input type="radio"/>					
Gitksan	143	<input type="radio"/>	144	<input type="radio"/>	145	<input type="radio"/>	South Slave	146	<input type="radio"/>	147	<input type="radio"/>	148	<input type="radio"/>					
Gwich'in	149	<input type="radio"/>	150	<input type="radio"/>	151	<input type="radio"/>	Stoney	152	<input type="radio"/>	153	<input type="radio"/>	154	<input type="radio"/>					
Haida	155	<input type="radio"/>	156	<input type="radio"/>	157	<input type="radio"/>	Tuscorora	158	<input type="radio"/>	159	<input type="radio"/>	160	<input type="radio"/>					
Inuktitut	161	<input type="radio"/>	162	<input type="radio"/>	163	<input type="radio"/>	Wet'su'weten	164	<input type="radio"/>	165	<input type="radio"/>	166	<input type="radio"/>					
Lakota	167	<input type="radio"/>	168	<input type="radio"/>	169	<input type="radio"/>												
Malecite	170	<input type="radio"/>	171	<input type="radio"/>	172	<input type="radio"/>	Other (specify)	173	<input type="text"/>									
							Other (specify)	174	<input type="text"/>									

11. What languages do you speak?
Mark all that apply

	Fluently			Relatively well			A few words						
English	01	<input type="radio"/>	02	<input type="radio"/>	03	<input type="radio"/>	Mi'kmaq	04	<input type="radio"/>	05	<input type="radio"/>	06	<input type="radio"/>
French	07	<input type="radio"/>	08	<input type="radio"/>	09	<input type="radio"/>	Mohawk	10	<input type="radio"/>	11	<input type="radio"/>	12	<input type="radio"/>
Sign language	13	<input type="radio"/>	14	<input type="radio"/>	15	<input type="radio"/>	Montagnais	16	<input type="radio"/>	17	<input type="radio"/>	18	<input type="radio"/>
Algonquin	19	<input type="radio"/>	20	<input type="radio"/>	21	<input type="radio"/>	Naskapi	22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>
Assiniboine	25	<input type="radio"/>	26	<input type="radio"/>	27	<input type="radio"/>	Nisgà	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>
Attikamekw	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>	North Slave	34	<input type="radio"/>	35	<input type="radio"/>	36	<input type="radio"/>
Blackfoot	37	<input type="radio"/>	38	<input type="radio"/>	39	<input type="radio"/>	Ojibway	40	<input type="radio"/>	41	<input type="radio"/>	42	<input type="radio"/>
Cayuga	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>	Oji-Cree	46	<input type="radio"/>	47	<input type="radio"/>	48	<input type="radio"/>
Chipewyan	49	<input type="radio"/>	50	<input type="radio"/>	51	<input type="radio"/>	Oneida	52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>
Chippewa	55	<input type="radio"/>	56	<input type="radio"/>	57	<input type="radio"/>	Onondaga	58	<input type="radio"/>	59	<input type="radio"/>	60	<input type="radio"/>
Cree	61	<input type="radio"/>	62	<input type="radio"/>	63	<input type="radio"/>	Potawatomi	64	<input type="radio"/>	65	<input type="radio"/>	66	<input type="radio"/>
Dakota	67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>	Salish	70	<input type="radio"/>	71	<input type="radio"/>	72	<input type="radio"/>
Dogrib	73	<input type="radio"/>	74	<input type="radio"/>	75	<input type="radio"/>	Saulteaux	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>
Gitksan	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>	South Slave	82	<input type="radio"/>	83	<input type="radio"/>	84	<input type="radio"/>
Gwich'in	85	<input type="radio"/>	86	<input type="radio"/>	87	<input type="radio"/>	Stoney	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>
Haida	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>	Tuscorora	94	<input type="radio"/>	95	<input type="radio"/>	96	<input type="radio"/>
Inuktitut	97	<input type="radio"/>	98	<input type="radio"/>	99	<input type="radio"/>	Wet'su'weten	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>
Lakota	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>							
Malecite	106	<input type="radio"/>	107	<input type="radio"/>	108	<input type="radio"/>	Other (specify)	109	<input type="text"/>				
							Other (specify)	110	<input type="text"/>				

12. What is the highest grade that you have completed in elementary and secondary school?

- 111 No Schooling 112 1 113 2 114 3 115 4 116 5
 117 6 118 7 119 8 120 9 121 10 122 11
 123 12 124 13 125 Don't know 126 Refused

13. Did you graduate from high school?

- 127 Yes 128 No 129 Don't know 130 Refused

14. Other than elementary and secondary grades, what education have you completed?

Check all that apply.

- | | |
|---|--|
| 131 <input type="radio"/> Some trade, technical, or vocational school | 132 <input type="radio"/> Master's degree |
| 133 <input type="radio"/> Some community college or CEGEP | 134 <input type="radio"/> Earned doctorate (PhD) |
| 135 <input type="radio"/> Some university | 136 <input type="radio"/> Other <input type="text"/> |
| 137 <input type="radio"/> Diploma or certificate from trade, technical or vocational school | 138 <input type="radio"/> Don't know |
| 139 <input type="radio"/> Diploma or certificate from community college, CEGEP, or university | 140 <input type="radio"/> Refused |
| 141 <input type="radio"/> University degree | 142 <input type="radio"/> None |

D. EMPLOYMENT AND INCOME

15. Are you currently working for pay (wages, salary, self-employment)?

- 01 Yes 02 No → Go to Q 17 03 Refused

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

- 04 Number of hours

17. During the year ending December 31, 2001, did you receive any income from the following sources?

Ask about each income source.

	Yes	No	Don't Know	Refused
Paid employment (wages or salary).....	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Earning from self-employment	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Employment Insurance	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Social assistance	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Royalties, trusts and land claims payments	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Basic Old Age Security	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Benefits from Canada or Quebec Pension Plan.....	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Guaranteed Income Supplement or Spouse's Allowance	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Retirement, pensions, superannuation, annuities	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Veteran's pension	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Child Tax Benefit.....	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Child support/alimony	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Worker's compensation	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Disability allowance.....	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
Education or training allowance	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
Other (<i>specify</i>)	65 <input type="text"/>			

18. For the year ending December 31, 2001, please think of your total personal income, before deductions, from all sources. Please look at these categories and tell me which range it falls into.

Check only one category

- | | |
|--|--|
| 66 <input type="radio"/> Income loss | 67 <input type="radio"/> \$30,000-\$39,999 |
| 68 <input type="radio"/> No income | 69 <input type="radio"/> \$40,000-\$49,999 |
| 70 <input type="radio"/> \$1-\$4,999 | 71 <input type="radio"/> \$50,000-\$59,999 |
| 72 <input type="radio"/> \$5,000-\$9,999 | 73 <input type="radio"/> \$60,000-\$69,999 |
| 74 <input type="radio"/> \$10,000-\$14,999 | 75 <input type="radio"/> \$70,000-\$79,999 |
| 76 <input type="radio"/> \$15,000-19,999 | 77 <input type="radio"/> \$80,000 and over |
| 78 <input type="radio"/> \$20,000-24,999 | 79 <input type="radio"/> Don't know |
| 80 <input type="radio"/> \$25,000-\$29,999 | 81 <input type="radio"/> Refused |

E. OTHER PERSONS IN THE HOUSEHOLD

19. How many children usually live in this household?

Include all children under 18 who reside in the household at least half of the time. If none, mark "0".

- 01 Number of children under 6 years old (5 years and younger)
- 02 Number of children 6-11 years old
- 03 Number of children 12-17 years old (less than 18)
-
- 04 **Total** (add up 3 numbers above)
- 05 Refused

20. 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 of the time.

- 06 Number of adults 18-64 years of age
- 07 Number of adults 65 years and over
-
- 08 **Total** (add up 2 numbers above)
- 09 Refused

21. Including yourself, how many household members received income from any source for the year ending December 31, 2001

If no one else, enter "0" and proceed to section F.

- 10 Number with any income
- 11 Refused

22. For the year ending December 31, 2001, please think of the total income, for all household members, including yourself, before deductions, from all sources. Please look at these categories and tell me which range it falls into. Chose only one category.

- | | |
|--|--|
| 12 <input type="radio"/> Income loss | 13 <input type="radio"/> \$30,000-\$39,999 |
| 14 <input type="radio"/> No income | 15 <input type="radio"/> \$40,000-\$49,999 |
| 16 <input type="radio"/> \$1-\$4,999 | 17 <input type="radio"/> \$50,000-\$59,999 |
| 18 <input type="radio"/> \$5,000-\$9,999 | 19 <input type="radio"/> \$60,000-\$69,999 |
| 20 <input type="radio"/> \$10,000-\$14,999 | 21 <input type="radio"/> \$70,000-\$79,999 |
| 22 <input type="radio"/> \$15,000-19,999 | 23 <input type="radio"/> \$80,000 and over |
| 24 <input type="radio"/> \$20,000-24,999 | 25 <input type="radio"/> Don't know |
| 26 <input type="radio"/> \$25,000-\$29,999 | 27 <input type="radio"/> Refused |

F. HOUSING

23. Is your home:

Note: Please mark "Rented" even if no money is actually being paid or if the house is "rent to own". Please mark "Owned" even if there is a mortgage.

28 Rented by you or another member of this household?

29 Owned by you or another member of the household?

30 Other (specify)

31 Don't know

32 Refused

24. Do you live in band-owned housing (or social housing for Inuit)?

33 Yes 34 No 35 Don't know 36 Refused

25. How many rooms are in your home? Include kitchen, bedrooms, living rooms and finished basement rooms. Do not count bathrooms, halls, laundry rooms and attached sheds.

37 1 38 2 39 3 40 4 41 5

42 6 43 7 44 8 45 9 46 10

47 11 48 12 49 13 or more 50 Don't know 51 Refused

26. Does your home have:

	Yes	No	Don't Know	Refused
A working smoke detector?	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
A carbon monoxide detector?	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>
A fire extinguisher?	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>
A telephone with service?	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>
A computer?	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
A connection to the Internet?	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>
A refrigerator (fridge)?	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>
A stove for cooking?	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>
Electricity?	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>
Cold running water?	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>
Hot running water?	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>
A flush toilet?	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>
Either a septic tank or sewage service (any kind)?	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>
Garbage collection service?	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>

27. Is this dwelling in need of repairs?

Major repairs include: defective plumbing or electrical wiring, structural repairs to walls, floors, ceilings, etc. Minor repairs include: missing or loose floor tiles, bricks, shingles, defective step, railing, siding, etc.

- 108 Yes, major repairs
109 Yes, minor repairs
110 No, only regular maintenance is needed (painting, furnace cleaning, etc.)
111 Don't know
112 Refused

28. Water damage from broken pipes, leaks or flood, and moisture in the air can cause mold and mildew to form. In the last 12 months, has there been mold or mildew in your home?

- 113 Yes 114 No 115 Don't know 116 Refused

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

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

- 117 Piped in (local or community water supply) 118 From a neighbour's house
119 Trucked 120 Other
121 Well (individual or shared) 122 Don't know
123 Collect it yourself from river, lake, pond 124 Refused
125 Collect it yourself from water plant

30. Do you consider the main water supply in your home safe for drinking?

- 126 Yes 127 No 128 Don't know 129 Refused

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

Ask about each. Mark all sources used.

- 130 No other sources.
131 Bottled water
132 Water from another house
133 Boiled tap water
134 River, lake or stream
135 Other

G. GENERAL HEALTH

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

- | | | | |
|----|-----------------------|-----------|---|
| 01 | <input type="radio"/> | Excellent | } → If excellent or very good, go Q 33 |
| 02 | <input type="radio"/> | Very Good | |
| 03 | <input type="radio"/> | Good | } → If good, fair or poor, go to Q 34 |
| 04 | <input type="radio"/> | Fair | |
| 05 | <input type="radio"/> | Poor | |

33. What things make you so healthy?

Do not read list. Mark all that apply.

- | | | | | | |
|----|-----------------------|---|----|-----------------------|---|
| 06 | <input type="radio"/> | Good diet (low fat, high fibre, fruits, vegetables etc. | 07 | <input type="radio"/> | Regular exercise/ Active in sports |
| 08 | <input type="radio"/> | Reduced stress | 09 | <input type="radio"/> | In balance (physical, emotional, mental, spiritual) |
| 10 | <input type="radio"/> | Good social supports (family, friends, co-workers) | 11 | <input type="radio"/> | Other <input type="text"/> |
| 12 | <input type="radio"/> | Good sleep / Proper rest | 13 | <input type="radio"/> | Don't know |
| 14 | <input type="radio"/> | Happy, content | 15 | <input type="radio"/> | Refused |

H. HEALTH CONDITIONS

34. Have you been told by a health care professional that you have any of the following health conditions?
Only include conditions that have lasted at least 6 months or are expected to last at least 6 months.

Have you been told that you have:

If yes, at what age were you first told (years)?

Are you currently undergoing treatment or taking medication for this condition?

Has this limited the kinds or amount of activity you do?

	<u>No</u>		<u>Yes</u>		<u>Age</u>		<u>No</u>		<u>Yes</u>		<u>No</u>		<u>Yes</u>	
Arthritis.....	01 <input type="radio"/>	02 <input type="radio"/>	03	<input type="text"/>	<input type="text"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Chronic back pain, excluding arthritis	01 <input type="radio"/>	02 <input type="radio"/>	03	<input type="text"/>	<input type="text"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Rheumatism.....	08 <input type="radio"/>	09 <input type="radio"/>	10	<input type="text"/>	<input type="text"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Osteoporosis.....	15 <input type="radio"/>	16 <input type="radio"/>	17	<input type="text"/>	<input type="text"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Asthma.....	22 <input type="radio"/>	23 <input type="radio"/>	24	<input type="text"/>	<input type="text"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Have you had an asthma attack in the past 12 months	29 <input type="radio"/>	30 <input type="radio"/>												
Chronic bronchitis	31 <input type="radio"/>	32 <input type="radio"/>	33	<input type="text"/>	<input type="text"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Emphysema	38 <input type="radio"/>	39 <input type="radio"/>	40	<input type="text"/>	<input type="text"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Allergies	45 <input type="radio"/>	46 <input type="radio"/>	47	<input type="text"/>	<input type="text"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Cataracts.....	52 <input type="radio"/>	53 <input type="radio"/>	54	<input type="text"/>	<input type="text"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Glaucoma.....	59 <input type="radio"/>	60 <input type="radio"/>	61	<input type="text"/>	<input type="text"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>					
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>
Blindness or serious vision problems (can't be corrected with glasses).....	66 <input type="radio"/>	67 <input type="radio"/>	68	<input type="text"/>	<input type="text"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>					

Have you been told that you have:

If yes, at what age were you first told (years)?	Are you currently undergoing treatment or taking medication for this condition?	Has this limited the kinds or amount of activity you do?
--	---	--

	No	Yes	Age	No	Yes	No	Yes	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Hearing Impairment	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="text"/> <input type="text"/>	<input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Epilepsy	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="text"/> <input type="text"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Psychological or nervous disorders	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="text"/> <input type="text"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Cognitive or mental disability	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="text"/> <input type="text"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Attention deficit disorder/ attention deficit hyperactivity disorder (ADD/ADHD).....	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="text"/> <input type="text"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Learning disability	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="text"/> <input type="text"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Heart disease.....	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="text"/> <input type="text"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
High blood pressure.....	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="text"/> <input type="text"/>	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>	127 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>

	No	Yes
Was the blood pressure related to pregnancy?	128 <input type="radio"/>	129 <input type="radio"/>

Effects of stroke (brain hemorrhage).....	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="text"/> <input type="text"/>	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Thyroid problems	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="text"/> <input type="text"/>	140 <input type="radio"/>	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
Cancer	144 <input type="radio"/>	145 <input type="radio"/>	146 <input type="text"/> <input type="text"/>	147 <input type="radio"/>	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>	

Have you been told that you have:

If yes, at what age were you first told (years)?

Are you currently undergoing treatment or taking medication for this condition?

Has this limited the kinds or amount of activity you do?

	No	Yes	Age	No	Yes	No	Yes
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused
What type of cancer?	151						
Liver disease (excluding Hepatitis)	152 <input type="radio"/>	153 <input type="radio"/>	154 <input type="text"/>	155 <input type="radio"/>	156 <input type="radio"/>	157 <input type="radio"/>	158 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused
Stomach and intestinal problems	159 <input type="radio"/>	160 <input type="radio"/>	161 <input type="text"/>	162 <input type="radio"/>	163 <input type="radio"/>	164 <input type="radio"/>	165 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused
HIV/AIDS.....	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="text"/>	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	172 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused
Hepatitis.....	173 <input type="radio"/>	174 <input type="radio"/>	175 <input type="text"/>	176 <input type="radio"/>	177 <input type="radio"/>	178 <input type="radio"/>	179 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused

	Type A	Type B	Type C	Don't Know
What type of hepatitis?	180 <input type="radio"/>	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>
Tuberculosis (TB)	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="text"/>	187 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>

	Active	Inactive	Don't know
Is your tuberculosis active or inactive?	191 <input type="radio"/>	192 <input type="radio"/>	193 <input type="radio"/>
Diabetes (if no, go to question 42)	194 <input type="radio"/>	195 <input type="radio"/>	196 <input type="text"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused
Other	201 <input type="text"/>	202 <input type="text"/>	203 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused
Other	207 <input type="text"/>	208 <input type="text"/>	209 <input type="radio"/>
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused

**If respondent indicated that he/she has diabetes, continue to question 35.
If the respondent does not have diabetes, then proceed to question 42**

35. Which type(s) of diabetes have you been diagnosed with in your lifetime?
Include all diagnoses you have received. Refer to definitions below, if necessary.

- 01 Type 1 02 Pre-diabetic state 03 Don't know
 04 Type 2 05 Gestational 06 Refused

Type 1 diabetes (previously known as insulin-dependent diabetes) typically occurs in childhood or adolescence and requires multiple daily injections for survival. Insulin treatment begins immediately after diagnosis.

Type 2 diabetes (previously known as non-insulin dependent diabetes) usually begins after age 30. Type 2 diabetes is more common in First Nation and Inuit populations. There are risk factors for this type of diabetes such as obesity and lack of exercise. This type of diabetes can be prevented and effectively managed by eating healthy foods and engaging in regular exercise.

Gestational diabetes: is limited to pregnancy.

Pre-diabetic state: includes impaired fasting glucose and impaired glucose intolerance. Both are determined by tests that reveal high blood glucose levels. The levels are not high enough to be diagnosed as type 1 or type 2 diabetes. This is sometime referred to as "borderline" diabetes.

If respondent is male, go to question 37.

36. (For women only) Were you pregnant when you were first diagnosed with diabetes (all types)?

- 07 Yes 08 No 09 Don't know 10 Refused

37. What kind of treatment or measures are you using to control your diabetes (all types)?
Ask about each treatment. Check all that apply.

- | | Yes | No |
|--|--------------------------|--------------------------|
| Traditional medicines | 11 <input type="radio"/> | 12 <input type="radio"/> |
| Traditional ceremonies, help from healer | 13 <input type="radio"/> | 14 <input type="radio"/> |
| Diet | 15 <input type="radio"/> | 16 <input type="radio"/> |
| Exercise | 17 <input type="radio"/> | 18 <input type="radio"/> |
| Insulin | 19 <input type="radio"/> | 20 <input type="radio"/> |
| Pills | 21 <input type="radio"/> | 22 <input type="radio"/> |
| Other | 23 <input type="text"/> | |
| No treatment or medicine..... | 24 <input type="radio"/> | |

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

- 25 More than once a day 26 Between 6-9 times in past 2 weeks
- 27 Between 10-13 times in past 2 weeks 28 Once in the past two weeks
- 29 Between 2-5 times in past 2 weeks 30 Don't know
- 31 Not at all in the past 2 weeks 32 Refused
- 33 Once a day

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

Ask about each item, indicating yes or no for each

	Yes	No	Don't Know	Refused
Prompted you to adopt a healthier lifestyle, which includes diet and exercise?	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
Affected your vision (e.g. retinopathy)?	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>
Affected your kidney function?	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
Affected your heart?	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>
Affected your circulation other than your heart?	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>
Affected the feeling in your hands or feet (e.g. neuropathy)?	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>
Affected your lower limbs?	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>
Resulted in infections?	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
Resulted in amputation	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>

40. Are you currently attending a diabetes clinic or seeing someone for diabetes education?

- 70 Yes → Go to Q 42 No 71 Don't know 72 Refused

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

Do not read list, but mark all that apply.

73 No longer require diabetes education, I already have the information I need.

74 I don't have sufficient information about where to go.

75 A diabetes clinic is not available in my area.

76 A diabetes health specialist is not available in my area.

77 The waiting list to see a specialist or attend a diabetes clinic is too long.

78 Unable to arrange transportation.

79 Could not afford it

80 Direct health care costs

81 Transportation costs

82 Childcare costs

83 Felt the health service for diabetes would be inadequate.

84 Felt the health service for diabetes would be culturally inappropriate.

85 Chose not to attend.

86 Other

I. PHYSICAL INJURIES

42. In the past 12 months, have you experienced any of the following injuries that required the attention of a health care professional?
Ask about each type.

	Yes	No
Broken or fractured bones	01 <input type="radio"/>	02 <input type="radio"/>
Burns or scalds	03 <input type="radio"/>	04 <input type="radio"/>
Dislocation	05 <input type="radio"/>	06 <input type="radio"/>
Sprain or strain (major)	07 <input type="radio"/>	08 <input type="radio"/>
Cuts, scrapes, or bruises (major)	09 <input type="radio"/>	10 <input type="radio"/>
Concussion	11 <input type="radio"/>	12 <input type="radio"/>
Poisoning	13 <input type="radio"/>	14 <input type="radio"/>
Injury to internal organ	15 <input type="radio"/>	16 <input type="radio"/>
Dental injury	17 <input type="radio"/>	18 <input type="radio"/>
Hypothermia, frostbite, other injury due to cold exposure	19 <input type="radio"/>	20 <input type="radio"/>
Other	21	<input style="width: 200px; height: 15px;" type="text"/>

If no to all of the above, then go to Q 44

43. What were the cause(s) of this injury (or injuries)?
Do not read list. Check all that apply.

Causes:	If yes, was alcohol or drug related?											
	No	Yes	Yes	No	Don't know	Refused						
Motor vehicle accident (car or truck): driver or passenger.....	16	<input type="radio"/>	17	<input type="radio"/>	18	<input type="radio"/>	19	<input type="radio"/>	20	<input type="radio"/>	21	<input type="radio"/>
Motor vehicle accident: pedestrian	22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>	25	<input type="radio"/>	26	<input type="radio"/>	27	<input type="radio"/>
Motor vehicle accident: while riding a bicycle	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>
Other bicycle accident	34	<input type="radio"/>	35	<input type="radio"/>	36	<input type="radio"/>	37	<input type="radio"/>	38	<input type="radio"/>	39	<input type="radio"/>
Snowmobile accident.....	40	<input type="radio"/>	41	<input type="radio"/>	42	<input type="radio"/>	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>
ATV (all terrain vehicle) accident	46	<input type="radio"/>	47	<input type="radio"/>	48	<input type="radio"/>	49	<input type="radio"/>	50	<input type="radio"/>	51	<input type="radio"/>
Hunting accident.....	52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>	55	<input type="radio"/>	56	<input type="radio"/>	57	<input type="radio"/>
Boating accident.....	58	<input type="radio"/>	59	<input type="radio"/>	60	<input type="radio"/>	61	<input type="radio"/>	62	<input type="radio"/>	63	<input type="radio"/>
Fall or trip (not including bicycle, sport or snowmobile)	64	<input type="radio"/>	65	<input type="radio"/>	66	<input type="radio"/>	67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>
Sport (not including bicycle or hunting).....	70	<input type="radio"/>	71	<input type="radio"/>	72	<input type="radio"/>	73	<input type="radio"/>	74	<input type="radio"/>	75	<input type="radio"/>
Domestic / Family violence	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>
Other physical assault	82	<input type="radio"/>	83	<input type="radio"/>	84	<input type="radio"/>	85	<input type="radio"/>	86	<input type="radio"/>	87	<input type="radio"/>
Suicide attempt or self-inflicted injury	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>
Dog bite	94	<input type="radio"/>	95	<input type="radio"/>	96	<input type="radio"/>	97	<input type="radio"/>	98	<input type="radio"/>	99	<input type="radio"/>
Bite by animal other than dog	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>
Fire or flames or resulting fumes	106	<input type="radio"/>	107	<input type="radio"/>	108	<input type="radio"/>	109	<input type="radio"/>	110	<input type="radio"/>	111	<input type="radio"/>
Scalded by hot liquid or food	112	<input type="radio"/>	113	<input type="radio"/>	114	<input type="radio"/>	115	<input type="radio"/>	116	<input type="radio"/>	117	<input type="radio"/>
Natural environmental factors (sting, frostbite, etc.)	118	<input type="radio"/>	119	<input type="radio"/>	120	<input type="radio"/>	121	<input type="radio"/>	122	<input type="radio"/>	123	<input type="radio"/>
Near drowning	124	<input type="radio"/>	125	<input type="radio"/>	126	<input type="radio"/>	127	<input type="radio"/>	128	<input type="radio"/>	129	<input type="radio"/>
Asphyxia or other threats to breathing	130	<input type="radio"/>	131	<input type="radio"/>	132	<input type="radio"/>	133	<input type="radio"/>	134	<input type="radio"/>	135	<input type="radio"/>
Accidental poisoning.....	136	<input type="radio"/>	137	<input type="radio"/>	138	<input type="radio"/>	139	<input type="radio"/>	140	<input type="radio"/>	141	<input type="radio"/>
Other <input style="width: 150px; height: 15px;" type="text"/>	142	<input type="radio"/>	143	<input type="radio"/>	144	<input type="radio"/>	145	<input type="radio"/>	146	<input type="radio"/>	147	<input type="radio"/>

J. DISABILITY AND ACTIVITY LIMITATION

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

- 01 Yes, often 02 Yes, sometimes 03 No 04 Don't know 05 Refused

45. Are you limited in the kinds or amount of activity you can do at work or school because of a physical or mental condition or health problem?

- 06 Yes, often 07 Yes, sometimes 08 No 09 Don't know 10 Refused

46. Are you limited in the kinds or amount of activity you can do in your other situations (i.e. at leisure or while traveling) because of a physical or mental condition or health problem?

- 11 Yes, often 12 Yes, sometimes 13 No 14 Don't know 15 Refused

K. HOME HEALTH CARE

"These questions are being asked of people in different situations. They may not be relevant to everyone"

47. Because of a physical condition or health problem, do you believe that you currently need any of the following services at home?

Mark a response for each. Indicate level of service needed, whether currently received or not.

	If yes, go to 48				48. If "yes", do you currently receive the service?				
	No	Yes	Don't know	Refused		Yes	No	Don't know	Refused
Light housekeeping	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	
Home maintenance (minor repairs etc.)	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	
Care from a nurse	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	
Palliative care (terminally ill)	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	
Personal care (grooming, washing etc.)	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	
Meals prepared or delivered	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	
Other <input type="text"/>		64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	

49. Does a member of your family help with your home care, because of a chronic condition or health problem?

- 01 Yes, often 02 Yes, sometimes 03 No 04 Don't know 05 Refused

50. Do you need modifications to your home as a result of a physical condition or health problem? (e.g. ramp, handholds in bathroom)

- 06 Yes 07 No 08 Don't know 09 Refused

L. HEALTH CARE ACCESS

51. Do you use traditional medicines?

- 10 Yes
11 No
12 Don't know
13 Refused

52. Have you had any of the following difficulties accessing traditional medicines?
Read list. Mark all that apply.

- 14 No Difficulties
15 Do not know where to get them
16 Can't afford it
17 Too far to travel
18 Concerned about effects
19 Do not know enough about them
20 Not available through health centre
21 Not covered by non-insured health benefits (Health Canada)
22 Not applicable because not interested
23 Don't Know
24 Refused
25 Other

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

- 26 Same level of access 27 Less access 28 Refused
 29 Better access 30 Don't know

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

Read each item and mark all that apply.

		Yes	No	Don't know	Refused
Doctor or nurse not available in my area	31	<input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>
Health facility not available (e.g. nursing station or hospital) in my area	35	<input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>
Waiting list too long	39	<input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
Unable to arrange transportation	43	<input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>
Difficulty getting traditional care (e.g. healer, medicine person or elder)	47	<input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
Not covered by <i>Non-insured Health Benefits</i> (e.g. service, medication, equipment)	51	<input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
Prior approval for services under Non-Insured health benefits (NIHB) was denied	55	<input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>
Could not afford direct cost of care/service	59	<input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>
Could not afford transportation costs	63	<input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
Could not afford childcare costs	67	<input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>
Felt health care provided was inadequate	71	<input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>
Felt service was not culturally appropriate	75	<input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>
Chose not to see health professional	79	<input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>
Service was not available in my area	83	<input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>
Other <input style="width: 200px; height: 15px;" type="text"/>	87	<input type="radio"/>			

55. Have you had any difficulty accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB) provided to status First Nations and Inuit persons through Health Canada.

Read all options and check all that apply. Note: "Other Medical Supplies" includes: wheelchair, magnifying aid, walker, crutches, cane, artificial limb, modified kitchen utensils, modified clothing or shoe, special cushions.

- 88 No Difficulties
- 89 Medication
- 90 Dental Care
- 91 Vision Care (glasses)
- 92 Hearing aid
- 93 Other Medical Supplies
- 94 Escort Travel
- 95 Transportation services or costs (air or road)
- 96 Don't Know
- 97 Refused
- 98 Other

M. DENTAL CARE

56. Approximately, when was the last time you had any dental care?

- 01 Less than 6 months ago
- 02 Between 6 months and 1 year ago
- 03 Between one and 2 years ago
- 04 Between 2 and 5 years ago
- 05 More than 5 years ago
- 06 Never
- 07 Don't know
- 08 Refused

57. Have you had any of the following problems accessing dental care?

Read list. Mark all that apply.

	Yes	No	Don't know	Refused
Dental services not available in my area	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Waiting list too long	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Service not covered by Non-Insured Health Benefits	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Prior approval for services under Non-Insured health benefits (NIHB) was denied	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Can't afford it	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Direct cost of care	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Transportation costs	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Child care costs	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Other cost	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Felt dental services were inadequate	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Other <input type="text"/>	49 <input type="radio"/>			

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

- 50 None
- 51 Cavities filled or other restorative work (e.g. fillings, crowns, bridge)
- 52 Maintenance (e.g. check-ups or teeth cleaning)
- 53 Extractions (taking teeth out)
- 54 Fluoride treatment
- 55 Periodontal (gum) work
- 56 Prosthetics (e.g. dentures, including repair and maintenance)
- 57 Orthodontic work (braces)
- 58 Urgent (dental problems requiring immediate attention)
- 59 Other
- 60 Don't know
- 61 Refused

N. FOOD AND NUTRITION

59. Do you eat a nutritious balanced diet?

- 01 Always/almost always
- 02 Never
- 03 Sometimes
- 04 Don't know
- 05 Rarely
- 06 Refused

60. On average, how often do you eat or drink the following foods:

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

	Never / Hardly ever	About once a week	A few times a week	Once a day	Several times a day
Coffee/Tea	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>
Soft Drinks/Pop	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Fast food (e.g. burgers, pizza, hotdogs)	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
Cakes/Pies/Cookies/Candy/Chocolate	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
French Fries, Potato chips/ Pretzels, Fry Bread, etc.	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>
Added salt (e.g. from salt shaker)	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Added sugar (e.g. on cereal or in coffee/tea)	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>

61. In the past 12 months, how often have you eaten the following traditional foods?

	Not at all	A few times	Often
Land based animals (moose, caribou, bear, deer, etc.)	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Fresh water fish	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>
Salt water fish	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
Other water based foods (shellfish, eels, clams, sea weed, urchins, etc.)	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>
Sea-based animals (whale, seal, walrus, etc.)...	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Game birds (goose, duck, partridge, etc.)	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>
Small game (rabbit, muskrat, etc.)	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>
Berries or other wild vegetation	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
Bannock / Fry bread	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
Corn soup	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
Don't Know	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>
Refused	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>
Other <input type="text"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>

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

Often Sometimes Never Don't know Refused
 81 82 83 84 85

O. PHYSICAL ACTIVITY

63. Which of the following activities have you participated in during the last 12 months?
Read list. Mark all that apply.

- | | |
|--|--|
| 01 <input type="radio"/> Hunting, trapping | 02 <input type="radio"/> Berry picking or other food gathering |
| 03 <input type="radio"/> Fishing | 04 <input type="radio"/> Competitive or group sports (e.g. hockey, basketball, baseball, lacrosse, volleyball) |
| 05 <input type="radio"/> Bicycle riding | 06 <input type="radio"/> Weights, exercise equipment |
| 07 <input type="radio"/> Walking | 08 <input type="radio"/> Golf |
| 09 <input type="radio"/> Aerobics/Fitness class | 10 <input type="radio"/> Bowling |
| 11 <input type="radio"/> Dancing (aerobic, traditional, modern etc.) | 12 <input type="radio"/> Canoeing |
| 13 <input type="radio"/> Running | 14 <input type="radio"/> Martial arts (Karate, Judo etc.) |
| 15 <input type="radio"/> Hiking | 16 <input type="radio"/> Skiing |
| 17 <input type="radio"/> Skating | 18 <input type="radio"/> Swimming |
| 19 <input type="radio"/> Rollerblading / Inline skating / Roller-skating | 20 <input type="radio"/> Skateboarding |
| 21 <input type="radio"/> Don't Know | 22 <input type="radio"/> Snow-shoeing |
| 23 <input type="radio"/> Refused | 24 Other <input type="text"/> |
| 25 Other <input type="text"/> | 26 Other <input type="text"/> |

64. In a typical week, how many times do you participate in any kind of physical activity (either at work, school, home or leisure) that results in an increase in your heart rate and breathing?

- 27 Number of times per week
- 28 Don't Know
- 29 Refused

65. In a typical week, how much time do you participate in any kind of physical activity (either at work, school, home or leisure) that results in an increase in your heart rate and breathing?

- | | |
|------------------------------------|---|
| 30 <input type="radio"/> None | 31 <input type="radio"/> 7-10 hours |
| 32 <input type="radio"/> 1-2 hours | 33 <input type="radio"/> 11 or more hours |
| 34 <input type="radio"/> 3-4 hours | 35 <input type="radio"/> Don't know |
| 36 <input type="radio"/> 5-6 hours | 37 <input type="radio"/> Refused |

P. LIFESTYLE

Interviewer: Watch the skips

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

- 38 Not at all → *Go to question 70*
- 39 Daily
- 40 Occasionally
- 41 Refused

67. On average, how many cigarettes do you currently smoke each day?
Write in a number, even if approximate

42 *Number of cigarettes*

68. At what age did you begin smoking cigarettes?

43 *Age In years.*

- 44 Don't Know
- 45 Refused

69. In the past 12 months, how many times have you tried to quit smoking?

- 46 0 (never tried to quit)
- 47 5 or more tries
- 48 1-2 tries
- 49 Don't know
- 50 3-4 tries
- 51 Refused

Skip to Question 75

70. Have you ever smoked cigarettes?
(Current non-smokers only)

- 52 Yes, daily
- 53 Yes, occasionally
- 54 No → *Skip to question 75*
- 55 Don't know
- 56 Refused

71. At what age did you begin smoking cigarettes?

57 *Age in years.*

58 Don't Know

59 Refused

72. At what age did you quit smoking cigarettes?

60 *Age in years*

61 Don't Know

62 Refused

73. What were your reasons for quitting smoking?

Read the options and mark each response that applies

63 Respect for the cultural and traditional significance of tobacco

64 Chose a healthier lifestyle

65 Health condition

66 Doctor's orders

67 Peer pressure from friends or co-workers

68 Out of respect for loved ones

69 Greater awareness / education on ill effects of tobacco on my health

70 Pregnancy

71 Don't Know

72 Refused

73 Other

74. What method(s) did you use to quit smoking?

Read the options and mark each response that applies

- 74 "Cold turkey" (will-power alone)
- 75 With help from spirituality
- 76 With assistance from family
- 77 Nicotine replacement- patch
- 78 Nicotine replacement- gum
- 79 Hypnosis
- 80 Acupuncture
- 81 Zyban (bupropion)
- 82 Other prescribed medication
- 83 Traditional methods
- 84 Support or self-help program
- 85 Don't Know
- 86 Refused
- 87 Other

75. Do you have a smoke free home?

- 88 Yes 89 No 90 Don't know 91 Refused

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

- 92 Yes 93 No → *Go to 79* 94 Don't know 95 Refused

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

*Please select the answer that **best describes** your usage.*

- | | | | | | |
|--------------------------|--------------------------|----------------------------|---------------------------|---------------------------|---------------------------|
| About 2-3
times/year | About once a
month | About 2-3
times a month | About 2-3
times a week | About once
a day | Refused |
| 96 <input type="radio"/> | 97 <input type="radio"/> | 98 <input type="radio"/> | 99 <input type="radio"/> | 100 <input type="radio"/> | 101 <input type="radio"/> |

78. During the past 12 months, how often have you had 5 or more drinks on one occasion?
One drink includes one beer, one glass of wine or one shot (ounce) of hard liquor.

- 102 Never 103 Less than once per month
 104 Once per month 105 2-3 times per month
 106 Once per week 107 More than once per week
 108 Every day 109 Refused

79. Have you used any of the following substances in the last 12 months (without a prescription)?
*For each, please select the answer that **best describes** your usage.*

Have you ever used:	Never	About 2-3 times/year	About once a month	About 2-3 times a month	About 2-3 times a week	About once a day	Refused
Chewing tobacco	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
Marijuana (weed, grass)/ Hash	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
PCP/ Angel dust	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
Acid/ LSD/ Amphetamines	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Ecstasy	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
Inhalants (glue, gas, paint)	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
Sedatives/ Downers (Valium etc)	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>
Cocaine/Crack/Freebase	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Codeine/ Morphine/ Opiates (Percodan, Tylenol 3 etc.)	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>
Heroin	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>

80. Have you ever been treated for substance abuse?

- | | Yes | No | Don't know | Refused |
|-------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| For alcohol | 110 <input type="radio"/> | 111 <input type="radio"/> | 112 <input type="radio"/> | 113 <input type="radio"/> |
| For drugs | 114 <input type="radio"/> | 115 <input type="radio"/> | 116 <input type="radio"/> | 117 <input type="radio"/> |
| For solvent abuse | 118 <input type="radio"/> | 119 <input type="radio"/> | 120 <input type="radio"/> | 121 <input type="radio"/> |

"The next questions ask about sex and birth control. These questions are being asked of people of different ages in various situations. They may not be about you."

81. Are you sexually active?

- 01 Yes 02 No 03 Prefer not to answer /Refused

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

- 04 Yes 05 No → *Go to Q 88* 06 Don't know 07 Refused

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

- 08 None 09 7-10
10 1-2 11 11 or more
12 3-4 13 Don't know
14 5-6 15 Refused

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

- | | |
|--|--|
| 16 <input type="radio"/> Withdrawal | 17 <input type="radio"/> Rhythm (natural family planning) |
| 18 <input type="radio"/> Condom | 19 <input type="radio"/> IUD |
| 20 <input type="radio"/> Birth control pills | 21 <input type="radio"/> I/we don't use any (none) → <i>Go to Q 86</i> |
| 22 <input type="radio"/> Diaphragm | 23 <input type="radio"/> Other (specify) <input type="text"/> |
| 24 <input type="radio"/> Sponges | 25 <input type="radio"/> Don't know |
| 26 <input type="radio"/> Depo Provera | 27 <input type="radio"/> Refused |
| 28 <input type="radio"/> Foam | |

85. What do you use that/those methods for?

- 29 Birth control (to avoid pregnancy)
30 Protection from sexually transmitted diseases including HIV/AIDS
31 Both (birth control and protection from sexually transmitted diseases including HIV/AIDS)
32 Other (specify)
33 Don't know
34 Refused

86. Do you use condoms to avoid getting sexually- transmitted diseases, like HIV or gonorrhea?

- 35 Always → Go to 88
- 36 Most of the time
- 37 Occasionally
- 38 Never
- 39 Refused

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

- 40 Your partner did not want to use one
- 41 You did not want to use one
- 42 You were under the influence of alcohol or drugs
- 43 You do not have the HIV/ AIDS virus
- 44 Your partner does not have the HIV/ AIDS virus
- 45 You were with your steady partner
- 46 You (or your partner) wanted to get pregnant
- 47 You did not have a condom at the time
- 48 You could not afford to buy any condoms
- 49 You could not obtain condoms where you were
- 50 You were too embarrassed to get condoms
- 51 You did not think of using a condom
- 52 You could not talk to your partner about protection
- 53 You find condoms painful
- 54 You or your partner allergic to latex condoms
- 55 You thought you were safe
- 56 Religious reasons
- 57 Don't know
- 58 Other
- 59 Refused

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

- 60 Number of children

89. Without revealing the test result, have you ever been tested for HIV?

- 122 Yes 123 No 124 Refused

Q. PREVENTIVE HEALTH CARE

90. When did you last consult a traditional healer?

- Within the last 12 months 1-2 years ago Over 2 years ago I don't remember Never
- 01 02 03 04 05

**91. In the past 12 months, have you had any of the following tests or examinations?
Please check a response for each.**

	Yes	No	Don't Know	Refused
Cholesterol test	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
Vision/ Eye exam	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>
Blood pressure test	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>
Blood sugar test	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
Complete physical examination	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
Rectal exam	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>

***If the respondent is FEMALE, continue to question 92
If the respondent is MALE, please proceed to question 95***

92. How often do you perform breast self-examination?

- 30 Never performed one 31 Less often than every 2 to 3 months
 32 About once per month 33 Don't know
 34 About every 2-3 months 35 Refused

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

- 36 Never had one 37 6 months to less than 1 year ago
 38 Less than 6 months ago 39 3 years ago to less than 5 years ago
 40 1 year to less than 3 years ago 41 Don't know
 42 5 or more years ago 43 Refused

94. When was your last PAP smear test?

- 44 Never had one 45 6 months to less than 1 year ago
 46 Less than 6 months ago 47 3 years ago to less than 5 years ago
 48 1 year to less than 3 years ago 49 Don't know
 50 5 or more years ago 51 Refused

R. RESIDENTIAL SCHOOLS

"For the purpose of this survey, the term "Residential Schools" means the residential school systems attended by Aboriginal students which include residential schools run by religious orders, industrial schools, boarding schools, student residences, hostels and billets."

95. Did you attend residential school?

01 Yes 02 No → Go to question 100 03 Don't know 04 Refused

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

05 Age in years 06 Don't know 07 Refused

97. At what age did you leave residential school?

08 Age in years 09 Don't know 10 Refused

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

11 Yes 12 No → Go to Q 100 13 Don't know → Go to Q 100 14 Refused

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

Ask about each. Mark only those that had a negative impact. Mark all that apply.

- | | |
|--|---|
| 15 <input type="radio"/> Loss of language | 16 <input type="radio"/> Isolation from family |
| 17 <input type="radio"/> Loss of cultural identity | 18 <input type="radio"/> Harsh discipline |
| 19 <input type="radio"/> Physical abuse | 20 <input type="radio"/> Poor education |
| 21 <input type="radio"/> Loss of traditional religion/spirituality | 22 <input type="radio"/> Lack of food |
| 23 <input type="radio"/> Harsh living conditions, such as lack of heat. | 24 <input type="radio"/> Sexual abuse |
| 25 <input type="radio"/> Lack of proper clothing | 26 <input type="radio"/> Bullying from other children |
| 27 <input type="radio"/> Verbal or emotional abuse | 28 <input type="radio"/> Witnessing abuse |
| 29 <input type="radio"/> Separation from First Nation or Inuit community | 30 <input type="radio"/> Other <input type="text"/> |
| 31 <input type="radio"/> Don't know | 32 <input type="radio"/> Refused |

100. Did either of your parents attend residential school?

	Yes	No	Don't know	Refused
Mother.....	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Father	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

If neither parent attended residential school, skip to question 102

101. Do you believe your parent(s) attendance at Residential School negatively affected the parenting you received?

41 Yes 42 Not sure 43 No 44 Refused

102. Did any of your grandparents attend residential school?

	Yes	No	Don't know	Refused
Mother's mother.....	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Mother's father.....	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Father's mother.....	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Father's father.....	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>

If none of the grandparents attended residential school, go to question 104.

103. Do you believe your grandparent(s) attendance at Residential School negatively affected the parenting your parent(s) received?

61 Yes 62 Not sure 63 No 64 Refused

S. PERSONAL WELLNESS

"Each place has different types of traditional activities and different events are important to different people. Some examples are powwows, sweat lodges, pipe ceremonies and community feasts."

104. How important are traditional cultural events in your life?

01 <input type="radio"/> Very important	02 <input type="radio"/> Not important
03 <input type="radio"/> Somewhat important	04 <input type="radio"/> Don't know
05 <input type="radio"/> Not very important	06 <input type="radio"/> Refused

110. Please indicate how strongly you agree or disagree with the following statements:
Please check a response for each sentence.

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
I can solve the problems that I have	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
No one pushes me around in life	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>
I have control over the things that happen to me.....	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
I can do just about anything I really set my mind to	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
I often feel helpless in dealing with the problems of life	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>
What happens to me in the future mostly depends on me	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>
There is little I can do to change to many of the important things in my life ..	86 <input type="radio"/>	87 <input type="radio"/>	01 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>

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

	Yes	No	Don't know	Refused
Friend	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Immediate family member	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Other family member	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Traditional healer	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Family doctor	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Psychiatrist	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
CHR (community health representative)	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Nurse	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Counsellor	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Psychologist	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Social worker	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Crisis line worker	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Other	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>

112. During the past 12 months, was there ever a time when you felt sad, blue or depressed for 2 weeks or more in a row?

01 Yes 02 No 03 Don't know 04 Refused

113. Have you ever thought about committing suicide?

- 05 Yes, when I was under 12 years of age
- 06 Yes, when I was an adolescent (12-17)
- 07 Yes, as an adult
- 08 Yes, during the past year
- 09 Never
- 10 Don't know
- 11 Refused

114. Have you ever attempted suicide?

- 12 Yes, when I was under 12 years of age
- 13 Yes, when I was an adolescent (12-17)
- 14 Yes, as an adult
- 15 Yes, during the past year
- 16 Never
- 17 Don't know
- 18 Refused

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

- 19 Yes
- 20 No
- 21 Don't know
- 22 Refused

116. 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	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
Someone you can count on when you need help	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Someone to take you to the doctor if you needed it	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
Someone who shows you love and affection	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
Someone who can give you a break from your daily routines	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>
Someone to have a good time with	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Someone to confide in or talk about yourself or your problems	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>
Someone to do something enjoyable with	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>

T. COMMUNITY WELLNESS AND TRADITIONAL CULTURE

117. Thinking about the past 12 months, do you feel that there has been any progress in any of the following areas in your community?

Please read all and provide response for each item.

		Good progress		Some progress		No progress		Don't Know		Refused	
Traditional approaches to healing	01	<input type="radio"/>		02	<input type="radio"/>	03	<input type="radio"/>	04	<input type="radio"/>	05	<input type="radio"/>
Renewal of First Nation/Inuit spirituality	06	<input type="radio"/>		07	<input type="radio"/>	08	<input type="radio"/>	09	<input type="radio"/>	10	<input type="radio"/>
Traditional ceremonial activity	11	<input type="radio"/>		12	<input type="radio"/>	13	<input type="radio"/>	14	<input type="radio"/>	15	<input type="radio"/>
Renewed relationship with the land	16	<input type="radio"/>		17	<input type="radio"/>	18	<input type="radio"/>	19	<input type="radio"/>	20	<input type="radio"/>
Use of First Nation/Inuit language	21	<input type="radio"/>		22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>	25	<input type="radio"/>
Reduction in alcohol and drug abuse	26	<input type="radio"/>		27	<input type="radio"/>	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>
Availability of First Nation/Inuit health professionals	31	<input type="radio"/>		32	<input type="radio"/>	33	<input type="radio"/>	34	<input type="radio"/>	35	<input type="radio"/>
Cultural awareness in schools	36	<input type="radio"/>		37	<input type="radio"/>	38	<input type="radio"/>	39	<input type="radio"/>	40	<input type="radio"/>
Education and training opportunities	41	<input type="radio"/>		42	<input type="radio"/>	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>
Housing quality	46	<input type="radio"/>		47	<input type="radio"/>	48	<input type="radio"/>	49	<input type="radio"/>	50	<input type="radio"/>
Water and sewage facilities	51	<input type="radio"/>		52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>	55	<input type="radio"/>
First Nations/Inuit control over health services...	56	<input type="radio"/>		57	<input type="radio"/>	58	<input type="radio"/>	59	<input type="radio"/>	60	<input type="radio"/>
Recreation and leisure facilities	61	<input type="radio"/>		62	<input type="radio"/>	63	<input type="radio"/>	64	<input type="radio"/>	65	<input type="radio"/>
Police Services	66	<input type="radio"/>		67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>	70	<input type="radio"/>

ASSISTANCE

Did someone interpret (translate) the questions? (In whole or in part)

71 Yes 72 No 73 Don't know 74 Refused

Appendix 2: National Youth Survey

**FIRST NATIONS AND INUIT REGIONAL
LONGITUDINAL HEALTH SURVEY**



OUR VOICE, OUR SURVEY, OUR FUTURE

Adolescents Only (Ages 12-17)

Because what you think matters...

This is a self-administered Questionnaire - you complete this yourself

October 18, 2002
(Content equivalent to laptop-based survey)

Table of contents

B. PERSONAL BACKGROUND INFORMATION	1
C. HOUSEHOLD AND LIVING ENVIRONMENT INFORMATION	1
D. LANGUAGE AND TRADITIONAL CULTURE	3
E. EDUCATION	6
F. GENERAL HEALTH	8
G. FOOD AND NUTRITION	9
H. PHYSICAL ACTIVITY	10
I. HEALTH CONDITIONS	12
J. PHYSICAL INJURIES	15
K. HEALTH CARE UTILIZATION AND DENTAL CARE	17
L. LIFESTYLE	19
M. PERSONAL WELLNESS AND SUPPORT	25
N. RESIDENTIAL SCHOOLS	30
ASSISTANCE	29

B. PERSONAL BACKGROUND INFORMATION

1. Date of birth

DAY MONTH YEAR

If unknown or refused, please give an approximate age 01

2. Sex

02 Male 03 Female

3. Name of First Nation or Inuit community where you currently live

C. HOUSEHOLD AND LIVING ENVIRONMENT INFORMATION

4. How many rooms are in your home? Include kitchen, bedrooms, living rooms and finished basement rooms. Do not count bathrooms, halls, laundry rooms and attached sheds.

04 1 05 2 06 3 07 4 08 5
09 6 10 7 11 8 12 9 13 10
14 11 15 12 16 13 or more 17 Don't know 18 Refused

5. Including yourself, how many children and youth usually live in this household?
Include all children under 18 who reside in the household at least half of the time. If none, mark "0".

19 Number of children under 6 years old (5 years and younger)
20 Number of children 6-11 years old
21 Number of children 12-17 years old (less than 18)

22 **Total** (add up 3 numbers above)
23 Refused

6. 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.

24 Number of adults 18-64 years of age

25 Number of adults 65 years and over

26 **Total** (add up 2 numbers above)

27 Refused

7. Who do you live with most of the time? Read the whole list. Check all that apply

28 My biological mother (birth mother)

29 My biological father

30 The mother that adopted me

31 The father that adopted me

32 My stepfather

33 My stepmother

34 My foster parent(s)

35 Aunt/ uncle/ cousins

36 Brother(s)/ sisters(s)

37 Step-brother(s)/ step-sister(s)

38 Unrelated children

39 Grandparent(s)

40 I live in a boarding home

41 A man I am not related to

42 A woman I am not related to

43 My child(ren)

44 My boyfriend/ girlfriend/ spouse

45 Other (specify)

46 Don't know

47 Refused

8. Are your birth (biological) parents

Check the answer that best describes their situation.

48 Living together/ married

49 Not living together / Separated

50 Don't Know

51 Living together/ not married

52 One of my parents is deceased

53 Refused

54 Divorced

55 Both of my parents are deceased

D. LANGUAGE AND TRADITIONAL CULTURE

9. What language do you most often use in daily life?

01 <input type="radio"/> English	02 <input type="radio"/> Mi'kmaq
03 <input type="radio"/> French	04 <input type="radio"/> Mohawk
05 <input type="radio"/> Sign language	06 <input type="radio"/> Montagnais
07 <input type="radio"/> Algonquin	08 <input type="radio"/> Naskapi
09 <input type="radio"/> Assiniboine	10 <input type="radio"/> Nisgà
11 <input type="radio"/> Attikamekw	12 <input type="radio"/> North Slave
13 <input type="radio"/> Blackfoot	14 <input type="radio"/> Ojibway
15 <input type="radio"/> Cayuga	16 <input type="radio"/> Oji-Cree
17 <input type="radio"/> Chipewyan	18 <input type="radio"/> Oneida
19 <input type="radio"/> Chippewa	20 <input type="radio"/> Onondaga
21 <input type="radio"/> Cree	22 <input type="radio"/> Potawatomi
23 <input type="radio"/> Dakota	24 <input type="radio"/> Salish
25 <input type="radio"/> Dogrib	26 <input type="radio"/> Saulteaux
27 <input type="radio"/> Gitksan	28 <input type="radio"/> South Slave
29 <input type="radio"/> Gwich'in	30 <input type="radio"/> Stoney
31 <input type="radio"/> Haida	32 <input type="radio"/> Tuscorora
33 <input type="radio"/> Inuktitut	34 <input type="radio"/> Wet'su'weten
35 <input type="radio"/> Lakota	
36 <input type="radio"/> Malecite	
37 <input type="radio"/> Other (specify) <input style="width: 150px; height: 20px;" type="text"/>	
38 <input type="radio"/> Other (specify) <input style="width: 150px; height: 20px;" type="text"/>	

10. How important is it to you to speak your First Nations/ Inuit language?

- | | |
|---|--|
| 39 <input type="radio"/> Very important | 40 <input type="radio"/> Not important |
| 41 <input type="radio"/> Somewhat important | 42 <input type="radio"/> Don't know |
| 43 <input type="radio"/> Not very important | 44 <input type="radio"/> Refused |

11. What languages do you understand?
Mark all that apply

	Fluently	Relatively well	A few words	Don't understand		Fluently	Relatively well	A few words	Don't understand
English	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	Mi'kmaq	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
French	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	Mohawk	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Sign language	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	Montagnais	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Algonquin	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	Naskapi	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Assiniboine	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	Nisgà	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Attikamekw	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	North Slave	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Blackfoot	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	Ojibway	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Cayuga	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	Oji-Cree	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
Chipewyan	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	Oneida	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
Chippewa	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	Onondaga	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
Cree	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	Potawatomi	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
Dakota	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	Salish	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>
Dogrib	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	Saulteaux	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>
Gitksan	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	South Slave	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>
Gwich'in	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>	Stoney	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
Haida	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	124 <input type="radio"/>	Tuscorora	125 <input type="radio"/>	126 <input type="radio"/>	127 <input type="radio"/>	128 <input type="radio"/>
Inuktitut	129 <input type="radio"/>	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>	Wet'su'weten	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="radio"/>
Malecite	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="radio"/>					

Others (specify)

	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>
	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>	148 <input type="radio"/>

12. What languages do you speak?
Mark all that apply

	Fluently	Relatively well	A few words	Don't understand		Fluently	Relatively well	A few words	Don't understand
English	149 <input type="radio"/>	150 <input type="radio"/>	151 <input type="radio"/>	152 <input type="radio"/>	Mi'kmaq	153 <input type="radio"/>	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>
French	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	160 <input type="radio"/>	Mohawk	161 <input type="radio"/>	162 <input type="radio"/>	163 <input type="radio"/>	164 <input type="radio"/>
Sign language	165 <input type="radio"/>	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>	Montagnais	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	172 <input type="radio"/>
Algonquin	173 <input type="radio"/>	174 <input type="radio"/>	175 <input type="radio"/>	176 <input type="radio"/>	Naskapi	177 <input type="radio"/>	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>
Assiniboine	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>	184 <input type="radio"/>	Nisgà	185 <input type="radio"/>	186 <input type="radio"/>	187 <input type="radio"/>	188 <input type="radio"/>
Attikamekw	189 <input type="radio"/>	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>	North Slave	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>	196 <input type="radio"/>
Blackfoot	197 <input type="radio"/>	198 <input type="radio"/>	199 <input type="radio"/>	200 <input type="radio"/>	Ojibway	201 <input type="radio"/>	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>
Cayuga	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>	208 <input type="radio"/>	Oji-Cree	209 <input type="radio"/>	210 <input type="radio"/>	211 <input type="radio"/>	212 <input type="radio"/>
Chipewyan	213 <input type="radio"/>	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>	Oneida	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>	220 <input type="radio"/>
Chippewa	221 <input type="radio"/>	222 <input type="radio"/>	223 <input type="radio"/>	224 <input type="radio"/>	Onondaga	225 <input type="radio"/>	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>
Cree	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>	232 <input type="radio"/>	Potawatomi	233 <input type="radio"/>	234 <input type="radio"/>	235 <input type="radio"/>	236 <input type="radio"/>
Dakota	237 <input type="radio"/>	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>	Salish	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>	244 <input type="radio"/>
Dogrib	245 <input type="radio"/>	246 <input type="radio"/>	247 <input type="radio"/>	248 <input type="radio"/>	Saulteaux	249 <input type="radio"/>	250 <input type="radio"/>	251 <input type="radio"/>	252 <input type="radio"/>
Gitksan	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>	256 <input type="radio"/>	South Slave	257 <input type="radio"/>	258 <input type="radio"/>	259 <input type="radio"/>	260 <input type="radio"/>
Gwich'in	261 <input type="radio"/>	262 <input type="radio"/>	263 <input type="radio"/>	264 <input type="radio"/>	Stoney	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>	268 <input type="radio"/>
Haida	269 <input type="radio"/>	270 <input type="radio"/>	271 <input type="radio"/>	272 <input type="radio"/>	Tuscorora	273 <input type="radio"/>	274 <input type="radio"/>	275 <input type="radio"/>	276 <input type="radio"/>
Inuktitut	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>	280 <input type="radio"/>	Wet'su'weten	281 <input type="radio"/>	282 <input type="radio"/>	283 <input type="radio"/>	284 <input type="radio"/>
Malecite	285 <input type="radio"/>	286 <input type="radio"/>	287 <input type="radio"/>	288 <input type="radio"/>					

Others (specify)

	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>	292 <input type="radio"/>
	293 <input type="radio"/>	294 <input type="radio"/>	295 <input type="radio"/>	296 <input type="radio"/>

13. How important are traditional cultural events in your life?

Each place has different types of traditional activities and different events are important to different people. Some examples are powwows, sweat lodges, pipe ceremonies and community feasts.

- 01 Very important
- 02 Not important
- 03 Somewhat important
- 04 Don't know
- 05 Not very important
- 06 Refused

14. Who helps you in understanding your culture?

Check all that apply.

- 07 My grandparents
- 08 My parents
- 09 My aunts and uncles
- 10 Other relatives
- 11 My friends
- 12 My school teachers
- 13 Community elders
- 14 Other community members
- 15 Someone else
- 16 No one
- 17 Don't know
- 18 Refused

E. EDUCATION

15. Are you currently attending school?

- 19 Yes
- 20 No → Go to question 18
- 21 Don't know
- 22 Refused

16. What grade are you in?

- 23 4
- 24 5
- 25 6
- 26 7
- 27 8
- 28 9
- 29 10
- 30 11
- 31 12
- 32 13
- 33 Other (please specify)
- 34 Don't know
- 35 Refused

17. How do you feel about going to school?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|----------------------------|--------------------------|
| I like school very much | I like school somewhat | Unsure | I dislike school somewhat | I dislike school very much | Refused |
| 36 <input type="radio"/> | 37 <input type="radio"/> | 38 <input type="radio"/> | 39 <input type="radio"/> | 40 <input type="radio"/> | 41 <input type="radio"/> |

18. What is the highest level of schooling you have completed?

- 42 Pre-K 43 K 44 1 45 2 46 3
47 4 48 5 49 6 50 7 51 8
52 9 53 10 54 11 55 12 56 13
57 Other (please specify)
58 Don't know 59 Refused

19. Have you ever skipped or advanced a grade, as a result of academic performance?

- 60 Yes 61 No 62 Don't know 63 Refused

20. Have you had any problems learning in school?

- 64 Yes 65 No → Go to Q 22 66 Don't know 67 Refused

21. What kind(s) of problems have you had?

Check all that apply.

- 68 Reading 69 Writing 70 Don't know
71 Short attention span 72 Math 73 Refused
74 Too many distractions 75 Difficulty understanding teacher 76 Other

22. Have you ever repeated a grade?

- 77 Yes 78 No 79 Don't know 80 Refused

23. What is the highest level of school that you would like to complete?

- 81 High school diploma 82 Doctorate degree (PhD)
83 College or CEGEP (in Quebec) diploma 84 Not sure
85 Trade, technical or vocational school 86 Refused
87 University degree 88 Don't know
89 Master's degree 90 Other

F. GENERAL HEALTH

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

- | | | | | | |
|----|-----------------------|-----------|---|---|---|
| 01 | <input type="radio"/> | Excellent | } | → | If excellent or very good, go Q 25 |
| 02 | <input type="radio"/> | Very Good | | | |
| 03 | <input type="radio"/> | Good | } | → | If good, fair or poor, go to Q 26 |
| 04 | <input type="radio"/> | Fair | | | |
| 05 | <input type="radio"/> | Poor | | | |

25. What things make you so healthy?

Mark all that apply.

- | | |
|---|---|
| 06 <input type="radio"/> Good diet (low fat, high fibre, fruits, vegetables, etc) | 07 <input type="radio"/> Regular exercise/ Active in sports |
| 08 <input type="radio"/> Reduced stress | 09 <input type="radio"/> In balance (physical, emotional, mental, spiritual) |
| 10 <input type="radio"/> Good social supports (family, friends, co-workers) | 11 <input type="radio"/> Other <input style="width: 150px; height: 15px;" type="text"/> |
| 12 <input type="radio"/> Good sleep / Proper rest | 13 <input type="radio"/> Don't know |
| 14 <input type="radio"/> Happy, content | 15 <input type="radio"/> Refused |

26. How tall are you without shoes on?

- 16 Feet 17 Inches 18 Centimetres
- 19 Don't Know 20 Refused

27. How much do you weigh?

- 21 Pounds 22 Kilograms
- 23 Don't Know 24 Refused

28. How satisfied are you with your weight?

- | | | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very
satisfied | Somewhat
satisfied | Neither satisfied
nor dissatisfied | Somewhat
dissatisfied | Very
dissatisfied | Don't
know | Refused |
| 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> | 28 <input type="radio"/> | 29 <input type="radio"/> | 30 <input type="radio"/> | 31 <input type="radio"/> |

G. FOOD AND NUTRITION

29. Do you eat a nutritious balanced diet?

- | | |
|---|-------------------------------------|
| 32 <input type="radio"/> Always/almost always | 33 <input type="radio"/> Never |
| 34 <input type="radio"/> Sometimes | 35 <input type="radio"/> Don't know |
| 36 <input type="radio"/> Rarely | 37 <input type="radio"/> Refused |

30. On average, how often do you eat or drink the following foods:

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

	Never / Hardly ever	Less than once a week	A few times a week	Once a day	Several times a day
Coffee/Tea	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	<input type="radio"/>	41 <input type="radio"/>
Soft Drinks/Pop	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	<input type="radio"/>	45 <input type="radio"/>
Fast food (e.g. burgers, pizza, hotdogs)	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	<input type="radio"/>	49 <input type="radio"/>
Cakes/Pies/Cookies/Candy/Chocolate	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	<input type="radio"/>	53 <input type="radio"/>
French Fries, Potato chips/ Pretzels, Fry Bread, etc.....	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	<input type="radio"/>	57 <input type="radio"/>
Added salt (e.g. from salt shaker)	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	<input type="radio"/>	61 <input type="radio"/>
Added sugar (e.g. on cereal or in coffee/tea)	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	<input type="radio"/>	65 <input type="radio"/>

31. In the past 12 months, how often have you eaten the following traditional foods?

	Not at all	A few times	Often
Land based animals (moose, caribou, bear, deer, etc.)	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
Fresh water fish	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
Salt water fish	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>
Other water based foods (shellfish, eels, clams, sea weed, urchins, etc.)	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>
Sea-based animals (whale, seal, walrus, etc.)	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
Game birds (goose, duck, partridge, etc.)	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>
Small game (rabbit, muskrat, etc.)	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>
Berries or other wild vegetation	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>
Bannock / Fry Bread	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>
Corn soup	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>
Don't know	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
Refused	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>
Other <input type="text"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>
Other <input type="text"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>

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

Often Sometimes Never Don't know Refused
 108 109 110 111 112

H. PHYSICAL ACTIVITY

33. How often do you participate in any kind of physical activity (either at school, at home, or in your free time)?

- 01 Never
- 02 Less than once a week
- 03 Once a week
- 04 2-3 times a week
- 05 4-6 times a week
- 06 Every day
- 07 Don't know
- 08 Refused

34. In a typical week, how much time do you spend in any kind of physical activity (either at school, home, or in your free time) that results in an increase in your heart rate and breathing?

- | | |
|---|---|
| 09 <input type="radio"/> None | 10 <input type="radio"/> Less than 1 hour |
| 11 <input type="radio"/> From 1-5 hours | 12 <input type="radio"/> From 6-10 hours |
| 13 <input type="radio"/> From 11-20 hours | 14 <input type="radio"/> More than 20 hours |
| 15 <input type="radio"/> Don't know | 16 <input type="radio"/> Refused |

35. What types of physical activities have you participated in during the last 12 months?

Read list. Mark all that apply.

- | | |
|---|--|
| 17 <input type="radio"/> Hunting, trapping | 18 <input type="radio"/> Competitive or group sports (e.g. hockey, basketball, baseball, lacrosse, volleyball) |
| 19 <input type="radio"/> Fishing | 20 <input type="radio"/> Weights, exercise equipment |
| 21 <input type="radio"/> Bicycle riding | 22 <input type="radio"/> Golf |
| 23 <input type="radio"/> Walking | 24 <input type="radio"/> Bowling |
| 25 <input type="radio"/> Aerobics/Fitness class | 26 <input type="radio"/> Canoeing |
| 27 <input type="radio"/> Dancing (aerobic, traditional, modern etc.) | 28 <input type="radio"/> Martial arts (Karate, Judo etc.) |
| 29 <input type="radio"/> Running | 30 <input type="radio"/> Skiing |
| 31 <input type="radio"/> Hiking | 32 <input type="radio"/> Swimming |
| 33 <input type="radio"/> Skating | 34 <input type="radio"/> Skateboarding |
| 35 <input type="radio"/> Rollerblading / Inline skating / Rollerskating | 36 <input type="radio"/> Don't know |
| 37 <input type="radio"/> Berry picking or other food gathering | 38 <input type="radio"/> Refused |
| 39 <input type="radio"/> Snow-shoeing | 40 Other <input type="text"/> |
| 41 Other <input type="text"/> | 42 Other <input type="text"/> |

I. HEALTH CONDITIONS

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

Only include conditions that have lasted at least 6 months or are expected to last at least 6 months.

Have you been told that you have :			If yes, at what age were you first told (years) ?			Are you currently undergoing treatment or taking medication for this condition?			Has this limited the kinds of or amount of activity you do?
	No	Yes	Age	No	Yes	No	Yes		
Asthma	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="text"/> <input type="text"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Have you had an asthma attack in the past 12 months?		08 <input type="radio"/>	09 <input type="radio"/>						
Chronic Bronchitis	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="text"/> <input type="text"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Allergies	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="text"/> <input type="text"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Blindness or other serious vision problem (can't be corrected with glasses)	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="text"/> <input type="text"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Chronic ear infections or ear problems	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="text"/> <input type="text"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Hearing Impairment	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="text"/> <input type="text"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Difficulty hearing conversation with one person		45 <input type="radio"/>	46 <input type="radio"/>						
Hepatitis	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="text"/> <input type="text"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
What type of hepatitis?		<u>Type A</u>	<u>Type B</u>	<u>Type C</u>	<u>Don't Know</u>				
	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>					
HIV/AIDS	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="text"/> <input type="text"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>		
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>		
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>		
Tuberculosis (TB)	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="text"/> <input type="text"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>		

Have you been told that you have :

	If yes, at what age were you first told (years) ?		Are you currently undergoing treatment or taking medication for this condition?		Has this limited the kinds of or amount of activity you do?	
	No	Yes	No	Yes	No	Yes

	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>

	Active	Inactive	Don't Know
Is your tuberculosis active or inactive?	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>

Epilepsy	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="checkbox"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Psychological or nervous disorders	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="checkbox"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Learning disability	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="checkbox"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Cognitive or mental disability	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="checkbox"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="checkbox"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Cerebral palsy	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="checkbox"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Physical disability other than cerebral palsy	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="checkbox"/>	120 <input type="radio"/>	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Liver disease	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="checkbox"/>	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	130 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Kidney disease	131 <input type="radio"/>	132 <input type="radio"/>	133 <input type="checkbox"/>	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="radio"/>	137 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Diabetes (if no, go to Q. 39)	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="checkbox"/>	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Other <input type="text"/>	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="checkbox"/>	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>	151 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused

Have you been told that you have :	If yes, at what age were you first told (years) ?		Are you currently undergoing treatment or taking medication for this condition?		Has this limited the kinds of or amount of activity you do?		
	No	Yes	Age	No	Yes	No	Yes
Other <input type="text"/>	152 <input type="radio"/>	153 <input type="radio"/>	154 <input type="text"/> <input type="text"/>	155 <input type="radio"/>	156 <input type="radio"/>	157 <input type="radio"/>	158 <input type="radio"/>
	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>
	Refused <input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>

if you have been told you have diabetes, go to Q 37 if not, go to Q 39.

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

Include all diagnoses you have received. Refer to definitions below, if necessary.

- 01 Type 1 02 Pre-diabetic state 03 Don't know
 04 Type 2 05 Gestational 06 Refused

Type 1 diabetes (previously known as insulin-dependent diabetes) typically occurs in childhood or adolescence and requires multiple daily injections for survival. Insulin treatment begins immediately after diagnosis.

Type 2 diabetes (previously known as non-insulin dependent diabetes) usually begins after age 30. Type 2 diabetes is more common in First Nation and Inuit populations. There are risk factors for this type of diabetes such as obesity and lack of exercise. This type of diabetes can be prevented and effectively managed by eating healthy foods and engaging in regular exercise.

Gestational diabetes: is limited to pregnancy.

Pre-diabetic state: includes impaired fasting glucose and impaired glucose intolerance. Both are determined by tests that reveal high blood glucose levels. The levels are not high enough to be diagnosed as type 1 or type 2 diabetes. This is sometime referred to as "borderline" diabetes.

38. What kind of treatment or medicine, if any, are you taking to control your diabetes?
Check all that apply.

	Yes	No	Don't Know	Refused
Traditional ceremonies, help from healer ... 07	<input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
Diet..... 11	<input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
Exercise 15	<input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
Traditional medicines 19	<input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>
Insulin..... 23	<input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
Pills..... 27	<input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
Other 31				
No Treatment or Medicine 33	<input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

J. PHYSICAL INJURIES

39. In the past 12 months, have you experienced any of the following injuries that required the attention of a health care professional?
Check an answer for each type.

	Yes	No
Broken or fractured bones 01	<input type="radio"/>	02 <input type="radio"/>
Burns or scalds 03	<input type="radio"/>	04 <input type="radio"/>
Dislocation 05	<input type="radio"/>	06 <input type="radio"/>
Sprain or strain (major) 07	<input type="radio"/>	08 <input type="radio"/>
Cuts, scrapes, or bruises (major) 09	<input type="radio"/>	10 <input type="radio"/>
Concussion 11	<input type="radio"/>	12 <input type="radio"/>
Poisoning 13	<input type="radio"/>	14 <input type="radio"/>
Injury to internal organ 15	<input type="radio"/>	16 <input type="radio"/>
Dental injury 17	<input type="radio"/>	18 <input type="radio"/>
Hypothermia, frostbite, other injury due to cold exposure 19	<input type="radio"/>	20 <input type="radio"/>
Other 21		

40. What were the cause(s) of this injury (or injuries)?
Check all that apply.

If yes, was it alcohol or drug related?

Causes:	No		Yes		Yes		No		Don't know	Refused		
Motor vehicle accident (car or truck): driver or passenger	22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>	25	<input type="radio"/>	26	<input type="radio"/>	27	<input type="radio"/>
Motor vehicle accident: pedestrian	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>
Motor vehicle accident: while riding a bicycle	34	<input type="radio"/>	35	<input type="radio"/>	36	<input type="radio"/>	37	<input type="radio"/>	38	<input type="radio"/>	39	<input type="radio"/>
Other bicycle accident	40	<input type="radio"/>	41	<input type="radio"/>	42	<input type="radio"/>	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>
Snowmobile accident	46	<input type="radio"/>	47	<input type="radio"/>	48	<input type="radio"/>	49	<input type="radio"/>	50	<input type="radio"/>	51	<input type="radio"/>
ATV (all terrain vehicle) accident	52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>	55	<input type="radio"/>	56	<input type="radio"/>	57	<input type="radio"/>
Hunting accident	58	<input type="radio"/>	59	<input type="radio"/>	60	<input type="radio"/>	61	<input type="radio"/>	62	<input type="radio"/>	63	<input type="radio"/>
Boating accident	64	<input type="radio"/>	65	<input type="radio"/>	66	<input type="radio"/>	67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>
Fall or trip (not including bicycle, sport or snowmobile)	70	<input type="radio"/>	71	<input type="radio"/>	72	<input type="radio"/>	73	<input type="radio"/>	74	<input type="radio"/>	75	<input type="radio"/>
Sport (not including bicycle or hunting)	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>
Physical assault	82	<input type="radio"/>	83	<input type="radio"/>	84	<input type="radio"/>	85	<input type="radio"/>	86	<input type="radio"/>	87	<input type="radio"/>
Suicide attempt or self-inflicted injury	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>
Dog bite	94	<input type="radio"/>	95	<input type="radio"/>	96	<input type="radio"/>	97	<input type="radio"/>	98	<input type="radio"/>	99	<input type="radio"/>
Bite by animal other than dog	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>
Fire or flames or resulting fumes	106	<input type="radio"/>	107	<input type="radio"/>	108	<input type="radio"/>	109	<input type="radio"/>	110	<input type="radio"/>	111	<input type="radio"/>
Scalded by hot liquid or food	112	<input type="radio"/>	113	<input type="radio"/>	114	<input type="radio"/>	115	<input type="radio"/>	116	<input type="radio"/>	117	<input type="radio"/>
Natural environmental factors (sting, frostbite, etc.)	118	<input type="radio"/>	119	<input type="radio"/>	120	<input type="radio"/>	121	<input type="radio"/>	122	<input type="radio"/>	123	<input type="radio"/>
Near drowning	124	<input type="radio"/>	125	<input type="radio"/>	126	<input type="radio"/>	127	<input type="radio"/>	128	<input type="radio"/>	129	<input type="radio"/>
Asphyxia or other threats to breathing	130	<input type="radio"/>	131	<input type="radio"/>	132	<input type="radio"/>	133	<input type="radio"/>	134	<input type="radio"/>	135	<input type="radio"/>
Accidental poisoning	136	<input type="radio"/>	137	<input type="radio"/>	138	<input type="radio"/>	139	<input type="radio"/>	140	<input type="radio"/>	141	<input type="radio"/>
Other	142	<input type="radio"/>	143	<input type="radio"/>	144	<input type="radio"/>	145	<input type="radio"/>	146	<input type="radio"/>	147	<input type="radio"/>

K. HEALTH CARE UTILIZATION AND DENTAL CARE

41. When did you last:

	Within the 12 months		1-2 years ago		Over 2 years ago		I don't remember		Never		Don't Know		Refused	
Consult a traditional healer?	01	<input type="radio"/>	02	<input type="radio"/>	03	<input type="radio"/>	04	<input type="radio"/>	05	<input type="radio"/>	06	<input type="radio"/>	07	<input type="radio"/>
Have counselling, psychological testing, or any other mental health service?	08	<input type="radio"/>	09	<input type="radio"/>	10	<input type="radio"/>	11	<input type="radio"/>	12	<input type="radio"/>	13	<input type="radio"/>	14	<input type="radio"/>

42. In the past 12 months, have you had any of the following tests or examinations? Please check a response for each.

	Yes		No		Don't Know		Refused	
Cholesterol test	15	<input type="radio"/>	16	<input type="radio"/>	17	<input type="radio"/>	18	<input type="radio"/>
Vision/ Eye exam	19	<input type="radio"/>	20	<input type="radio"/>	21	<input type="radio"/>	22	<input type="radio"/>
Hearing test.....	23	<input type="radio"/>	24	<input type="radio"/>	25	<input type="radio"/>	26	<input type="radio"/>
Blood sugar test	27	<input type="radio"/>	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>
Complete physical examination	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>	34	<input type="radio"/>

43. Approximately, when was the last time you had any dental care?

- 35 Less than 6 months ago
- 36 Between 6 months and 1 year ago
- 37 Between one and 2 years ago
- 38 Between 2 and 5 years ago
- 39 More than 5 years ago
- 40 Never
- 41 Don't know
- 42 Refused

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

- 43 None
- 44 Cavities filled or other restorative work (e.g. fillings, crowns, bridge)
- 45 Maintenance (e.g. check-ups or teeth cleaning)
- 46 Extractions (taking teeth out)
- 47 Fluoride treatment
- 48 Periodontal (gum) work
- 49 Prosthetics (e.g. dentures, including repair and maintenance)
- 50 Orthodontic work (braces)
- 51 Urgent (dental problems requiring immediate attention)
- 52 Other
- 53 Don't know
- 54 Refused

45. Have you experienced problems with your teeth or experienced any dental pain in the past month?

- 55 Yes
- 56 No
- 57 Don't know
- 58 Refused

L. LIFESTYLE

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

For each, please select the answer that **best describes** your situation.

Have you ever used:		Never	About 2-3 times a year	About once per month	About 2-3 times a month	About 2-3 times a week	About once a day	Refused
Chewing tobacco	59	<input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
Marijuana (weed, grass)/ Hash	66	<input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
<u>PCP/ Angel dust</u>	73	<input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	<u>76</u> <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>
Acid/ LSD/ Amphetamines	80	<input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>
Ecstasy	87	<input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>
Inhalants (glue, gas, paint)	94	<input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>
Sedatives/ Downers (Valium etc)	101	<input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>
Cocaine/Crack/Freebase	108	<input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
Codeine/ Morphine/ Opiates (Percodan, Tylenol 3 etc.)	115	<input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>	121 <input type="radio"/>
Heroin	122	<input type="radio"/>	123 <input type="radio"/>	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>	127 <input type="radio"/>	128 <input type="radio"/>

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

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

56 Yes 57 No → Go to Q 49 58 Don't know 59 Refused

48. During the past year, how often have you had 5 or more drinks on one occasion?

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

- 60 Never 61 Less than once per month
62 Once per month 63 2-3 times per month
64 Once per week 65 More than once per week
66 Every day 67 Refused

49. At the present time, do you smoke cigarettes daily, occasionally or not at all?

- 68 Not at all → *Go to question 53.*
69 Daily
70 Occasionally
71 Refused

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

Write in a number, even if approximate

72 *Number of cigarettes*

51. At what age did you begin smoking cigarettes?

73 *Age In years*

52. In the past 12 months, how many times have you tried to quit smoking?

- 74 0 (never tried to quit) 75 5 or more tries
76 1-2 tries 77 Don't know
78 3-4 tries 79 Refused

Skip to Question 57

53. Have you ever smoked cigarettes daily?

- 80 Yes —————▶ *Go to next question, 54*
- 81 No —————▶ *Go to question 57*
- 82 Don't know
- 83 Refused

54. At what age did you begin smoking cigarettes?

84 *Age in years.*

55. At what age did you quit smoking cigarettes?

85 *Age in years*

56. What were your reasons for quitting smoking?

Read the options and mark each response that applies

- 86 Respect for the cultural and traditional significance of tobacco
- 87 Chose a healthier lifestyle
- 88 Health condition
- 89 Doctor's orders
- 90 Peer pressure from friends or co-workers
- 91 Out of respect for loved ones
- 92 Greater awareness / education on ill effects of tobacco on my health
- 93 Pregnancy
- 94 Other

57. Do you have a smoke free home?

95 Yes 96 No 97 Don't know 98 Refused

The next questions ask about sex and birth control. These questions are being asked of people of different ages in various situations. They may not be about you.

58. Are you sexually active?

99 Yes 100 No 101 Refused

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

102 Yes 103 No → Go to Q 65 104 Don't know 105 Refused

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

- 106 None 107 7-10
108 1-2 109 11 or more
110 3-4 111 Don't know
112 5-6 113 Refused

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

- 114 Withdrawal 115 Rhythm (natural family planning)
116 Condom 117 IUD
118 Birth control pills 119 I/we don't use any (none) → Go to Q 63
120 Diaphragm 121 Other (specify)
122 Sponges 123 Don't know
124 Depo Provera 125 Refused
126 Foam

62. What do you use that/those methods for?

- 127 Birth control (to avoid pregnancy)
128 Protection from sexually transmitted diseases including HIV/AIDS
129 Both (birth control and protection from sexually transmitted diseases including HIV/AIDS)
130 Other (specify)
131 Don't know
132 Refused

63. Do you use condoms to avoid getting sexually- transmitted diseases, like HIV or gonorrhoea?

- 133 Always → Go to 65
134 Most of the time
135 Occasionally
136 Never
137 Refused

64. What is the main reason for not always using condoms?

Check the answer that best describes your situation.

- | | |
|---|---|
| 138 <input type="radio"/> Your partner did not want to use one | 139 <input type="radio"/> You did not want to use one |
| 140 <input type="radio"/> You were under the influence of alcohol or drugs | 141 <input type="radio"/> You do not have the HIV/ AIDS virus |
| 142 <input type="radio"/> Your partner does not have the HIV/ AIDS virus | 143 <input type="radio"/> You were with your steady partner |
| 144 <input type="radio"/> You (or your partner) wanted to get pregnant | 145 <input type="radio"/> You did not have a condom at the time |
| 146 <input type="radio"/> You could not afford to buy any condoms | 147 <input type="radio"/> You could not obtain condoms where you were |
| 148 <input type="radio"/> You were too embarrassed to get condoms | 149 <input type="radio"/> You did not think of using a condom |
| 150 <input type="radio"/> You could not talk to your partner about protection | 151 <input type="radio"/> You find condoms painful |
| 152 <input type="radio"/> You or your partner allergic to latex condoms | 153 <input type="radio"/> You thought you were safe |
| 154 <input type="radio"/> Religious reasons | 155 <input type="radio"/> Don't know |
| 156 Other <input type="text"/> | 157 <input type="radio"/> Refused |

65. Have you ever been pregnant or got someone pregnant?

- 158 Yes → **66. If yes, how old were you the first time?** 159 Years old
- 160 No
- 161 Don't Know
- 162 Refused

67. How many children have you given birth to or fathered?

If none, write "0".

- 163 Number of children

M. PERSONAL WELLNESS AND SUPPORT

68. Outside of school hours, how often do you:

	Never	Less than once per week	1-3 times per week	4 + times per week	Not Applicable
Take part in sports teams or lessons	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Take part in art or music groups or lessons	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
Take part in traditional singing, drumming or dancing groups or lessons	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Have a job such as baby-sitting, working at a store, tutoring?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

69. On average, about how many hours per day do you:

	Not at all or less than 1 hour	1 to 2 hours	3 to 5 hours	6 hours or more	Don't know	Refused
Watch T.V.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
Play video games	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Use computer (other than video games)	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>
Spend time outdoors	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Assist in household chores	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>

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

Please check a response for each aspect.

	All of the time	Most of the time	Some of the time	Almost none of the time	Don't know	Refused
Physical	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Emotional	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>
Mental	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
Spiritual	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>

71. Please indicate how strongly you agree or disagree with the following statements:
Please check a response for each sentence.

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
In general, I like the way I am.....	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
Overall, I have a lot to be proud of.....	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
A lot of things about me are good.....	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>
When I do something, I do it well.....	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>

72. Please indicate how strongly you agree or disagree with the following statements:
Please check a response for each sentence.

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
I can solve the problems that I have	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
No one pushes me around in life	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
I have control over the things that happen to me.....	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
I can do just about anything I really set my mind to.....	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
I often feel helpless in dealing with the problems of life	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
What happens to me in the future mostly depends on me	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
There is little I can do to change to many of the important things in my life ..	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>

73. Please indicate your level of agreement with the following questions:
Please check a response for each sentence.

	Not at all	A little	Moderately	Quite a bit	A lot	Don't know	Refused
How lonely do you feel?...	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
How loved do you feel? ...	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>
How stressed do you feel?.....	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>

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

	Yes	No	Don't know	Refused
Friend	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>
Immediate family member	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>
Other family member	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>
Traditional healer	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>
Family doctor	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>
Psychiatrist	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>
CHR (community health representative)	95 <input type="radio"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
Nurse	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
Counsellor	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>
Psychologist	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>
Social worker	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
Crisis line worker	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>
Other	119 <input type="radio"/>	120 <input type="radio"/>	121 <input type="radio"/>	122 <input type="radio"/>

75. Have you ever thought about committing suicide?

- 01 Yes, when I was under 12 years of age
- 02 Yes, when I was an adolescent (12-17 years of age)
- 03 Yes, during the past year
- 04 Never
- 05 Don't know
- 06 Refused

76. Have you ever attempted suicide?

- 07 Yes, when I was under 12 years of age
- 08 Yes, when I was an adolescent (12-17 years of age)
- 09 Yes, during the past year
- 10 Never
- 11 Don't know
- 12 Refused

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

- 13 Yes
- 14 No
- 15 Don't know
- 16 Refused

78. During the past 12 months, was there ever a time when you felt sad, blue or depressed for 2 weeks or more in a row?

- 17 Yes
- 18 No
- 19 Don't know
- 20 Refused

79. 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.

Mark one response for each item.

	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	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Someone you can count on when you need help	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
Someone to take you to the doctor if you needed it	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Someone who shows you love and affection	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Someone who can give you a break from your daily routines	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
Someone to have a good time with	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
Someone to confide in or talk about yourself or your problems	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
Someone to do something enjoyable with	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

80. Who would you go to first for help if you had a problem with:

Check only one answer for each problem.

	Parent/ Guardian	Other family member	Friends my age	Adult friend	Traditional healer	Doctor/ Nurse/ Health aide	Principal / School counsellor / Teacher	Other	No one	Don't Know	Refused
Family problems	01 <input checked="" type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>
Relationships boyfriend/ girlfriend	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>
Financial problems	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
Drugs/ Alcohol	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Anger/ Feeling out of control	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
Depression	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
Problem with friends	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>
Sexual/ Physical assault	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
Sexually transmitted diseases	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>
Birth control	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>
Pregnancy	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>	121 <input type="radio"/>

N. RESIDENTIAL SCHOOLS

Residential schools— also referred to as boarding or industrial schools— are the federal and church run institutions that many Aboriginal children attended across Canada between 1860 and 1974.

81. Was your mother or father ever a student of a residential school?

	Yes	No	Don't know	Refused
Mother.....	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Father	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>

82. Were any of your grandparents students of a residential school?

	Yes	No	Don't know	Refused
Mother's mother	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Mother's father	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Father's mother	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Father's father	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

83. Are there other issues affecting the well-being of teens in this community that should be asked about?

ASSISTANCE

How much assistance did the respondent require in filling out the questionnaire?

01 None 02 Some 03 Very little 04 A lot

Did someone interpret (translate) the questions? (In whole or in part)

05 Yes 06 No 07 Don't know 08 Refused

Appendix 3: National Child Survey

FIRST NATIONS AND INUIT REGIONAL
LONGITUDINAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR FUTURE

Children's Questionnaire
October 18, 2002
(Content equivalent to laptop-based survey)

Table of contents

- B. PERSONAL BACKGROUND INFORMATION 1
- C. HOUSEHOLD INFORMATION 2
- D. TRADITIONAL CULTURE AND LANGUAGE 3
- E. EDUCATION 6
- F. GENERAL HEALTH 7
- G. HEALTH CONDITIONS 10
- H. PHYSICAL INJURIES 13
- I. HEALTH CARE ACCESS 15
- J. DENTAL CARE 15
- K. FOOD AND NUTRITION 16
- L. PHYSICAL ACTIVITY 18
- M. EMOTIONAL AND SOCIAL WELL-BEING 19
- N. RESIDENTIAL SCHOOLS 20
- O. CHILD CARE ARRANGEMENTS 20
- ASSISTANCE 21

B. PERSONAL BACKGROUND INFORMATION

Parent/Guardian

1. What is your relationship to _____ (name of child)?

- 01 Birth parent 02 Step parent (including common-law step parent)
03 Adoptive parent 04 Foster parent 05 Sister/ brother
06 Grandparent 07 Other related
08 Other related

2. What is your date of birth?

09 DAY MONTH YEAR

If unavailable please provide 10 *years*
approximate age

3. Please note the gender of the person completing this form on behalf of the child.

- 11 Male 12 Female

Child

4. What is _____'s (name of child) date of birth

13 DAY MONTH YEAR

If unknown or refused, please ask 14 *years*
for an approximate age

5. What is _____'s sex

- 15 Male 16 Female

6. Name of First Nation or Inuit community where _____ currently resides

17

C. HOUSEHOLD INFORMATION

7. Including _____, how many other children usually live in this household?
Include all children under 18 who reside in the household, at least half of the time. Include _____

- 18 Number of children under 6 years old (5 years and younger)
- 19 Number of children 6-11 years old
- 20 Number of children 12-17 years old (less than 18)
-
- 21 **Total** (add up 3 numbers above)
- 22 Refused

8. 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 of the time.

- 23 Number of adults 18-64 years of age
- 24 Number of adults 65 years and over
-
- 25 **Total** (add up 2 numbers above)
- 26 Refused

9. How many rooms are in your home? Include kitchen, bedrooms, living rooms and finished basement rooms. Do not count bathrooms, halls, laundry rooms and attached sheds.

- 27 1 28 2 29 3 30 4 31 5
- 32 6 33 7 34 8 35 9 36 10
- 37 11 38 12 39 13 or more 40 Don't know 41 Refused

10. Who does _____ live with most of the time? Read the whole list. Check all that apply

- | | |
|---|---|
| 42 <input type="radio"/> His/Her biological mother (birth mother) | 43 <input type="radio"/> His/Her biological father |
| 44 <input type="radio"/> His/Her adoptive mother | 45 <input type="radio"/> His/Her adoptive father |
| 46 <input type="radio"/> His/Her stepfather | 47 <input type="radio"/> His/Her stepmother |
| 48 <input type="radio"/> His/Her foster parent(s) | 49 <input type="radio"/> His/Her Aunt/ uncle/ cousins |
| 50 <input type="radio"/> His/Her Brother(s)/ sisters(s) | 51 <input type="radio"/> His/Her Step-brother(s)/ step-sister(s) |
| 52 <input type="radio"/> Unrelated children | 53 <input type="radio"/> His/Her Grandparent(s) |
| 54 <input type="radio"/> He/she lives in a boarding home | 55 <input type="radio"/> With a man she/he is not related to |
| 56 <input type="radio"/> With a woman he/she is not related to | 57 <input type="radio"/> Other <input style="width: 100px; height: 15px;" type="text"/> |
| 58 <input type="radio"/> Don't know | 59 <input type="radio"/> Refused |

11. For the year ending December 31, 2001, please think of the total income, for all household members, including yourself, before deductions, from all sources. Please look at these categories and tell me which range it falls into. Check only one category.

- | | |
|--|--|
| 60 <input type="radio"/> Income loss | 61 <input type="radio"/> \$30,000-\$39,999 |
| 62 <input type="radio"/> No income | 63 <input type="radio"/> \$40,000-\$49,999 |
| 64 <input type="radio"/> \$1-\$4,999 | 65 <input type="radio"/> \$50,000-\$59,999 |
| 66 <input type="radio"/> \$5,000-\$9,999 | 67 <input type="radio"/> \$60,000-\$69,999 |
| 68 <input type="radio"/> \$10,000-\$14,999 | 69 <input type="radio"/> \$70,000-\$79,999 |
| 70 <input type="radio"/> \$15,000-19,999 | 71 <input type="radio"/> \$80,000 and over |
| 72 <input type="radio"/> \$20,000-24,999 | 73 <input type="radio"/> Don't know |
| 74 <input type="radio"/> \$25,000-\$29,999 | 75 <input type="radio"/> Refused |

12. What is the highest level of formal schooling that _____'s parents or guardians have completed?

Check one answer in each column. They are listed in order, from lowest to highest.

	Mother or guardian's highest completed level of education	Father or guardian's highest completed level of education
Not applicable (no parent or guardian)	76 <input type="radio"/> Yes	77 <input type="radio"/> Yes
a) Some elementary school	78 <input type="radio"/> Yes	79 <input type="radio"/> Yes
b) Elementary school completed	80 <input type="radio"/> Yes	81 <input type="radio"/> Yes
c) Some high school	82 <input type="radio"/> Yes	83 <input type="radio"/> Yes
d) High school graduation diploma	84 <input type="radio"/> Yes	85 <input type="radio"/> Yes
h) Diploma or certificate from trade, technical or vocational school	86 <input type="radio"/> Yes	87 <input type="radio"/> Yes
i) Diploma or certificate from community college, CEGEP or University	88 <input type="radio"/> Yes	89 <input type="radio"/> Yes
j) University degree	90 <input type="radio"/> Yes	91 <input type="radio"/> Yes
k) Master's degree	92 <input type="radio"/> Yes	93 <input type="radio"/> Yes
l) Earned doctorate (PhD)	94 <input type="radio"/> Yes	95 <input type="radio"/> Yes
Don't know	96 <input type="radio"/> Yes	97 <input type="radio"/> Yes
Refused	98 <input type="radio"/> Yes	99 <input type="radio"/> Yes

D. TRADITIONAL CULTURE AND LANGUAGE

13. How important is it to you that _____ learn a First Nation / Inuit language

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very important | Somewhat important | Not very important | Not important | Don't know | Refused |
| 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |

15. What languages does _____ speak?

Mark all that apply

	Fluently	Relatively well	A few words	Don't understand		Fluently	Relatively well	A few words	Don't understand
English	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>	163 <input type="radio"/>	Mikmaq	164 <input type="radio"/>	165 <input type="radio"/>	166 <input type="radio"/>	167 <input type="radio"/>
French	168 <input type="radio"/>	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	Mohawk	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>	175 <input type="radio"/>
Sign language	176 <input type="radio"/>	177 <input type="radio"/>	178 <input type="radio"/>	179 <input type="radio"/>	Montagnais	180 <input type="radio"/>	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>
Algonquin	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>	187 <input type="radio"/>	Naskapi	188 <input type="radio"/>	189 <input type="radio"/>	190 <input type="radio"/>	191 <input type="radio"/>
Assiniboine	192 <input type="radio"/>	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>	North Slave	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>	199 <input type="radio"/>
Attikamekw	200 <input type="radio"/>	201 <input type="radio"/>	202 <input type="radio"/>	203 <input type="radio"/>	Nisgà	204 <input type="radio"/>	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>
Blackfoot	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>	211 <input type="radio"/>	Ojibway	212 <input type="radio"/>	213 <input type="radio"/>	214 <input type="radio"/>	215 <input type="radio"/>
Cayuga	216 <input type="radio"/>	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>	Oji-Cree	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>	223 <input type="radio"/>
Chipewyan	224 <input type="radio"/>	225 <input type="radio"/>	226 <input type="radio"/>	227 <input type="radio"/>	Oneida	228 <input type="radio"/>	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>
Chippewa	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>	235 <input type="radio"/>	Onondaga	236 <input type="radio"/>	237 <input type="radio"/>	238 <input type="radio"/>	239 <input type="radio"/>
Cree	240 <input type="radio"/>	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>	Potawatomi	244 <input type="radio"/>	245 <input type="radio"/>	246 <input type="radio"/>	247 <input type="radio"/>
Dakota	248 <input type="radio"/>	249 <input type="radio"/>	250 <input type="radio"/>	251 <input type="radio"/>	Salish	252 <input type="radio"/>	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>
Dogrib	256 <input type="radio"/>	257 <input type="radio"/>	258 <input type="radio"/>	259 <input type="radio"/>	Saulteaux	260 <input type="radio"/>	261 <input type="radio"/>	262 <input type="radio"/>	263 <input type="radio"/>
Gitksan	264 <input type="radio"/>	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>	South Slave	268 <input type="radio"/>	269 <input type="radio"/>	270 <input type="radio"/>	271 <input type="radio"/>
Gwich'in	272 <input type="radio"/>	273 <input type="radio"/>	274 <input type="radio"/>	275 <input type="radio"/>	Stoney	276 <input type="radio"/>	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>
Haida	280 <input type="radio"/>	281 <input type="radio"/>	282 <input type="radio"/>	283 <input type="radio"/>	Tuscorora	284 <input type="radio"/>	285 <input type="radio"/>	286 <input type="radio"/>	287 <input type="radio"/>
Inuktitut	288 <input type="radio"/>	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>	Wet'su'weten	292 <input type="radio"/>	293 <input type="radio"/>	294 <input type="radio"/>	295 <input type="radio"/>
Lakota	296 <input type="radio"/>	297 <input type="radio"/>	298 <input type="radio"/>	299 <input type="radio"/>					
Malecite	300 <input type="radio"/>	301 <input type="radio"/>	302 <input type="radio"/>	303 <input type="radio"/>					
Others (specify)									
<input type="text"/>	304 <input type="radio"/>	305 <input type="radio"/>	306 <input type="radio"/>	307 <input type="radio"/>					
<input type="text"/>	308 <input type="radio"/>	309 <input type="radio"/>	310 <input type="radio"/>	311 <input type="radio"/>					
Not applicable (too young)	312 <input type="radio"/>								

16. How satisfied are you with _____'s knowledge of his/ her First Nation / Inuit language?

- Very satisfied 01 Satisfied 02 Neither satisfied nor dissatisfied 03 Dissatisfied 04 Very dissatisfied 05 Not applicable (too young) 06 Refused 07 Don't know 08

17. How important are traditional cultural events in _____'s life?

Each place has different types of traditional activities and different events are important to different people. Some examples are powwows, sweat lodges, pipe ceremonies and community feasts.

- Very important 09 Somewhat important 10 Not very important 11 Not important 12 Don't know 13 Refused 14

18. Who helps _____ in understanding his/ her culture?

Do not read list. Check all that apply.

- 15 His/ her grandparents 16 His/ her friends 17 Someone else
18 His/ her parents 19 Other community members 20 No one
21 His/ her aunts and uncles 22 Community elders 23 Don't know
24 Other relatives 25 His/ her school teachers 26 Refused

E. EDUCATION

19. Is _____ currently attending school (including Aboriginal Head Start Program)?

- 27 Yes
28 No → Go to Q 23
29 No, but home schooled
30 Not applicable (too young) → Go to 25
31 Don't know
32 Refused

20. Has _____ ever attended a Head Start program?

- 33 Yes 34 No 35 Not applicable (too young) 36 Don't know 37 Refused

21. What grade is _____ in?

- 38 Aboriginal Head Start program 39 Pre-K 40 K 41 1 42 2
43 3 44 4 45 5 46 6 47 7
48 8 49 9 50 Refused

22. Based on your knowledge of his/ her schoolwork and report cards, how is _____ doing compared to other children in his/her grade this year?

- 51 Above average 52 Slightly below average 53 Don't Know/ can't compare
54 Slightly above average 55 Below average 56 Refused
57 Average 58 Not applicable (not in school or home schooled)

23. Has _____ ever skipped or advanced a grade as a result of academic performance?

- 59 Yes 60 No 61 Don't know 62 Refused

24. Has _____ ever repeated a grade?

- 63 Yes 64 No 65 Don't know 66 Refused

F. GENERAL HEALTH

25. What was _____'s birth weight?

- 01 Pounds 02 Ounces or 03 Kilograms
05 Don't Know 06 Refused

26. Did _____'s mother smoke during the pregnancy for her/him?

- 07 No, did not smoke at all → Go to Q 28
08 Yes, throughout pregnancy → Go to Q 27
09 Yes, but quit in 1st trimester → Go to Q 27
10 Yes, but quit in 2nd trimester → Go to Q 27
11 Yes, but quit in 3rd trimester → Go to Q 27
12 Don't know → Go to Q 28
13 Refused → Go to Q 28

27. Approximately how many cigarettes did she smoke per day?

- 14 Number of cigarettes per day 15 Occasional, not daily
16 Don't Know 17 Refused

28. Did anyone else in the household smoke while _____'s mother was pregnant?

- 18 Yes 19 No 20 Don't know 21 Refused

29. Does _____ have a smoke free home?

- 22 Yes 23 No 24 Don't know 25 Refused

30. Was _____ ever breast-fed?

- 26 Yes 27 No → Go to question 32 28 Don't know 29 Refused

31. How long was _____ breast-fed?

- 30 months 31 Still being breast-fed
32 Don't Know 33 Refused

32. In general, would you say _____'s health is:

- 34 Excellent 35 Poor
36 Very good 37 Don't know
38 Good 39 Refused
40 Fair

33. What is _____'s current height?

- 41 Feet 42 Inches or 43 Centimetres
44 Don't Know 45 Refused

34. What is _____'s current weight?

46 Pounds

47 Kilograms

48 Don't Know

49 Refused

This survey is for children of different ages. The next question asks about smoking and may not seem relevant in some situations.

35. Do you think that _____ smokes cigarettes?

50 No

51 Yes,
sometimes

52 Yes,
regularly

53 Don't
know

54 Refused

G. HEALTH CONDITIONS

36. Have you been told by a health care professional that _____ has any of the following health conditions?
Only include conditions that have lasted at least 6 months or are expected to last at least 6 months.

Have you been told that _____ has:			If yes, at what age was _____ when you were first told (years)?	Is _____ currently undergoing treatment or taking medication for this condition		Has this limited the kinds or amount of activity _____ does?	
	No	Yes	Age	No	Yes	No	Yes
Chronic bronchitis	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="text"/> <input type="text"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Allergies	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="text"/> <input type="text"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Asthma	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="text"/> <input type="text"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Has _____ had an asthma attack in the past 12 months	22 <input type="radio"/>	23 <input type="radio"/>					
Blindness or other serious vision problem (can't be corrected with glasses)	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="text"/> <input type="text"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Chronic ear infections or ear problems	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="text"/> <input type="text"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Hearing Impairment	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="text"/> <input type="text"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Difficulty hearing conversation with one person	45 <input type="radio"/>	46 <input type="radio"/>					
Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="text"/> <input type="text"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Cognitive or mental disability	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="text"/> <input type="text"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Fetal Alcohol Syndrome or Fetal alcohol effects (FAS/FAE)	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="text"/> <input type="text"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>
	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>	Don't Know <input type="radio"/>	<input type="radio"/>
	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>	Refused <input type="radio"/>	<input type="radio"/>
Learning disability	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="text"/> <input type="text"/>	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>

Have you been told that _____ has:	If yes, at what age was _____ when you were first told (years)?		Is _____ currently undergoing treatment or taking medication for this condition		Has this limited the kinds or amount of activity _____ does?			
	No	Yes	Age	No	Yes	No	Yes	
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>
Epilepsy	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="text"/> <input type="text"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>
Cerebral palsy	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="text"/> <input type="text"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>	
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>
Physical disability other than cerebral palsy	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="text"/> <input type="text"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>
HIV/AIDS	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="text"/> <input type="text"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>
Tuberculosis (TB)	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="text"/> <input type="text"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>

	Active	Inactive	Don't know
Is _____'s tuberculosis active or inactive?	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>

Heart condition or problem	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="text"/> <input type="text"/>	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>
Kidney disease	120 <input type="radio"/>	121 <input type="radio"/>	122 <input type="text"/> <input type="text"/>	123 <input type="radio"/>	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>
Liver disease	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="text"/> <input type="text"/>	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>	133 <input type="radio"/>
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>
Diabetes (if no, go to Q 38)	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="text"/> <input type="text"/>	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="radio"/>
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>
Other	141 <input type="text"/>		142 <input type="text"/> <input type="text"/>	143 <input type="radio"/>	144 <input type="radio"/>	145 <input type="radio"/>	146 <input type="radio"/>
	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>	Refused <input type="radio"/>	Don't Know <input type="radio"/>

If _____ has diabetes, go to question 37
If _____ does not have diabetes, go to question 38

37. Which type(s) of diabetes has _____ been diagnosed with in her/his lifetime?
Include all diagnoses you have received. Refer to definitions below, if necessary.

- 01 Type 1 02 Pre-diabetic state 03 Refused
04 Type 2 05 Don't know

Type 1 diabetes (previously known as insulin-dependent diabetes) typically occurs in childhood or adolescence and requires multiple daily injections for survival. Insulin treatment begins immediately after diagnosis.

Type 2 diabetes (previously known as non-insulin dependent diabetes) usually begins after age 30. Type 2 diabetes is more common in First Nation and Inuit populations. There are risk factors for this type of diabetes such as obesity and lack of exercise. This type of diabetes can be prevented and effectively managed by eating healthy foods and engaging in regular exercise.

Pre-diabetic state: includes impaired fasting glucose and impaired glucose intolerance. Both are determined by tests that reveal high blood glucose levels. The levels are not high enough to be diagnosed as type 1 or type 2 diabetes. This is sometime referred to as "borderline" diabetes.

38. Is _____ currently taking any traditional medicines?

- 06 Yes 07 No 08 Don't know 09 Refused

39. In the past 12 months, has _____ had a blood sugar test (test for diabetes)?

- 10 Yes 11 No 12 Don't know / Not sure 13 Refused

40. Is _____ limited in the kinds or amount of activity that he/she can do at home because of a physical or mental condition or health problem?

- 14 Often 15 Sometimes 16 No 17 Don't know 18 Refused

41. Is _____ limited in the kinds or amount of activity that he/she can do at school because of a physical or mental condition or health problem?

- 19 Often 20 Sometimes 21 No 22 Don't know 23 Refused

42. Is _____ limited in the kinds or amount of activity that he/she can do in other situations (i.e. at leisure or while traveling) because of a physical or mental condition or health problem?

- 24 Often 25 Sometimes 26 No 27 Don't know 28 Refused

H. PHYSICAL INJURIES

43. In the past 12 months, did _____ experience any of the following injuries that required the attention of a health care professional?

Ask about each type.

	Yes	No
Broken or fractured bones	147 <input type="radio"/>	148 <input type="radio"/>
Burns or scalds	149 <input type="radio"/>	150 <input type="radio"/>
Dislocation	151 <input type="radio"/>	152 <input type="radio"/>
Sprain or strain (major)	153 <input type="radio"/>	154 <input type="radio"/>
Cuts, scrapes, or bruises (major) ...	155 <input type="radio"/>	156 <input type="radio"/>
Concussion	157 <input type="radio"/>	158 <input type="radio"/>
Poisoning	159 <input type="radio"/>	160 <input type="radio"/>
Injury to internal organ	161 <input type="radio"/>	162 <input type="radio"/>
Dental injury	163 <input type="radio"/>	164 <input type="radio"/>
Hypothermia, frostbite, other injury due to cold exposure	165 <input type="radio"/>	166 <input type="radio"/>
Other	167	<input style="width: 150px; height: 15px;" type="text"/>

If no injuries in Q 36, then go to Q 45

44. What were the cause(s) of this injury (or injuries)?

Do not read list. Check all that apply.

Causes:	If yes, was it alcohol or drug related?											
	No	Yes	Yes	No	Don't know	Refused						
Motor vehicle accident (car or truck): passenger	01	<input type="radio"/>	02	<input type="radio"/>	03	<input type="radio"/>	04	<input type="radio"/>	05	<input type="radio"/>	06	<input type="radio"/>
Motor vehicle accident: pedestrian	07	<input type="radio"/>	08	<input type="radio"/>	09	<input type="radio"/>	10	<input type="radio"/>	11	<input type="radio"/>	12	<input type="radio"/>
Motor vehicle accident: while riding a bicycle	13	<input type="radio"/>	14	<input type="radio"/>	15	<input type="radio"/>	16	<input type="radio"/>	17	<input type="radio"/>	18	<input type="radio"/>
Other bicycle accident	19	<input type="radio"/>	20	<input type="radio"/>	21	<input type="radio"/>	22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>
Snowmobile accident	25	<input type="radio"/>	26	<input type="radio"/>	27	<input type="radio"/>	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>
ATV (all terrain vehicle) accident	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>	34	<input type="radio"/>	35	<input type="radio"/>	36	<input type="radio"/>
Hunting accident	37	<input type="radio"/>	38	<input type="radio"/>	39	<input type="radio"/>	40	<input type="radio"/>	41	<input type="radio"/>	42	<input type="radio"/>
Boating accident	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>	46	<input type="radio"/>	47	<input type="radio"/>	48	<input type="radio"/>
Fall or trip (not including bicycle, sport or snowmobile)	49	<input type="radio"/>	50	<input type="radio"/>	51	<input type="radio"/>	52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>
Sport (not including bicycle or hunting)	55	<input type="radio"/>	56	<input type="radio"/>	57	<input type="radio"/>	58	<input type="radio"/>	59	<input type="radio"/>	60	<input type="radio"/>
Physical assault	61	<input type="radio"/>	62	<input type="radio"/>	63	<input type="radio"/>	64	<input type="radio"/>	65	<input type="radio"/>	66	<input type="radio"/>
Suicide attempt or self-inflicted injury	67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>	70	<input type="radio"/>	71	<input type="radio"/>	72	<input type="radio"/>
Dog bite	73	<input type="radio"/>	74	<input type="radio"/>	75	<input type="radio"/>	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>
Bite by animal other than dog	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>	82	<input type="radio"/>	83	<input type="radio"/>	84	<input type="radio"/>
Fire or flames or resulting fumes	85	<input type="radio"/>	86	<input type="radio"/>	87	<input type="radio"/>	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>
Scalded by hot liquid or food	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>	94	<input type="radio"/>	95	<input type="radio"/>	96	<input type="radio"/>
Natural environmental factors (sting, frostbite, etc.)	97	<input type="radio"/>	98	<input type="radio"/>	99	<input type="radio"/>	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>
Near drowning	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>	106	<input type="radio"/>	107	<input type="radio"/>	108	<input type="radio"/>
Asphyxia or other threats to breathing	109	<input type="radio"/>	110	<input type="radio"/>	111	<input type="radio"/>	112	<input type="radio"/>	113	<input type="radio"/>	114	<input type="radio"/>
Accidental poisoning	115	<input type="radio"/>	116	<input type="radio"/>	117	<input type="radio"/>	118	<input type="radio"/>	119	<input type="radio"/>	120	<input type="radio"/>
Other	121	<input type="radio"/>	122	<input type="radio"/>	123	<input type="radio"/>	124	<input type="radio"/>	125	<input type="radio"/>	126	<input type="radio"/>

I. HEALTH CARE ACCESS

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

Read each item and mark all that apply.

		Yes		No		Don't know		Refused	
Doctor or nurse not available in my area	01	<input type="radio"/>		02	<input type="radio"/>	03	<input type="radio"/>	04	<input type="radio"/>
Health facility not available (e.g. nursing station or hospital) in my area	05	<input type="radio"/>		06	<input type="radio"/>	07	<input type="radio"/>	08	<input type="radio"/>
Waiting list too long	09	<input type="radio"/>		10	<input type="radio"/>	11	<input type="radio"/>	12	<input type="radio"/>
Unable to arrange transportation	13	<input type="radio"/>		14	<input type="radio"/>	15	<input type="radio"/>	16	<input type="radio"/>
Difficulty getting traditional care (e.g. healer, medicine person or elder)	17	<input type="radio"/>		18	<input type="radio"/>	19	<input type="radio"/>	20	<input type="radio"/>
Not covered by <i>Non-insured Health Benefits</i> (e.g. service, medication, equipment)	21	<input type="radio"/>		22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>
Prior approval for services under Non-Insured health benefits (NIHB) was denied.....	25	<input type="radio"/>		26	<input type="radio"/>	27	<input type="radio"/>	28	<input type="radio"/>
Could not afford direct cost of care/service	29	<input type="radio"/>		30	<input type="radio"/>	31	<input type="radio"/>	32	<input type="radio"/>
Could not afford transportation costs	33	<input type="radio"/>		34	<input type="radio"/>	35	<input type="radio"/>	36	<input type="radio"/>
Could not afford childcare costs	37	<input type="radio"/>		38	<input type="radio"/>	39	<input type="radio"/>	40	<input type="radio"/>
Felt health care provided was inadequate	41	<input type="radio"/>		42	<input type="radio"/>	43	<input type="radio"/>	44	<input type="radio"/>
Felt service was not culturally appropriate	45	<input type="radio"/>		46	<input type="radio"/>	47	<input type="radio"/>	48	<input type="radio"/>
Chose not to see health professional	49	<input type="radio"/>		50	<input type="radio"/>	51	<input type="radio"/>	52	<input type="radio"/>
Service was not available in my area	53	<input type="radio"/>		54	<input type="radio"/>	55	<input type="radio"/>	56	<input type="radio"/>
Other <input style="width: 150px; height: 15px;" type="text"/>	57	<input type="radio"/>							

J. DENTAL CARE

46. Approximately, when was the last time _____ had any dental care?

- 58 Less than 6 months ago
- 59 Between 6 months and 1 year ago
- 60 Between one and 2 years ago
- 61 More than 2 years ago
- 62 Never
- 63 Don't know
- 64 Refused

47. What type of dental treatment does _____ currently need?

- 65 None
- 66 Cavities filled or other restorative work (e.g. fillings, crowns, bridge)
- 67 Maintenance (e.g. check-ups or teeth cleaning)
- 68 Extractions (taking teeth out)
- 69 Fluoride treatment
- 70 Periodontal (gum) work
- 71 Prosthetics (e.g. dentures, including repair and maintenance)
- 72 Orthodontic work (braces)
- 73 Urgent (dental problems requiring immediate attention)
- 74 Other
- 75 Don't know
- 76 Refused

48. Have _____'s teeth been affected by Baby Bottle Tooth Decay?

- 77 Yes 78 No → *Go to Q 50* 79 Don't know 80 Refused

49. Has _____ been treated for Baby Bottle Tooth Decay?

- 81 Yes 82 No 83 Don't know 84 Refused

K. FOOD AND NUTRITION

50. Does _____ eat a nutritious balanced diet?

- 01 Always/always
- 02 Never
- 03 Sometimes
- 04 Don't know
- 05 Rarely
- 06 Refused

51. On average, how often does _____ eat or drink the following foods:
Choose the answer that best describes the way that you usually eat.

	Never / Hardly ever	Less than once a week	A few times a week	Once a day	Several times a day
Coffee / Tea	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>
Soft Drinks / Pop	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Fast food (e.g. burgers, pizza, hotdogs)	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
Cakes / Pies / Cookies / Candy / Chocolate	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
French Fries, Potato chips / Pretzels, Fry Bread, etc.	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>
Added salt (e.g. from salt shaker)	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Added sugar (e.g. on cereal or in tea)	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>

52. In the past 12 months, how often has _____ eaten the following traditional foods?

	Not at all	A few times	Often	Don't Know	Refused
Land based animals (moose, caribou, bear, deer, etc.)	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>
Fresh water fish	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
Salt water fish	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Other water based foods (shellfish, eels, clams, sea weed, urchins, etc.)	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>
Sea-based animals (whale, seal, walrus, etc.)	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
Game birds (goose, duck, partridge, etc.)	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
Small game (rabbit, muskrat, etc.)	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
Berries or other wild vegetation	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
Bannock / Fry bread	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>
Corn soup	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>
Other <input type="text"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>

M. EMOTIONAL AND SOCIAL WELL-BEING

56. Outside of school hours, how often does _____ :

	Never	Less than once per week	1-3 times per week	4 + times per week	Not Applicable	Refused
Take part in sports teams or lessons	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Take part in art or music groups or lessons.....	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
Take part in traditional singing, drumming or dancing groups or lessons ...	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>

57. On average, about how many hours per week does _____ :

Include weekends. Use approximate numbers.

	Hours per week	Not applicable (too young)	Don't know	Refused
Watch T.V.	49 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Play video games.....	53 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Use computer (other than video games).....	57 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
Play outdoors.....	61 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
Assist in household chores	65 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>

58. How often does _____ read for fun (not just for school) or is read to?

- | | | |
|--|---|---------------------------------------|
| 69 <input type="radio"/> Every day | 70 <input type="radio"/> A few times a week | 71 <input type="radio"/> Once a week |
| 72 <input type="radio"/> A few times a month | 73 <input type="radio"/> Less than once a month | 74 <input type="radio"/> Almost never |

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

- | | |
|--|---|
| 75 <input type="radio"/> Very well, no difficulties | 76 <input type="radio"/> Not at all well, constant difficulties |
| 77 <input type="radio"/> Quite well, hardly any difficulties | 78 <input type="radio"/> Don't know |
| 79 <input type="radio"/> Not too well, /lots of difficulties | 80 <input type="radio"/> Refused |

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

- 81 Yes 82 No 83 Don't know/Can't compare 84 Refused

N. RESIDENTIAL SCHOOLS

61. Was _____'s father or mother ever a student of a residential school?

	Yes	No	Don't know	Refused
Mother (or guardian) ...	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Father (or guardian)	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>

62. Were any of _____'s grandparents students of a residential school?

	Yes	No	Don't know	Refused
_____ 's mother's (guardian's) mother.....	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
_____ 's mother's (guardian's) father.....	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
_____ 's father's (guardian's) mother.....	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
_____ 's father's (guardian's) father.....	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

O. CHILD CARE ARRANGEMENTS

63. Does _____ currently receive childcare while his/her parent(s)/guardian(s) are at work or studying?

25 Yes 26 No → Go to Q 66 27 Don't know 28 Refused

64. What is _____'s main childcare arrangement?
Use cue card provided.

29 <input type="radio"/> Care in someone else's home by a relative	30 <input type="radio"/> Care in someone else's home by a non-relative
31 <input type="radio"/> Care in child's home by a relative (other than brother or sister)	32 <input type="radio"/> Care in child's home by a non-relative
33 <input type="radio"/> Care in child's home by child's brother or sister	34 <input type="radio"/> Day care centre
35 <input type="radio"/> Private home day care	36 <input type="radio"/> Before and after school program (latch key)
37 <input type="radio"/> Nursery school/ Preschool	38 Other <input style="width: 150px; height: 15px;" type="text"/>

65. On average, how many hours per week does _____ spend in childcare?

39 hours

66. Are there other issues affecting the well-being of children in this community that should be asked about?
Please specify.

ASSISTANCE

Did someone interpret (translate) the questions? (In whole or in part)

- 40 Yes 41 No 42 Don't know 43 Refused

Appendix 4: Themes of the 2002/03 RHS Regional Surveys

Key themes in regional survey components by age group			
Region	Adult	Youth	Children
Yukon		<ul style="list-style-type: none"> School (attendance, performance, travel to, subjects) 	<ul style="list-style-type: none"> School (attendance, travel to, difficulties)
Northwest Territories	<ul style="list-style-type: none"> Work (for income and non-remunerated) Off-road vehicles Hunting, trapping, traditional activities Mental health, social support Racism, discrimination Community wellness Participation in community life 		
British Columbia	<ul style="list-style-type: none"> Injuries, seat belts, child seats, helmets 		
Alberta			
Saskatchewan			
Manitoba	<ul style="list-style-type: none"> Spirituality, traditional knowledge Gambling Dietary habits, food access Income Community life 	<ul style="list-style-type: none"> Social supports Use of medical services and treatments Spirituality, traditional knowledge, well-being Weight Health conditions, access to treatment Sexuality, pregnancy 	<ul style="list-style-type: none"> Parent income, employment Well-being Health care access Spirituality, traditional knowledge Caregivers School performance
Ontario	<ul style="list-style-type: none"> Suicide Hopes and dreams 	<ul style="list-style-type: none"> Suicide Hopes and dreams 	
Quebec			
Nova Scotia/ NFLD	<ul style="list-style-type: none"> Income Gambling Dietary habits, traditional foods Feelings about future, mental health 	<ul style="list-style-type: none"> Employment Gambling Dietary habits, traditional foods Feelings about future, mental health 	<ul style="list-style-type: none"> Dietary habits
New Brunswick/PEI			

Appendix 5: Regional Surveys

- APPENDIX 5.1: Yukon Child Survey
Yukon Youth Survey
Yukon Adult Survey
- APPENDIX 5.2: British Columbia Adult Survey
- APPENDIX 5.3: Manitoba Child Survey
Manitoba Youth Survey
Manitoba Adult Survey
- APPENDIX 5.4: Ontario Survey
- APPENDIX 5.5: Quebec Adolescent (French/English)
Quebec Adult (French/English)
- APPENDIX 5.6: Dene (NT) Survey
- APPENDIX 5.7: Nova Scotia/Newfoundland Survey

Appendix 5.1: Yukon Surveys

**First Nations and Inuit Longitudinal Regional Health Survey
Yukon Questionnaire
Children's
For ages 0-11 inclusive**

Thank you for agreeing to participate in this survey. Your time is very important to us, as is your assistance. This questionnaire is mostly about your child's education and access to services. The information will be used to provide better planning and services to your child and yourself as a parent. If you require assistance or have any questions, the survey interviewers will be glad to assist you.

Study identifier number (to be entered by interviewer from national portion)

The first section is background information

A. Background Information

A1. Are you:

- Status First Nation
 Non-status member
 Non-First Nation

A2. Is _____ (child's name)

- Status First Nation
 Non-status member
 I don't know

Now, I would like to ask you some questions about _____ school attendance and access to school.

B. School Attendance

B 1. Does _____ attend school?

- Yes
 No (go to B2)
 Not applicable, child too young (go to D1)

B2. What is the reason _____ does not attend school?

B 3. In an average month, approximately how many school days does _____ miss?

- 0
 1-3
 4-6
 6-9

___ 10+

B4. How does _____ get to school?

- ___ Walk
___ School bus / van
___ Public transportation
___ Parent / Guardian
___ Car pool / catches a ride
___ Other (*please specify*) _____

B5. Approximately how far does _____ reside from school?

- ___ Less than 1 kilometer
___ 1-5 kilometers
___ 5-10 kilometers
___ 10-20 kilometers
___ More than 20 kilometers

B6. How often does this child have difficulty getting transportation to school?

- ___ Always
___ Often
___ Sometimes
___ Rarely
___ Never

The next questions have to do with _____ experience at school.

C. School Experience

C1. What learning activities is this child **most** skilled at?

- ___ Reading
___ Writing
___ Mathematics
___ Sciences
___ Physical Education
___ Computers
___ Traditional culture
___ Traditional Language
___ Social Skills
___ Other (*please specify*) _____

C2. Which learning activity does _____ most need to improve?

- ___ Reading
___ Writing
___ Mathematics
___ Sciences
___ Physical Education
___ Computers

- Traditional Culture
 Traditional Language
 Other (*please specify*) _____
 None – does not need to improve any learning activity

C3. If _____ were to require extra assistance with school work after school hours, do you feel there is someone through the school available to assist?

- Yes
 No
 I don't know
 Refused

C4. Do you feel _____ gets along well with his/her classmates?

- All of the time
 Most of the time
 Some of the time
 A bit of the time
 None of the time
 I don't know

**In the next two sections, the term "difficulties" refers to any challenge that interferes with _____ normal development and / or performance.*

D. Challenges

D1. Does _____ have difficulties at home or at school?

- Yes (*if yes, go to D2*)
 No
 I don't know
 Refused

D2. If yes, what kind of difficulties does _____ have? (*Mark all that apply*).

- Reading difficulties
 Writing difficulties
 Mathematics difficulties
 Emotional difficulties
 Behavioral difficulties
 Hyperactivity
 Attention span difficulties
 Social Skills
 Other difficulties (*please specify*) _____

The next section has to do with child evaluations and diagnosis. Evaluations are generally done by school professionals, social workers, etc., and diagnosis are done by doctors such as medical doctors and psychiatrists. This information will help us gauge the availability and access these services, as well as the need.

E. Evaluation and Diagnosis

E1. Has _____ ever been evaluated (by teacher, social worker etc) due to difficulties at home or at school?

- Yes (*if yes go to E2*)
- No – has difficulties but has not been evaluated
- No – has no difficulties
- I don't know
- Refused

E2. What were the results?

Refused

E3. Has _____ ever been diagnosed (by medical doctor, psychiatrist etc) due to difficulties at home or at school?

- Yes (*please go to E4*)
- No – has difficulties but has not been diagnosed
- No – has no difficulties
- I don't know
- Refused

E4. What were the results?

Refused

E5. Have you ever tried to obtain an evaluation or diagnosis for _____, but had difficulty accessing this service?

- Yes, had difficulty accessing an evaluation (*if Yes to either go to E6*)
- Yes, had difficulty accessing a diagnosis
- No
- Refused

E6. Why did you have difficulty accessing this service? (*mark all that apply*)

- The service is not available in my community
- There was a long waiting list for the service
- I could not secure transportation to access the service
- The service was too expensive
- Other (please state) _____

E7. If you have concerns regarding the health and well being of _____, is there someone you feel comfortable talking to?

- Yes
 No
 Refused

Now, I would like to ask some questions about Fetal Alcohol Syndrome, Fetal Alcohol Effects, and Learning Disabilities. These questions are about awareness and availability of information.

F. FAS / E and Learning Disabilities

F1. Do you feel you have adequate knowledge of the diseases, Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)?

- Yes
 No
 Refused

F2. Are you aware of where to obtain information on FAS / E?

- Yes
 No
 Refused

F3. Do you feel there is adequate information regarding FAS / E in your community?

- Yes
 No
 I don't know
 Refused

F4. Do you feel you have adequate knowledge of learning disabilities?

- Yes
 No
 Refused

F5. Are you aware of where to obtain information on learning disabilities?

- Yes
 No
 Refused

F6. Do you feel there is adequate information regarding learning disabilities in your community?

- Yes
 No
 I don't know
 Refused

Are there any comments you would like to make regarding these subjects that are not addressed in this survey?

This concludes the survey. If you have any questions, do not hesitate to ask the interviewer. Feel free to contact the supervisor at the number provided if you have any questions at a later date. Thank you very much for your time, and for providing your valuable information.

First Nations and Inuit Regional Longitudinal Survey**Yukon Questionnaire****Adolescent****Ages 12-17 inclusive**

Thank you for agreeing to participate in the survey. Your time is very important to us, as is your assistance. This questionnaire is about education. If you need assistance or have any questions, the survey interviewer will be glad to assist you.

All information you provide is confidential.

Study Identifier Number (to be entered by interviewer from national portion)

This first section is background information.

A. Background Information

A1. Are you:

____ Status First Nation

____ Non-status member

Now, I would like to ask you a few questions about school attendance and access to school.

B. School Attendance:

B1. Do you presently attend school?

____ Yes (please go to question B5)

____ No

B2. What is the reason you don't attend school?

____ I have graduated grade 12 already

- I quit because I did not like school
- I quit because school was too difficult
- I quit because I had to work to support myself or my family
- I quit due to lack of support
- I quit because it was difficult to access school (school was too far away from home)
- Other reason (please state) _____

B3. How old were you when you finished / quit school? _____

B4. Do you plan on returning to school?

- Yes
- No
- I don't know

(If you no longer attend school, please answer the rest of the questionnaire in regards to the LAST school you attended)

B5. In an average month, approximately how many school days do (did) you miss?
(please state number) _____

C. School Access:

C1. Is High School available in your (First Nation) community?

- Yes
- No
- I don't know

C2. If given the choice, would you rather attend high school in;

- Your community
- Whitehorse

- Watson Lake
 Dawson City
 In other community (please state) _____

C3. During the school year, do you reside at:

- Your parents (if so, go to question C6)
 Grandparents
 Other family member
 Friend of family
 Other household
 School dormitory / residence
 Other (please state) _____

C4. If you do not reside with your parents, is the reason so you can attend school? (You can not access school in your own community)

- Yes
 No (please go to question C6)

C5. If you are residing somewhere other than “home” in order to access school, do you feel this has affected your school performance (grades) in any way?

- Yes, it has had a positive effect
 Yes, it has had a negative effect
 No, it has not affected my school performance
 I don't know

C6. How do you get to school?

- Walk
 School bus / school van
 Public transportation (city bus)
 Parent / guardian drives me
 Catch a ride with friends

C7. Approximately how far do you reside from school?

- Less than 1 kilometer
- 1-5 kilometers
- 5-10 kilometers
- 10-20 kilometers
- more than 20 kilometers

C8. How often do you have difficulty getting transportation to school?

- Always
- Often
- Sometimes
- Rarely
- Never

The next questions have to do with learning.

D. Learning:

D1. What do you MOST like to learn about? (please only choose one)

- Math
- English
- Sciences
- Physical Education
- Computers
- Social Studies
- Industrial Arts
- Home Economics
- Traditional Culture
- Traditional Language
- Music, Art or Drama

___ Other (please state) _____

D2. What do you LEAST like to learn about? (please only choose one)

___ Math

___ English

___ Sciences

___ Physical Education

___ Computers

___ Social Studies

___ Industrial Arts

___ Home Economics

___ Traditional Culture

___ Traditional Language

___ Music, Art or Drama

___ Other (please state) _____

D3. Why is this your least favorite? (pick MOST important reason)

___ The subject is too difficult

___ I have a hard time understanding the materials

___ I find it boring

___ I don't get along with the teacher

___ Other reason (please state) _____

D4. What do you feel is the most effective way that you learn?

___ Listening (auditory)

___ Reading

___ Writing

___ Watching (visually)

___ By doing the action yourself (hands on)

___ Virtual Learning (Distance Education, Video-Conferencing etc.)

___ Other (please state) _____

D5. What learning method do you feel is most used in class now?

- Listening
- Reading
- Writing
- Watching
- Doing the action yourself (hands on)
- Virtual Learning (Distance Education, Video-Conferencing etc.)
- Other (please state) _____

D6. What learning activity or subject do you feel most skilled at?

- Reading
- Writing
- Mathematics
- Sciences
- Physical Education
- Computers
- Social Studies
- Industrial Arts
- Home Economics
- Traditional Culture
- Traditional Language
- Music, Art or Drama
- Other (please state) _____

D7. What learning activity or subject do you feel you most need to improve?

- Reading
- Writing
- Mathematics
- Sciences
- Physical Education
- Computers

- Social Studies
- Industrial Arts
- Home Economics
- Traditional Culture
- Traditional Language
- Music, Art or Drama
- Other (please state) _____

D8. Do you feel there is enough First Nation traditional culture taught at school?

- Yes
- No
- I don't know

D9. What do you like about school?

D10. What do you dislike about school?

D11. What suggestions do you have to improve school?

D12. If you have a question about school, is there someone you feel comfortable asking?

- Yes
- No
- I don't know

D13. If you were to want extra assistance with school work after school hours, do you feel there is someone available through school to help you?

- Yes
 No
 I don't know

This last section is about your experience and enjoyment in school.

E. School Experience:

E1. In comparison to your classmates, do you feel you are;

- At a higher level academically (please go to question E3)
 At the same level academically (please go to question E3)
 At a lower level academically

E2. If you feel at a lower level, is it because you feel: (check all that apply)

- The school material isn't effective
 You need one on one instruction
 The teacher(s) do not teach effectively
 The class is taught too fast
 You have trouble understanding the material
 You have difficulty concentrating in class
 There are too many distractions in class
 The material is not interesting
 You have to study more
 Other (please state) _____

E4. Do you get along well with your classmates?

- All of the time
 Most of the time
 Some of the time

____ A bit of the time

____ None of the time

E8. Are there any comments about school you would like to make that is not addressed in this survey?

This concludes the survey. If you have any questions, do not hesitate to ask the interviewer. Feel free to contact the interviewer at the number provided if you have any questions at a later date. Thank you very much for your time, and for providing your valuable information.

Appendix 5.2: British Columbia Surveys

First Nations Chiefs' Health Committee

Regional Health Survey Questions – BC Region

The BC Regional will have a ten-minute portion for regional questions, which are concerned with “Injury Prevention”

1. Are injuries an important health problem in your community?
 - Yes
 - No
 - Don't Know
 - Refused

2. Is the risk of injury in your community greater than in the non-native community?
 - Greater
 - The Same
 - Don't Know
 - Refused

3. What types of injury do you see most often in your community?
Please list the 3 most common.
 - Car Accidents
 - Accidental Overdose
 - Falls
 - Drowning
 - Family Violence
 - Playground Injuries
 - Fires

4. In your opinion, did alcohol or drugs play a role in any of the injuries that you ranked?
 - Yes
 - No
 - Don't Know
 - Refused

5. How often do you wear seatbelts while in a car?
 - All the Time
 - Some of the Time
 - Never
 - Don't Know
 - Refused

6. If you drive with a child in your car, do you use an infant seat (car seat) for your child?

- All the Time
- Some of the Time
- Never
- Don't Know
- Refused

7. Does your child use a bicycle helmet when he or she rides a bike or skateboard?

- Yes
- No
- Not Applicable
- Don't Know
- Refused

8. Are there any other injury related concerns that you would like to see addressed in your community??

Thank you for taking the time to fill in filling out the survey form.

Appendix 5.3: Manitoba Surveys



CENTRE *for*
Aboriginal Health
RESEARCH

**MANITOBA FIRST NATIONS REGIONAL LONGITUDINAL
ADULT HEALTH SURVEY SUPPLEMENT**

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**THIS SURVEY SUPPLEMENT IS PROVIDED FOR INFORMATION USE
ONLY AND CANNOT BE REPRODUCED IN ANOTHER SURVEY
WITHOUT THE PRIOR WRITTEN APPROVAL OF THE ASSEMBLY
OF MANITOBA CHIEFS AND THE CENTRE FOR ABORIGINAL
HEALTH RESEARCH AT THE UNIVERSITY OF MANITOBA**

This section was specifically designed for the Manitoba First Nation population in order to develop a holistic view of health and regional priorities.

SPIRITUALITY AND TRADITIONS

1. The following questions ask you about traditional, spiritual, and general health issues. (Ask each item and mark one response for each item).

	Yes	No	Refused
Do you go camping with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you go on picnics with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you hunt, trap, fish, pick wild rice, or pick berries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you teach younger people about traditional foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you teach younger people how to obtain traditional foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use any traditional medicines to prevent or cure sickness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you attend church activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you gather traditional medicines for personal use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you go to anyone in your community about using traditional plants for traditional medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been to a traditional medicine person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in community feasts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you go to pow-wows?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in pow-wows?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in spiritual ceremonies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in community events like carnivals or celebrations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. At this time, what religion or belief do you follow? (Read list and mark all that apply)

- Traditional Native
- Catholic
- Anglican
- United
- Methodist
- Pentecostal
- Other, please specify _____
- None
- Refused

3. Do you think that spiritual well-being contributes to physical, mental and emotional health? (Mark one response only).

- Yes
- No
- Don't know
- Refused

4. The next few questions ask about your spirituality. I will read a statement and I would like you to tell me if you “strongly disagree”, “disagree”, “neither agree or disagree”, “agree” or “strongly agree”. (Ask each item and mark one response for each item)

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Refused
My spirituality (faith) has made me a stronger person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting with my spiritual side helps me feel more balanced in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praying helps me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spirituality (faith) helps me through each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirituality (faith) helps in my healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Overall, do you think a Traditional Healer Program should be part of the health services available in all hospitals? (Mark one response only).

Yes Not Sure No Refused

6. Do you think a Traditional Healer Program should be part of the health services available in your community? (Mark one response only).

Yes Not Sure No Refused

7. Have you ever needed interpreter or translation services in a hospital, but it was not available? (Mark one response only).

Yes No Never been to a hospital Refused

8. In your opinion, are there appropriately trained interpreters or translators available in your community? (Mark one response only).

Yes No Not Sure Refused

INDIVIDUAL, HOUSEHOLD AND COMMUNITY SOCIAL CONCERNS

9. In the past six months, did you participate in any gaming activities (such as bingo, Nevada tickets, lottery tickets, slots, cards, horse racing, traditional hand games)? (Mark one response only).

Yes No Never gambled Refused

10. Are you worried that you may be a problem gambler? (Mark one response only).

Yes No Never gambled Refused

11. Have you ever talked to a health care specialist, councilor, close friend or family member because you felt that you were becoming a problem gambler? (Mark one response only).

Yes No Never participated in gambling activities Refused

12. Would you like to see counseling services available in your community for people who have a gambling problem? (Mark one response only).

Yes No Don't Know Refused

13. In your household, which of the following social concerns are a major problem, minor problem, or not a problem? (Ask each item and mark one response for each item)

	Major Problem	Minor Problem	Not a problem	Refused
Gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overcrowding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Generally, do you think that HIV/AIDS is likely to become a major problem or a minor problem in the Manitoba First Nations population? (Mark one response only).

- Major problem Will not be a problem Refused
 Minor Problem Don't know

15. Do you think that HIV/AIDS is likely to become a major problem or a minor problem in this community? (Mark one response only)

- Major problem Will not be a problem Refused
 Minor Problem Don't know

16. In the past 12 months, how often ... (Ask each item and mark one response for each item)

	Often	Sometimes	Never	Don't Know	Refused
Did you worry that food would run out before there was money to buy more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you eat cheaper foods or eat the same foods for several days in a row because there was not enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you skip meals or eat less than you should because there was not enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been hungry because there was not enough food in the house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you or anyone else in your household receive food from a relative because there was not enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you or anyone else in your household run out of money to pay bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you not have enough money to buy clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you not have enough money to buy other necessities of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you depend on the income of a family member(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do people who do not live with you <u>depend</u> on your household for income?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. **How do you manage on the income you have available?** (Mark one response only)
- It is impossible
 - It is difficult all the time
 - It is difficult some of the time
 - It is not too bad
 - It is easy
 - Refused
18. **Compared to five years ago, how would you rate the economic situation of your community?** (e.g., jobs, employment, prosperity, etc.) (Mark one response only).
- A lot better
 - A little better
 - Much the same
 - A little worse
 - A lot worse
 - Refused
19. **Thinking about the future, and if you continue living in this community, overall do you think that you and your household will be ...** (Mark one response only).
- Much better off
 - Somewhat better off
 - About the same
 - Somewhat worse off
 - Much worse off
 - Don't know
 - Refused
20. **In the last two years, on average, have you done any volunteer work in this community?** (Mark one response only).
- Once a week
 - Once a month
 - Once every 6 months
 - Once a year
 - Never
 - Refused
21. **Does your community have meetings to talk about important issues or to ask community members for direction?** (Mark one response only).
- Yes, always
 - sometimes
 - Never
 - Refused
22. **Did you vote in the last election for Chief and Council?** (Mark one response only).
- Yes
 - No
 - Don't know
 - Refused

23. I'd like you to comment on some statements about your community generally and about access to resources in this community. I'd like you to tell if you "strongly disagree", "disagree", "neither agree or disagree", "agree" or "strongly agree". (Ask each item and mark one response for each item.)

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Refuse c
Everyone has equal access to housing in this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted to start a small business and needed to borrow money, I know that there are funding opportunities available in this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation and sports activities are available to everyone in this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day care is available in this community to all children who need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If myself, or someone in my family, wanted to receive job training, we could receive support within this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If myself, or someone in my family, wanted to go to college or university, we could receive support within this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If myself, or someone in my family, wanted financial support, we could receive support within this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to make some effort to protect the land and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief and Council work to protect our land and its resources for future generations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief and Council try to do the best for my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally speaking, most people here try to be helpful to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally speaking, most people living here can be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this community are friendly to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults in this community respect Elders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth in this community respect Elders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of the community I live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no crime problems in our community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to help make my community better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I have some influence in making my community a better place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often talk with friends and/or family about problems in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People should make every effort to vote when there is a Band election for Chief and Council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for people in this community to have different groups of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The concerns of certain groups of people in this community are heard more than those of other groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside of my family I visit mostly with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Refuse to answer
I find that different groups in this community don't mingle much with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this community tend to always associate with the same group of people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in this community whom I won't talk with even if I need information or help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once people are part of a group in this community, they don't associate much with others outside of the group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I only visit with people in this community that I have known for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside of my family, I don't feel comfortable dealing with people from this community who have much more or much less money than me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTH AND WELLNESS

24. In the last 12 months, did you have any of the following health conditions? (Ask each item and mark one response for each item ... **IF YES** ask the questions on seeking health)

IF YES, did you seek help from a health care professional for this health condition?

	No	Yes	Refused	Yes	No
Headaches/migraines	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe tiredness	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiff or painful joints	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with one or both feet	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with one or both hands	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urination problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haemorrhoids (piles)	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intense anxiety (panic attacks)	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpitations (feeling that your heart is racing or fluttering in your chest)	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyesight problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty sleeping	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor memory	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathing difficulty	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigestion/heartburn	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. **Has a health professional ever told you that you should get vaccinated (e.g. get a needle) against the flu or pneumonia?** (Mark one response only)
- Yes No Don't know Refused
26. **In the last 12 months, were you vaccinated or immunized against any of the following?** (Read list and mark all the apply)
- Flu Hepatitis B
 Pneumonia Don't know
 Tetanus Refused
27. **Thinking about the last five years, how many years have you received medical care from the same medical doctor?** (Mark one response only).
- 1 year out of 5 Last 5 years
 2 years out of 5 Never, I always see a different doctor
 3 years out of 5 Don't know
 4 years out of 5 Refused
28. **When you see a medical doctor, does the doctor spend enough time talking to you about your health?** (Mark one response only)
- Always Sometimes Never Don't Know Refused
29. **In the last year, have you been “medi-vaced” (i.e., medically evacuated) out of the community?** (Mark one response only)
- Yes No Refused
30. **In the past 12 months, approximately how many times have you seen the following about your physical, mental, spiritual, and emotional health?** (Ask each item and mark one response for each item)
- | | None | 1 or 2 times | 3 or 4 times | 5 or more times | Don't know | Refused |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical doctor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical Specialist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physiotherapist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CHR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traditional healer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health councilor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychiatrist or psychologist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social worker | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NNADAP worker | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Minister or Priest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. In the last 12 months, approximately, how many days in total have you spent in hospital? (Mark one response only)

- None Three Eight to thirteen
 One Four or Five Fourteen or more
 Two Six or seven Refused

32. Thinking about the last few contacts you have had with a health care professional in your community, did you feel that you were treated poorly because you are a First Nation (or Aboriginal) person? (Mark one response only).

- Yes No Don't know Refused

33. Thinking about the last few contacts you have had with a health care professional outside your community, did you feel that you were treated poorly because you are a First Nation (or Aboriginal) person? (Mark one response only).

- Yes No Don't know Refused

34. Have you ever been treated poorly by health care professionals or staff while you were patient in a hospital or while you were visiting someone in a hospital? (Mark one response only).

- Yes Don't know
 No Refused
 Never been a patient or visited someone in a hospital

35. On average how often do you eat the following foods: (Ask each item and mark one response for each).

	Never/ Hardly Ever	Less than once a week	Few ti me s a week	Once a day	Several times a day	Refused
Milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese or yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or Pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned Fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White Bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown / Rye Bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bannock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. In the last year, have you made any of the following changes to your diet? (Ask each item and mark one response for each)

	Yes	No	I don't eat these foods	Refused
Eat less meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less fried bannock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less baked bannock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less candy or drink less pop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less cakes, pies cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat more fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat more vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less junk food (candy, potato chips, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less fried food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. As a whole, would you describe your life as: (Mark one response only).

- Very stressful Not very stressful Don't know
 Fairly stressful Not at all stressful Refused

38. Have you ever experienced any form of physical, mental, emotional or sexual abuse or violence, either as a child, in an adult relationship, or at any other time? (Mark one response only)

- Yes No Refused

39. The following statements ask you how you feel "all of the time", "most of the time", "some of the time", or "none of time". Please answer as honestly as possible. (Ask each item and mark one response for each statement).

	None of the time	Some of the time	Most of the time	All of the time	Refused
I usually feel full of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm usually happy and stress free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problems handling my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life is rather boring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I express my feelings and needs often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel rather low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble learning things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel happy and light hearted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel quite lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes some effort to keep my feelings under control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many interesting good things are happening in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None of the time	Some of the time	Most of the time	All of the time	Refused
I feel somewhat withdrawn or quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm worried, stressed or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired or worn out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel loved and appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. In general, would you say you are ... (Mark one response only)

- Extremely happy, delighted with life
- Generally happy and interested in life
- Somewhat happy
- Generally unhappy, with little interest in life
- Feeling so unhappy, that life is not worthwhile
- Don't know
- Refused

40A. The following is a list of reasons why people reduce drinking or quit drinking altogether. For each response, can you tell me which of the following reasons explain why you personally or why other people in this community reduce or quit drinking altogether: (Ask each item and mark all that apply for each item).

	Important reason for why I did	Important reason for Women	Important reason for Men	Important reason for Youth	Don't Know	Refused
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affecting work, studies, or employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just drinking too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interfering with family or home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual or religious reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped liking oneself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped liking others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior getting out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting to be happy and whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting to be loved and appreciated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting to be a role model for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DIABETES**(Skip to next section if respondent does not have diabetes)**

41. About how long is it since you consulted a (an) ... (Ask each item and mark one response for each)

	Less than 1 year	1 to 2 years	3 to 5 years	More than 5 years	Never	Refused
Eye specialist to check for or treat diabetes related eye problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietician for dietary advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foot doctor (podiatrist) who is specially trained to provide foot care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Tribal Council Diabetes Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Nation Diabetes Certificate Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial diabetes education resource educator (DER) who is trained to provide education on diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In the last 12 months, approximately how many times has a health professional checked your feet for signs of ulcers, infections and abnormalities? (Enter number of times)

_____ (NUMBER OF TIMES)

- Don't know
- Refused

43. In the last 12 months, approximately how many times has a health professional placed drops in your eyes and checked the back of eyes for diabetes eye problems? (Enter number of times)

_____ (NUMBER OF TIMES)

- Don't know
- Refused

44. Which of the following best describes your experience in accessing provincial diabetes resource educator, also known as a DER? (Read list and mark all that apply)

- Never had any problems accessing the DER (diabetes resource educator)
- Chose not to see a DER (diabetes resource educator)
- Medical transportation policy
- Waiting lists are too long
- Jurisdictional problems
- Diabetes education resource educator doesn't come to the community
- Education provided by the diabetes education resource educator is not community specific
- Doctor's charges a fee for a referral to see a diabetes education resource educator
- Other
- Refused

WOMEN'S HEALTH

The following questions ask about women's health. The intent of these questions is to improve the health care that First Nation women receive.

45. In the last 12 months, did you have any of the following health conditions? (Ask each item and mark a response for each item... **IF YES** ask the questions on seeking help).

IF YES, did you seek help from a health professional for this condition? (Mark all that apply).

	No	Yes	Refused	Yes	No
Premenstrual tension (PMS)	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular periods	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy periods	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe period pain	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot flashes	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night Sweats	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Which of the following apply to you NOW: (Read list and mark all that apply)

	Yes	Refused
I don't need to use any contraception	<input type="radio"/>	<input type="radio"/>
I choose not to use any contraception	<input type="radio"/>	<input type="radio"/>
I use the oral contraceptive pill for contraception	<input type="radio"/>	<input type="radio"/>
I use the oral contraceptive pill for other reasons	<input type="radio"/>	<input type="radio"/>
I use condoms for contraception	<input type="radio"/>	<input type="radio"/>
I use condoms (or other barrier methods) for prevention of infection	<input type="radio"/>	<input type="radio"/>
I use another method of contraception	<input type="radio"/>	<input type="radio"/>
I had a tubule ligation (tubes tied)	<input type="radio"/>	<input type="radio"/>
I am on hormone replacement therapy (HRT)	<input type="radio"/>	<input type="radio"/>

47. Have you ever used an IUD (intrauterine device) for birth control? (Mark one response only)

- Yes No Refused

IF YES, have you had any of the following problems? (Read list and mark all that apply)

- Infection(s) Lodging in the uterine wall Infertility

48. Approximately, what age were you when you had your first baby: (Enter the approximate age when respondent had her first baby. If the respondent never had a baby, mark the appropriate box)

- _____ Years Never had a baby Refused

49. How many times have you had each of the following: (Ask each item and mark a response for each item)

	None	One	Two	Three	Four	5 or more	Refused
Live birth (more than 36 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live premature birth (36 weeks or less)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stillbirth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Miscarriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Termination (abortion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ectopic pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have never been pregnant	<input type="radio"/>	(skip next two questions)					

50. How many of the children were delivered by: (Enter number of children. If the respondent never had a baby, mark the appropriate box).

- _____ Cesaren-section Refused
- _____ Vaginal delivery with no drugs
- _____ Vaginal delivery with drugs

51. How many births have you experienced complications during labor and delivery? (Enter number of children for each complication. Mark the appropriate box if the respondent never had a baby or had never experienced any complications)

- _____ Complications during labor and delivery Never experienced any complications
- _____ Complications during labor only Refused
- _____ Complications during delivery only

52. During how many pregnancies did you have or do the following: (Enter in the number of pregnancies for each item, if none enter 0. Mark the appropriate box if the respondent has never been pregnant)

- _____ Number of pregnancies when you were diagnosed with gestational diabetes
- _____ Number of pregnancies when you were diagnosed with hypertension
- _____ Number of pregnancies when you had adult onset diabetes (Type II Diabetes)
- _____ Number of pregnancies when you smoked during the pregnancy
- _____ Number of pregnancies when you drank alcohol during the pregnancy
- _____ Number of pregnancies when you attended prenatal classes
- _____ Number of pregnancies you had to leave the community for childbirth
- _____ Number of pregnancies you never had to leave the community for childbirth
- _____ Never been pregnant (skip next question)
- _____ Refused

53. Have you had any pregnancies that you did not plan? (Mark one response only).

- Yes No Refused

54. **Have you and your partner (current or previous) ever had problems with infertility (in other words, tried unsuccessfully to get pregnant for 12 months or more)?** (Mark one response only)

- Never tried to get pregnant
- No problem with infertility
- Yes, but have not sought any help or treatment
- Yes, and have sought help or treatment
- Refused

55. **Has a health care professional ever told you that you have any of the following health conditions:** (Read list and mark all that apply)

- Endometriosis (inflammation and/or irritation of the lining of the uterus)
- Uterine fibroids (Benign tumors of muscle and connective within or attached to uterine wall)
- Pelvic inflammatory disease (inflammation of the reproductive tract)
- Polycystic Ovary Syndrome (irregular or no periods and many small cysts on the ovaries)
- None
- Refused

56. Have you had a hysterectomy? (Mark one response only)

- Yes
- No
- Refused

IF YES, which of the following conditions explain why you had to have a hysterectomy? (Read list and mark all the apply)

- Fibroids
- Endometriosis (inflammation/ irritation of lining of uterus)
- Uterine prolapse (falling or sliding of uterus)
- Cervical cancer
- Menstrual problems
- Other

57. **If you have reached menopause (the change in life), at what age approximately did your periods completely stop?** (Enter the approximate age if respondent has reached menopause. If the respondent has not reached menopause, mark the appropriate box.)

___ Age in years

- My periods have not completely stopped.
- I have not reached menopause
- Refused

58. **We would like to thank you for all the time you committed to this survey. We now would like you to tell us what type of research you would like done that particularly benefits the health of First Nations women and the health services that they receive.**



CENTRE *for*
Aboriginal Health
RESEARCH

**MANITOBA FIRST NATIONS REGIONAL LONGITUDINAL
CHILD HEALTH SURVEY SUPPLEMENT**

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HEALTH RESEARCH AT THE UNIVERSITY OF MANITOBA**

This section was specifically designed for the Manitoba First Nation population in order to develop a holistic view of health and regional priorities.

HOUSEHOLD ENVIRONMENT

1. **Did you (or the other caregiver) work at a job or business at any point since the child's birth?** (Mark one response only).
 - Yes
 - No
 - Refused

2. **Have you (or the other caregiver) worked continuously since then?** (Mark one response only).
 - Yes
 - No, but have worked at least half of the time
 - No, worked less than half of the time
 - No, worked very little
 - Did not work at all
 - Refused

3. **Does your household receive income from any of the following sources?** (Read list and mark all that apply).
 - Salaried work
 - Self-employed business
 - Social assistance
 - Unemployment insurance
 - Casual Labor
 - Pension
 - Other, please specify
 - Refused

4. **Are you currently working at a job for pay (wages, salary, self-employment)?** (Mark one response only).
 - Yes
 - No
 - Refused

5. **In this house, is there at least one person who is working full time?** (Mark one response only).
 - Yes
 - No
 - Refused

6. **Are any of the following obstacles standing in the way of you working to your full potential?** (Read list and mark all that apply).
 - Employment is not available
 - Childcare responsibilities
 - Restrictions placed by welfare
 - I'm already working to my full potential
 - Need training/education
 - Poor health
 - Lack of meaningful/interesting opportunities
 - Other, please specify
 - Refused

7. **Which of the following expenses does the household income cover?** (Read list and mark all that apply).
 - Rent and utilities
 - Medical care
 - Clothing for children
 - Entertainment
 - Hunting, trapping fishing supplies/equipment
 - Food for the adults
 - Transportation in community
 - School supplies
 - Traveling outside community
 - Food for children
 - Clothing for adults
 - Childcare
 - Other
 - Refused

8. **How would you describe the general atmosphere of your home?** (Read list and mark all that apply).

- Peaceful and relaxed Hurried/hectic Crowded/Stressful Refused
 Happy and filled with humour Cooperative Sad/depressing

9. **Which of the following describe the general condition of your home?** (Read list and mark all that apply).

- Our home is warm and comfortable
 Our home is too cold in the winter
 There is mold in the house
 This home has good indoor plumbing
 This home has running water
 This house is safe proofed for children
 There is enough space in the home for privacy and quiet reflection
 Everyone has a warm and comfortable place to sleep
 The windows in the home keep the cold out
 This home gets lots of sunshine
 The air in the home seems to circulate well
 The air in the home seems stale
 We love our home just as it is
 Our home is in need of a lot of repair
 Refused

CHILD'S HEALTH AND USE OF HEALTH SERVICES

10. **Overall, would you say the child is ...** (Mark one response only).

- Extremely happy Generally unhappy Refused
 Generally happy Really unhappy
 Somewhat happy Don't know

11. **Over the past few months, how often has this child been in good health?** (Mark one response only).

- Almost all the time About half of the time Almost never Refused
 Often Sometimes Don't know

12. **Since this child's birth, has he/she had an ear infection?** (Mark one response only).

- Yes No Don't know Refused

13. **In your opinion, how physically active is this child compared to other children the same age and sex?** (Mark one response only).

- Much more Equally Much less Refused
 Moderately more Moderately less Don't know

14. **How would you describe his/her usual ability to think or solve day-to-day problems?** (Read list and mark one response only).

- Able to think clearly and solve problems
 Having a little difficulty
 Have some difficulty
 Have a great deal of difficulty
 Unable to think or solve problems?
 Don't know yet because he/she is too young for problem solving (infant).
 Generally don't know.

15. **Is the child usually free of pain or discomfort?** (Mark one response only).
 Yes No Don't know Refused
16. **Does the child have any of the following long-term conditions (lasting longer than 6 months) that have been diagnosed by a health professional?** (Read list and mark all that apply)
 Mentally challenged (handicapped) Generally don't know
 Emotional, psychological or nervous difficulties Refused
 No
17. **In the past year, approximately how many times have you seen or talked on the telephone with any of the following about this child's physical, emotional or mental health?** (Exclude time of birth for babies) (Ask each item and mark one response for each).
- | | None | 1 or 2 times | 3 or 4 times | 5 to 8 times | 9 or more | Don't know | Refused |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical doctor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pediatrician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical Specialist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dentist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CHR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traditional healer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health counselor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychiatrist or psychologist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social worker | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School Counselor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Speech Therapist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
18. **Thinking about the last five years, how many years has this child received medical care from the same medical doctor?** (Mark one response only).
 1 year out of 5 Last five years
 2 years out of 5 Never, the child always sees a different doctor
 3 years out of 5 Don't know
 4 years out of 5 Refused
19. **When you or the other primary caregiver takes the child to see a medical doctor, does the doctor spend enough time talking to you (or the other primary caregiver) about the child's health?** (Mark one response only).
 Always Sometimes Never Don't know Refused
20. **In the last 12 months, has the child been medi-vaced (i.e., medical evacuation) out of the community?** (Mark one response only).
 Yes No Don't know Refused
21. **Approximately, how many days in total has the child spent in hospital in the last 12 months?** (Mark one response only)
 None Two Four or Five Eight to thirteen Don't know
 One Three Six or seven Fourteen or more Refused

22. **Does this child take any of the following medications or supplements on a regular basis?** (Mark one response only).

- Aspirin
- Ventolin, inhalers or puffers for asthma
- Ritalin
- Tranquilizers or nerve pills
- Tylenol
- Anti-convulsants or anti-epileptic pills?
- Vitamins
- Other medications
- None
- Don't know
- Refused

23. **When you put him or her to bed or when they go to bed on their own, how often does this child have trouble falling asleep?** (Mark one response only).

- Almost always
- Often
- About half of the time
- Almost never
- Sometimes
- Don't know
- Refused

24. **Does this child have a restless sleep?** (Mark one response only).

- Yes
- No
- Don't know
- Refused

25. **Do you find this child difficult to feed?** (Mark one response only).

- Almost always
- Often
- About half of the time
- Sometimes
- Almost never
- Don't know
- Refused

26. **Has the child ever experienced any of the following events or situations that has caused this child a great amount of worry or unhappiness?** (Read list and mark all that apply).

- Death of parents
- Death in family
- Divorce/separation of parents
- Moving to another community or home
- Stay in hospital
- Stay in foster home
- Other separation from parents
- Illness/injury of the child
- Illness/injury of a friend
- Illness/injury of a family member
- Abuse / fear of abuse
- Change in family members
- Alcoholism or mental health disorder in family
- Conflict between parents
- Conflict between family members
- Conflict between friends
- Parent relationship problems with boyfriend / girlfriend
- The child has not experienced any situations that caused him/her a great amount of worry or unhappiness
- Other
- He/she is just a baby so I don't know
- Don't know
- Refused

Community Environment

27. **How do you feel about your community as a safe place to bring up children? Is it ...** (Mark one response only).

- Excellent Average Very poor Refused
 Good Poor Don't know

28. **Are you (or other caregiver) involved in any local community organizations like school groups, church groups, traditional aboriginal groups, community committees, or other community groups?** (Mark one response only).

- Yes No Refused

29. **The following statements are about people living in the community. Please tell me whether you “strongly disagree”, “disagree”, “neither agree or disagree”, “agree”, or “strongly agree” about the following statements when thinking of your neighbors:** (Ask each item and mark one response for each statement).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Refused
If there is a problem around here, community members will get together to deal with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this community, there is always a safe place for this child or children to play where adult supervision is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are adults in the community that children can look up to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community member around here are willing to help other community people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm away from home, I know that the community members living around me will keep their eyes open for possible trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SOCIAL SUPPORT ENVIRONMENT

30. In the past six months, did you or the children in the household receive any of the following support from extended family, friends or neighbors? (Read list and mark all that apply).

- | | | | |
|---|---|----------------------------------|-------------------------------|
| <input type="radio"/> Food | <input type="radio"/> Clothing | <input type="radio"/> Childcare | <input type="radio"/> Refused |
| <input type="radio"/> Counseling or emotional support | <input type="radio"/> Transportation | <input type="radio"/> Other | |
| <input type="radio"/> Shelter/somewhere to stay | <input type="radio"/> Spiritual Support | <input type="radio"/> Don't know | |

31. The following statements are about relationships and the support that you get from others. For each of the following, please tell me whether you “strongly disagree”, “disagree”, “neither agree or disagree”, “agree”, or “strongly agree”. (Ask each item and mark one response for each).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Refused
If something went wrong, no one would help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have family and friends who help me feel safe, secure and happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I trust whom I would turn to for advice if I were having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I feel comfortable talking about problems with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lack a feeling of closeness with another person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people I can count on in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD'S LIFESTYLE PRACTICES

32. I will read a list of statements and I would like you to let me know which of the following the child does ... (Read list and mark all that apply).

- The child drinks at least 4 glasses of water each day
- The child eats fresh fruit or berries
- The child drinks pure fruit juice each day
- The child eats fresh vegetables each day
- The child eats meat, eggs or beans every day
- The child eats cheese or yogurt every day
- The child drinks milk every day (formula or breastfed if the child is an infant)
- The child eats canned fruit each day (includes puréed vegetable baby food)
- The child eats canned vegetables each day (includes puréed fruit baby food)
- The child doesn't seem to get as much to eat as he/she needs
- The child sleeps at least 8 hours every night
- The child gets at least one half hour of physical activity every day (or one half hour play time activity with small children or infants)
- Refused

EMOTIONAL ENVIRONMENT

33. **I will read a list of statements about the child's emotional well being and I would like you to let me know which of the following describes this child** (Read list and mark all that apply).
- The child wakes up feeling refreshed and energized
 - The child is often tired or not well rested
 - The child seems usually happy and stress free
 - The child is thriving
 - The child seems often worried or stressed
 - The child seems often sad
 - The child is somewhat withdrawn or quiet
 - The child expresses his or her feelings and needs often
 - The child is mostly happy
 - Don't know
 - Refused
34. **Is there at least one adult in the home that the child can turn to when he/she is upset?** (Mark one response only).
- Yes No Don't know Refused
35. **Do all of the children in this household feel safe from emotional assault?** (Mark one response only).
- Always Sometimes Never Don't know Refused
36. **Do all of the children in the household feel safe from physical assault?** (Mark one response only).
- Always Sometimes Never Don't know Refused
37. **Does the child feel loved, respected and cared for at home?** (Mark one response only).
- Yes No Child is too young Don't know Refused
38. **Does the child have enough opportunity for imaginative play and self-expression?** (Mark one response only).
- Yes No Child is too young Don't know Refused
39. **Does the child seek support or protection from others when he/she feels his/her safety is at risk?** (Mark one response only).
- Yes No Child is too young Don't know Refused
40. **Does the child seem to have his/her own source of strength, resilience or coping methods?** (Mark one response only).
- Yes No Child is too young Don't know Refused
41. **In this house, do family members enjoy each other's company?** (Mark one response only).
- Always Sometimes Never Refused
 Most of the time Rarely Don't know
42. **Do all of the adults in the household feel safe from emotional assault?** (Mark one response only).
- Always Sometimes Never Don't know Refused

43. **Do all of the adults in the household feel safe from physical assault?** (Mark one response only).

- Always Sometimes Never Don't know Refused

44. **Does the child look forward to any of the following?** (Read list and mark all that apply.)

- | | |
|--|---|
| <input type="radio"/> Spending time with family members | <input type="radio"/> Playing with friends |
| <input type="radio"/> Hunting/trapping | <input type="radio"/> Sports/recreational activities |
| <input type="radio"/> Fishing | <input type="radio"/> Visiting with family/other special person |
| <input type="radio"/> Berry Picking | <input type="radio"/> Going to spiritual activities |
| <input type="radio"/> Eating special foods | <input type="radio"/> Cooking special foods |
| <input type="radio"/> Going on picnics | <input type="radio"/> Reading |
| <input type="radio"/> Walking or spending time in nature | <input type="radio"/> Helping around the house |
| <input type="radio"/> Watching television or videos | <input type="radio"/> Playing video games |
| <input type="radio"/> Drawing, painting, coloring | <input type="radio"/> Traveling |
| <input type="radio"/> Playing games outdoors | <input type="radio"/> Other |
| | <input type="radio"/> Child is too young |
| | <input type="radio"/> Doesn't look forward to anything |
| | <input type="radio"/> Don't know |
| | <input type="radio"/> Refused |

SPIRITUAL ENVIRONMENT

45. At this time, what religion or belief do you follow? (Read list and mark all that apply)

- | | |
|---|---|
| <input type="radio"/> Traditional Native
<input type="radio"/> Catholic
<input type="radio"/> Anglican
<input type="radio"/> United
<input type="radio"/> Methodist | <input type="radio"/> Pentecostal
<input type="radio"/> Other, please specify _____
<input type="radio"/> None
<input type="radio"/> Refused |
|---|---|

46. I would like to ask you a number of questions on the child's participation in traditional, spiritual, and cultural activities. (Ask about each item and mark one response for each).

	Yes	No	Child is Too young	Don't know	Refuse d
Does child go out on the land with family or friends to hunt, trap, fish or gather plants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child go camping with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child go on picnics with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child help butcher animals, skin animals or clean fish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child help clean or prepare animal hides?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child help prepare traditional foods for meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the child learning to do traditional crafts or clothing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child go to community meetings where adults talk about political or community issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child participate in community events like carnivals or celebrations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the child been given any traditional medicines to prevent or cure sickness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child help gather traditional medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the child ever been to a traditional medicine person / healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child go to pow wows (with adults, friends, or on their own)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child participate in spiritual ceremonies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child attend church activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the child participate in community feasts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Do you think that spiritual well being contributes to physical, mental and emotional health? (Mark one response only).

- Yes
 No
 Don't know
 Refused

48. Do the child's spiritual or religious beliefs sometimes differ from those of the others in the household? (Mark one response only).

- Yes
 Sometimes
 No
 Child is too young
 Don't know
 Refused

49. Is it okay for your child or children to have spiritual or religious beliefs that differ from your beliefs? (Mark one response only).

- Yes
 No
 Don't know
 Refused

50. The next few questions ask you about your spirituality and healing. I will read a statement and I would like you to tell me if you “strongly disagree”, “disagree”, “neither agree or disagree”, “agree” or “strongly agree”. (Ask about each item and mark one response for each statement).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Refused
My spirituality (faith) has made me a stronger person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By connecting with my spiritual side helps me feel more balanced in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praying helps me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spirituality (faith) helps me through each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirituality (faith) helps in my healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RELATIONSHIPS AND ACTIVITIES

51. Are you the primary caregiver of this child? (Mark one response only).

Yes No Refused

52. During the past six months, how well has the child ... (Ask each item and mark one response for each item).

	No problems	Hardly any problems	Occasional problems	Frequent problems	Don't know	Refused
gotten along with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gotten along with his/her parents or guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gotten along with family members such as bothers, sisters, cousins, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Does at least one adult in the house have time to play with or engage in interesting conversation with this child? (Mark one response only).

Several times each day Not every day Refused
 At least once in a day Don't know

54. Do you spend as much time as you would like participating in activities with this child? (Mark one response only).

Yes Sometimes No Refused

55. **What are some of the obstacles that stand in the way of you spending as much time as you (or other caregivers in the home) would like with this child?** (Read list and mark all that apply).
- Employment/Childcare conflict
 - Other adults to care for
 - Poor health
 - Other children to care for
 - Too tired, not enough energy
 - Household activities/chores
 - Other
 - Don't know
 - Refused
56. **What would help you (or other caregivers in the home) increase the time you spend with this child in the home?** (Read list and mark all that apply).
- Being able to bring children to work
 - Some place to go or something to do
 - More financial stability
 - Increase family involvement at schools
 - More community/family activities
 - A more comfortable home
 - Feeling better about oneself
 - Social/emotional support
 - Other
 - Don't know
 - Refused
57. **Which of the following describes the things that you (and other caregivers) do or have done with this child?** (Read list and mark all that apply)
- Sing to them
 - Play with them
 - Show them how to do things
 - Take them out to visit family or friends
 - Praise children for their accomplishments
 - Listen to music with them
 - Encourage children to tell you their experiences
 - Working in groups;
 - Read or tell stories to them
 - Listen to them read or tell you stories
 - Help them recognize letters and know the alphabet
 - Help them learn colors and shapes
 - Encouraging children to be inquisitive, ask questions and experiment
 - Help them recognize numbers and help them learn to count
 - Other learning and supportive things
 - Refused

- 58. Does the child have any of the following special qualities, talents or skills?** (Read list and mark all that apply).
- | | | |
|---|---|--|
| <input type="radio"/> Sensitive, empathic | <input type="radio"/> Sense of humor | <input type="radio"/> Other qualities |
| <input type="radio"/> Helpful, generous | <input type="radio"/> Intellectual | <input type="radio"/> Child is too young |
| <input type="radio"/> Creative | <input type="radio"/> Physical/Athletic | <input type="radio"/> Don't know |
| <input type="radio"/> Good social skills | <input type="radio"/> Easy going | <input type="radio"/> Refused |
| <input type="radio"/> Spiritual | <input type="radio"/> Respectful | |
| <input type="radio"/> Mechanical | | |
- 59. Do you feel the school reflects the values and child development goals you hold at home?** (Mark one response only).
- Yes No Child is too young Don't Know Refused

FOR RESPONDENTS ANSWERING FOR SCHOOL AGE CHILDREN ONLY

- 60. Does the child look forward to going to school?** (Mark one response only).
- All the time Sometimes Never Don't Know Refused
- 61. Does the child feel respected and cared for at school?** (Mark one response only).
- Yes No Don't know Refused
- 62. Has the child ever repeated or failed any of the following grades?** (Read list and mark all that apply).
- | | | |
|-------------------------------|-------------------------------|----------------------------------|
| <input type="radio"/> Grade 1 | <input type="radio"/> Grade 4 | <input type="radio"/> Don't know |
| <input type="radio"/> Grade 2 | <input type="radio"/> Grade 5 | <input type="radio"/> Refused |
| <input type="radio"/> Grade 3 | <input type="radio"/> Grade 6 | |
- 63. Has the child ever been suspended from school for a period of time?** (Read list and mark all that apply).
- Yes No Don't know Refused
- 64. Has this child ever received the following special education or gifted programming in school?** (Read list and mark all that apply).
- | | | |
|---|---|----------------------------------|
| <input type="radio"/> Academically gifted programming | <input type="radio"/> Physical disability | <input type="radio"/> Don't know |
| <input type="radio"/> Developmental disability | <input type="radio"/> Learning Problems | <input type="radio"/> Refused |
| <input type="radio"/> Emotional or Behavioral Disturbance | <input type="radio"/> None | |
| <input type="radio"/> Speech or communication problem | | |

65. **Was special education or gifted programming ever needed for this child, but was not available in the community?** (Mark one response only).
 Yes No Don't know Refused
66. **Does the child ever talk about what he/she would like to be when he/she grows up?** (Mark one response only).
 Yes No Don't know Refused
67. **Are there people in the community who make good role models or mentors for children?** (Mark one response only).
 Yes No Don't know Refused
68. **Does the child perceive that he/she has opportunities available to him/her in the community to have a full and happy life?** (Mark one response only).
 Yes No Don't know Refused
69. **Had the child ever told you that he/she thinks drinking, taking drugs or smoking is bad for people's health?** (Mark one response only).
 Yes No Don't know Refused
70. **Do you or another caregiver help the child with his/her schoolwork at home?** (Mark one response only).
 Always Sometimes No Don't know Refused
71. **In what ways do you (or the other caregiver) participate in the child's school?** (Read list and mark all that apply).
 Spend time in the classroom Help prepare or plan activities
 Assist in meal programs Attend special events
 Help prepare lesson plans Other
 Meet regularly with teacher to discuss child's progress Do not participate
 Refused
72. **Do you believe that the child is capable of accomplishing whatever he/she wants to achieve?** (Mark one response only).
 Always Sometimes No Don't know Refused
73. **Does the community offer support so that children have the opportunity to attain their goals?** (Mark one response only).
 Always Sometimes No Don't know Refused



Assembly of
Manitoba Chiefs



CENTRE *for*
Aboriginal Health

RESEARCH

**MANITOBA FIRST NATIONS REGIONAL LONGITUDINAL
YOUTH HEALTH SURVEY SUPPLEMENT**

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CHIEFS AND THE CENTRE FOR ABORIGINAL HEALTH RESEARCH AT
THE UNIVERSITY OF MANITOBA**

This section was specifically designed for Manitoba First Nations population in order to develop a holistic view of health and regional priorities.

YOUTH STRENGTH (RESILIENCY)

The following statements ask you about the people in your life and the things they do for you. For each statement, mark to show whether you feel that it is not at all true, a little true, pretty much true, or very much true.

1. I have a friend about my own age... (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very Much true	Refused
who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who talks with me about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who jokes around with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who helps me when I'm having a hard time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who makes me laugh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who teases me too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In my home, there is a parent or other adult... (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
who expects me to follow the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who is interested in my school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who believes that I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who is too busy to pay much attention to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who talks with me about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who makes me laugh.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please continue to mark how true you feel the statements below are for you. (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
I feel bad when someone gets their feelings hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do fun things or go fun places with my parents or other adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to understand what other people go through.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need help, I find someone to talk with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some kids I know hang out in a gang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to go for help with a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to work out problems by talking or writing about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all true	A little true	Pretty much true	Very much true	Refused
My friends get into a lot of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do interesting activities at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends try to do what is right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things at home that make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends do well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help make decisions with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school, I help decide things like class activities or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things in my community that make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. **Please continue to mark how true you feel the statements below are for you. Outside of my home, there is an adult...** (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
who really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who tells me when I do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who notices when I am upset about something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who believes that I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who always wants me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
whom I trust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. **In school, there is or was a teacher or some other adult...** (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
who really did care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who told me when I did a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who noticed when I'm not there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who was mean to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who always wanted me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who listened to me when I had something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who believed that I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
who made me laugh.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please continue to mark how true you feel the statements below are for you. (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can work with someone who has different opinions than mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many things that I do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy working together with other students my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stand up for myself without putting others down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to understand how other people feel and think.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I am all alone in the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a purpose to my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand my moods and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why I do what I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am part of clubs, sports teams, church, or other group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside of my home, I participate in music, art, sports, hobbies, or traditional activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside of my home, I help other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confused about what I want out of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have goals and plans for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to graduate from high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to go to college or some other school after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please continue to mark how true you feel the statements below are for you. (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
All the different families in this community get along.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth in this community help the elders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only some families in this community are willing to help other families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the people who live next door.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People respect other people in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some people living in my community have problems trusting other community people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families in this community teach the youth how to trust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of this community make sure the youth get involved in community activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men in this community work hard to make the community a better place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The elders in our community care about the future of the youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women in this community work hard at making the community a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth in this community work hard to make the community a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community has a lot of activities to keep youth busy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please continue to mark how true you feel the statements below are for you. (Mark one response for each statement)

	Not at all true	A little true	Pretty much true	Very much true	Refused
Overall, I think people in this Community are happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People here are not very proud of who they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is happy living in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends do not like living in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I like living in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no gang activity in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some people in my community break things of other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some people in my community use illegal drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some people physically hurt other people in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some people steal from other people in this community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the people in this community will not hurt me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are some people who sell drugs in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not many youth get into trouble in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Overall, do you feel your community is a safe place to bring up children? Is it ... (Mark one response only).

- always a safe place to bring up children
- safe most of the time
- never safe to bring up children
- Don't know
- Refused

WELLNESS

10. Overall, would you say are ... (Mark one response only)

- Extremely happy, delighted with life
- Generally happy and interested in life
- Somewhat happy
- Generally unhappy with little interest in life
- Feeling so unhappy that life is not worthwhile
- refused

11. How would you describe your usual ability to think or solve day-to-day problems? (Read list and mark one response only).

- Able to think clearly and solve problems
- Having a little difficulty
- Have some difficulty
- Have a great deal of difficulty
- Unable to think or solve problems?
- Refused

12. Are you usually free of pain or discomfort? (Mark one response only).

- Yes
- No
- Refused

13. In the past year, approximately how many times have you seen or talked with any of the following about a physical, spiritual, emotional or mental health problem? (Read list and mark one response for each)

	None	1 or 2 times	3 or 4 times	5 – 8 times	9 or more times	Don't know	Refused
Medical doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist or psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis intervention worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NNADAP Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **Thinking about the last five years, how many years have you received medical care from the same medical doctor?** (Mark one response only).
- 1 year out of 5 Last five years
 2 years out of 5 Never, I always see a different doctor
 3 years out of 5 Don't know
 4 years out of 5 Refused
15. **When you see a medical doctor, does the doctor spend enough time talking to you about your health?** (Mark one response only)
- Always Sometimes Never Don't Know Refused
16. **In the last 12 months, have you been medi-vaced (ie., medical evacuation) out of the community?** (Mark one response only)
- Yes No Refused
17. **Approximately, how many days in total have you spent in hospital in the last 12 months?** (Mark one response only)
- None Three Eight to thirteen
 One Four or five Fourteen or more
 Two Six or seven Refused
18. **In the past year, have you had any of the following:** (Mark one response for each test)
- | | Yes | No | Refused |
|--------------|-----------------------|-----------------------|-----------------------|
| Eye test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hearing test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
19. **Do you take any of the following pills or vitamins on a regular basis?** (Read list and mark all that apply)
- Aspirin Anti-convulsants or anti-epileptic pills?
 Ventolin, inhalers or puffers for asthma Vitamins
 Ritalin Other prescription drugs for a health problem
 Tranquilizers or nerve pills None
 Tylenol Refused
20. **Do you think young people in this community have enough access to birth control?** (Mark one response only)
- Yes No Don't know Refused
21. **Do you think young people in this community have enough access to information about birth control?** (Mark one response only)
- Yes No Don't know Refused

22. **Do you think young people in this community have enough information about sexually transmitted diseases?** (Mark one response only)

- Yes No Don't know Refused

23. **How satisfied are you with the following...** (Read each statement and mark one response for each item)

	Very Satisfied	Somewhat Satisfied	Somewhat unsatisfied	Very unsatisfied	Refused
with your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with your social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with the way you live your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with your relationship with your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with your relationship with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. **Have you ever experienced any of the following events or situations that caused you a great amount of worry or unhappiness?** (Read list and mark all that apply)

- Death of parents
- Death in family
- Divorce/separation of parents
- Moving to another community or home
- Stay in hospital
- Stay in foster home
- Other separation from parents
- Personal injury or illness
- Illness/injury of a friend
- Illness/injury of a family member
- Abuse / fear of abuse
- Change in family members
- Alcoholism or mental health disorder in family
- Conflict between parents
- Conflict between family members
- Conflict between friends
- A fight with a friend
- A breakup with a boyfriend or girlfriend
- I haven't experienced any event or situation that caused me a great amount of worry or unhappiness
- Don't know
- Refused

25. **The following questions ask you how you feel all of the time, most of the time, some of the time, or none of time. Please answer as honestly as possible. (Mark one response for each statement)**

	None of the time	Some of the time	Most of the time	All of the time	Refused
I usually feel full of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm usually happy and stress free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problems handling my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life is rather boring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I express my feelings and needs often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel rather low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble learning things in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel happy and light hearted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel quite lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes some effort to keep my feelings under control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many interesting good things are happening in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel somewhat withdrawn or quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm worried, stressed or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired or worn out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel loved and appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. **As a whole, would you describe your life as ... (Mark one response only)**

- Very stressful Not Very Stressful Refused
 Fairly Stressful Not at all Stressful

27. **In the past 30 days, did someone say awful things to you that caused you a lot of fear or pain? (Mark one response only)**

- Yes No Refused

28. **In the past 30 days, did someone physically hurt you? (Mark one response only)**

- Yes No Refused

29. **When people hurt you or do other bad things to you, do you tell someone? (Mark one response only)**

- Always Sometimes Never Refused

YOUTH SPIRITUALITY, WELLNESS, AND TRADITIONAL ACTIVITIES

30. **At this time, what religion or belief do you follow?** (Read list and mark all that apply)

- | | | | |
|--|-----------------------------------|----------------------------------|-------------------------------|
| <input type="radio"/> Traditional Native | <input type="radio"/> United | <input type="radio"/> None | <input type="radio"/> Refused |
| <input type="radio"/> Catholic | <input type="radio"/> Methodist | <input type="radio"/> Other | |
| <input type="radio"/> Anglican | <input type="radio"/> Pentecostal | <input type="radio"/> Don't know | |

31. **How important is spirituality / faith to you?** (Mark one response only)

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

32. **The next few questions ask you about your spirituality and healing. For the following statements, do you “strongly disagree”, “disagree”, “neither agree or disagree”, “agree” or “strongly agree”.** (Mark one response for each statement).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Refused
My spirituality (faith) has made me a stronger person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By connecting with my spiritual side helps me feel more balanced in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praying helps me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spirituality (faith) helps me through each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirituality (faith) helps in my healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. **Do you think that spiritual well-being contributes to physical, mental and emotional health?** (Mark one response only).

- Yes No Don't Know Refused

34. **The following questions ask about your participation in traditional, spiritual, and cultural activities.** Mark yes or no for each question asked.

	Yes	No	Refused
Do you go out on the land with family or friends to hunt, trap, fish or gather plants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you go camping with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you go on picnics with family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you help butcher animals, skin animals or clean fish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you help clean or prepare animal hides?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you help prepare traditional foods for meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you do traditional crafts or clothing (like carving, beading, making baskets, clothing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do attend community meetings where adults talk about political or community issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in community events like carnivals or celebrations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use any traditional medicines to prevent or cure sickness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you gather traditional medicines for personal use or gather medicines for a family member or friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been to a traditional medicine person / healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you go to pow-wows?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in pow-wows?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in spiritual ceremonies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you attend church activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in community feasts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFESTYLE PRACTICES

35. **How do you describe your weight?** (Mark one response only)
 Very underweight About the right weight Very overweight
 Slightly underweight Slightly overweight Refused
36. **Which of the following are you trying to do about your weight?** (Mark one response only)
 Lose weight I am not trying to do anything about my weight
 Gain weight Refused
 Stay the same weight
37. **During the past 30 days, did you exercise to lose weight or to keep from gaining weight?** (Mark one response only)
 Yes No Refused

38. **During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?** (Mark one response only)
- Yes No Refused
39. **During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?** (Mark one response only)
- Yes No Refused
40. **The following questions ask you about what you eat each day.** (Read list and mark all that apply)
- I drink at least 4 glasses of water each day I eat cheese or yogurt each day
 I eat fresh fruit, berries each day I drink milk each day
 I drink pure fruit juice each day I don't seem to get as much to eat as I need
 I eat fresh vegetables each day Refused
 I eat meat, eggs, or beans each day
41. **Overall, to what extent do you feel gambling is a good way to make money?** (Mark one response only)
- Good Somewhat good Not good Refused
42. **Have you ever gambled for money?** (Mark one response only)
- Yes No Refused
43. **Has gambling caused any problems (arguments, fights, unhappiness) for anyone living in this house?** (Mark one response only)
- Always Sometimes Never Nobody gambles Don't Know Refused
44. **Has drinking caused any problems (arguments, fights, unhappiness) for anyone living in this house?** (Mark one response only)
- Always Sometimes Never Nobody Drinks Don't know Refused
45. **Do you look forward to any of the following?** (Read list and mark all that apply).
- | | |
|--|--|
| <input type="radio"/> Spending time with family members | <input type="radio"/> Hanging out with friends |
| <input type="radio"/> Hunting/trapping | <input type="radio"/> Sports/recreational activities |
| <input type="radio"/> Fishing | <input type="radio"/> Visiting with family/other special person |
| <input type="radio"/> Berry Picking | <input type="radio"/> Going to spiritual activities |
| <input type="radio"/> Eating special foods | <input type="radio"/> Cooking special foods |
| <input type="radio"/> Going on picnics | <input type="radio"/> Reading |
| <input type="radio"/> Walking or spending time in nature | <input type="radio"/> Helping around the house |
| <input type="radio"/> Watching television or videos | <input type="radio"/> Playing video games |
| <input type="radio"/> Drawing, painting, coloring | <input type="radio"/> Traveling |
| <input type="radio"/> Playing sports outdoors | <input type="radio"/> Going to parties |
| <input type="radio"/> Dancing | <input type="radio"/> Getting out of the community for a holiday |
| <input type="radio"/> Playing music | <input type="radio"/> Spending time with elders |
| <input type="radio"/> Carnivals and celebrations | <input type="radio"/> Don't look forward to anything |
| | <input type="radio"/> Refused |

HOUSEHOLD INFORMATION

46. **Which of the following describe the general condition of your home?** (Read list and mark all that apply).
- Our home is warm and comfortable
 - Our home is too cold in the winter
 - There is mold in the house
 - This home has good indoor plumbing
 - This home has running water
 - This house is safe proofed for children
 - There is enough space in the home for privacy and quiet reflection
 - Everyone has a warm and comfortable place to sleep
 - The windows in the home keep the cold out
 - This home gets lots of sunshine
 - The air in the home seems to circulate well
 - The air in the home seems stale
 - We love our home just as it is
 - Our home is in need of a lot of repair
 - Refused
47. **During the past 30 days, was there enough food in the house so that everyone could eat?** (Mark one response only)
- Always Sometimes Never Don't know Refused
48. **During the past 30 days, did you ever go to bed hungry because there was not enough food to eat?** (Mark one response only)
- All the time Sometimes Never Refused
49. **In the last month, did people living in this house argue because there was not enough money to buy food, to buy other things or to pay bills?** (Mark one response only)
- All the time Sometimes Never Don't know Refused
50. **In this house, who works at a job for money?** (Mark all that apply)
- Nobody in my house
 - I do
 - Mother /stepmother/foster mother/female guardian
 - Other family members
 - My father /stepfather/foster father/male guardian
 - Refused
51. **Do you regularly do chores around the house?** (Mark one response only)
- Daily Weekly Occasionally Never Refused
52. **Do you regularly take care of your sisters, brothers, nephews, nieces, cousins, or other people's children?** (Mark one response only)
- Daily Weekly Occasionally Never Refused
53. **Do you get paid to take care of children (babysitting)?** (Mark one response only)
- Daily Weekly Occasionally Never Refused
54. **Do you regularly take care of elders?** (Mark one response only)
- Daily Weekly Occasionally Never Refused
55. **In the future, would you like to be asked your opinion about things that youth need to be successful and happy?** (Mark one response only)
- Yes Not sure No Refused

Appendix 5.4: Ontario Survey

ONTARIO REGIONAL QUESTIONS

Adult Survey (18+)

These questions follow Question 114

For what reason or reasons did you attempt to take your own life?

What do you feel would have prevented you from doing this?

What services in the community could be offered to assist community members in dealing with suicide?

These questions follow Question 117

What are your hopes and dreams for your future?

What are your hopes and dreams for your family?

What are your hopes and dreams for your community?

Additional comments:

Adolescent Survey (12–17 years of age)

These questions follow Question 76:

For what reason or reasons did you attempt to take your own life?

What do you feel would have prevented you from doing this?

What services in the community could be offered to assist community members in dealing with suicide?

These questions follow Question 83:

What are your hopes and dreams for your future?

What are your hopes and dreams for your family?

What are your hopes and dreams for your community?

Additional comments:

Appendix 5.5: Quebec Surveys



Question 1 Parmi ces personnes, lesquelles t'encouragent à poursuivre tes études? Coche tout ce qui s'applique.

1.1	Mère	<input type="checkbox"/>
1.2	Père	<input type="checkbox"/>
1.3	Grand-parent	<input type="checkbox"/>
1.4	Frère/sœur	<input type="checkbox"/>
1.5	Professeur	<input type="checkbox"/>
1.6	Tuteur	<input type="checkbox"/>
1.7	Ami/e	<input type="checkbox"/>
1.8	Autre (Spécifié)	<input type="checkbox"/>
1.9	Aucun	<input type="checkbox"/>

Question 2 Quel métier ou profession souhaites-tu faire? (pense à ta réponse, ensuite consulte la liste)

		Profession
2.1	Policier/pompier	<input type="checkbox"/>
2.2	Travailleur social	<input type="checkbox"/>
2.3	Infirmier/ère	<input type="checkbox"/>
2.4	Médecin/ dentiste	<input type="checkbox"/>
2.5	Architecte/ ingénieur	<input type="checkbox"/>
2.6	Designer	<input type="checkbox"/>
2.7	Avocat	<input type="checkbox"/>
2.8	Comptable	<input type="checkbox"/>
2.9	Menuisier / charpentier	<input type="checkbox"/>
2.10	Camionneur	<input type="checkbox"/>
2.11	Électricien / plombier	<input type="checkbox"/>
2.12	Commis de bureau	<input type="checkbox"/>
2.13	Coiffeur	<input type="checkbox"/>
2.14	Autre (spécifier) _____	<input type="checkbox"/>

Question 3 Quel est ton rêve pour le futur?

Ceci termine le questionnaire. Merci de ta collaboration.



YOUTH Quebec Region Questionnaire

Question 1 Among these people, who encourage you to pursue your studies?
Check all that apply.

1.1	Mother	
1.2	Father	
1.3	Grand-parent	
1.4	Brother/Sister	
1.5	Teacher	
1.6	Guardian	
1.7	Friend	
1.8	Other (Specify)	
1.9	None	

Question 2 Which profession or career path do you wish to follow? (think of your answer, then consult the list)

	Profession
2.1	Policeman, fire fighter
2.2	Social worker
2.3	Nurse
2.4	Physician, dentist
2.5	Architect, engineer
2.6	Designer
2.7	Lawyer
2.8	Accountant
2.9	Joiner, carpenter
2.10	Truck driver
2.11	Electrician, plumber
2.12	Desk clerk
2.13	Hairdresser
2.14	Other (Specify) _____

Question 3 What is your dream for the future?

This ends the survey. Thank you for your participation.



ADULTE

Questionnaire Région de Québec

Question 1 Êtes-vous à l'école présentement?

1.1	Oui	í
1.2	Non	í
1.3	Ne sais pas	í
1.4	Refuse	í

Question 2 Quelle est votre perception du niveau de sécurité dans votre communauté concernant :

		Élevé	Moyen	Bas
2.1	Conditions routières dangereuses	í	í	í
2.2	Circulation routière dangereuse	í	í	í
2.3	Circulation marine dangereuse	í	í	í
2.4	Incendie	í	í	í
2.5	Violence	í	í	í
2.6	Vandalisme	í	í	í
2.7	Vol	í	í	í
2.8	Prostitution	í	í	í
2.9	Abus d'alcool et de drogue	í	í	í
2.10	Contamination de l'air ou de l'eau	í	í	í
2.11	Maniement d'armes à feu	í	í	í

MOYENS DE TRANSPORT

Question 3

Est-ce que les autorités communautaires vous permettent de circuler en véhicule tout-terrain (VTT) ou en motoneige sur les routes de la communautés?

3.1	Oui	í
3.2	Non	í
3.3	Ne sais pas	í
3.4	Refuse	í



Question 4

4-A) Vous arrive-t-il de circuler en véhicule tout terrain (VTT)?				
1-	Oui	↑		
2-	Non	↑	-----> passer à la question 4	
3-	Refuse	↑	-----> passer à la question 4	

4-B) Lorsque vous circulez en véhicule tout terrain (VTT), portez-vous un casque de sécurité?					
1-	Toujours	↑	4-	Jamais	↑
2-	La plupart du temps	↑	5-	Refuse	↑
3-	Rarement	↑			

4-C) Pendant la saison, combien de fois utilisez-vous un véhicule tout terrain (VTT)?					
1-	Au moins une fois par jour	↑	4-	Moins d'une fois par mois	↑
2-	Au moins une fois par semaine	↑	5-	Ne sait pas	↑
3-	Au moins une fois par mois	↑	6-	Refuse	↑

Question 5

5-A) Vous arrive-t-il de circuler en motoneige?				
1-	Oui	↑		
2-	Non	↑	-----> passer à la question 5	
3-	Refuse	↑	-----> passer à la question 5	

5-B) Lorsque vous circulez en motoneige, portez-vous un casque de sécurité?					
1-	Toujours	↑	4-	Jamais	↑
2-	La plupart du temps	↑	5-	Refuse	↑
3-	Rarement	↑			

5-C) Pendant la saison, combien de fois utilisez-vous une motoneige?					
1-	Au moins une fois par jour	↑	4-	Moins d'une fois par mois	↑
2-	Au moins une fois par semaine	↑	5-	Ne sait pas	↑
3-	Au moins une fois par mois	↑	6-	Refuse	↑



Question 6

6-A) Vous arrive-t-il de circuler en bateau / canot?			
1-	Oui	↑	
2-	Non	↑	-----> passer à la question 6
3-	Refuse	↑	-----> passer à la question 6

6-B) Lorsque vous circulez en bateau / canot, portez-vous un gilet de sauvetage?			
1-	Toujours	↑	4- Jamais ↑
2-	La plupart du temps	↑	5- Refuse ↑
3-	Rarement	↑	

6-C) Pendant la saison, combien de fois utilisez-vous un bateau ou un canot?			
1-	Au moins une fois par jour	↑	4- Moins d'une fois par mois ↑
2-	Au moins une fois par semaine	↑	5- Ne sait pas ↑
3-	Au moins une fois par mois	↑	6- Refuse ↑

Question 7 Savez-vous nager?

1-	Oui	↑
2-	Non	↑
3-	Refuse	↑

SANTÉ

Question 8 À quelle fréquence utilisez-vous les méthodes suivantes pour la préparation de la viande ou du poisson? Lisez toute la liste. Cochez tout ce qui s'applique.

		Souvent	Parfois	Rarement	Jamais
		1 repas sur 2	1 repas sur 4	1 repas sur 10	
8.1	Vapeur ou au four	↑	↑	↑	↑
8.2	Bouilli	↑	↑	↑	↑
8.3	Avec de l'huile végétale	↑	↑	↑	↑
8.4	Avec de la graisse animale (ex : oie, phoque)	↑	↑	↑	↑
8.5	Avec de la graisse (ex : Crisco/ saindoux)	↑	↑	↑	↑
8.6	Avec de la margarine	↑	↑	↑	↑
8.7	Avec du beurre	↑	↑	↑	↑
8.8	Avec du PAM	↑	↑	↑	↑
8.9	Fumé	↑	↑	↑	↑
8.10	Séché	↑	↑	↑	↑
8.11	Cru	↑	↑	↑	↑



Question 9

Au cours des 6 derniers mois, avez-vous fait l'usage des médicaments suivants et à quelle fréquence? Lisez toute la liste. Cochez tout ce qui s'applique.

		Souvent	Parfois	Jamais
		3 + fois / m.	1 ou 2 fois / m.	
9.1	Analgésiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Tranquillisants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Sommifères	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Laxatifs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Sirop (toux)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Vitamines ou minéraux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Produits naturels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J'aimerais maintenant vous poser quelques questions d'ordre personnel. Si l'une de ces questions vous met mal à l'aise, n'hésitez pas à me le dire et je passerai à la question suivante.

Question 10

Au cours des 12 derniers mois, est-ce que vous ou quelqu'un de votre famille a eu des problèmes ou a reçu de l'aide pour les problèmes sociaux suivants? Lisez toute la liste. Cochez ce qui s'applique.

PROBLÈMES SOCIAUX		Pas un problème	Problème mineur	Problème majeur	Ne sait pas	Refuse
10.1	Jeux / loterie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Alcoolisme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Abus de drogue ou médicament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Négligence envers les enfants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5	Violence familiale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.6	Négligence envers les personnes âgées	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.7	Abus sexuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.8	Abus verbal ou psychologique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.9	Conditions de surpeuplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.10	Isolement de la famille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.11	Manque de nourriture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.12	Autre (spécifier) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Question 11

Au cours des 12 derniers mois, avez-vous participer dans un jeu de hasard pour lequel vous avez perdu plus d'argent que vous pouviez vous le permettre?

11.1	Oui	<input type="checkbox"/>
11.2	Non	<input type="checkbox"/>
11.3	Ne sais pas	<input type="checkbox"/>
11.4	Refuse	<input type="checkbox"/>

Question 12

Si oui, combien de fois au cours des 12 derniers mois avez-vous participer dans un jeu de hasard pour lequel vous avez perdu plus d'argent que vous pouviez vous le permettre?

12.1	_____ fois	<input type="checkbox"/>
------	------------	--------------------------

Question 13

Lorsque vous avez perdu plus d'argent que vous pouviez vous le permettre, de quel jeu de hasard s'agissait-il? Lisez toute la liste. Cochez ce qui s'applique.

13.1	Bingo	<input type="checkbox"/>
13.2	Loterie (gratteux, etc.)	<input type="checkbox"/>
13.3	Machine vidéo	<input type="checkbox"/>
13.4	Jeu de casino	<input type="checkbox"/>
13.5	Jeu sur Internet	<input type="checkbox"/>
13.6	Jeu de carte privé	<input type="checkbox"/>
13.7	Gageure sur le sport	<input type="checkbox"/>
13.8	Autre (spécifier) _____	<input type="checkbox"/>

Question 14

Pensez-vous que vous avez des connaissances adéquates à propos du Syndrome d'Alcoolisation Fœtale (SAF) et des Effets de l'Alcoolisation Fœtale (EAF)?

14.1	Oui	<input type="checkbox"/>
14.2	Non	<input type="checkbox"/>
14.3	Ne sais pas	<input type="checkbox"/>
14.4	Refuse	<input type="checkbox"/>



Question 15

Savez-vous comment obtenir de l'information concernant le Syndrome d'Alcoolisation Fœtale (SAF) et des Effets de l'Alcoolisation Fœtale (EAF)?

15.1	Oui	1
15.2	Non	1
15.3	Ne sais pas	1
15.4	Refuse	1

Question 16

Pensez-vous qu'il y a l'information nécessaire dans votre communauté au sujet du Syndrome d'Alcoolisation Fœtale (SAF) et des Effets de l'Alcoolisation Fœtale (EAF)?

16.1	Oui	1
16.2	Non	1
16.3	Ne sais pas	1
16.4	Refuse	1

Si le participant est un homme, le questionnaire se termine ici. Nous vous remercions de votre participation.

^

SANTÉ DES FEMMES

^

Question 17

Avez-vous déjà donné naissance à un enfant?

17.1	Oui – allez à la question 17	1
17.2	Non – fin du questionnaire	1

Question 18

Durant votre grossesse, avez-vous déjà bu de la bière, du vin ou toutes autres boissons alcoolisées?

18.1	Oui	1
18.2	Non – fin du questionnaire	1
18.3	Ne sais pas	1
18.4	Refuse	1



Question 19

Durant votre grossesse, à quelle fréquence avez-vous consommé des boissons alcoolisées?

19.1	Moins d'une fois par mois	î
19.2	Une fois par mois	î
19.3	2 ou 3 fois par mois	î
19.4	Une fois par semaine	î
19.5	Plus d'une fois par semaine	î
19.6	Tous les jours	î

Question 20

Durant votre grossesse, lorsque vous consommiez des boissons alcoolisées, combien de verres preniez-vous?

20.1	½ à 1 verre	î
20.2	2 verres	î
20.3	3 à 4 verres	î
20.4	5 verres et plus	î

Ceci termine maintenant notre questionnaire. Nous vous remercions de votre participation.



ADULT Quebec Region Questionnaire

Question 1 Are you currently attending school?

Question 2 What is your perception of the safety level in your community?

		High 1	Average 2	Low 3
2.1	Hazardous road conditions			
2.2	Dangerous traffic conditions			
2.3	Dangerous water traffic conditions			
2.4	Fire			
2.5	Violence			
2.6	Vandalism			
2.7	Theft			
2.8	Prostitution			
2.9	Alcohol or drug abuse			
2.10	Air or water contamination			
2.11	Fire arms handling			

{

TRANSPORTATION

}

Question 3 Does your community authority allows you to drive an all terrain vehicle (ATV) or a snowmobile on the community roads?

3.1	Yes	
3.2	No	
3.3	Don't know	
3.4	Refuse	



Question 4

4-A) Do you drive or ride an all terrain vehicle (ATV)?			
1-	Yes		
2-	No		-----> go to question 4
3-	Refuse		-----> go to question 4

4-B) When you drive or ride an all terrain vehicle (ATV), do you wear a helmet?			
1-	Always		4- Never
2-	Sometimes		5- Refuse
3-	Rarely		

4-C) How often do you ride an all terrain vehicle (ATV) in season?			
1-	At least once a day		4- Less than once a month
2-	At least once a week		5- Don't know
3-	At least once a month		6- Refuse

Question 5

5-A) Do you drive or ride a snowmobile?			
1-	Yes		
2-	No		-----> go to question 4
3-	Refuse		-----> go to question 4

5-B) When you drive or ride a snowmobile, do you wear a helmet?			
1-	Always		4- Never
2-	Sometimes		5- Refuse
3-	Rarely		

5-C) How often do you ride a snowmobile in season?			
1-	At least once a day		4- Less than once a month
2-	At least once a week		5- Don't know
3-	At least once a month		6- Refuse



Question 6

6-A) Do you ever travel in a boat or a canoe?			
1-	Yes		
2-	No		-----> go to question 6
3-	Refuse		-----> go to question 6

6-B) When you travel in a boat or a canoe, do you wear a life jacket?			
1-	Always		4- Never
2-	Sometimes		5- Refuse
3-	Rarely		

6-C) How often do you travel in a boat or a canoe in the season?			
1-	At least once a day		4- Less than once a month
2-	At least once a week		5- Don't know
3-	At least once a month		6- Refuse

Question 7 Can you swim?		
1-	Yes	
2-	No	
3-	Refuse	

{	HEALTH	}
---	---------------	---

Question 8		How often do you use each of those methods for meat and fish preparation?			
		Often	Occasionally	Rarely	Never
		1 out 2 meals	1 out 4 meals	1 out 10 meals	
8.1	Steamed or baked				
8.2	Boiled				
8.3	With vegetable oil				
8.4	With animal Fat (ex: goose, seal)				
8.5	With fat (ex: Crisco)				
8.6	With margarine				
8.7	With butter				
8.8	With PAM				
8.9	Smoked				
8.10	Dried				
8.11	Raw				



Question 9 During the last 12 months, how often did you use the following medications?

		Often	Occasionally	Never
		3 + times /m.	1 or 2 times /m.	
9.1	Pain reliever			
9.2	Tranquillizer			
9.3	Sleeping pills			
9.4	Laxative			
9.5	Syrup (cough)			
9.6	Vitamins or minerals			
9.8	Natural products			

We would now like to ask you questions on a more personal level. If those questions make you uncomfortable and you wish to go to the next question, please tell the interviewer.

Question 10 In the last 12 months, have you or someone from your family had problems or received help regarding the following social concerns?

SOCIAL CONCERNS		Not a problem	Minor problem	Major problem	Don't know	Refuse
10.1	Gambling					
10.2	Drinking					
10.3	Drug and medication use					
10.4	Child neglect					
10.5	Family violence					
10.6	Elderly neglect					
10.7	Sexual abuse					
10.8	Verbal or emotional abuse					
10.9	Overcrowding					
10.10	Isolation from family					
10.11	Lack of food					
10.12	Other (Specify) _____					



Question 11 During the past 12 months, have you participated in a game of chance in which you lost more than you could afford?

11.1	Yes	
11.2	No	
11.3	Don't know	
11.4	Refuse	

Question 12 If yes, how many times in the past 12 months have you participated in a game of chance in which you lost more than you could afford?

12.1	_____ Times
------	-------------

Question 13 When you lost more than you could afford, what kind of gambling were you engaged in?

13.1	Bingo	
13.2	Lottery (scratch card, etc.)	
13.3	VLT machines	
13.4	Other casino games	
13.5	Internet gambling	
13.6	Privately organized card games	
13.7	Betting on sports	
13.8	Other (specify) _____	

Question 14 Do you feel you have adequate knowledge of the diseases, Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Effects (FAE)?

14.1	Yes	
14.2	No	
14.3	Don't know	
14.4	Refuse	



Question 15 Are you aware of where to obtain information on FAS / FAE?

15.1	Yes	
15.2	No	
15.3	Don't know	
15.4	Refuse	

Question 16 Do you feel there is adequate information regarding FAS / FAE in your community?

16.1	Yes	
16.2	No	
16.3	Don't know	
16.4	Refuse	

If the participant is a male, the survey ends here. Thank you for your participation.

{

WOMEN HEALTH

}

Question 17 Have you ever given birth to a child?

17.1	Yes - go to question 18	
17.2	No -end of survey	

Question 18 Have you ever had a drink of beer, wine or any other alcoholic beverages during your pregnancy?

18.1	Yes	
18.2	No - End of survey	
18.3	Don't know	
18.4	Refuse	



Question 19 During your pregnancy, at which frequency did you drink alcoholic beverages?

19.1	Less than once a month	
19.2	Once a month	
19.3	2 or 3 times a month	
19.4	Once a week	
19.5	More than once a week	
19.6	Everyday	

Question 20 During your pregnancy, how many drinks of beer, wine or alcoholic beverages did you have when you were drinking?

20.1	a drink to one drink	
20.2	2 drinks	
20.3	3 to 4 drinks	
20.4	5 or more drinks	

This ends the survey. Thank you for your participation.

Appendix 5.6: Dene (NT) Survey

DENE NATION, DENENDEH
REGIONAL HEALTH SURVEY 2001

FINAL DRAFT

MARCH 2002

INCOME AND EMPLOYMENT

Interviewer: Ask Questions 1 to 13d To One Respondent Per Household Only

The first questions are about the work that you and other members of your household do. Please answer only for the members of your household who are 15 years of age and older. These questions are for activities done in the **last twelve (12) months**.

To begin, can you please give me the first names of every adult who is 15 years of age or older starting with yourself?
(Interviewer: Record names at the top of each column in the box)

<p><i>Ask the questions in the column for the first individual (Person 1). Then follow the same procedure for PERSON 2, etc... until all of the adults in the household (aged 15 and older) are completed.</i></p> <p>1. In the last 12 months, did...have a paid job or jobs that was 30 hours a week or more?</p>	<p style="text-align: center;">PERSON 1</p> <p style="text-align: center;">FIRST NAME</p> <p style="text-align: center;">[]</p> <p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>	<p style="text-align: center;">PERSON 2</p> <p style="text-align: center;">FIRST NAME</p> <p style="text-align: center;">[]</p> <p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>
<p>2. Did... have a paid job or jobs that was less than 30 hours per week?</p> <p><i>Interviewer: If "NO" to both Question 1 and 2, go to Question 4</i></p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>
<p>3. Were any of ...'s paid jobs (or job) seasonal that is, lasting only part of the year?</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>
<p>4. In the past 12 months, did you receive any income from self-employment or contract work or receive honouraria?</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>
<p>5. In the last 12 months, did you receive Employment Insurance (E.I.) from the Government of Canada?</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>
<p>6. Did... sell fish, meat, carvings, hides, furs, crafts, ivory or any other similar goods?</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>	<p>01 __ YES 02 __ NO 03 __ DO NOT KNOW 04 __ NOT APPLICABLE</p>

<p style="text-align: center;">PERSON 3</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>FIRST NAME</p> <p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>FIRST NAME PERSON 4</p> <p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>FIRST NAME PERSON 5</p> <p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">PERSON 6</p> <p>FIRST NAME</p> <p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>
<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>
<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>
<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>
<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>
<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>	<p>01 __ YES</p> <p>02 __ NO</p> <p>03 __ DO NOT KNOW</p> <p>04 __ NOT APPLICABLE</p>

7. Now we would like to get information about your income and the income of the other members of your household in order to better understand living conditions in the North.

A) For the last 12 months, please think of the total amount earned for the sales of fish, meat, carvings, hide clothing, crafts, ivory, and other similar goods for all the members of the household, including yourself. Which of these ranges does this amount fall into?
(Interviewer: Show respondent list. Mark one ONLY.)

- 01 ___ No income or income loss
- 02 ___ \$1 - 2,499
- 03 ___ \$2,500 - 4,999
- 04 ___ \$5,000 - 9,999
- 05 ___ \$10,000 - 14,999
- 06 ___ \$15,000 - 19,999
- 07 ___ \$20,000 - 24,999
- 08 ___ \$25,000 - 29,999
- 09 ___ \$30,000 - 39,999
- 10 ___ \$40,000 - 49,999
- 11 ___ \$50,000 - and over
- 12 ___ Do Not Know
- 13 ___ Refused

B) For the last 12 months, please think of the total earned from self-employment, small business, and/or honoraria from all members of your household, including yourself. Which of these ranges does this amount fall into?
(Interviewer: Show respondent list. Mark one ONLY.)

- 01 ___ No income or income loss
- 02 ___ \$1 - 2,499
- 03 ___ \$2,500 - 4,999
- 04 ___ \$5,000 - 9,999
- 05 ___ \$10,000 - 14,999
- 06 ___ \$15,000 - 19,999
- 07 ___ \$20,000 - 24,999
- 08 ___ \$25,000 - 29,999
- 09 ___ \$30,000 - 39,999
- 10 ___ \$40,000 - 49,999
- 11 ___ \$50,000 - and over
- 12 ___ Do Not Know
- 13 ___ Refused

8. Are you satisfied with your personal income in the past 12 months?

- 01 ___ YES
- 02 ___ NO
- 03 ___ Do Not Know
- 04 ___ Refused

9. Are you satisfied with the income of your household in the past 12 months?

- 01 ___ YES
- 02 ___ NO
- 03 ___ Do Not Know
- 04 ___ Refused

10. Are you satisfied with the job opportunities in the community?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

if no. → 1a.

Do you think that this is likely to be improved within the next few years?

___ Yes ___ No ___ Do Not Know ___ Not Applicable

11. Are you satisfied with your most recent job in the community?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

if no. → 2a.

Do you think that this is likely to be improved within the next few years?

___ Yes ___ No ___ Do Not Know ___ Not Applicable

<p>The following questions are about volunteerism that you and other adults in your household did for which no pay was received. Again, these questions are for volunteering for activities in the past 12 months.</p> <p>12. Did..... A) take care of children without receiving pay?</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p>FIRST NAME PERSON 1</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p>FIRST NAME PERSON 2</p>
	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>B) take care of seniors or elders without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>C) clean someone's home without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>D) process and prepare food, including cooking, without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>E) Saw and cut wood for someone without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>13. In the past 12 months, did.... help or assist in preparing or packing for any hunting, fishing, trapping, or camping for someone without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>14. In the past 12 months, did help or assist in repairing hunting equipment, machinery, appliances or assist in home repairs without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>15. In the past 12 months, did.... hunt, fish, or gather traditional food without receiving pay?</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">PERSON 3</p> <p>FIRST NAME</p> <p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">PERSON 4</p> <p>FIRST NAME</p> <p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">PERSON 5</p> <p>FIRST NAME</p> <p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">PERSON 6</p> <p>FIRST NAME</p> <p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>
<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>	<p>01 ___ YES</p> <p>02 ___ NO</p> <p>03 ___ DO NOT KNOW</p> <p>04 ___ NOT APPLICABLE</p>

TRADITIONAL HARVESTING

16. In the past 12 months, where did you and other members of your household get the harvested food that was eaten in your household? Was it....

	YES	NO	DO NOT KNOW
hunted, fished, trapped or gathered by members of this household?	01 ___	02 ___	03 ___
received for free (included from other people, from a local hunters and trappers organization, community freezer, etc...)?	04 ___	05 ___	06 ___
received in exchange for gas, other supplies, or help?	07 ___	08 ___	09 ___
bought?	10 ___	11 ___	12 ___
not applicable	13 ___	14 ___	15 ___

17. In the past 12 months, what did your household do with the harvested food obtained by you and members of your household? Did you....

	YES	NO	NO NOT KNOW
eat it in your household?	01 ___	02 ___	03 ___
give it away (including to other households, community feasts, elders, etc.)	04 ___	05 ___	06 ___
give it in exchange for gas, other supplies, or help?	07 ___	08 ___	09 ___
sell it?	10 ___	11 ___	12 ___
not applicable	13 ___	14 ___	15 ___

18. Thinking of the last 12 months, are you satisfied with the amount of money you were able to spend on hunting, fishing, trapping, and gathering?

- 01 ___ YES
 02 ___ NO
 03 ___ Do Not Know
 04 ___ Refused

19. A) In the past 12 months, what was your approximate amount you and other members of your household spent on the following items? Include money spent on buying, repairing, and maintaining these items but NOT spent on gas.

Trucks	01 ___ \$1-100	02 ___ \$101-200	03 ___ \$201-300	04 ___ \$301-400	05 ___ \$401-500	06 ___ MORE
Snowmobile	07 ___ \$1-100	08 ___ \$101-200	09 ___ \$201-300	10 ___ \$301-400	11 ___ \$401-500	12 ___ MORE
4 Wheeler or ATV's	13 ___ \$1-100	14 ___ \$101-200	15 ___ \$201-300	16 ___ \$301-400	17 ___ \$401-500	18 ___ MORE
Canoes	19 ___ \$1-100	20 ___ \$101-200	21 ___ \$201-300	22 ___ \$301-400	23 ___ \$401-500	24 ___ MORE
Outboard Motors	25 ___ \$1-100	26 ___ \$101-200	27 ___ \$201-300	28 ___ \$301-400	29 ___ \$401-500	30 ___ MORE
Other Boats	31 ___ \$1-100	32 ___ \$101-200	33 ___ \$201-300	34 ___ \$301-400	35 ___ \$401-500	36 ___ MORE
Ice Auger	37 ___ \$1-100	38 ___ \$101-200	39 ___ \$201-300	40 ___ \$301-400	41 ___ \$401-500	42 ___ MORE
Firearms (Guns)	43 ___ \$1-100	44 ___ \$101-200	45 ___ \$201-300	46 ___ \$301-400	47 ___ \$401-500	48 ___ MORE
Generators	49 ___ \$1-100	50 ___ \$101-200	51 ___ \$201-300	52 ___ \$301-400	53 ___ \$401-500	54 ___ MORE
Chainsaw/s	55 ___ \$1-100	56 ___ \$101-200	57 ___ \$201-300	58 ___ \$301-400	59 ___ \$401-500	60 ___ MORE

B) In the past 12 months, what was the total number of litres or gallons of gas used by you and other members of your household for hunting, fishing, trapping or gathering?

01 ___ 01 - 50 02 ___ 51-100 03 ___ 101-200 04 ___ 201-300 05 ___ 301-MORE
 LITRES

07 ___ 01-50 08 ___ 51-100 09 ___ 101-200 10 ___ 201-300 11 ___ 301-MORE
 GALLONS

___ Do Not Know

20. Thinking of yourself and your household twelve months in the future, do you think your hunting, fishing, trapping and gathering activities will increase, decrease, or remain the same?

01 ___ INCREASE → Go to Question 21

02 ___ DECREASE → Go to Question 22

03 ___ REMAIN THE SAME → Go to Next Section

04 ___ DO NOT KNOW → Go to Next Section

21. Why do you think these activities will increase?

(Interviewer: Do Not Read List. Mark All That Apply)

01 ___ There will be more hunters, trappers, and gatherers in the household

02 ___ More people to feed (increase household demand for traditional food)

03 ___ Store bought food will get more expensive; will increase reliance on traditional food

04 ___ People in the household will get better at these traditional activities

05 ___ People in the household will have better equipment to do these traditional activities

06 ___ People in the household will have more time to do these traditional activities

07 ___ Other

08 Specify _____

09 ___ Do Not Know

10 ___ Refused

Interviewer: Go To Number 22

22. Why do you think these traditional activities will decrease?

01 ___ There will be fewer people in the household to do these traditional activities

02 ___ Less people to feed/decreased demand for traditional food

03 ___ There will be less time to do these things

04 ___ Household members will consume less traditional food (more storebought food)

05 ___ Fewer resources to harvest/fish and game becoming more scarce locally

06 ___ If storebought food become cheaper

07 ___ Other

08 Specify _____

09 ___ Do Not Know

10 ___ Refused

23. Thinking for yourself, what most frequent animal do you hunt for your household?

(Interviewer: Mark Only One)

01 ___ Moose

02 ___ Woodland Caribou

03 ___ Barrenland Caribou

04 ___ Beaver

05 ___ Rabbit

06 ___ Grouse (chicken)

07 ___ Other

08 Specify _____

09 ___ Do Not Know

10 ___ Refused

PERSONAL WELLNESS

The next section of questions is about your personal wellness. The answers to this section like all of the questionnaire will be kept strictly confidential. If any or all of these questions make you feel uncomfortable, please let me know and we will skip to the next question or section.

24. How much of the time, during the last month, have you....
(Interviewer: Read list once ONLY. Do not show respondent list for each section. Mark only one)

a. Felt Depressed

- 01___ All the time
- 02___ Most of the time
- 03___ A good bit of the time
- 04___ Some of the time
- 05___ A little of the time
- 06___ None of the time
- 07___ Do not know
- 08___ Refused

b. Felt Like Drinking To Get Intoxicated

- 01___ All the time
- 02___ Most of the time
- 03___ A good bit of the time
- 04___ Some of the time
- 05___ A little of the time
- 06___ None of the time
- 07___ Do not know
- 08___ Refused

c. Felt Like Doing Illegal Drugs

- 01___ All the time
- 02___ Most of the time
- 03___ A good bit of the time
- 04___ Some of the time
- 05___ A little of the time
- 06___ None of the time
- 07___ Do not know
- 08___ Refused

d. Felt Like Harming Someone

- 01 ___ All the time
- 02 ___ Most of the time
- 03 ___ A good bit of the time
- 04 ___ Some of the time
- 05 ___ A little of the time
- 06 ___ None of the time
- 07 ___ Do not know
- 08 ___ Refused

25. How much of the time, during the last month, have you felt so unhappy that nothing could cheer you up?
(Interviewer: Read list then show respondent list. Mark one only.)

- 01 ___ All the time
- 02 ___ Most of the time
- 03 ___ A good bit of the time
- 04 ___ Some of the time
- 05 ___ A little of the time
- 06 ___ None of the time
- 07 ___ Do not know
- 08 ___ Refused

26. In the past 12 months, have you personally experienced any racism or discrimination?

- 01 ___ YES
- 02 ___ NO
- 03 ___ Do Not Know
- 04 ___ Refused

27. In the past 12 months, have you personally advocated any racism or discrimination?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

28. The next series of questions are about support available to you. Suppose that you had an emergency in the middle of the night, who would you call?

(Interviewer: Mark all that apply)

- 01 ___ No One
- 02 ___ Friends, Neighbours, Co-workers
- 03 ___ Husband/Wife/Spouse
- 04 ___ Common-law Partner
- 05 ___ Son or Daughter (15 years or older)
- 06 ___ Father or Mother
- 07 ___ Brother or Sister
- 08 ___ Nephew or Niece
- 09 ___ Grandchild
- 10 ___ Grandfather or Grandmother
- 11 ___ Son-in-law or Daughter-in-law
- 12 ___ Father-in-law or Mother-in-law
- 13 ___ Brother-in-law or Sister-in-law
- 14 ___ Uncle or Aunt
- 15 ___ Cousin
- 16 ___ Other Relatives
- 17 ___ Other Non-relatives
- 18 ___ Do Not Know
- 19 ___ Refused

29. Do you go to anyone in your community for advise about using traditional plants for medicine?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

30. Have you ever been to a traditional Healer?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

31. Do you think a Traditional Healer Program should be offered as a health care service?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

22. Do you think a return to traditional way is a good idea for promoting community wellness?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

IF YES, thinking about the past two years, in which of the following areas has there been progress in your community?
(Interviewer: Read list then show respondent list. Circle ONE ONLY from each section)

	NO PROGRESS	SOME PROGRESS	GOOD PROGRESS	NOT A GOOD IDEA	DO NOT KNOW	NO RESPONSE	NOT APPLICABLE
Traditional Approaches to Healing	01	02	03	04	05	06	07
Renewal of Native Spirituality	01	02	03	04	05	06	07
Revival of Traditional Roles of Women	01	02	03	04	05	06	07
Revival of Traditional Roles of Men	01	02	03	04	05	06	07
Traditional Ceremonial Activity	01	02	03	04	05	06	07

23. Factors have been identified by First Nation and Inuit people as important for community wellness. Thinking about the past twelve months, do you feel that there has been any progress in any of the following area in your community?
(Interviewer: Read list then show respondent list. Circle ONE ONLY from each section)

	NO PROGRESS	SOME PROGRESS	GOOD PROGRESS	NOT A GOOD IDEA	DO NOT KNOW	NO RESPONSE
First Nations & Inuit Controlled Programs	01	02	03	04	05	06
Return to Traditional Ways	01	02	03	04	05	06
Use of Elders	01	02	03	04	05	06
Personal Commitment to Healing	01	02	03	04	05	06
Networking Among Communities	01	02	03	04	05	06
Training in the Health Field	01	02	03	04	05	06
Availability of First Nations & Inuit Health Professionals	01	02	03	04	05	06
Cultural Awareness Programs in Schools	01	02	03	04	05	06
Education & Training Opportunities	01	02	03	04	05	06
Employment Opportunities	01	02	03	04	05	06
Housing Quality	01	02	03	04	05	06
Water & Sewage Facilities	01	02	03	04	05	06
Other						

COMMUNITY WELLNESS AND SOCIAL PARTICIPATION

Thinking of the last 12 months, we want to know if you are satisfied or not with different conditions in your community. We also want to know if you think these conditions are likely to be improved in the next few years.

34. Are you satisfied with the quality of education in your community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 34a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

35. Are you satisfied with the health services (e.g. nursing station, hospital) in your community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 35a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

36. Are you satisfied with the quality of housing in your community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 36a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

37. Are satisfied with the recreational facilities in your community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 37a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

38. Are you satisfied with the recreational programs and activities that are available to you in your community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 38a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

39. Are you satisfied with local prices for store bought food?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 39a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

40. Are you satisfied with the freshness of foods in local stores?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 40a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

41. Are you satisfied with the variety of foods in the local stores?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 41a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

42. Are you satisfied with local prices for clothing in your community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 42a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

43. Are you satisfied with the variety of clothing in local stores (ie: brands, size, colours)?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 43a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

44. Are you satisfied with the plane fare prices to another community in your region?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 44a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

45. Are you satisfied with the plane fare prices to another community outside your region?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

if no. → 45a.

Do you think that this is likely to be improved within the next few years?

Yes No Do Not Know Not Applicable

46. In the last twelve months, have you ever considered moving out of this community?

01 YES

02 NO

03 DO NOT KNOW

04 NOT APPLICABLE

If No, go to Question 48

49. The next set of questions are about your participation in the community. Thinking of the last 12 months....

	Yes	No	Do Not Know	Refused	Not Applicable
a. Did you volunteer for a community organization or group (for example, a radio station, a search and rescue team, a church group, recreation committee.	01	02	03	04	05
b. Did you volunteer at a community event (including feasts, festivals, food distributions, or spring clean up)	06	07	08	09	10
c. Do you attend public meetings held in the community?	11	12	13	14	15
d. Do you attend local committee or board meetings?	16	17	18	19	20
e. Do you attend or participate in local recreational activities?	21	22	23	24	25

50. Did you vote in the most recent municipal election?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

51. Did you vote in the most recent Provincial/Territorial election?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

52. Are you satisfied with how the Provincial/Territorial government is dealing with needs in your community (for example, needs related to job creation, education, and health)

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

53. Are you satisfied with the work of your local police force in keeping your community safe from crime?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

54. Are you satisfied with how the Territorial or Provincial court system on how they sentence criminal offenders?

- 01 ___ YES
- 02 ___ NO
- 03 ___ DO NOT KNOW
- 04 ___ NOT APPLICABLE

Appendix 5.7: Nova Scotia/Newfoundland Surveys

Children's Regional Questions

Does your child eat breakfast?

Only check one option.

- 01 Always/ Almost always 02 sometimes
03 Never/ Rarely 04 Don't Know 05 Refused

Which of the following lunches is most like the lunch your child normally eats?

Only check one option.

- 06 Sandwich, milk and apple 07 Chips, chocolate bar and pop
08 Hamburger/ pizza burger, fries and pop 09 Indian bread and tea

If your child were offered one of the following snacks, which one would he/she most often choose?

- 10 Fruit 11 Bag of Chips
12 Yogurt 13 Muffin
14 Pastry/ Cookie 15 Cheese
16 Indian bread 17

If your child were going to have to have something to drink with his/her meal or snack, which of the following would he/she most often choose?

- 18 Plain Milk 19 Pop
20 Chocolate milk 21 Packaged fruit drink like Tang
22 Unsweetened fruit juice 23 Coffee
24 Kool-Aid 25 Other

How important is healthy eating to your child?

- Very important**
Somewhat important
Not important

Youth Regional Questions

Are you currently working for pay? (please circle one of the following)

Y = Yes

N = No

If yes, on average how many hours per week do you usually work? _____ hours

Have you ever participated in a game of chance for money or other gain (gambled)?

Y = Yes

N = No

If yes, how many times in the past 12 months have you participated in a game of chance (gambled)? _____ times

Do you eat breakfast?

Only check one option

01 Always/ Almost always

02 sometimes

03 Never/ Rarely

04 Don't know

05 Refused

Which of the following lunches is most like the lunch you normally eat?

Only check one option.

06 Sandwich, milk and apple

07 Chips, chocolate bar and pop

08 Hamburger/ pizza burger, fries and pop

09 Indian bread and tea

If you were offered one of the following snacks, which one would you most often choose?

10 Fruit

11 Bag of Chips

12 Yogurt

13 Muffin

14 Pastry/ Cookie

15

16 Indian bread

17 Cheese

If you were going to have something to drink with your meal or snack, which of the following would you most often choose?

18 Plain Milk

19 Pop

20 Chocolate milk

21 Packaged fruit drink like Tang

22 Unsweetened fruit juice

23 Coffee

24 Kool-Aid

25 Other

How important is healthy eating to you?

Very Important

Somewhat Important

Not Important

You're always optimistic about your future? (Please circle one of the following)

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

You usually don't expect things to go your way? (Please circle one of the following)

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

During the past 6 months, how well have you gotten along with your family? (Please circle one of the following)

Very well, no problem

Quite well, hardly any problems

Pretty well, occasional problems

Not too well, frequent problems

Not at all well, constant problems

Adult Regional Questions

Do you believe that the Income you receive is adequate to meet your needs? (please circle one of the following)

Y = Yes

N = No

During the past 12 months, have you participated in a game of chance in which you lost More than you could afford?

Y = Yes

N = No

If yes, how many times in the past 12 months have you participated in a game of chance in which you lost more than you could afford? _____times

Do you eat breakfast?

Only check one option.

01 Always/ Almost always

02 Sometimes

03 Never/ Rarely

04 Don't know

05 Refused

Which of the following lunches is most like the lunch you normally eat?

Only check one option

06 Sandwich, mile and apple

07 Chips, chocolate bar and pop

08 Hamburger/ pizza burger, fries and pop

09 Indian Bread

If you were offered one of the following snacks, which one would you most often choose?

10 Fruit

11 Bag of Chips

12 Yogurt

13 Muffin

14 Pastry/ Cookie

15 Cheese

16 Indian bread

17

If you were going to have something to drink with your meal or snack, which of the following would you most often choose?

18 Plain milk

19 Pop

20 Chocolate milk

21 Packaged fruit drink like Tang

22 Unsweetened fruit juice

23 Coffee

24 Kool-Aid

25 Other

How important is healthy eating to you?

- Very important
- Somewhat important
- Not important

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

- All of the time
- Most of the time
- Some of the time
- Almost none of the time

Please indicate your level of agreement with following sentences:

	True	Mostly True	Mostly False	False	Don't know	Refused
In general, I like the way I am.....26	<input type="radio"/>	27 <input type="radio"/>	27 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>
Overall, I have a lot to be proud of.....32	<input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>
A lot of things about me are good..... 38	<input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>
When I do something, I do it well.....44	<input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>

You're always optimistic about your future? (Please circle one of the following)

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

You usually don't expect things to go your way. (Please circle one of the following)

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Please indicate your level of agreement with the following questions:

Ask about each sentence. Mark a reply for each.

	Not at all	A little	Moderately	Quite a bit	A lot	Don't know	Refused
In general, I like the way I am.....	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
How loved do you feel.....	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>
How stressed do you feel?.....	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>

Appendix 6: Estimated Community Populations By Sub-Region and Size Group (2002)

Region	Sub-Region	Comm Size Group	Community	Total pop	M 18-54	M 55+54	F 18-54	F 55+17	M 12-17	F 12-17	M 0-11	F 0-11
NB/PEI	All	Sm.	Abegweit	172	39	11	40	9	14	15	22	22
NB/PEI	All	Sm.	Buctouche	74	16	3	18	2	3	4	19	9
NB/PEI	All	Sm.	Madawaska Maliseet First Nation	101	26	8	24	11	8	1	10	13
NB/PEI	All	Sm.	Fort Folly	35	7	6	9	6	0	2	2	3
NB/PEI	All	Sm.	Indian Island	84	17	4	23	6	6	10	9	11
NB/PEI	All	Sm.	Oromocto	236	61	6	59	9	21	12	37	32
NB/PEI	All	Sm.	Pabineau	92	30	4	21	7	5	4	13	9
NB/PEI	All	Sm.	Woodstock	244	68	25	46	24	12	8	36	24
NB/PEI	All	Med.	Lennox Island	340	100	13	80	14	13	26	53	42
NB/PEI	All	Med.	Burnt Church	1181	331	30	311	41	66	78	173	151
NB/PEI	All	Med.	Eel Ground	515	137	21	132	29	31	21	70	74
NB/PEI	All	Med.	Eel River	322	88	16	84	19	13	20	43	40
NB/PEI	All	Med.	Kingsclear	612	159	19	186	17	31	24	82	93
NB/PEI	All	Med.	Metepenagiag Mi'kmaq Nation	368	100	19	89	19	27	16	48	51
NB/PEI	All	Med.	Saint Mary's	733	205	23	174	40	49	41	88	112
NB/PEI	All	Med.	Tobique	1345	345	60	397	70	72	62	174	165
NB/PEI	All	Lg.	Big Cove	2071	539	69	525	80	136	97	334	291
NS	All	Sm.	Acadia	225	79	16	58	21	6	11	23	12
NS	All	Sm.	Annapolis Valley	78	29	5	21	4	5	2	7	6
NS	All	Sm.	Bear River	97	22	7	29	7	6	3	7	16
NS	All	Sm.	Glooscap First Nation	92	24	4	29	8	9	4	8	7
NS	All	Med.	Paq'tnkek First Nation	324	65	12	87	16	22	23	47	52
NS	All	Med.	Chapel Island First Nation	429	98	13	89	17	36	24	66	86
NS	All	Med.	Pictou Landing	391	93	17	93	15	21	12	73	67
NS	All	Med.	Shubenacadie	1078	283	34	293	55	52	72	135	154
NS	All	Med.	Membertou	753	165	28	210	31	51	47	124	95
NS	All	Med.	Millbrook	673	159	28	157	42	39	35	121	93
NS	All	Med.	Wagmatcook	501	149	16	111	19	27	31	73	75
NS	All	Med.	Whycocomagh	674	154	20	185	24	43	28	108	111
NS	All	Lg.	Eskasoni	3062	739	87	751	99	224	197	492	473
NF	All	Med.	Miawpukek	767	254	37	208	34	34	40	83	78
QC	Abenakis	Sm.	Abénalkis de Wolinak	75	19	4	24	9	2	5	6	6
QC	Abenakis	Med.	Odanak	296	75	26	75	53	11	13	22	21
QC	Algonquins	Sm.	Eagle Village First Nation-Kipawa	256	72	18	70	16	11	7	30	32
QC	Algonquins	Sm.	Wolf Lake	7	5	0	2	0	0	0	0	0
QC	Algonquins	Med.	Conseil de la Première Nation Abitibiwinni	524	140	19	127	25	26	36	82	69
QC	Algonquins	Med.	Communauté anicinape de Kitcisakik	322	69	8	64	11	23	27	55	65
QC	Algonquins	Med.	Nation Anishnabe du Lac Simon	1150	262	38	255	29	96	84	195	190
QC	Algonquins	Med.	Timiskaming First Nation	548	154	27	144	32	27	36	68	60
QC	Algonquins	Med.	Long Point First Nation	347	94	13	79	14	20	26	43	58
QC	Algonquins	Med.	Algonquins of Barriere Lake	453	124	12	130	14	27	31	54	62
QC	Algonquins	Lg.	Kitigan Zibi Anishinabeg	1486	388	95	411	111	78	77	178	147
QC	Attikameks	Med.	Wemotaci	1166	262	37	238	35	82	86	219	207
QC	Attikameks	Lg.	Les Atikamekw de Manawan	1840	430	50	400	56	125	133	319	328
QC	Attikameks	Lg.	Atikamekw d'Opitciwan	1867	483	57	400	62	147	109	346	263
QC	Hurons	Med.	Nation Huronne Wendat	1273	344	118	322	165	47	50	119	109

Comm Sub- Region Region	Size Group Community	Total pop	M 18- 54	M 55+ 54	F 18- 54	F 55+ 17	M 12- 17	F 12- 11	M 0- 11	F 0- 11
QC	Micmacs S/M/L Listuguj Mi'gmaq First Nation Council	1845	447	107	431	110	149	121	235	246
QC	Micmacs S/M/L Micmacs of Gesgapegiag	536	154	23	129	24	22	34	90	60
QC	Micmacs S/M/L La Nation Micmac de Gespeg	2	0	0	0	0	0	0	0	2
QC	Mohawks M/L Mohawks of Kanesatake	1351	342	109	376	181	53	49	116	126
QC	Mohawks M/L Kahnawake	7194	1927	592	1878	937	349	324	614	573
QC	Montagnais Sm. Montagnais Essipit	178	56	15	55	22	6	7	9	8
QC	Montagnais Sm. Montagnais de Pakua Shipi	274	69	7	55	10	20	24	45	44
QC	Montagnais Med. Les Innus de Ekuanitshit	480	110	16	133	22	32	27	58	83
QC	Montagnais Med. Montagnais de Natashquan	802	171	27	188	27	69	55	125	139
QC	Montagnais Med. Montagnais de Unamen Shipu	897	235	49	216	38	47	68	121	123
QC	Montagnais Med. La Nation Innu Matimekush-Lac John	701	174	27	188	33	46	41	96	95
QC	Montagnais Lg. Innu TakuaiKAN Uashat Mak Mani-Utenam	2746	657	111	697	132	196	168	421	365
QC	Montagnais Lg. Betsiamites	2652	698	132	744	132	146	128	328	344
QC	Montagnais Lg. Montagnais du Lac St-Jean	2014	495	144	521	153	80	101	266	255
QC	Naskapis Med. Naskapi of Quebec	535	136	30	118	32	39	39	73	69
QC	Malécite Med. Première Nation Malecite de Viger	708	178	91	189	111	22	29	49	39
ON	Ass. Iroquois & Allied Sm. Wahta Mohawk	119	26	18	26	23	5	4	9	8
ON	Ass. Iroquois & Allied Sm. Hiawatha First Nation	179	38	16	56	21	6	6	20	16
ON	Ass. Iroquois & Allied Sm. Caldwell	0	0	0	0	0	0	0	0	0
ON	Ass. Iroquois & Allied Med. Batchewana First Nation	658	187	31	172	40	40	44	74	71
ON	Ass. Iroquois & Allied Med. Mississaugas of the Credit	753	194	45	205	59	48	39	91	72
ON	Ass. Iroquois & Allied Med. Moravian of the Thames	474	125	18	116	29	20	23	81	62
ON	Ass. Iroquois & Allied Lg. Mohawks of the Bay of Quinte	1977	497	166	501	207	101	94	213	199
ON	Ass. Iroquois & Allied Lg. Oneida Nation of the Thames	2094	515	113	548	122	129	127	291	250
ON	U of ON Indians Sm. Zhiibaahaasing First Nation	58	10	3	16	2	1	2	14	10
ON	U of ON Indians Sm. Magnetawan	66	12	5	18	9	6	3	8	4
ON	U of ON Indians Sm. Sheguiandah	152	36	8	34	11	8	8	28	20
ON	U of ON Indians Sm. Sheshegwaning	120	34	11	34	11	6	7	9	7
ON	U of ON Indians Sm. Aundeck-Omni-Kaning	289	87	13	75	20	16	16	41	22
ON	U of ON Indians Sm. Thessalon	80	20	5	15	3	6	5	14	13
ON	U of ON Indians Sm. Dokis	178	52	17	45	14	2	8	19	21
ON	U of ON Indians Sm. Mattagami	197	56	16	42	11	13	15	32	13
ON	U of ON Indians Sm. Henvey Inlet First Nation	168	50	12	39	13	3	11	17	22
ON	U of ON Indians Sm. Wahnapiatae	34	15	4	5	3	5	0	1	1
ON	U of ON Indians Sm. Moose Deer Point	151	39	8	36	12	6	7	19	24
ON	U of ON Indians Sm. Chippewas of Georgina Island	175	44	11	46	13	3	8	27	23
ON	U of ON Indians Sm. Mississauga's of Scugog Island First Nation	35	11	1	10	6	0	2	3	2
ON	U of ON Indians Sm. Munsee-Delaware Nation	186	52	9	44	19	8	7	20	28
ON	U of ON Indians Sm. Pays Plat	95	34	5	19	5	7	5	8	10
ON	U of ON Indians Sm. Red Rock	257	73	13	63	16	5	15	43	29
ON	U of ON Indians Sm. Sandpoint	4	0	0	2	2	0	0	0	0
ON	U of ON Indians Sm. Michipicoten	49	14	4	13	5	3	1	6	3

Comm Sub-Region	Region	Size Group	Community	Total pop	M18-54	M 55+	F18-54	F 55+	M12-17	F12-17	M0-11	F0-11
ON	U of ON Indians	M/L	Wikwemikong	2897	777	167	707	165	184	161	386	350
ON	U of ON Indians	M/L	Sagamok Anishnawbek	1302	338	94	321	59	84	69	173	164
ON	U of ON Indians	M/L	M'Chigeeng First Nation	1008	268	45	267	51	84	60	125	108
ON	U of ON Indians	M/L	Garden River First Nation	889	241	56	219	58	52	53	89	120
ON	U of ON Indians	M/L	Mississauga	480	127	14	145	17	24	23	67	63
ON	U of ON Indians	M/L	Serpent River	306	67	22	89	16	22	16	40	35
ON	U of ON Indians	M/L	Nipissing First Nation	870	238	45	216	51	50	48	124	99
ON	U of ON Indians	M/L	Whitefish Lake	331	80	25	79	25	28	14	41	40
ON	U of ON Indians	M/L	Whitefish River	307	94	23	65	25	17	13	35	35
ON	U of ON Indians	M/L	Wasauksing First Nation	384	105	14	113	21	33	11	43	44
ON	U of ON Indians	M/L	Chippewas of Mnjikaning First Nation	581	153	37	141	43	34	21	80	72
ON	U of ON Indians	M/L	Beausoleil	638	162	28	172	32	31	43	91	79
ON	U of ON Indians	M/L	Alderville First Nation	287	78	23	84	22	18	9	25	29
ON	U of ON Indians	M/L	Curve Lake	728	197	47	187	68	38	37	75	80
ON	U of ON Indians	M/L	Algonquins of Pikwakanagan	403	101	30	98	33	27	19	45	51
ON	U of ON Indians	M/L	Chippewas of the Thames First Nations	839	217	63	188	69	53	50	103	97
ON	U of ON Indians	M/L	Chippewas of Kettle and Stony Point	1221	345	34	306	71	75	59	178	152
ON	U of ON Indians	M/L	Aamjiwnaang	805	222	43	184	55	40	39	98	124
ON	U of ON Indians	M/L	Long Lake No. 58 First Nation	493	131	15	110	22	29	35	72	78
ON	U of ON Indians	M/L	Fort William	721	173	31	185	36	46	48	99	102
ON	U of ON Indians	M/L	Gull Bay	468	128	24	100	18	35	27	74	62
ON	U of ON Indians	M/L	Ojibways of the Pic River First Nation	477	132	28	136	26	26	35	46	48
ON	U of ON Indians	M/L	Pic Mobert	312	110	28	76	22	13	15	30	19
ON	U of ON Indians	M/L	Binjitiwaabik Zaaging Anishinaabek	326	94	16	82	17	25	18	43	32
ON	Nishnawbe-Aski	S/M/L	Albany	2234	567	105	501	73	153	174	335	325
ON	Nishnawbe-Aski	S/M/L	Attawapiskat	1510	396	71	350	71	132	94	201	194
ON	Nishnawbe-Aski	S/M/L	Moose Cree First Nation	1551	384	71	358	69	120	91	244	213
ON	Nishnawbe-Aski	S/M/L	Taykwa Tagamou Nation	96	27	4	23	3	6	3	20	11
ON	Nishnawbe-Aski	S/M/L	Weenusk	234	62	19	50	18	17	11	31	25
ON	Nishnawbe-Aski	S/M/L	Constance Lake	785	205	43	199	45	64	48	95	86
ON	Nishnawbe-Aski	S/M/L	Eabametoong First Nation	1194	269	41	253	51	77	61	252	189
ON	Nishnawbe-Aski	S/M/L	Ginoogaming First Nation	317	84	13	87	13	16	17	49	39
ON	Nishnawbe-Aski	S/M/L	Martin Falls	307	66	16	62	8	11	12	76	57
ON	Nishnawbe-Aski	S/M/L	Matachewan	29	13	6	6	1	0	0	3	0
ON	Nishnawbe-Aski	S/M/L	Chapleau Cree First Nation	72	25	8	19	10	1	1	7	1
ON	Nishnawbe-Aski	S/M/L	Missanabie Cree	0	0	0	0	0	0	0	0	0
ON	Nishnawbe-Aski	S/M/L	Flying Post	0	0	0	0	0	0	0	0	0
ON	Nishnawbe-Aski	S/M/L	Brunswick House	136	30	10	38	3	6	4	26	19
ON	Nishnawbe-Aski	S/M/L	Chapleau Ojibway	23	7	2	4	2	0	2	2	4
ON	Nishnawbe-Aski	S/M/L	Wahgoshig	120	42	4	28	2	10	8	14	13
ON	Nishnawbe-Aski	S/M/L	Neskantaga First Nation	320	84	15	71	14	14	22	47	54
ON	Nishnawbe-Aski	S/M/L	Webequie	650	172	29	161	39	38	41	83	86
ON	Nishnawbe-Aski	S/M/L	Nibinamik First Nation	382	92	22	93	17	23	19	61	55
ON	Nishnawbe-Aski	S/M/L	Aroland	398	110	16	98	18	30	20	52	54
ON	Nishnawbe-Aski	S/M/L	Mishkeegogamang	994	232	37	246	45	65	69	142	159
ON	Nishnawbe-Aski	S/M/L	North Caribou Lake	774	161	46	202	38	37	64	114	112
ON	Nishnawbe-Aski	S/M/L	Wapekeka	346	78	11	86	13	21	27	54	56
ON	Nishnawbe-Aski	S/M/L	Bearskin Lake	507	118	23	112	24	35	26	88	80
ON	Nishnawbe-Aski	S/M/L	Pikangikum	2002	423	56	394	59	168	132	391	379

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ON	Nishnawbe-Aski	S/M/L	Kasabonika Lake	829	186	36	201	32	53	42	136	143
ON	Nishnawbe-Aski	S/M/L	Sandy Lake	1974	453	63	456	73	147	114	364	305
ON	Nishnawbe-Aski	S/M/L	Kingfisher	379	90	17	90	22	24	21	53	61
ON	Nishnawbe-Aski	S/M/L	Muskrat Dam Lake	280	81	8	75	9	18	18	32	39
ON	Nishnawbe-Aski	S/M/L	Sachigo Lake	472	112	21	108	14	27	30	68	93
ON	Nishnawbe-Aski	S/M/L	Fort Severn	454	90	29	104	31	38	26	67	69
ON	Nishnawbe-Aski	S/M/L	Cat Lake	482	125	20	101	16	23	35	86	76
ON	Nishnawbe-Aski	S/M/L	Wunnumin	499	122	21	118	27	30	29	76	75
ON	Nishnawbe-Aski	S/M/L	Wawakapewin	14	7	1	2	1	0	0	0	3
ON	Nishnawbe-Aski	S/M/L	Poplar Hill	385	86	14	76	15	45	22	70	58
ON	Nishnawbe-Aski	S/M/L	Deer Lake	834	200	21	197	20	61	39	134	163
ON	Nishnawbe-Aski	S/M/L	North Spirit Lake	411	105	12	91	20	32	38	54	59
ON	Nishnawbe-Aski	S/M/L	Ojibway Nation of Saugeen	103	23	3	30	10	11	10	9	9
ON	Nishnawbe-Aski	S/M/L	Slate Falls Nation	166	44	5	41	5	14	12	26	18
ON	Nishnawbe-Aski	S/M/L	Kee-Way-Win	295	71	8	71	9	16	19	55	45
ON	Nishnawbe-Aski	S/M/L	McDowell Lake	10	4	0	1	0	3	1	1	0
ON	Grand Council Treaty #3	Sm.	Big Grassy	263	64	8	64	11	17	14	48	37
ON	Grand Council Treaty #3	Sm.	Anishnaabeg of Naongashiing	125	42	5	28	6	5	9	14	17
ON	Grand Council Treaty #3	Sm.	Lac La Croix	264	83	15	58	9	16	18	34	31
ON	Grand Council Treaty #3	Sm.	Naicatchewenin	247	61	8	61	8	17	23	36	33
ON	Grand Council Treaty #3	Sm.	Nicickousemenecaning	124	36	2	30	5	9	11	17	15
ON	Grand Council Treaty #3	Sm.	Rainy River	206	47	17	59	14	11	10	13	36
ON	Grand Council Treaty #3	Sm.	Stanjikoming First Nation	88	25	5	17	4	5	2	16	14
ON	Grand Council Treaty #3	Sm.	Ochiichagwe'babigo'ining First Nation	126	33	10	30	7	4	9	15	19
ON	Grand Council Treaty #3	Sm.	Eagle Lake	246	67	15	69	15	15	18	20	28
ON	Grand Council Treaty #3	Sm.	Northwest Angle No.33	180	49	9	49	7	16	14	17	18
ON	Grand Council Treaty #3	Sm.	Northwest Angle No.37	143	31	7	34	6	5	9	29	22
ON	Grand Council Treaty #3	Sm.	Shoal Lake No.40	240	60	16	55	9	16	5	42	37
ON	Grand Council Treaty #3	Sm.	Wabauskang First Nation	93	27	5	28	6	4	4	8	11
ON	Grand Council Treaty #3	Sm.	Wabigoon Lake Ojibway Nation	179	47	13	47	13	7	8	25	19
ON	Grand Council Treaty #3	Sm.	Lac Des Mille Lacs	3	1	2	0	0	0	0	0	0
ON	Grand Council Treaty #3	Sm.	Washagamis Bay	155	35	4	40	10	12	8	21	25
ON	Grand Council Treaty #3	Med.	Couchiching First Nation	568	151	37	131	42	38	32	63	74
ON	Grand Council Treaty #3	Med.	Ojibways of Onigaming First Nation	529	126	26	133	22	30	34	66	93
ON	Grand Council Treaty #3	Med.	Seine River First Nation	306	71	18	75	14	25	26	32	45
ON	Grand Council Treaty #3	Med.	Grassy Narrows First Nation	776	193	22	187	24	48	56	130	115

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ON	Grand Council Treaty #3	Med.	Anishinabe of Wauzhushk Onigum	343	89	11	88	13	29	19	48	46
ON	Grand Council Treaty #3	Med.	Naotkamegwaning	729	193	27	182	30	54	51	109	84
ON	Grand Council Treaty #3	Med.	Lac Seul	807	222	29	188	23	57	58	122	109
ON	Independents	S/M/L	Shawanaga First Nation	157	46	9	38	12	7	5	18	22
ON	Independents	S/M/L	Temagami First Nation	211	60	22	62	18	11	5	16	16
ON	Independents	S/M/L	Chippewas of Nawash First Nation	730	203	41	206	61	51	31	76	62
ON	Independents	S/M/L	Saugeen	718	204	31	177	34	35	43	109	85
ON	Independents	S/M/L	Mohawks of Akwesasne	8101	2218	450	2225	650	442	444	800	873
ON	Independents	S/M/L	Walpole Island	2157	627	113	529	123	140	110	246	270
ON	Independents	S/M/L	Six Nations	11410	3133	589	3054	772	665	581	1354	1263
ON	Independents	S/M/L	Wabaseemoong Independent Nations	870	248	28	216	27	41	38	125	147
ON	Independents	S/M/L	Iskatewizaagegan #39 Independent First Nation	302	92	12	81	10	22	11	38	37
ON	Independents	S/M/L	Whitesand	433	122	23	101	24	24	25	56	59
ON	Independents	S/M/L	Animbiigoo Zaagi'igan Anishinaabek	28	10	3	8	2	1	0	3	1
ON	Independents	S/M/L	Kitchenuhmaykoosib Inninuwug	898	200	42	223	57	63	62	139	112
MB	Swampy Cree	TCLg.	Mathias Colomb	1969	480	47	382	56	151	149	374	330
MB	Swampy Cree	TCLg.	Opaskwayak Cree Nation	2809	701	93	679	105	186	186	452	408
MB	Swampy Cree	TCS/M	Chemawawin Cree Nation	1149	248	40	242	32	82	78	225	202
MB	Swampy Cree	TCS/M	Grand Rapids First Nation	746	184	19	158	22	54	47	128	134
MB	Swampy Cree	TCS/M	Mosakahiken Cree Nation	1084	242	30	255	27	71	72	190	197
MB	Swampy Cree	TCS/M	Sapotaweyak Cree Nation	765	191	27	161	18	64	64	131	110
MB	Swampy Cree	TCS/M	Wuskwi Sipiik First Nation	359	92	12	84	6	23	27	61	55
MB	Swampy Cree	TCS/M	Marcel Colomb First Nation	257	53	11	56	5	22	20	45	44
MB	South East TC	S/M/L	Little Black River	604	135	14	132	13	39	47	111	114
MB	South East TC	S/M/L	Brokenhead Ojibway Nation	437	125	19	103	20	24	19	57	70
MB	South East TC	S/M/L	Hollow Water	835	179	28	204	26	40	52	159	147
MB	South East TC	S/M/L	Buffalo Point First Nation	42	10	1	9	2	2	7	3	8
MB	South East TC	S/M/L	Berens River	1468	372	39	324	41	114	100	247	232
MB	South East TC	S/M/L	Bloodvein	813	158	22	159	25	77	75	147	151
MB	South East TC	S/M/L	Little Grand Rapids	1007	219	44	193	43	82	68	201	156
MB	South East TC	S/M/L	Poplar River First Nation	1002	249	32	218	30	73	71	170	159
MB	South East TC	S/M/L	Pauiingassi First Nation	506	115	17	95	16	38	28	108	89
MB	West Region TC	S/M	O-Chi-Chak-Ko-Sipi First Nation	432	99	13	96	15	23	29	75	82
MB	West Region TC	S/M	Ebb and Flow	1118	283	38	260	39	77	78	171	173
MB	West Region TC	S/M	Skownan First Nation	618	168	22	138	28	47	42	77	96
MB	West Region TC	S/M	Pine Creek	1139	294	47	261	51	79	72	203	132
MB	West Region TC	S/M	Keeseekoowenin	679	181	29	185	29	38	43	86	88
MB	West Region TC	S/M	Rolling River	405	114	17	98	17	23	18	53	66
MB	West Region TC	S/M	Gamblers	50	18	4	8	4	5	3	3	5

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MB	Dakota Ojibway TC	Sm.	Dakota Plains	185	56	10	43	8	6	12	24	26
MB	Dakota Ojibway TC	Sm.	Canupawakpa Dakota First Nation	286	62	20	70	27	16	23	34	34
MB	Dakota Ojibway TC	Med.	Roseau River	1038	249	42	248	23	79	75	172	149
MB	Dakota Ojibway TC	Med.	Birdtail Sioux	458	109	13	95	15	28	27	84	87
MB	Dakota Ojibway TC	Med.	Sioux Valley Dakota Nation	1094	286	51	269	58	76	81	139	134
MB	Dakota Ojibway TC	Med.	Swan Lake	530	129	24	145	28	34	45	65	61
MB	Dakota Ojibway TC	Lg.	Sandy Bay	3118	730	75	656	66	242	199	618	533
MB	Dakota Ojibway TC	Lg.	Long Plain	1755	417	48	432	51	103	98	333	274
MB	Island Lake TC	M/L	Garden Hill First Nations	3154	757	100	689	107	233	205	540	524
MB	Island Lake TC	M/L	St. Theresa Point	2803	650	85	652	88	215	207	470	437
MB	Island Lake TC	M/L	Wasagamack First Nation	1315	304	38	289	37	108	99	231	210
MB	Island Lake TC	M/L	Red Sucker Lake	747	189	25	183	31	33	33	122	130
MB	Interlake TC	S/M/L	Kinonjeoshtegon First Nation	285	71	15	74	10	12	18	48	37
MB	Interlake TC	S/M/L	Peguis	3131	798	155	732	141	224	186	459	437
MB	Interlake TC	S/M/L	Lake Manitoba	1139	291	48	261	32	66	68	213	160
MB	Interlake TC	S/M/L	Pinaymootang First Nation	1209	306	61	292	58	78	75	166	174
MB	Interlake TC	S/M/L	Little Saskatchewan	562	135	10	135	14	41	34	88	105
MB	Interlake TC	S/M/L	Lake St. Martin	1287	312	43	308	42	83	86	205	208
MB	Interlake TC	S/M/L	Dauphin River	159	43	7	41	7	7	7	24	23
MB	Keewatin TC	S/M/L	God's Lake First Nation	1287	299	49	256	46	106	102	224	207
MB	Keewatin TC	S/M/L	Bunibonibee Cree Nation	1971	467	89	425	86	135	112	333	324
MB	Keewatin TC	S/M/L	Manto Sipi Cree Nation	533	127	16	116	16	44	44	85	86
MB	Keewatin TC	S/M/L	Sayisi Dene First Nation	335	103	22	79	20	24	14	39	34
MB	Keewatin TC	S/M/L	York Factory First Nation	429	108	17	103	17	32	24	60	67
MB	Keewatin TC	S/M/L	Fox Lake	243	52	15	55	16	17	14	35	39
MB	Keewatin TC	S/M/L	Tataskweyak Cree Nation	1963	444	84	455	70	127	117	336	332
MB	Keewatin TC	S/M/L	Shamattawa First Nation	1164	273	29	234	35	76	71	216	230
MB	Keewatin TC	S/M/L	Barren Lands	388	92	11	82	10	28	24	77	65
MB	Keewatin TC	S/M/L	Northlands	756	190	33	161	22	50	65	106	130
MB	Keewatin TC	S/M/L	War Lake First Nation	122	40	6	29	6	6	7	15	13
MB	Independents-N&S	Lg.	Fort Alexander	2982	839	123	678	115	175	169	426	457
MB	Independents-N&S	Lg.	Fisher River	1654	443	80	443	87	109	100	210	183
MB	Independents	Lg.	Cross Lake First Nation	4332	1034	145	975	160	331	303	717	666
MB	Independents	Lg.	Norway House Cree Nation	4307	1052	167	1009	162	296	299	668	655
MB	Independents	Lg.	Nisichawayasihk Cree Nation	2416	574	79	495	85	143	153	464	423
MB	Independents	S/M	Waywayseecappo F.N. Treaty #4-1874	1523	345	48	360	49	103	92	256	272
MB	Independents	S/M	Tootinaowaziibeeng Treaty Reserve	579	132	19	128	14	37	51	98	100
MB	Independents	S/M	Dakota Tipi	124	36	3	24	3	12	7	27	13
SK	ACTC	Med.	Pelican Lake	772	174	13	142	13	57	49	172	151
SK	ACTC	Med.	Witcheakan Lake	374	90	7	67	8	21	24	77	79
SK	ACTC	Lg.	Big River	1890	448	46	382	47	132	145	362	328
SK	BTC	S/M	Little Pine	700	178	32	139	27	43	40	117	124
SK	BTC	S/M	Lucky Man	2	0	0	1	0	0	0	0	1

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SK	BTC	S/M	Moosomin	908	208	28	196	26	58	61	161	170
SK	BTC	S/M	Mosquito, Grizzly Bear's Head, Lean Man FN	610	168	18	140	11	50	34	102	87
SK	BTC	S/M	Poundmaker	571	135	26	122	20	31	46	108	82
SK	BTC	S/M	Red Pheasant	618	154	19	129	27	50	42	102	94
SK	BTC	S/M	Sweetgrass	532	129	29	119	30	34	24	75	92
SK	FHQTC	Sm.	Little Black Bear	225	56	11	39	9	12	17	41	40
SK	FHQTC	Sm.	Nekaneet	158	35	7	33	6	5	12	32	27
SK	FHQTC	Sm.	Muscowpetung	268	82	16	47	15	19	14	41	36
SK	FHQTC	Sm.	Okanese	253	53	12	66	8	22	15	39	36
SK	FHQTC	Sm.	Star Blanket	235	55	15	48	15	17	17	37	31
SK	FHQTC	Sm.	Wood Mountain	18	3	4	5	3	0	2	1	0
SK	FHQTC	Med.	Carry The Kettle	735	170	36	168	37	54	44	116	111
SK	FHQTC	Med.	Pasqua First Nation #79	539	148	27	106	19	51	45	79	64
SK	FHQTC	Med.	Peepeekisis	604	163	40	122	37	35	31	86	90
SK	FHQTC	Med.	Piapot	563	155	25	119	18	42	31	93	81
SK	FHQTC	Med.	Standing Buffalo	393	102	20	96	19	31	27	54	44
SK	MLTC	Med.	Flying Dust First Nation	387	80	21	77	23	22	33	71	59
SK	MLTC	Med.	Makwa Sahgaiehcan First Nation	730	163	10	139	16	58	52	154	139
SK	MLTC	Med.	Island Lake First Nation	802	150	19	179	24	57	49	165	160
SK	MLTC	Med.	Buffalo River Dene Nation	559	152	22	124	20	43	43	83	72
SK	MLTC	Med.	English River First Nation	647	172	35	157	40	40	30	80	94
SK	MLTC	Med.	Clearwater River Dene	607	152	15	135	20	47	44	104	90
SK	MLTC	Med.	Waterhen Lake	718	167	19	163	20	43	50	135	122
SK	MLTC	Med.	Birch Narrows First Nation	306	69	12	64	10	19	28	50	54
SK	PAGC	Lg.	Montreal Lake	2001	459	71	438	56	187	120	365	306
SK	PAGC	Lg.	Sturgeon Lake First Nation	1607	362	49	330	35	132	107	286	306
SK	PAGC	Lg.	James Smith	1749	441	55	395	51	131	106	288	282
SK	PAGC	S/M	Cumberland House Cree Nation	534	135	19	115	18	30	35	94	86
SK	PAGC	S/M	Fond du Lac	875	189	31	202	34	79	61	144	134
SK	PAGC	S/M	Hatchet Lake	986	200	27	207	19	93	90	178	172
SK	PAGC	S/M	Red Earth	1032	214	17	204	26	89	71	198	214
SK	PAGC	S/M	Shoal Lake of the Cree Nation	626	117	10	122	7	63	47	133	126
SK	PAGC	S/M	Wahpeton Dakota Nation	264	51	4	56	6	13	23	65	48
SK	PAGC	S/M	Black Lake	1334	306	44	321	31	118	106	211	195
SK	STC	S/M	Muskoday First Nation	445	126	30	96	34	28	29	51	52
SK	STC	S/M	Whitecap Dakota First Nation	212	51	5	47	8	14	22	38	27
SK	STC	S/M	One Arrow	418	98	13	92	12	18	15	90	79
SK	STC	S/M	Mistawasis	1025	250	48	240	31	57	60	169	170
SK	STC	S/M	Muskeg Lake	243	58	11	56	11	14	11	46	36
SK	STC	S/M	Yellow Quill	829	179	27	179	20	75	54	165	130
SK	STC	S/M	Kinistin	307	82	8	65	4	22	17	52	56
SK	STC	S/M	Canoe Lake Cree First Nation	734	141	39	152	38	57	39	138	130
SK	TATC	Sm.	Day Star	128	38	10	27	8	6	11	17	11
SK	TATC	Med.	Fishing Lake First Nation	410	98	28	79	16	29	30	74	56
SK	TATC	Med.	Gordon	1009	268	44	209	37	74	75	168	134
SK	TATC	Med.	Muskowekwan	362	105	10	76	19	19	28	55	50
SK	TATC	Med.	Kawacatoose	1077	261	40	237	36	88	74	183	158
SK	YTC	Sm.	Sakimay	238	70	11	44	12	15	17	33	37
SK	YTC	Sm.	Ocean Man	66	14	3	11	4	8	6	11	10
SK	YTC	Med.	Cowessess	523	132	33	127	25	34	42	62	66
SK	YTC	Med.	Kahkewistahaw	416	91	20	95	15	26	30	68	71
SK	YTC	Med.	Cote First Nation 366	695	202	41	157	25	42	54	77	98

Region	Comm Sub-Region	Size Group	Community	Total pop	M18-54	M 55+	F18-54	F 55+	M12-17	F12-17	M0-11	F0-11
SK	YTC	Med.	Keeseekoose	634	161	17	137	23	50	45	102	99
SK	YTC	Med.	The Key First Nation	294	70	12	77	17	25	21	35	37
SK	Peter Ballantyne Lg.		Peter Ballantyne Cree Nation	4843	1041	119	1036	113	377	356	899	902
SK	Lac LaRonge	Lg.	Lac La Ronge	4841	1084	174	1044	162	361	333	845	837
SK	Independents	Lg.	Onion Lake	2372	508	69	468	71	169	163	453	471
SK	Independents	S/M	Saulteaux	547	120	10	125	10	39	44	117	81
SK	Independents	S/M	Thunderchild First Nation	727	173	36	134	24	69	45	119	127
SK	Independents	S/M	Beardy's and Okemasis	1103	247	44	258	45	104	76	163	166
SK	Independents	S/M	Big Island Lake Cree Nation	546	91	12	110	8	53	46	120	107
SK	Independents	S/M	Ahtahkakoop	1431	357	51	321	49	105	85	225	237
SK	Independents	S/M	Ochapowace	561	150	13	124	10	49	43	88	84
SK	Independents	S/M	White Bear	757	183	26	162	30	53	50	128	125
SK	Independents	S/M	Pheasant Rump Nakota	150	36	8	40	9	3	9	26	21
AB	Treaty 8	Sm.	Horse Lake First Nation	328	68	7	58	8	30	23	65	70
AB	Treaty 8	Sm.	Duncan's First Nation	121	22	11	27	7	7	11	20	17
AB	Treaty 8	Sm.	Kapawe'no First Nation	81	17	5	12	5	5	5	15	17
AB	Treaty 8	Sm.	Lubicon Lake	215	42	7	41	6	19	19	47	34
AB	Treaty 8	Sm.	Sawridge	34	5	4	8	2	2	0	8	6
AB	Treaty 8	Sm.	Athabasca Chipewyan First Nation	216	44	18	66	14	18	11	23	23
AB	Treaty 8	Sm.	Fort McKay First Nation	287	76	19	66	25	9	15	38	40
AB	Treaty 8	Sm.	Fort McMurray #468 First Nation	244	67	18	59	12	12	19	28	30
AB	Treaty 8	Sm.	Chipewyan Prairie First Nation	310	87	16	64	13	22	21	48	40
AB	Treaty 8	Sm.	Smith's Landing First Nation	151	47	9	37	6	15	13	11	13
AB	Treaty 8	M/L	Beaver First Nation	341	82	17	80	14	19	17	62	51
AB	Treaty 8	M/L	Tallcree	406	94	21	83	17	40	22	65	65
AB	Treaty 8	M/L	Little Red River Cree Nation	3198	628	71	604	86	219	219	719	653
AB	Treaty 8	M/L	Dene Tha'	1740	446	110	425	83	133	118	232	191
AB	Treaty 8	M/L	Driftpile First Nation	708	184	43	160	23	57	42	105	93
AB	Treaty 8	M/L	Sturgeon Lake Cree Nation	1196	297	40	275	40	77	66	200	201
AB	Treaty 8	M/L	Sucker Creek	586	137	28	119	26	40	45	101	89
AB	Treaty 8	M/L	Swan River First Nation	308	76	16	81	16	29	10	46	34
AB	Treaty 8	M/L	Bigstone Cree Nation	2566	619	110	571	98	194	168	413	392
AB	Treaty 8	M/L	Whitefish Lake	925	202	36	172	28	65	77	183	162
AB	Treaty 8	M/L	Mikisew Cree First Nation	691	177	56	159	44	36	47	91	81
AB	Treaty 8	M/L	Woodland Cree First Nation	661	151	25	153	19	45	41	110	116
AB	Treaty 8	M/L	Loon River Cree	332	73	11	72	13	24	31	66	42
AB	Treaty 6	S/M/L	O'Chiese	603	133	18	131	20	41	52	110	97
AB	Treaty 6	S/M/L	Sunchild First Nation	585	128	7	122	15	37	37	130	108
AB	Treaty 6	S/M/L	Alexis	812	205	21	189	19	60	42	154	123
AB	Treaty 6	S/M/L	Alexander	877	225	24	186	31	57	58	156	140
AB	Treaty 6	S/M/L	Louis Bull	1241	234	20	255	19	94	110	283	227
AB	Treaty 6	S/M/L	Enoch Cree Nation #440	1426	354	34	383	49	92	78	230	207
AB	Treaty 6	S/M/L	Paul	1045	228	25	218	34	96	76	188	181
AB	Treaty 6	S/M/L	Montana	580	109	8	123	10	49	41	125	113
AB	Treaty 6	S/M/L	Ermineskin Tribe	2393	497	37	517	56	197	177	452	461
AB	Treaty 6	S/M/L	Samson	4999	1015	78	1039	107	438	416	974	933
AB	Treaty 6	S/M/L	Beaver Lake Cree Nation	315	69	11	68	6	30	14	58	60
AB	Treaty 6	S/M/L	Saddle Lake	5735	1401	181	1387	197	425	381	904	860
AB	Treaty 6	S/M/L	Cold Lake First Nations	1156	304	58	260	41	89	76	157	170
AB	Treaty 6	S/M/L	Frog Lake	1331	280	38	266	35	80	82	270	281
AB	Treaty 6	S/M/L	Kehewin Cree Nation	900	228	35	201	33	58	52	155	139
AB	Treaty 6	S/M/L	Heart Lake	173	39	4	34	7	16	11	36	26

Region	Comm Sub-Region	Size Group	Community	Total pop	M18-	M	F18-	F	M12-	F12-	M0-	F0-
					54	55+	54	55+	17	17	11	11
AB	Treaty 7	Med.	Tsuu T'Ina Nation	1200	258	35	285	57	100	83	191	191
AB	Treaty 7	Med.	Stoney (Chiniki)	1237	249	32	299	46	105	80	233	194
AB	Treaty 7	Med.	Stoney (Bears paw)	1212	267	37	301	56	92	88	178	194
AB	Treaty 7	Med.	Stoney (Wesley)	1292	298	31	286	54	101	88	245	189
AB	Treaty 7	Lg.	Siksika Nation	3249	815	153	763	141	244	198	498	436
AB	Treaty 7	Lg.	Blood	7397	1983	302	2031	316	527	473	945	821
AB	Treaty 7	Lg.	Piikani Nation	2320	568	82	586	91	153	151	345	344
BC	Northern Interior	Sm.	Taku River Tlingit	90	25	7	25	2	4	6	15	6
BC	N. Interior	Sm.	Dease River	60	24	6	7	4	0	3	8	7
BC	N. Interior	Sm.	Glen Vowell	164	50	15	37	9	7	8	22	17
BC	N. Interior	Sm.	Hagwilget Village	207	61	17	59	7	14	7	21	21
BC	N. Interior	Sm.	Prophet River Band, Dene Tsaa Tse K'Nai First Nati	96	27	5	21	3	5	6	10	20
BC	N. Interior	Sm.	West Moberly First Nations	65	19	1	16	6	8	2	9	5
BC	N. Interior	Sm.	Halfway River First Nation	149	43	11	34	9	8	8	19	17
BC	N. Interior	Sm.	Blueberry River First Nations	162	46	6	31	5	13	7	38	16
BC	N. Interior	Sm.	Doig River	103	34	6	17	5	9	12	8	13
BC	N. Interior	Sm.	Tsay Keh Dene	195	64	8	52	11	12	16	15	17
BC	N. Interior	Sm.	Kwadacha	260	61	18	65	14	23	16	31	31
BC	N. Interior	Sm.	Lheidli T'enneh	102	30	5	29	4	5	6	12	11
BC	N. Interior	Sm.	Nadleh Whuten	216	56	15	53	8	15	15	30	25
BC	N. Interior	Sm.	Stellat'en First Nation	244	64	11	71	21	15	11	29	22
BC	N. Interior	Sm.	McLeod Lake	102	38	7	32	8	2	4	4	9
BC	N. Interior	Sm.	Burns Lake	34	14	2	6	2	0	0	5	6
BC	N. Interior	Sm.	Cheslatta Carrier Nation	162	41	8	48	8	11	12	15	19
BC	N. Interior	Sm.	Soda Creek	174	49	14	35	12	15	14	17	18
BC	N. Interior	Sm.	Williams Lake	198	64	12	47	21	7	7	13	28
BC	N. Interior	Sm.	Nazko	123	34	4	26	6	9	10	22	13
BC	N. Interior	Sm.	Kluskus	86	22	1	21	4	6	4	16	12
BC	N. Interior	Sm.	Wet'suwet'en First Nation	90	20	7	26	4	1	1	16	16
BC	N. Interior	Sm.	Nee-Tahi-Buhn	39	13	3	10	0	1	3	5	4
BC	N. Interior	Sm.	Yekooche	122	40	6	32	6	13	7	9	10
BC	N. Interior	Sm.	Skin Tyee	34	8	8	7	2	1	1	4	4
BC	N. Interior	Sm.	Ts'kw'aylaxw First Nation	222	77	8	56	10	10	13	28	20
BC	N. Interior	Sm.	Nisga'a Village of Gitwinksihlkw	239	79	15	55	16	10	19	19	27
BC	N. Interior	Sm.	Kitselas	191	50	12	58	11	6	17	15	22
BC	N. Interior	Sm.	Kitsumkalum	202	62	20	45	23	13	10	17	13
BC	N. Interior	Med.	Moricetown	750	214	41	180	33	63	42	90	87
BC	N. Interior	Med.	Gitanmaax	737	184	49	192	53	46	42	99	71
BC	N. Interior	Med.	Kispiox	686	173	39	180	38	51	31	72	101
BC	N. Interior	Med.	Gitsegukla	467	147	22	122	27	21	18	65	47
BC	N. Interior	Med.	Gitwangak	455	131	30	109	31	31	29	53	41
BC	N. Interior	Med.	Gitanyow	353	87	18	74	15	33	23	52	50
BC	N. Interior	Med.	Saulteau First Nations	414	101	20	121	19	41	27	49	37
BC	N. Interior	Med.	Fort Nelson First Nation	410	107	22	87	20	21	24	75	53
BC	N. Interior	Med.	Lake Babine Nation	1370	347	58	359	57	90	80	189	190
BC	N. Interior	Med.	Takla Lake First Nation	318	84	16	89	19	11	16	38	45
BC	N. Interior	Med.	Nak'azdli	1003	294	34	271	34	74	61	117	119
BC	N. Interior	Med.	Saik'uz First Nation	534	139	27	135	29	51	42	59	52
BC	N. Interior	Med.	Tl'azt'en Nation	588	169	27	141	21	30	31	93	76
BC	N. Interior	Med.	Tahltan	326	100	28	69	22	23	18	32	35
BC	N. Interior	Med.	Iskut	304	89	14	71	16	14	16	48	37
BC	N. Interior	Med.	Ulkatcho	663	172	27	164	29	38	50	83	101

Region	Comm Sub-Region	Size Group	Community	Total pop	M18-54	M 55+	F18-54	F 55+	M12-17	F12-17	M0-11	F0-11
BC	N. Interior	Med.	Canoe Creek	266	91	15	58	12	30	18	22	21
BC	N. Interior	Med.	Nisga'a Village of Gingolx	335	94	25	77	26	22	9	47	34
BC	N. Interior	Med.	Kitamaat	662	212	68	157	67	36	32	53	38
BC	N. Interior	Med.	Nisga'a Village of New Aiyansh	740	212	52	198	47	41	42	80	68
BC	N. Interior	Med.	Nisga'a Village of Laxgalt'sap	498	161	36	115	28	33	30	39	55
BC	S Interior	Sm.	Spallumcheen	313	95	11	68	19	21	15	38	46
BC	S Interior	Sm.	Bonaparte	231	51	19	70	18	13	15	20	25
BC	S Interior	Sm.	Skeetchestn	210	55	10	52	14	10	13	31	26
BC	S Interior	Sm.	Little Shuswap Lake	181	53	15	40	11	9	8	23	22
BC	S Interior	Sm.	Neskonlith	263	83	12	71	11	20	20	28	18
BC	S Interior	Sm.	North Thompson	215	77	15	48	16	9	15	16	20
BC	S Interior	Sm.	Whispering Pines/Clinton	46	10	3	10	6	6	1	8	3
BC	S Interior	Sm.	High Bar	3	0	0	1	1	0	0	1	0
BC	S Interior	Sm.	Alexandria	24	7	6	2	5	1	0	4	0
BC	S Interior	Sm.	Red Bluff	96	25	4	27	6	3	8	8	15
BC	S Interior	Sm.	Stone	244	65	9	59	9	13	14	40	35
BC	S Interior	Sm.	Toosey	151	36	9	38	10	5	16	20	17
BC	S Interior	Sm.	N'Quatqua	159	45	8	34	11	14	9	16	22
BC	S Interior	Sm.	Aitchelitz	16	5	0	7	0	0	0	2	2
BC	S Interior	Sm.	Douglas	54	16	3	10	5	4	3	10	4
BC	S Interior	Sm.	Skatin Nations	68	24	7	10	5	3	4	11	5
BC	S Interior	Sm.	Samahquam	67	17	6	15	6	4	2	10	8
BC	S Interior	Sm.	Tzeachten	185	43	9	44	14	13	11	19	31
BC	S Interior	Sm.	Skawahlook First Nation	5	1	0	3	1	0	0	0	0
BC	S Interior	Sm.	Bridge River	183	39	11	54	11	13	18	18	19
BC	S Interior	Sm.	Cayoose Creek	75	24	5	24	6	6	2	4	5
BC	S Interior	Sm.	T'it'q'et	208	61	13	37	15	11	20	26	26
BC	S Interior	Sm.	Seton Lake	272	81	15	65	12	25	18	30	25
BC	S Interior	Sm.	Osoyoos	294	92	10	64	17	25	20	32	34
BC	S Interior	Sm.	Upper Similkameen	48	11	1	18	4	4	3	5	3
BC	S Interior	Sm.	St. Mary's	256	55	17	78	11	21	18	32	23
BC	S Interior	Sm.	Tobacco Plains	65	23	7	13	6	6	1	5	5
BC	S Interior	Sm.	Columbia Lake	137	41	2	34	7	8	8	23	15
BC	S Interior	Sm.	Shuswap	63	21	5	14	7	1	1	7	8
BC	S Interior	Sm.	Lower Kootenay	96	25	3	22	6	4	5	15	17
BC	S Interior	Sm.	Ashcroft	57	19	5	13	3	2	8	4	3
BC	S Interior	Sm.	Oregon Jack Creek	11	7	1	2	1	0	0	0	0
BC	S Interior	Sm.	Cook's Ferry	52	12	7	11	10	6	0	4	2
BC	S Interior	Sm.	Nicomen	69	17	4	18	5	4	6	12	3
BC	S Interior	Sm.	Shackan	72	26	6	15	6	4	2	9	5
BC	S Interior	Sm.	Nooaitch	95	35	4	24	5	9	8	5	5
BC	S Interior	Sm.	Boothroyd	96	34	7	27	6	5	7	6	5
BC	S Interior	Sm.	Boston Bar First Nation	65	21	5	13	8	5	2	7	4
BC	S Interior	Sm.	Kanaka Bar	66	15	5	15	2	5	3	9	13
BC	S Interior	Sm.	Siska	101	18	4	23	4	7	9	18	20
BC	S Interior	Sm.	Skuppah	65	15	2	13	5	5	1	13	11
BC	S Interior	Sm.	Spuzzum	41	9	2	7	2	2	2	11	6
BC	S Interior	Med.	Adams Lake	404	108	18	92	26	17	17	76	50
BC	S Interior	Med.	Kamloops	596	162	25	160	33	33	21	78	85
BC	S Interior	Med.	Alexis Creek	238	57	23	54	24	12	13	31	25
BC	S Interior	Med.	Esketemc	414	112	29	97	26	28	25	49	48
BC	S Interior	Med.	Tl'etinqox-t'in Government Office	511	155	40	126	35	22	18	62	52
BC	S Interior	Med.	Canim Lake	463	130	18	131	20	33	32	51	50

Region	Comm Sub-Region	Size Group	Community	Total pop	M18-54	M 55+	F18-54	F 55+	M12-17	F12-17	M0-11	F0-11
BC	S Interior	Med.	Xeni Gwet'in First Nations Government	247	58	18	62	25	19	12	30	23
BC	S Interior	Med.	Mount Currie	1322	369	50	332	47	82	79	193	170
BC	S Interior	Med.	Chehalis	406	119	30	101	23	27	20	55	31
BC	S Interior	Med.	Seabird Island	498	110	21	120	27	32	32	75	81
BC	S Interior	Med.	Fountain	309	101	18	90	16	19	18	30	17
BC	S Interior	Med.	Penticton	509	134	24	120	28	26	30	86	61
BC	S Interior	Med.	Lower Similkameen	266	77	17	77	20	13	11	21	30
BC	S Interior	Med.	Westbank First Nation	390	117	26	101	29	29	13	36	39
BC	S Interior	Med.	Okanagan	782	211	63	186	62	50	50	88	72
BC	S Interior	Med.	Coldwater	295	69	25	70	21	17	24	33	36
BC	S Interior	Med.	Lower Nicola	499	144	39	141	31	24	38	46	37
BC	S Interior	Med.	Upper Nicola	324	102	27	75	31	24	18	24	23
BC	S Interior	Med.	Lytton	729	252	39	173	43	38	37	80	68
BC	Coastal	S/M/L	Kwantlen First Nation	56	18	3	12	4	3	2	5	9
BC	Coastal	S/M/L	Matsqui	78	22	2	20	4	11	6	7	7
BC	Coastal	S/M/L	Scowlit	71	22	9	16	4	1	5	9	5
BC	Coastal	S/M/L	Skway	52	10	1	13	5	5	6	6	7
BC	Coastal	S/M/L	Skowkale	132	29	7	36	6	9	6	24	17
BC	Coastal	S/M/L	Soowahlie	167	36	10	50	12	8	8	26	17
BC	Coastal	S/M/L	Skwah	229	56	16	63	12	10	15	28	29
BC	Coastal	S/M/L	Squiala First Nation	79	26	5	22	0	9	6	6	5
BC	Coastal	S/M/L	Yakweakwoose	31	8	1	4	2	2	5	5	4
BC	Coastal	S/M/L	Sumas First Nation	138	40	7	36	11	9	3	13	20
BC	Coastal	S/M/L	Leg' a: mel First Nation	126	34	4	42	6	9	7	12	13
BC	Coastal	S/M/L	Kwaw-kwaw-Apilt	27	6	1	7	1	0	0	7	6
BC	Coastal	S/M/L	Chawathil	318	76	7	75	13	31	14	53	48
BC	Coastal	S/M/L	Cheam	177	53	9	48	10	10	6	24	17
BC	Coastal	S/M/L	Popkum	1	1	0	0	0	0	0	0	0
BC	Coastal	S/M/L	Peters	43	6	5	10	5	3	4	9	1
BC	Coastal	S/M/L	Shxw'ow'hamel First Nation	62	8	4	17	0	7	4	16	6
BC	Coastal	S/M/L	Union Bar	5	0	3	0	2	0	0	0	0
BC	Coastal	S/M/L	Yale First Nation	51	14	7	12	4	3	4	6	2
BC	Coastal	S/M/L	Heiltsuk	1150	351	73	301	82	69	59	108	108
BC	Coastal	S/M/L	Nuxalk Nation	884	232	57	219	58	52	55	108	103
BC	Coastal	S/M/L	Kitasoo	305	73	28	78	20	24	19	30	34
BC	Coastal	S/M/L	Oweekeno	106	32	4	30	2	12	7	13	7
BC	Coastal	S/M/L	Burrard	213	72	14	41	14	18	12	24	19
BC	Coastal	S/M/L	Musqueam	538	148	25	132	33	36	35	58	70
BC	Coastal	S/M/L	Sechelt	577	167	40	133	26	40	27	74	69
BC	Coastal	S/M/L	Homalco	227	71	9	52	11	11	15	30	28
BC	Coastal	S/M/L	Klahoose First Nation	53	19	4	14	5	1	4	3	4
BC	Coastal	S/M/L	Sliammon	629	170	38	170	39	36	38	67	71
BC	Coastal	S/M/L	Squamish	2122	570	86	598	131	149	133	240	214
BC	Coastal	S/M/L	Kwikwetlem First Nation	30	15	0	6	2	0	1	4	2
BC	Coastal	S/M/L	Katzie	288	69	16	74	12	18	18	46	34
BC	Coastal	S/M/L	New Westminster	0	0	0	0	0	0	0	0	0
BC	Coastal	S/M/L	Semiahmoo	45	14	2	12	6	1	1	4	5
BC	Coastal	S/M/L	Tsawwassen First Nation	165	43	5	44	8	8	7	28	22
BC	Coastal	S/M/L	Kwicksutaineuk-ah-kwaw-ah-mish	37	14	4	8	1	3	2	3	3
BC	Coastal	S/M/L	Gwawaenuk Tribe	18	8	2	5	0	1	1	1	0
BC	Coastal	S/M/L	Kwiakah	0	0	0	0	0	0	0	0	0
BC	Coastal	S/M/L	Namgis First Nation	889	258	57	264	69	46	51	77	67

Region	Comm Sub-Region	Size Group	Community	Total pop	M18-54	M 55+	F18-54	F 55+	M12-17	F12-17	M0-11	F0-11
BC	Coastal	S/M/L	Da'naxda'xw First Nation	17	2	1	1	2	0	0	5	6
BC	Coastal	S/M/L	Tsawataineuk	97	30	8	25	7	5	6	4	11
BC	Coastal	S/M/L	Tlowitsis Tribe	12	2	0	0	1	0	0	2	7
BC	Coastal	S/M/L	Huu-ay-aht First Nations	93	29	8	25	10	5	6	5	5
BC	Coastal	S/M/L	Old Masset Village Council	771	245	54	181	49	55	44	67	75
BC	Coastal	S/M/L	Skidegate	738	204	46	181	64	45	31	76	91
BC	Coastal	S/M/L	Kitkatla	399	100	20	95	21	34	31	46	51
BC	Coastal	S/M/L	Metlakatla	97	20	9	19	9	1	7	13	19
BC	Coastal	S/M/L	Lax-kw'alaams	742	230	59	159	52	45	58	76	63
BC	Coastal	S/M/L	Hartley Bay	186	44	12	40	18	16	14	15	27
BC	Vancouver I.	Sm.	Cambell River	232	65	13	53	26	12	7	35	21
BC	Vancouver I.	Sm.	Comox	114	25	9	38	18	4	9	4	8
BC	Vancouver I.	Sm.	Mamalilikulla-Qwe'Qwa'Sot'Em	0	0	0	0	0	0	0	0	0
BC	Vancouver I.	Sm.	Mowachaht/Muchalaht	179	47	11	33	7	14	11	35	22
BC	Vancouver I.	Sm.	Tlatlasikwala	20	2	1	3	1	0	1	5	7
BC	Vancouver I.	Sm.	Quatsino	191	49	6	47	6	14	18	31	21
BC	Vancouver I.	Sm.	Ehattesaht	72	13	5	15	2	6	4	12	15
BC	Vancouver I.	Sm.	Ka:'yu:'k't'h'/Che:k:tles7et'h' First Nations	165	42	9	41	5	15	10	18	25
BC	Vancouver I.	Sm.	Nuchatlaht	43	9	1	9	1	0	3	9	11
BC	Vancouver I.	Sm.	Beecher Bay	88	26	3	19	5	3	5	11	16
BC	Vancouver I.	Sm.	Lake Cowichan First Nation	13	2	0	6	0	0	1	2	2
BC	Vancouver I.	Sm.	Esquimalt	131	23	4	26	4	5	7	29	34
BC	Vancouver I.	Sm.	Halalt	87	27	4	22	4	4	6	11	10
BC	Vancouver I.	Sm.	Lyackson	17	4	2	3	1	2	0	4	1
BC	Vancouver I.	Sm.	Malahat First Nation	113	26	4	27	4	10	2	19	22
BC	Vancouver I.	Sm.	Nanoose First Nation	134	34	11	33	7	8	9	13	20
BC	Vancouver I.	Sm.	Qualicum First Nation	57	11	4	10	6	7	8	7	4
BC	Vancouver I.	Sm.	Pauquachin	209	44	11	50	9	14	9	36	36
BC	Vancouver I.	Sm.	Tseycum	70	18	7	16	4	6	6	6	8
BC	Vancouver I.	Sm.	Songhees First Nation	286	66	15	68	24	18	18	48	28
BC	Vancouver I.	Sm.	T'Sou-ke First Nation	125	31	8	34	7	9	10	12	14
BC	Vancouver I.	Sm.	Pacheedaht First Nation	93	23	7	17	7	6	10	10	12
BC	Vancouver I.	Sm.	Hesquiaht	160	49	14	40	5	14	11	15	13
BC	Vancouver I.	Sm.	Ditidaht	226	56	15	38	9	15	13	37	43
BC	Vancouver I.	Sm.	Hupacasath First Nation	97	18	7	27	11	10	5	11	9
BC	Vancouver I.	Sm.	Toquaht	13	5	2	2	0	0	0	4	0
BC	Vancouver I.	Sm.	Uchucklesaht	23	7	1	5	3	1	1	2	3
BC	Vancouver I.	Sm.	Ucluelet First Nation	244	66	12	60	16	15	15	35	25
BC	Vancouver I.	Med.	Cape Mudge	313	105	26	73	33	19	15	28	15
BC	Vancouver I.	Med.	Kwakiutl	323	92	24	81	17	18	25	30	37
BC	Vancouver I.	Med.	Chemainus First Nation	560	143	25	117	31	46	37	88	73
BC	Vancouver I.	Med.	Snuneymuxw First Nation	484	113	34	109	41	25	23	77	62
BC	Vancouver I.	Med.	Penelakut	471	136	29	120	29	32	29	50	46
BC	Vancouver I.	Med.	Tsartlip	445	125	29	98	29	32	30	53	49
BC	Vancouver I.	Med.	Tsawout First Nation	468	130	20	116	22	29	29	67	56
BC	Vancouver I.	Med.	Ahousaht	609	150	18	134	25	38	41	91	111
BC	Vancouver I.	Med.	Tla-o-qui-aht First Nations	306	78	17	64	14	32	21	31	49
BC	Vancouver I.	Med.	Tseshaht	373	105	24	113	17	22	19	38	35
BC	Vancouver I.	Med.	Gwa'Sala-Nakwaxda'xw	485	106	14	94	23	46	35	89	78
BC	Vancouver I.	Lg.	Cowichan	1844	468	99	434	108	133	120	237	245
YK	N. Tutchone	Sm.	Little Salmon/Carmacks First Nation	259	66	11	60	12	19	10	39	42
YK	N. Tutchone	Sm.	First Nation of Nacho Nyak Dun	161	58	12	36	14	5	12	5	20

Region	Comm Sub-Region	Size Group	Community	Total pop	M18-54	M55+	F18-54	F55+	M12-17	F12-17	M0-11	F0-11
YK	N. Tutchone	Sm.	Selkirk First Nation	273	71	18	67	19	17	19	32	29
YK	S. Tutchone	S/M	Aishihik	96	25	5	20	8	2	4	15	17
YK	S. Tutchone	S/M	Champagne	220	67	25	55	20	10	13	13	17
YK	S. Tutchone	S/M	Kwanlin Dun First Nation	639	211	41	168	36	43	26	62	50
YK	S. Tutchone	S/M	Kluane First Nation	63	18	7	19	4	6	0	5	4
YK	S. Tutchone	S/M	Ta'an Kwach'an	107	35	4	29	9	4	8	8	10
YK	Dakh-ka	Sm.	Carcross/Tagish First Nations	182	57	17	44	17	5	8	21	14
YK	Dakh-ka	Sm.	Teslin Tlingit Council	229	79	21	55	15	12	4	25	17
YK	Independents	Sm.	Tr'on d'k Hw'ch'in	192	56	14	44	12	9	9	21	27
YK	Independents	Sm.	Vuntut Gwitchin First Nation	267	80	20	58	21	12	17	35	25
YK	Independents	Sm.	White River First Nation	36	9	4	8	4	5	1	2	4
YK	Independents	Med.	Ross River	293	79	21	80	18	16	10	33	36
YK	Independents	Med.	Liard River	418	139	29	92	29	22	20	52	34
NT	Deh Cho	Sm.	Pehdzeh Ki First Nation	259	57	23	77	21	15	15	23	28
NT	Deh Cho	Sm.	Nahanni Butte	115	29	8	32	5	7	9	12	14
NT	Deh Cho	Sm.	Sambaa K'e (Trout Lake) Dene	89	22	5	30	8	2	6	6	10
NT	Deh Cho	Sm.	Ka'a'gee Tu First Nation	42	11	7	9	7	1	0	4	3
NT	Deh Cho	Sm.	Jean Marie River First Nation	95	24	6	27	9	3	9	8	9
NT	Deh Cho	Sm.	West Point First Nation	26	5	2	7	1	1	2	1	7
NT	Deh Cho	Med.	Liidlii Kue First Nation	750	218	49	207	46	51	44	73	60
NT	Deh Cho	Med.	Acho Dene Koe	487	130	33	132	26	33	35	49	49
NT	Deh Cho	Med.	Deh Gah Gotie Dene Council	745	198	52	204	41	50	46	83	71
NT	Deh Cho	Med.	K'atlodeeche First Nation	365	95	23	88	16	31	36	34	41
NT	Gwitch'in	Sm.	Gwicha Gwich'in	234	64	20	59	24	13	15	22	18
NT	Gwitch'in	Sm.	Inuvik Native	119	22	5	38	7	8	7	20	13
NT	Gwitch'in	Med.	Tetlit Gwich'in	907	238	58	241	63	73	57	92	86
NT	Gwitch'in	Med.	Aklavik	292	74	16	71	17	24	26	28	35
NT	Sahtu	S/M	Tulita Dene	339	75	21	77	18	39	20	43	46
NT	Sahtu	S/M	Fort Good Hope	568	146	39	141	42	48	34	67	51
NT	Sahtu	S/M	Deline	761	201	33	195	35	45	50	113	90
NT	Sahtu	S/M	Behdzi Ahda" First Nation	99	26	8	17	7	2	3	17	20
NT	Dogrib	S/M/L	Dog Rib Rae	1816	480	71	445	84	124	106	257	248
NT	Dogrib	S/M/L	Wha Ti First Nation	497	142	23	119	18	42	32	66	55
NT	Dogrib	S/M/L	Gameti First Nation	268	71	17	59	15	14	18	40	33
NT	Dogrib	S/M/L	Dechi Laot'i First Nations	131	38	7	37	6	7	11	14	12
NT	Akai'tcho	Med.	Salt River First Nation #195	257	72	17	74	19	14	10	27	23
NT	Akai'tcho	Med.	Deninu K'ue First Nation	395	111	30	100	16	40	22	28	46
NT	Akai'tcho	Med.	Yellowknives Dene First Nation	524	138	26	119	25	33	40	70	73
NT	Akai'tcho	Med.	Lutsel K'e Dene	447	117	26	115	18	42	31	48	49

Appendix 7: Combined Community Population (On Reserve or Crown Land), by Sub-Region

Region	Sub-Region	Community Population
NB/PEI	All	8525
NS	All	8377
NF	All	767
QC	Abenakis	371
QC	Algonquins	5092
QC	Attikameks	4874
QC	Hurons	1273
QC	Micmacs	2384
QC	Mohawks	8545
QC	Montagnais	10745
QC	Naskapis	535
QC	Malécite	708
ON	Assoc. of Iroquois & Allied	6254
ON	Union of Ontario Indians	19367
ON	Nishnawbe-Aski Nation	22568
ON	Grand Council Treaty #3	6737
ON	Independent First Nations	26015
MB	Swampy Cree T.C.	9139
MB	South East T.C.	6714
MB	West Region T.C.	4441
MB	Dakota Ojibway T.C.	8465
MB	Island Lake T.C.	8019
MB	Interlake T.C.	7772
MB	Keewatin T.C.	9190
MB	Independents (N & S)	17918
SK	ACTC	3036
SK	BTC	3940
SK	FHQTC	3991
SK	MLTC	4756
SK	PAGC	11009
SK	STC	4212
SK	TATC	2985
SK	YTC	2867
SK	Peter Ballantyne	4843

Region	Sub-Region	Community Population
SK	Lac LaRonge	4841
SK	Other Independents	8194
AB	Treaty 8 (North)	15644
AB	Treaty 6 (Central)	24172
AB	Treaty 7 (South)	17907
BC	Northern Interior	16011
BC	Southern Interior	14219
BC	Coastal Region	13267
BC	Vancouver Island	9885
YK	Nouthern Tutchone	694
YK	Southern Tutchone	1125
YK	Dakh-ka	411
YK	Independents	1207
NT	Deh Cho Region	2972
NT	Gwitch'in Region	1552
NT	Sahtu Region	1767
NT	Dogrib Region	2713
NT	Akaiicho Region	1622
	National Total	384637

Region	Sub-region	Combined community population (est.)						# Communities covered (in scope)						# Communities selected to sample						Cross-sectional target sample						Longitudinal target sample					
		Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot		
ON	All	7672	35377	35566	78615	57	58	10	125	11	23	10	44	358	1257	1050	2665	358	1257	1050	2665	358	1257	1050	2665						
MB	Swampy Cree T.C.	211	3892	4530	8633	1	5	2	8	1	2	2	5	13	238	277	528	13	238	277	528	13	238	277	528						
MB	South East D.C.	47	5762	1706	7515	1	7	1	9	1	3	1	5	3	401	119	523	3	401	119	523	3	401	119	523						
MB	West Region T.C.	39	3992	0	4031	1	6	0	7	1	2	0	3	5	478	0	483	5	478	0	483	5	478	0	483						
MB	Dakota Ojibway T.C.	495	3287	4671	8453	2	4	2	8	1	1	2	4	31	205	292	528	31	205	292	528	31	205	292	528						
MB	Island Lake T.C.	0	1981	5693	7674	0	2	2	4	0	1	2	3	0	136	390	525	0	136	390	525	0	136	390	525						
MB	Interlake T.C.	383	4066	3230	7679	2	4	1	7	1	1	1	3	26	276	219	521	26	276	219	521	26	276	219	521						
MB	Keewatin T.C.	161	5214	3720	9095	1	8	2	11	1	2	2	5	9	305	217	531	9	305	217	531	9	305	217	531						
MB	North Independents	0	0	10643	10643	0	0	3	3	0	0	3	3	0	0	536	536	0	0	536	536	0	0	536	536						
MB	South Independents	119	2110	4929	7158	1	2	2	5	1	1	2	4	9	153	357	518	9	153	357	518	9	153	357	518						
MB	All	1455	30304	39122	70881	9	38	15	62	7	13	15	35	96	2192	2407	4695	96	2192	2407	4695	96	2192	2407	4695						
SK	ACTC	0	1021	1722	2742	0	2	1	3	0	2	1	3	0	171	288	458	0	171	288	458	0	171	288	458						
SK	BTC	1	3642	0	3643	1	6	0	7	1	6	0	7	0	476	0	476	0	476	0	476	0	476	0	476						
SK	FHO/TC	1174	2955	0	4129	6	5	0	11	6	5	0	11	137	346	0	483	137	346	0	483	137	346	0	483						
SK	MLTC	0	4443	0	5124	0	9	0	9	0	9	0	9	0	503	0	503	0	503	0	503	0	503	0	503						
SK	PAGC	226	4941	5150	10317	1	6	3	10	1	6	3	10	12	258	269	539	12	258	269	539	12	258	269	539						
SK	STC	417	3627	0	3363	2	5	0	7	2	5	0	7	50	421	0	471	50	421	0	471	50	421	0	471						
SK	TATC	128	2896	0	3024	1	4	0	5	1	4	0	5	20	440	0	460	20	440	0	460	20	440	0	460						
SK	YTC	304	2573	0	2877	2	5	0	7	2	5	0	7	48	410	0	458	48	410	0	458	48	410	0	458						
SK	Peter Ballantyne	0	0	4522	4522	0	0	1	1	0	0	1	1	0	0	498	498	0	0	498	498	0	0	498	498						
SK	Lac LaRonge	0	0	4676	4676	0	0	1	1	0	0	1	1	0	0	496	496	0	0	496	496	0	0	496	496						
SK	Other Independents	153	5751	2211	8115	1	7	1	9	1	7	1	9	10	374	144	528	10	374	144	528	10	374	144	528						
SK	All	2404	31848	18281	52533	14	49	7	70	14	49	7	70	277	3398	1695	5370	277	3398	1695	5370	277	3398	1695	5370						
AB	Treaty 8 (North)	1560	5800	7128	14488	9	10	3	22	2	2	3	7	59	219	269	547	59	219	269	547	59	219	269	547						
AB	Treaty 6 (Central)	450	10870	12740	24060	2	12	3	17	1	2	3	6	10	253	296	559	10	253	296	559	10	253	296	559						
AB	Treaty 7 (South)	0	4719	13435	18154	0	4	3	7	0	1	3	4	0	144	409	552	0	144	409	552	0	144	409	552						
AB	All	2009	21389	33303	56701	11	26	9	46	3	5	9	17	69	615	974	1659	69	615	974	1659	69	615	974	1659						
BC	Northern Interior	4191	11878	0	16069	28	21	0	49	5	4	0	9	143	404	0	547	143	404	0	547	143	404	0	547						
BC	Southern Interior	5172	10286	0	15458	42	19	0	61	6	4	0	10	182	362	0	544	182	362	0	544	182	362	0	544						
BC	Coastal Region	3412	8174	2149	13735	37	11	1	49	6	3	1	10	135	322	85	542	135	322	85	542	135	322	85	542						
BC	Vancouver Island	3171	5010	1951	10132	28	11	1	40	5	3	1	9	167	264	103	534	167	264	103	534	167	264	103	534						

Region	Sub-region	Combined community population (est.)			# Communities covered (in scope)						# Communities selected to sample						Cross-sectional target sample						Longitudinal target sample						
		Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot	Sm	Med	Lg	Tot
BC	All	15945	35348	4100	55393	135	62	2	199	22	14	2	38	626	1353	188	2167	626	1353	188	2167	626	1353	188	2167	626	1353	188	2167
YK	Nouthern Tutchone	746	0	0	746	2	0	0	2	2	0	0	2	281	0	0	281	281	0	0	281	281	0	0	281	281	0	0	281
YK	Southern Tutchone	95	1319	0	1414	2	2	0	4	1	1	0	2	24	334	0	358	24	334	0	358	24	334	0	358	24	334	0	358
YK	Dakh-ka	498	0	0	498	2	0	0	2	1	0	0	1	212	0	0	212	212	0	0	212	212	0	0	212	212	0	0	212
YK	Independents	661	845	0	1506	3	1	0	4	2	1	0	3	160	204	0	364	160	204	0	364	160	204	0	364	160	204	0	364
YK	All	2001	2164	0	4164	9	3	0	12	6	2	0	8	676	538	0	1214	676	538	0	1214	676	538	0	1214	676	538	0	1214
NT	Deh Cho Region	661	2470	0	3131	4	4	0	8	2	2	0	4	96	357	0	452	96	357	0	452	96	357	0	452	96	357	0	452
NT	Gwitch'in Region	351	1310	0	1661	2	2	0	4	1	1	0	2	84	314	0	398	84	314	0	398	84	314	0	398	84	314	0	398
NT	Sahtu Region	94	1757	0	1851	1	3	0	4	1	2	0	3	21	388	0	409	21	388	0	409	21	388	0	409	21	388	0	409
NT	Dogrib Region	415	516	1872	2803	2	1	1	4	1	1	1	3	67	83	301	450	67	83	301	450	67	83	301	450	67	83	301	450
NT	Akai'tcho Region	0	1864	0	1864	0	4	0	4	0	2	0	2	0	408	0	408	0	408	0	408	0	408	0	408	0	408	0	408
NT	All	1521	7916	1872	11310	9	14	1	24	5	8	1	14	267	1550	301	2118	267	1550	301	2118	267	1550	301	2118	267	1550	301	2118
Total		35918	199614	167165	402697	263	297	53	613	78	142	53	273	2583	15016	8304	25903	2752	16566	8860	28178	2752	16566	8860	28178	2752	16566	8860	28178

Appendix 9: Information and Consent Form Package

FIRST NATIONS AND INUIT REGIONAL
LONGITUDINAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR FUTURE

Personal information forms

Instructions:

1. Complete all forms
2. Remove and provide participant their copy of the "Information and Consent Form"
3. Place forms in envelope
4. Seal envelope
5. Sign across the seal



First Nations and Inuit Regional Longitudinal Health Survey Participant Log

Respondent information (for contact purposes only)

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1. Name

2. Household Address/Location

3. Phone

4. Parent or Guardian's Name (for children)

5. Visits and phone calls: Record after each contact or attempt to contact

#	Visited or phoned?	Date (MM/DD/YY)	Time	Contacted respondent?	Notes
1		/ / 02	:	<input type="radio"/> Y <input type="radio"/> N	
2		/ / 02	:	<input type="radio"/> Y <input type="radio"/> N	
3		/ / 02	:	<input type="radio"/> Y <input type="radio"/> N	
4		/ / 02	:	<input type="radio"/> Y <input type="radio"/> N	
5		/ / 02	:	<input type="radio"/> Y <input type="radio"/> N	
6		/ / 02	:	<input type="radio"/> Y <input type="radio"/> N	

6. Final Status: Complete only after interview is completed or attempts are abandoned

- Agreed to participate
 Absent
 Deceased
 Refused to participate
 Doesn't live in community
 Other (specify)

7. Check off when done:

- "Information and Consent Form" signed
 Brochure and copy of "Information and Consent Form" provided to participant

8. Interviewer's name Date completed

(MM / DD / YY)

9. Interviewer's signature

10. Longitudinal identification number, as provided.
Respondents that participated in 1997 in Nova Scotia



First Nations and Inuit Longitudinal Health Survey Information and Consent Form

You are being asked to participate in a research study. In this study, we ask you a number of questions about your health and other factors linked to health. The survey will take approximately one hour. Please take your time to review this consent form and discuss any questions you may have with the research study team.

Research Team: This survey is a joint initiative of the following organizations:

- ◆ *First Nations Chiefs' Health Committee (B.C.)*
- ◆ *First Nations Adult and Higher Education Consortium*
- ◆ *Federation of Saskatchewan Indian Nations*
- ◆ *Assembly of Manitoba Chiefs*
- ◆ *Dene National Office*
- ◆ *Council of Yukon First Nations*
- ◆ *Chiefs of Ontario*
- ◆ *First Nations of Quebec and Labrador Health and Social Service Commission*
- ◆ *Union of New Brunswick Indians*
- ◆ *Union of Nova Scotia Indians*
- ◆ *Assembly of First Nations*
- ◆ *First Nations Centre of the National Aboriginal Health Organization*

Purpose of the Study:

The objective of this survey is to develop a better understanding of the many important factors that determine the health of First Nations and Inuit children, youth and adults. The areas covered in the survey include health conditions, dental health, disabilities, general well-being, physical activity, health behaviours, use of health services, residential schooling, housing and other social factors related to health.

Benefits:

Participation in this study may or may not directly benefit you. This research will help First Nation and Inuit policy makers and program developers understand the factors that affect the health of our children, youth and adults. This information will be used to help improve health through the development of appropriate health care programs and policies.

Protecting your Privacy:

Information gathered in this research study may be published or presented in public forums. However, your name or other identifying information will not be used or revealed.

As you complete your survey, your answers are entered directly into a computer database. In order to make sure that you cannot be identified in any way, your name, address, personal health information and contact information will be kept separate from your answers to other questions. No one will have access to your personal information other than the research investigators and research associates. Your records may be inspected for quality assurance purposes.

Your personal identifying information will be protected according to federal and provincial privacy laws.

As a research participant, you also have a right to see the file that contains your own personal information and to be shown how the information is stored such that your privacy is maintained.

Length of Study:

The first wave of this study will take place over a nine-month period (July 2002 to March 2003). Other phases of the survey are planned over the next 10 years. To assist us in contacting you at a later time, we will ask you to provide the name of a contact person who may be able to help us reach you in case you move or your telephone number changes. At the conclusion of this survey, we will destroy all computer records containing your identifying information.

Your decision to allow your information to be in the database is completely voluntary. Your information will help identify individuals suitable for follow-up research studies of the *First Nations and Inuit Regional Longitudinal Health Survey*. If you change your mind after agreeing to this, your information can be removed from the database.

Voluntary Participation/Withdrawal from the study:

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect the health care you receive. The study team will inform you of any new information that could affect your willingness to stay in this study.

Questions:

You are free to ask any questions that you may have about your rights as a research participant. If questions come up at any time during or after the study, contact your regional survey coordinator or the National team identified on the brochure provided.

Statement of Consent:

Participant:

I have read this consent form. I have had the opportunity to discuss the research study with a member of the research study team. I have had my questions answered by them in a language I understand. The risks and benefits have been explained to me. I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study. By signing this consent form, I have not waived any of the legal rights that I have as a participant in this research study.

All participants

1) I (check one only) consent do not consent **to be involved in the survey.**

2) I (check one only) consent do not consent **to being contacted at a later time for another wave of the study.**

3) I (check one only) consent do not consent **to providing the name, address, and phone number of a contact person for the study team to contact in the event that I move or my phone number changes.**

Adult Survey (participants 18 years and over)

Participant's Signature _____ Date: ____/____/02 (MM/DD/YY)

Participant's Printed Name _____

For legal guardian of an adult (If required)

Legal Guardian's Signature _____ Date: ____/____/02 (MM/DD/YY)

Legal guardian's Printed Name _____

Children's and Youth Surveys (participants under 18 years of age)

Child's or Youth's Signature _____ Date: ____/____/02 (MM/DD/YY)

Child's or Youth's Printed Name _____

Parent or legal guardian signature mandatory if child is under 18 (under 14 in Nova Scotia)

Parent/Legal Guardian's Signature _____ Date: ____/____/02 (MM/DD/YY)

Parent/Legal Guardian's Printed Name _____

Member of Research Team

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and knowingly given their consent.

Researcher's Signature _____ Date: ____/____/02 (MM/DD/YY)

Researcher's Printed Name _____



First Nations and Inuit Longitudinal Health Survey Information and Consent Form

You are being asked to participate in a research study. In this study, we ask you a number of questions about your health and other factors linked to health. The survey will take approximately one hour. Please take your time to review this consent form and discuss any questions you may have with the research study team.

Research Team: This survey is a joint initiative of the following organizations:

- ◆ *First Nations Chiefs' Health Committee (B.C.)*
- ◆ *First Nations Adult and Higher Education Consortium*
- ◆ *Federation of Saskatchewan Indian Nations*
- ◆ *Assembly of Manitoba Chiefs*
- ◆ *Dene National Office*
- ◆ *Council of Yukon First Nations*
- ◆ *Chiefs of Ontario*
- ◆ *First Nations of Quebec and Labrador Health and Social Service Commission*
- ◆ *Union of New Brunswick Indians*
- ◆ *Union of Nova Scotia Indians*
- ◆ *Assembly of First Nations*
- ◆ *First Nations Centre of the National Aboriginal Health Organization*

Purpose of the Study:

The objective of this survey is to develop a better understanding of the many important factors that determine the health of First Nations and Inuit children, youth and adults. The areas covered in the survey include health conditions, dental health, disabilities, general well-being, physical activity, health behaviours, use of health services, residential schooling, housing and other social factors related to health.

Benefits:

Participation in this study may or may not directly benefit you. This research will help First Nation and Inuit policy makers and program developers understand the factors that affect the health of our children, youth and adults. This information will be used to help improve health through the development of appropriate health care programs and policies.

Protecting your Privacy:

Information gathered in this research study may be published or presented in public forums. However, your name or other identifying information will not be used or revealed.

As you complete your survey, your answers are entered directly into a computer database. In order to make sure that you cannot be identified in any way, your name, address, personal health information and contact information will be kept separate from your answers to other questions. No one will have access to your personal information other than the research investigators and research associates. Your records may be inspected for quality assurance purposes.

Your personal identifying information will be protected according to federal and provincial privacy laws.

As a research participant, you also have a right to see the file that contains your own personal information and to be shown how the information is stored such that your privacy is maintained.

Length of Study:

The first wave of this study will take place over a nine-month period (July 2002 to March 2003). Other phases of the survey are planned over the next 10 years. To assist us in contacting you at a later time, we will ask you to provide the name of a contact person who may be able to help us reach you in case you move or your telephone number changes. At the conclusion of this survey, we will destroy all computer records containing your identifying information.

Your decision to allow your information to be in the database is completely voluntary. Your information will help identify individuals suitable for follow-up research studies of the *First Nations and Inuit Regional Longitudinal Health Survey*. If you change your mind after agreeing to this, your information can be removed from the database.

Voluntary Participation/Withdrawal from the study:

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect the health care you receive. The study team will inform you of any new information that could affect your willingness to stay in this study.



Questions:

You are free to ask any questions that you may have about your rights as a research participant. If questions come up at any time during or after the study, contact your regional survey coordinator or the National team identified on the brochure provided.

Statement of Consent:

Participant:

I have read this consent form. I have had the opportunity to discuss the research study with a member of the research study team. I have had my questions answered by them in a language I understand. The risks and benefits have been explained to me. I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study. By signing this consent form, I have not waived any of the legal rights that I have as a participant in this research study.

All participants
1) I (check one only) <input type="checkbox"/> consent <input type="checkbox"/> do not consent to be involved in the survey.
2) I (check one only) <input type="checkbox"/> consent <input type="checkbox"/> do not consent to being contacted at a later time for another wave of the study.
3) I (check one only) <input type="checkbox"/> consent <input type="checkbox"/> do not consent to providing the name, address, and phone number of a contact person for the study team to contact in the event that I move or my phone number changes.

Adult Survey (participants 18 years and over)
Participant's Signature _____ Date: ____/____/02 (MM/DD/YY)
Participant's Printed Name _____
For legal guardian of an adult (if required)
Legal Guardian's Signature _____ Date: ____/____/02 (MM/DD/YY)
Legal guardian's Printed Name _____

Children's and Youth Surveys (participants under 18 years of age)
Child's or Youth's Signature _____ Date: ____/____/02 (MM/DD/YY)
Child's or Youth's Printed Name _____
Parent or legal guardian signature mandatory if child is under 18 (under 14 in Nova Scotia)
Parent/Legal Guardian's Signature _____ Date: ____/____/02 (MM/DD/YY)
Parent/Legal Guardian's Printed Name _____

Member of Research Team
I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and knowingly given their consent.
Researcher's Signature _____ Date: ____/____/02 (MM/DD/YY)
Researcher's Printed Name _____

A. PERSONAL INFORMATION

- 1. **First Name**
- 2. **Middle Name**
- 3. **Last Name**
- 4. **Other Name Used**
If applicable

Present Place of Residence (Mailing Address)

- 5. **Street/ Box #**
- 6. **Town/ City**
- 7. **Province**
- 8. **Postal Code**
- 9. **Phone number** () -

B. CONTACT INFORMATION

"In order for us to contact you for future research related to the First Nations and Inuit Regional Longitudinal Health Survey, it would be helpful if you could give us the name and address of someone we can contact if we have trouble locating you. This person should not be living with you, not move frequently, and be most likely to know where you are. This information will remain strictly confidential and will not be stored with the completed survey questionnaire."

- 1. **First Name**
- 2. **Last Name**

Present Place of Residence (Mailing Address)

- 3. **Street/ Box #**
- 4. **Town/ City**
- 5. **Province**
- 6. **Postal Code**
- 7. **Phone number** () -

Appendix 10: Sample Regional Weekly Upload Report

National Weekly Report 09/16/2002 - 09/22/2002

This report was prepared exclusively for RHS survey coordinator and members of his/her team. It contains important and confidential information about data uploads from fieldworkers using identification codes between 09/16/2002 12:00:00 AM EDT and 09/22/2002 11:59:59 PM EDT.

For further information, please contact Brian Schnarch (bschnarch@naho.ca / 613-566-5973).

TABLE OF CONTENTS:

Previous week uploads

- A. Incident Reports and Notes
- B. Duplicate consent form identification numbers
- C. Incomplete, "Permanent incomplete" and "mark for deletion" interviews
- D. Completed interviews and measures
- E. Number of surveys uploaded by age and sex

Cumulative totals

- F. Completed interviews measures
- G. Number of surveys uploaded by age and sex
- H. Duplicate consent form numbers

Previous week uploads

A. Incident Reports and Notes

Incident reports.

The following incident reports were uploaded during the previous week:

Interviewer	Incident date	Uploaded date	Description	Action taken
1) XX 002	9/19/2002	9/19/2002	Chief expressed concern about privacy on laptops	Contacted Joe
2) XX 002	9/19/2002	9/19/2002		
3) XX 011	9/5/2002	9/5/2002	Dropped laptop. Seems OK.	
4) XX 019	9/19/2002	9/19/2002		
5) XX 020		9/19/2002		
6) XX 001	9/5/2002	9/5/2002		
7) XX 001	9/5/2002	9/5/2002		
8) XX 001		9/5/2002		
9) XX 001		9/5/2002		
10) XX 003	9/13/2002	9/13/2002		
11) XX 003	9/19/2002	9/19/2002	I HAVE A POP-UP SAYING I HAVE A DUPLICATE ENTRY	WHAT TO DO?

Interviewer	Incident date	Uploaded date	Description	Action taken
			DUPLICATE ENTRY	WHAT TO DO?
12) XX 003	9/19/2002	9/19/2002		
13) XX 003	9/5/2002	9/5/2002		
14) XX 010	9/19/2002	9/19/2002	Hi Paul: just testing the situation. later RCName	

Notes reports.

The following is the list of surveys with new Notes:

ID#	Survey type	Interviewer	Uploaded date	Notes entered
1) 101816	Adult	XX 001	9/19/2002	L. HEALTH CARE ACCESS Question: medication was not covered through msi and nhib L. HEALTH CARE ACCESS Question: charged for late appointments -- receptionist was very rude
2) 101819	Adult	XX 001	9/20/2002	M. DENTAL CARE Question: need a bridge but not covered and the cost is extreme
3) 141502	Adult	XX 007	9/14/2002	P. LIFESTYLE Question: 83 Have an answer for married couples only one partner
4) 300000	Adult	XX 011	9/4/2002	C. LANGUAGE AND EDUCATION Question: H. HEALTH CONDITIONS does not know if has asthma or notl Question:

B. Duplicate consent form identification numbers

The following are consent form identification numbers entered during the past week that had previously been entered (i.e., new duplicates):

ID#	Entered by interviewer	Date of entry
1) 101814	XX 001	9/18/2002
	XX 001	9/18/2002
2) 102951	XX 010	9/11/2002
	XX 010	9/11/2002
3) 104024	XX 003	9/17/2002
	XX 003	9/17/2002
4) 104077	XX 002	9/18/2002
	XX 002	9/18/2002

(Cumulative information on duplicate identification numbers is contained in Section H)

C. Incomplete, "Permanent incomplete" and "mark for deletion" interviews

The following lists records uploaded in the previous week that were incomplete, marked as "permanently incomplete" or "marked for deletion".

Incomplete records

Interviewer	Survey Type	Consent ID	Survey Start	Last Modified
1) XX 011	Adult	135867	9/18/2002 11:32:37 PM	9/21/2002 2:18:08 AM
2) XX 001	Youth	101814	9/18/2002 7:37:14 PM	9/23/2002 9:55:08 AM
3) XX 001	Youth	101814	9/20/2002 3:37:38 PM	9/23/2002 9:55:08 AM
4) XX 002	Adult	104077	9/18/2002 3:56:19 PM	9/23/2002 9:55:23 AM

Marked as "Permanently incomplete" records

Interviewer	Survey Type	Consent ID	Survey Start	Last Modified	Reason for marking
1) XX 001	Youth	101814	9/18/2002 8:15:27 PM	9/23/2002 9:55:08 AM	cannot complete
2) XX 010	Adult	102951	9/11/2002 6:44:50 PM	9/23/2002 9:55:10 AM	duplicate

Records marked "for deletion"

Interviewer	Survey Type	Consent ID	Survey Start	Last Modified	Reason for deletion
1) XX 001	Youth	101814	9/18/2002 8:15:27 PM	9/23/2002 9:55:38 AM	same survey in the computer-- failed to complete cause of computer problems--
2) XX 011	Adult	300000	9/4/2002 2:45:42 PM	9/23/2002 9:54:52 AM	practise survey

D. Completed interviews and measures

The following lists completed surveys uploaded during the past week:

Interviewer	Survey Type	Consent ID	Survey Start	Survey End	Duration	# Don't know	# Refused
1) XX 011	Adult	135860	9/16/2002 9:06:52 PM	9/16/2002 9:48:32 PM	1 hours, 0 min	8	0
2) XX 011	Adult	135863	9/20/2002 8:10:06 PM	9/20/2002 9:00:04 PM	1 hours, 1 min	21	62
3) XX 011	Kids	135862	9/15/2002 6:08:24 PM	9/15/2002 6:53:21 PM	49 min	19	1
4) XX 011	Kids	135865	9/17/2002 11:34:14 PM	9/18/2002 12:21:50 AM	47 min	2	0
5) XX 011	Kids	135866	9/18/2002 12:30:13 AM	9/18/2002 12:50:36 AM	20 min	1	0
6) XX 011	Youth	135872	9/21/2002 6:17:59 PM	9/21/2002 7:00:42 PM	42 min	6	0
7) XX 011	Youth	135873	9/21/2002 8:23:03 PM	9/21/2002 9:07:16 PM	43 min	11	0
8) XX 011	Youth	135874	9/21/2002 9:49:38 PM	9/21/2002 10:31:24 PM	41 min	9	11
9) XX 001	Adult	101804	9/18/2002 1:16:19 PM	9/18/2002 1:51:27 PM	35 min	3	3
10) XX 001	Adult	101806	9/17/2002 10:17:04 PM	9/17/2002 10:56:17 PM	42 min	2	6
11) XX 001	Adult	101808	9/13/2002 11:11:31 AM	9/13/2002 11:49:47 AM	38 min	2	1
12) XX 001	Adult	101809	9/12/2002 1:22:55 PM	9/12/2002 2:12:43 PM	49 min	2	5
13) XX 001	Adult	101810	9/18/2002 2:06:59 PM	9/18/2002 2:41:22 PM	34 min	8	10

Interviewer	Survey Type	Consent ID	Survey Start	Survey End	Duration	# Don't know	# Refused
14) XX 001	Adult	101811	9/18/2002 2:58:28 PM	9/18/2002 3:29:15 PM	30 min	0	4
15) XX 001	Adult	101812	9/18/2002 6:43:31 PM	9/18/2002 7:04:17 PM	21 min	6	10
16) XX 001	Adult	101816	9/19/2002 3:03:10 PM	9/19/2002 3:49:41 PM	46 min	9	7
17) XX 001	Adult	101819	9/20/2002 1:14:15 PM	9/20/2002 1:54:00 PM	40 min	1	2
18) XX 001	Kids	101813	9/18/2002 7:10:28 PM	9/18/2002 7:20:56 PM	10 min	1	4
19) XX 001	Kids	101817	9/19/2002 7:47:40 PM	9/19/2002 7:56:55 PM	9 min	1	1
20) XX 001	Kids	101818	9/19/2002 7:58:35 PM	9/19/2002 8:05:58 PM	7 min	1	0
21) XX 002	Adult	104061	9/18/2002 9:47:29 PM	9/18/2002 10:27:22 PM	39 min	4	1
22) XX 002	Adult	104064	9/19/2002 1:21:14 PM	9/19/2002 1:47:53 PM	27 min	14	1
23) XX 002	Adult	104067	9/19/2002 2:14:20 PM	9/19/2002 2:40:00 PM	25 min	0	1
24) XX 002	Adult	104068	9/12/2002 6:52:19 PM	9/12/2002 7:24:34 PM	33 min	0	1
25) XX 002	Adult	104069	9/12/2002 7:28:54 PM	9/12/2002 7:55:57 PM	27 min	1	1
26) XX 002	Adult	104070	9/14/2002 1:29:22 PM	9/14/2002 2:09:39 PM	40 min	3	2
27) XX 002	Adult	104071	9/18/2002 4:41:50 PM	9/18/2002 5:02:08 PM	20 min	0	2
28) XX 002	Adult	104072	9/18/2002 5:51:27 PM	9/18/2002 6:23:43 PM	33 min	2	1
29) XX 002	Adult	104076	9/18/2002 2:14:03 PM	9/18/2002 2:38:13 PM	24 min	16	3
30) XX 002	Adult	104078	9/18/2002 9:46:56 AM	9/18/2002 10:20:23 AM	33 min	0	1
31) XX 002	Adult	104080	9/18/2002 12:38:33 PM	9/18/2002 1:08:00 PM	29 min	0	1
32) XX 002	Adult	104081	9/18/2002 1:47:01 PM	9/18/2002 2:13:04 PM	26 min	6	3
33) XX 002	Adult	104082	9/20/2002 1:42:41 PM	9/20/2002 2:11:09 PM	28 min	0	1
34) XX 002	Adult	104083	9/20/2002 2:11:51 PM	9/20/2002 2:41:37 PM	29 min	14	1
35) XX 002	Adult	104084	9/22/2002 2:06:40 PM	9/22/2002 2:41:31 PM	34 min	0	1

Interviewer	Survey Type	Consent ID	Survey Start	Survey End	Duration	# Don't know	# Refused
36) XX 002	Adult	104087	9/19/2002 2:40:26 PM	9/19/2002 3:09:42 PM	29 min	15	1
37) XX 002	Adult	104088	9/20/2002 2:42:23 PM	9/20/2002 3:09:28 PM	29 min	2	1
38) XX 002	Adult	104099	9/19/2002 1:48:19 PM	9/19/2002 2:13:50 PM	25 min	14	1
39) XX 002	Adult	104100	9/19/2002 12:50:31 PM	9/19/2002 1:20:52 PM	30 min	1	1
40) XX 002	Kids	104073	9/18/2002 6:24:23 PM	9/18/2002 6:42:05 PM	18 min	0	0
41) XX 002	Kids	104074	9/18/2002 4:24:44 PM	9/18/2002 4:39:47 PM	16 min	1	1
42) XX 002	Kids	104075	9/17/2002 9:13:43 PM	9/17/2002 9:31:55 PM	18 min	0	0
43) XX 002	Kids	104079	9/18/2002 1:10:35 PM	9/18/2002 1:27:39 PM	17 min	3	0
44) XX 002	Youth	104077	9/18/2002 3:57:34 PM	9/18/2002 4:21:13 PM	23 min	0	0
45) XX 003	Adult	104002	9/13/2002 1:54:35 PM	9/13/2002 2:27:35 PM	34 min	0	1
46) XX 003	Adult	104003	9/13/2002 2:30:28 PM	9/13/2002 3:12:43 PM	42 min	0	2
47) XX 003	Adult	104004	9/16/2002 12:30:54 PM	9/16/2002 1:01:16 PM	31 min	0	8
48) XX 003	Adult	104005	9/16/2002 1:29:08 PM	9/16/2002 2:17:12 PM	48 min	12	2
49) XX 003	Adult	104008	9/13/2002 12:34:45 PM	9/13/2002 1:30:04 PM	55 min	2	1
50) XX 003	Adult	104020	9/13/2002 9:59:32 AM	9/13/2002 10:30:49 AM	32 min	11	9
51) XX 003	Adult	104021	9/13/2002 10:44:28 AM	9/13/2002 11:21:18 AM	38 min	9	2
52) XX 003	Adult	104022	9/16/2002 2:46:56 PM	9/16/2002 3:16:25 PM	30 min	4	0
53) XX 003	Adult	104024	9/17/2002 10:25:57 AM	9/17/2002 10:52:52 AM	27 min	18	15
54) XX 003	Adult	104027	9/17/2002 12:59:17 PM	9/17/2002 1:37:32 PM	42 min	9	0
55) XX 003	Adult	104028	9/17/2002 1:48:00 PM	9/17/2002 2:27:20 PM	39 min	1	0
56) XX 003	Adult	104029	9/18/2002 9:50:44 AM	9/18/2002 10:19:49 AM	29 min	8	4
57) XX 003	Adult	104030	9/18/2002 12:57:13 PM	9/18/2002 1:36:44 PM	39 min	2	2
58) XX 003	Adult	104031	9/18/2002 2:36:11 PM	9/18/2002 3:22:06 PM	45 min	12	1
59) XX 003	Adult	104032	9/18/2002 4:24:39 PM	9/18/2002 4:56:00 PM	31 min	15	20

Interviewer	Survey Type	Consent ID	Survey Start	Survey End	Duration	# Don't know	# Refused
60) XX 003	Adult	104035	9/19/2002 9:30:21 AM	9/19/2002 10:10:24 AM	40 min	12	1
61) XX 003	Adult	104036	9/19/2002 10:11:05 AM	9/19/2002 10:40:27 AM	31 min	9	2
62) XX 003	Kids	104023	9/16/2002 6:39:02 PM	9/16/2002 7:19:46 PM	40 min	2	0
63) XX 003	Kids	104024	9/17/2002 12:22:24 PM	9/17/2002 12:37:58 PM	15 min	1	1
64) XX 003	Kids	104026	9/17/2002 12:44:28 PM	9/17/2002 12:58:40 PM	15 min	1	0
65) XX 003	Kids	104037	9/19/2002 10:41:02 AM	9/19/2002 11:00:02 AM	19 min	8	0
66) XX 003	Youth	104033	9/18/2002 3:22:29 PM	9/19/2002 6:50:50 AM	28 min	0	11
67) XX 003	Youth	104034	9/18/2002 3:51:30 PM	9/19/2002 6:52:10 AM	34 min	5	16
68) XX 003	Youth	104038	9/19/2002 6:55:29 PM	9/19/2002 7:10:09 PM	13 min	3	8
69) XX 010	Adult	102952	9/11/2002 5:53:47 PM	9/11/2002 6:43:55 PM	51 min	1	1
70) XX 010	Adult	102957	9/16/2002 1:17:10 PM	9/16/2002 2:02:52 PM	45 min	1	1
71) XX 010	Kids	102951	9/11/2002 6:46:34 PM	9/11/2002 7:15:24 PM	29 min	0	0
72) XX 010	Kids	102953	9/12/2002 9:04:58 AM	9/12/2002 9:33:24 AM	28 min	2	0
73) XX 010	Kids	102954	9/12/2002 9:39:58 AM	9/12/2002 9:55:09 AM	15 min	2	0
74) XX 010	Kids	102955	9/16/2002 9:55:28 AM	9/16/2002 10:19:04 AM	23 min	1	0
75) XX 010	Kids	102956	9/16/2002 2:03:34 PM	9/16/2002 2:44:21 PM	41 min	1	0
76) XX 010	Kids	102958	9/17/2002 8:47:50 AM	9/17/2002 9:10:07 AM	22 min	0	0
77) XX 010	Kids	102959	9/17/2002 9:15:14 AM	9/17/2002 9:34:46 AM	19 min	0	0
78) XX 011	Adult	300000	9/4/2002 2:45:42 PM	9/4/2002 3:28:20 PM	42 min	3	1
79) XX 007	Adult	141501	9/13/2002 8:09:32 PM	9/13/2002 8:41:58 PM	32 min	1	0
80) XX 007	Adult	141502	9/14/2002 8:24:49 PM	9/14/2002 9:07:43 PM	42 min	3	2
81) XX 007	Adult	141505	9/22/2002 8:51:05 PM	9/22/2002 9:30:32 PM	41 min	4	2
82) XX 007	Adult	141509	9/15/2002 9:34:44 PM	9/15/2002 10:01:23 PM	26 min	4	2
83) XX 007	Kids	141503	9/16/2002 11:51:17 PM	9/17/2002 12:31:16 AM	39 min	1	0
84) XX 007	Kids	141504	9/22/2002 8:09:18 PM	9/22/2002 8:50:35 PM	41 min	2	0
85) XX 007	Kids	141508	9/17/2002 12:32:02 AM	9/17/2002 12:59:53 AM	27 min	1	0

(Cumulative information is provided in Section F.)

E. Number of surveys uploaded by age and sex

The following table shows number of completed surveys uploaded during the past week for each age/sex group.

Interviewer	Female 0-11	Male 0-11	Both 0-11	Female 12-17	Male 12-17	Both 12-17	Female 18-54	Male 18-54	Both 18-54	Female 55+	Male 55+	Both 55+	Female Total	Male Total	Both Total
XX 011	2	1	3	2	1	3	1	1	2	0	0	0	5	3	8
XX 001	2	1	3	0	0	0	6	3	9	0	0	0	8	4	12
XX 002	1	4	5	1	0	1	11	6	17	1	0	1	14	10	24
XX 003	0	5	5	0	3	3	10	5	15	1	0	1	11	13	24
XX 010	3	4	7	0	0	0	1	1	2	0	0	0	4	5	9
XX 011	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1
XX 007	1	2	3	0	0	0	3	1	4	0	0	0	4	3	7
Tot.	9	17	26	3	4	7	33	17	50	2	0	2	47	38	85

(Cumulative information is provided in Section G.)

Cumulative totals

F. Completed interviews measures

The following provides statistics for completed surveys uploaded since the beginning of data collection.

Children's Survey

Region	Number of surveys	Fewest "Don't know" replies	Most "Don't know" replies	Avg. # "Don't know" replies	Fewest "Refused" replies	Most "Refused" replies	Avg. # "Refused" replies	Shortest interview (min)	Longest interview (min)	Avg. length interview (min)
XX	4	1	19	6	0	1	0	20	49	40
XX	34	0	8	2	0	4	0	7	43	23
XX	20	0	14	4	0	5	1	23	79	42
All	58	1	41	3	0	10	0	50	171	31

Youth Survey

Region	Number of surveys	Fewest "Don't know" replies	Most "Don't know" replies	Avg. # "Don't know" replies	Fewest "Refused" replies	Most "Refused" replies	Avg. # "Refused" replies	Shortest interview (min)	Longest interview (min)	Avg. length interview (min)
XX	4	6	11	9	0	11	3	41	50	44
XX	10	0	7	3	0	16	4	13	49	35
XX	18	0	22	8	0	25	4	17	64	37
All	32	6	40	7	0	52	4	71	163	37

Adult Survey

Region	Number of surveys	Fewest "Don't know" replies	Most "Don't know" replies	Avg. # "Don't know" replies	Fewest "Refused" replies	Most "Refused" replies	Avg. # "Refused" replies	Shortest interview (min)	Longest interview (min)	Avg. length interview (min)
XX	6	4	21	12	0	62	20	42	268	122
XX	80	0	83	6	0	20	3	20	126	39
XX	24	1	50	9	0	44	5	26	128	58
All	110	5	154	7	0	126	4	88	522	48

G. Number of surveys uploaded by age and sex

The following provides statistics for completed surveys uploaded since the beginning of data collection:

Interviewer	F 0-11	M 0-11	Both 0-11	F 12-17	M 12-17	Both 12-17	F 18-54	M 18-54	Both 18-54	F 55+	M 55+	Both 55+	F tot	M tot	Both tot
XX	4	1	5	3	1	4	3	2	5	0	0	0	10	4	14
XX	14	23	37	4	7	11	52	20	72	4	0	4	74	50	124
XX	6	15	21	8	10	18	13	8	21	2	0	2	29	33	62
Tot.	24	39	63	15	18	33	68	30	98	6	0	6	113	87	200

H. Duplicate consent form numbers

The following provides consent form identification that currently? with more than one entry (i.e., duplicates):

ID#	Entered by interviewer	Date of entry
101814	XX 001	9/18/2002
	XX 001	9/18/2002
101902	XX 013	9/9/2002
	XX 013	9/10/2002
101904	XX 013	9/9/2002
	XX 013	9/9/2002
102951	XX 010	9/11/2002
	XX 010	9/11/2002
104024	XX 003	9/17/2002
	XX 003	9/17/2002
104077	XX 002	9/18/2002
	XX 002	9/18/2002
135853	XX 011	9/12/2002
	XX 011	9/12/2002
141220	XX 005	8/7/2002
	XX 005	8/6/2002

Appendix 11: Proportion of Population Sampled, by Sub-Region

	Population living in communities	Sample achieved	% of pop sampled
NB/PEI	8525	590	6.9%
NS	8377	1189	14.2%
NF	767	413	53.8%
Abenakis	371	176	47.4%
Algonquins	5092	851	16.7%
Attikameks	4874	595	12.2%
Hurons	1273	359	28.2%
Micmacs	2384	412	17.3%
Mohawks	8545	195	2.3%
Montagnais	10745	914	8.5%
Naskapis	535	224	41.9%
Malécite	708	55	7.8%
QC	34528	3781	11.0%
Assoc. of Iroquois & Allied	6254	419	6.7%
Union of Ontario Indians	19367	374	1.9%
Nishnawbe-Aski Nation	22568	167	0.7%
Grand Council Treaty #3	6737	183	2.7%
Independent First Nations	26015	558	2.1%
ON	80942	1701	2.1%
Swampy Cree T.C.	9139	463	5.1%
South East T.C.	6714	434	6.5%
West Region T.C.	4441	618	13.9%
Dakota Ojibway T.C.	8465	680	8.0%
Island Lake T.C.	8019	350	4.4%
Interlake T.C.	7772	292	3.8%
Keewatin T.C.	9190	243	2.6%
Independents (N & S)	17918	894	5.0%
MB	71659	3974	5.5%
ACTC	3036	347	11.4%
BTC	3940	416	10.6%
FHQTC	3991	385	9.6%
MLTC	4756	373	7.8%
PAGC	11009	523	4.8%
STC	4212	960	22.8%
TATC	2985	416	13.9%
YTC	2867	406	14.2%
Peter Ballantyne	4843	425	8.8%
Lac LaRonge	4841	332	6.9%
Other Independents	8194	675	8.2%
Sk	54673	5258	9.6%
Treaty 8 (North)	15644	366	2.3%
Treaty 6 (Central)	24172	159	0.7%
Treaty 7 (South)	17907	797	4.5%
Alberta	57723	1322	2.3%

	Population living in communities	Sample achieved	% of pop sampled
Northern Interior	16011	504	3.1%
Southern Interior	14219	505	3.6%
Coastal Region	13267	478	3.6%
Vancouver Island	9885	456	4.6%
BC	53382	1943	3.6%
Nouthern Tutchone	694	194	28.0%
Southern Tutchone	1125	353	31.4%
Dakh-ka	411	194	47.2%
Independents	1207	283	23.5%
Yukon	3436	1024	29.8%
Deh Cho Region	2972	315	10.6%
Gwitch'in Region	1552	343	22.1%
Sahtu Region	1767	166	9.4%
Dogrib Region	2713	411	15.2%
Akaiitcho Region	1622	172	10.6%
NT	10626	1407	13.2%
National	384637	22602	5.9%

Appendix 12: Proportion of Target Sample Achieved, by Sub-Region

Region	Sub-region	Target Sample	Sample Achieved	Percent of Target Sample Achieved
NB/PEI	All	1459	590	40.4%
NS	All	1459	1189	81.5%
NF	All	684	413	60.4%
QC	Abenakis	184	176	95.5%
QC	Algonquins	489	851	173.9%
QC	Attikameks	497	595	119.8%
QC	Hurons	315	359	114.0%
QC	Micmacs	439	412	93.8%
QC	Mohawks	511	195	38.1%
QC	Montagnais	534	914	171.2%
QC	Naskapis	258	224	86.8%
QC	Crees	537		Removed (Out-of-scope)
QC	Inuit	524		Removed (Out-of-scope)
QC	Labrador-Innu	399		Removed (Out-of-scope)
QC	Malécite		55	Added
ON	Assoc. of Iroquois & Allied	503	419	83.3%
ON	Union of Ontario Indians	549	374	68.1%
ON	Nishnawbe-Aski Nation	556	167	30.0%
ON	Grand Council Treaty #3	511	183	35.8%
ON	Independent First Nations	546	558	102.1%
MB	Swampy Cree T.C.	528	463	87.6%
MB	South East T.C.	523	434	83.0%
MB	West Region T.C.	483	618	127.9%
MB	Dakota Ojibway T.C.	528	680	128.7%
MB	Island Lake T.C.	525	350	66.6%
MB	Interlake T.C.	521	292	56.0%
MB	Keewatin T.C.	531	243	45.7%
MB	Independents (N & S)	1054	894	84.8%
SK	ACTC	458	347	75.7%
SK	BTC	476	416	87.4%
SK	FHQTC	483	385	79.7%
SK	MLTC	503	373	74.1%
SK	PAGC	539	523	97.1%
SK	STC	471	960	204.0%
SK	TATC	460	416	90.4%
SK	YTC	458	406	88.6%
SK	Peter Ballantyne	498	425	85.4%
SK	Lac LaRonge	496	332	66.9%
SK	Other Independents	528	675	127.8%
AB	Treaty 8 (North)	547	366	66.9%
AB	Treaty 6 (Central)	559	159	28.4%
AB	Treaty 7 (South)	552	797	144.3%

Region	Sub-region	Target Sample	Sample Achieved	Percent of Target Sample Achieved
BC	Northern Interior	547	504	92.2%
BC	Southern Interior	544	505	92.8%
BC	Coastal Region	542	478	88.2%
BC	Vancouver Island	534	456	85.4%
YK	Nouthern Tutchone	281	194	69.1%
YK	Southern Tutchone	358	353	98.5%
YK	Dakh-ka	212	194	91.6%
YK	Independents	364	283	77.8%
NT	Deh Cho Region	452	315	69.6%
NT	Gwitch'in Region	398	343	86.2%
NT	Sahtu Region	409	166	40.6%
NT	Dogrib Region	450	411	91.3%
NT	Akaiitcho Region	408	172	42.1%
	National	28178	22602	80.2%

Appendix 13: Communities Initially Selected and Included in Final Sample

	REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
1	NB/PEI	All	Abegweit		
2	NB/PEI	All	Lennox Island		
3	NB/PEI	All	Big Cove	Yes	Yes
4	NB/PEI	All	Buctouche	Yes	
5	NB/PEI	All	Burnt Church		
6	NB/PEI	All	Madawaska Maliseet First Nation	Yes	Yes
7	NB/PEI	All	Eel Ground	Yes	Yes
8	NB/PEI	All	Eel River	Yes	
9	NB/PEI	All	Fort Folly		
10	NB/PEI	All	Indian Island		
11	NB/PEI	All	Kingsclear	Yes	Yes
12	NB/PEI	All	Oromocto		
13	NB/PEI	All	Pabineau		
14	NB/PEI	All	Metepenagiag Mi'kmaq Nation		
15	NB/PEI	All	Saint Mary's	Yes	Yes
16	NB/PEI	All	Tobique		
17	NB/PEI	All	Woodstock		Yes
18	NS	All	Acadia	Yes	Yes
19	NS	All	Paq'tnkek First Nation	Yes	Yes
20	NS	All	Annapolis Valley	Yes	Yes
21	NS	All	Bear River	Yes	Yes
22	NS	All	Chapel Island First Nation	Yes	Yes
23	NS	All	Eskasoni	Yes	Yes
24	NS	All	Pictou Landing	Yes	Yes
25	NS	All	Shubenacadie	Yes	Yes
26	NS	All	Membertou	Yes	Yes
27	NS	All	Millbrook	Yes	Yes
28	NS	All	Wagmatcook	Yes	Yes
29	NS	All	Whycocomagh	Yes	Yes
30	NS	All	Glooscap First Nation	Yes	Yes
31	NF	All	Miawpukek	Yes	Yes
32	QC	Abenakis	Abénakis de Wolinak	Yes	Yes
33	QC	Abenakis	Odanak	Yes	Yes
34	QC	Algonquins	Conseil de la Première Nation Abitibiwinni	Yes	Yes
35	QC	Algonquins	Communauté anicinape de Kitcisakik		
36	QC	Algonquins	Nation Anishnabe du Lac Simon	Yes	Yes
37	QC	Algonquins	Timiskaming First Nation		Yes
38	QC	Algonquins	Eagle Village First Nation-Kipawa	Yes	Yes
39	QC	Algonquins	Long Point First Nation		
40	QC	Algonquins	Wolf Lake		
41	QC	Algonquins	Kitigan Zibi Anishinabeg	Yes	Yes
42	QC	Algonquins	Algonquins of Barriere Lake		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
43	QC	Attikameks	Wemotaci	Yes
44	QC	Attikameks	Les Atikamekw de Manawan	Yes
45	QC	Attikameks	Atikamekw d'Opitciwan	Yes
46	QC	Hurons	Nation Huronne Wendat	Yes
47	QC	Micmacs	Listuguj Mi'gmaq First Nation Council	Yes
48	QC	Micmacs	Micmacs of Gesgapegiag	Yes
49	QC	Micmacs	La Nation Micmac de Gespeg	
50	QC	Mohawks	Mohawks of Kanasatake	Yes
51	QC	Mohawks	Kahnawake	
52	QC	Montagnais	Innu Takuaikan Uashat Mak Mani-Utenam	Yes
53	QC	Montagnais	Les Innus de Ekuanitshit	
54	QC	Montagnais	Montagnais de Natashquan	Yes
55	QC	Montagnais	Montagnais de Unamen Shipu	Yes
56	QC	Montagnais	Betsiamites	Yes
57	QC	Montagnais	Montagnais Essipit	Yes
58	QC	Montagnais	La Nation Innu Matimekush-Lac John	
59	QC	Montagnais	Montagnais de Pakua Shipi	Yes
60	QC	Montagnais	Montagnais du Lac St-Jean	Yes
61	QC	Naskapis	Naskapi of Quebec	Yes
62	QC	Crees	Waswanipi	Out of scope
63	QC	Crees	Eastmain	Out of scope
64	QC	Crees	Cree Nation of Chisasibi	Out of scope
65	QC	Crees	Nemaska	Out of scope
66	QC	Crees	Cree Nation of Wemindji	Out of scope
67	QC	Crees	Waskaganish	Out of scope
68	QC	Crees	Cree Nation of Mistissini	Out of scope
69	QC	Crees	Première Nation de Whapmagoostui	Out of scope
70	QC	Nunavik Inuit	Akulivik	Out of scope
71	QC	Nunavik Inuit	Aupaluk	Out of scope
72	QC	Nunavik Inuit	Inukjuak	Out of scope
73	QC	Nunavik Inuit	Ivujivik	Out of scope
74	QC	Nunavik Inuit	Kangiqsualujjuaq	Out of scope
75	QC	Nunavik Inuit	Kangiqsujuaq	Out of scope
76	QC	Nunavik Inuit	Kangirsuk	Out of scope
77	QC	Nunavik Inuit	Kuujjuaq	Out of scope
78	QC	Nunavik Inuit	Kuujjuaraapik	Out of scope
79	QC	Nunavik Inuit	Puvirnitug	Out of scope
80	QC	Nunavik Inuit	Quaqtaq	Out of scope
81	QC	Nunavik Inuit	Salluit	Out of scope
82	QC	Nunavik Inuit	Tasiujaq	Out of scope
83	QC	Nunavik Inuit	Umiujaq	Out of scope
84	QC	Lab-Innu	Mushuau Innu Band Council	Out of scope
85	QC	Lab-Innu	Sheshatshiu Band Council	Out of scope
86	QC	Malécite	Première Nation Malecite de Viger	Added
87	ON	Ass. of Iroquois & Allied	Batchewana First Nation	Yes

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
88	ON	Ass. of Iroquois & Allied Mississaugas of the Credit		
89	ON	Ass. of Iroquois & Allied Wahta Mohawk	Yes	Yes
90	ON	Ass. of Iroquois & Allied Hiawatha First Nation		
91	ON	Ass. of Iroquois & Allied Mohawks of the Bay of Quinte	Yes	Yes
92	ON	Ass. of Iroquois & Allied Caldwell		
93	ON	Ass. of Iroquois & Allied Moravian of the Thames	Yes	Yes
94	ON	Ass. of Iroquois & Allied Oneida Nation of the Thames	Yes	Yes
95	ON	Union of ON Indians		
		Zhiibaahaasing First Nation		
96	ON	Union of ON Indians		
		Magnetawan		
97	ON	Union of ON Indians		
		Wikwemikong	Yes	
98	ON	Union of ON Indians		
		Sheguiandah		
99	ON	Union of ON Indians		
		Sheshegwaning		
100	ON	Union of ON Indians		
		Sagamok Anishnawbek	Yes	Yes
101	ON	Union of ON Indians		
		Aundeck-Omni-Kaning	Yes	Yes
102	ON	Union of ON Indians		
		M'Chigeeng First Nation		
103	ON	Union of ON Indians		
		Garden River First Nation		
104	ON	Union of ON Indians		
		Mississauga		
105	ON	Union of ON Indians		
		Serpent River		
106	ON	Union of ON Indians		
		Thessalon		
107	ON	Union of ON Indians		
		Dokis		
108	ON	Union of ON Indians		
		Nipissing First Nation		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
109 ON	Union of ON Indians	Whitefish Lake	Yes	Yes
110 ON	Union of ON Indians	Mattagami		
111 ON	Union of ON Indians	Whitefish River	Yes	Yes
112 ON	Union of ON Indians	Henvey Inlet First Nation		
113 ON	Union of ON Indians	Wahnapiatae		
114 ON	Union of ON Indians	Moose Deer Point	Yes	
115 ON	Union of ON Indians	Wasauksing First Nation	Yes	Yes
116 ON	Union of ON Indians	Chippewas of Georgina Island		
117 ON	Union of ON Indians	Chippewas of Mnjikaning First Nation	Yes	Yes
118 ON	Union of ON Indians	Mississauga's of Scugog Island First Nation		
119 ON	Union of ON Indians	Beausoleil		
120 ON	Union of ON Indians	Alderville First Nation		
121 ON	Union of ON Indians	Curve Lake		
122 ON	Union of ON Indians	Algonquins of Pikwakanagan		
123 ON	Union of ON Indians	Chippewas of the Thames First Nations	Yes	Yes
124 ON	Union of ON Indians	Munsee-Delaware Nation		
125 ON	Union of ON Indians	Chippewas of Kettle and Stony Point	Yes	Yes
126 ON	Union of ON Indians	Aamjiwnaang		
127 ON	Union of ON Indians	Long Lake No. 58 First Nation		
128 ON	Union of ON Indians	Fort William		
129 ON	Union of ON Indians	Gull Bay		
130 ON	Union of ON Indians	Pays Plat		
131 ON	Union of ON Indians	Ojibways of the Pic River First Nation	Yes	Yes
132 ON	Union of ON Indians	Red Rock		
133 ON	Union of ON Indians	Pic Mobert		
134 ON	Union of ON Indians	Sandpoint		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
135 ON	Union of ON Indians	Biinjitiwaabik Zaaging Anishinaabek		
136 ON	Union of ON Indians	Michipicoten		
137 ON	Nishnawbe- Aski Nation	Albany	Yes	
138 ON	Nishnawbe- Aski Nation	Attawapiskat	Yes	
139 ON	Nishnawbe- Aski Nation	Moose Cree First Nation		
140 ON	Nishnawbe- Aski Nation	Taykwa Tagamou Nation		
141 ON	Nishnawbe- Aski Nation	Weenusk		
142 ON	Nishnawbe- Aski Nation	Constance Lake		
143 ON	Nishnawbe- Aski Nation	Eabametoong First Nation	Yes	Yes
144 ON	Nishnawbe- Aski Nation	Ginoogaming First Nation	Yes	Yes
145 ON	Nishnawbe- Aski Nation	Martin Falls		
146 ON	Nishnawbe- Aski Nation	Matachewan		
147 ON	Nishnawbe- Aski Nation	Chapleau Cree First Nation	Yes	
148 ON	Nishnawbe- Aski Nation	Missanabie Cree		
149 ON	Nishnawbe- Aski Nation	Flying Post		
150 ON	Nishnawbe- Aski Nation	Brunswick House		
151 ON	Nishnawbe- Aski Nation	Chapleau Ojibway		
152 ON	Nishnawbe- Aski Nation	Wahgoshig		
153 ON	Nishnawbe- Aski Nation	Neskantaga First Nation		
154 ON	Nishnawbe- Aski Nation	Webequie		
155 ON	Nishnawbe- Aski Nation	Nibinamik First Nation		
156 ON	Nishnawbe- Aski Nation	Aroland		
157 ON	Nishnawbe- Aski Nation	Mishkeegogamang		
158 ON	Nishnawbe- Aski Nation	North Caribou Lake		
159 ON	Nishnawbe- Aski Nation	Wapekeka		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
160 ON	Nishnawbe-Aski Nation	Bearskin Lake		
161 ON	Nishnawbe-Aski Nation	Pikangikum	Yes	
162 ON	Nishnawbe-Aski Nation	Kasabonika Lake	Yes	
163 ON	Nishnawbe-Aski Nation	Sandy Lake	Yes	Yes
164 ON	Nishnawbe-Aski Nation	Kingfisher		
165 ON	Nishnawbe-Aski Nation	Muskrat Dam Lake		
166 ON	Nishnawbe-Aski Nation	Sachigo Lake	Yes	Yes
167 ON	Nishnawbe-Aski Nation	Fort Severn		
168 ON	Nishnawbe-Aski Nation	Cat Lake		
169 ON	Nishnawbe-Aski Nation	Wunnumin		
170 ON	Nishnawbe-Aski Nation	Wawakapewin		
171 ON	Nishnawbe-Aski Nation	Poplar Hill		
172 ON	Nishnawbe-Aski Nation	Deer Lake	Yes	
173 ON	Nishnawbe-Aski Nation	North Spirit Lake	Yes	
174 ON	Nishnawbe-Aski Nation	Ojibway Nation of Saugeen		
175 ON	Nishnawbe-Aski Nation	Slate Falls Nation		
176 ON	Nishnawbe-Aski Nation	Kee-Way-Win	Yes	Yes
177 ON	Nishnawbe-Aski Nation	McDowell Lake		
178 ON	Grand Council Treaty #3	Big Grassy		
179 ON	Grand Council Treaty #3	Anishnaabeg of Naongashiing		
180 ON	Grand Council Treaty #3	Couchiching First Nation	Yes	Yes
181 ON	Grand Council Treaty #3	Lac La Croix	Yes	
182 ON	Grand Council Treaty #3	Naicatchewenin		
183 ON	Grand Council Treaty #3	Nicickousemenecaning		
184 ON	Grand Council Treaty #3	Rainy River		
185 ON	Grand Council Treaty #3	Ojibways of Onigaming First Nation		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
186 ON	Grand Council	Treaty #3 Seine River First Nation		
187 ON	Grand Council	Treaty #3 Stanjikoming First Nation		
188 ON	Grand Council	Treaty #3 Ochiichagwe'babigo'ining First Nation		
189 ON	Grand Council	Treaty #3 Eagle Lake	Yes	Yes
190 ON	Grand Council	Treaty #3 Grassy Narrows First Nation	Yes	Yes
191 ON	Grand Council	Treaty #3 Northwest Angle No.33	Yes	
192 ON	Grand Council	Treaty #3 Northwest Angle No.37		
193 ON	Grand Council	Treaty #3 Anishinabe of Wauzhushk Onigum		
194 ON	Grand Council	Treaty #3 Shoal Lake No.40		
195 ON	Grand Council	Treaty #3 Wabauskang First Nation		
196 ON	Grand Council	Treaty #3 Wabigoon Lake Ojibway Nation	Yes	Yes
197 ON	Grand Council	Treaty #3 Naotkamegwanning	Yes	Yes
198 ON	Grand Council	Treaty #3 Lac Des Mille Lacs		
199 ON	Grand Council	Treaty #3 Washagamis Bay		
200 ON	Grand Council	Treaty #3 Lac Seul	Yes	Yes
201 ON	Independents	Shawanaga First Nation		
202 ON	Independents	Temagami First Nation	Yes	Yes
203 ON	Independents	Chippewas of Nawash First Nation		
204 ON	Independents	Saugeen	Yes	Yes
205 ON	Independents	Mohawks of Akwesasne	Yes	
206 ON	Independents	Walpole Island	Yes	Yes
207 ON	Independents	Upper Mohawk:Six Nations (plus other 12 bands)		Yes Yes
208 ON	Independents	Wabaseemoong Independent Nations	Yes	
209 ON	Independents	Iskatewizaagegan #39 Independent First Nation		Yes
210 ON	Independents	Whitesand		
211 ON	Independents	Animbiigoo Zaagi'igan Anishinaabek		
212 ON	Independents	Kitchenuhmaykoosib Inninuwig	Yes	
213 MB	Swampy Cree TC	Chemawawin Cree Nation	Yes	
214 MB	Swampy Cree TC	Grand Rapids First Nation		Yes

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
215 MB	Swampy Cree TC	Mathias Colomb	Yes	Yes
216 MB	Swampy Cree TC	Mosakahiken Cree Nation		
217 MB	Swampy Cree TC	Sapotaweyak Cree Nation		
218 MB	Swampy Cree TC	Opaskwayak Cree Nation	Yes	Yes
219 MB	Swampy Cree TC	Wuskwi Sipiik First Nation	Yes	Yes
220 MB	Swampy Cree TC	Marcel Colomb First Nation	Yes	
221 MB	South East TC	Little Black River		Yes
222 MB	South East TC	Brokenhead Ojibway Nation	Yes	Yes
223 MB	South East TC	Hollow Water	Yes	Yes
224 MB	South East TC	Buffalo Point First Nation	Yes	
225 MB	South East TC	Berens River	Yes	
226 MB	South East TC	Bloodvein		Yes
227 MB	South East TC	Little Grand Rapids		
228 MB	South East TC	Poplar River First Nation		
229 MB	South East TC	Pauiingassi First Nation	Yes	
230 MB	West Region TC	O-Chi-Chak-Ko-Sipi First Nation		
231 MB	West Region TC	Ebb and Flow	Yes	Yes
232 MB	West Region TC	Skownan First Nation		
233 MB	West Region TC	Pine Creek		Yes
234 MB	West Region TC	Keeseekoowenin		
235 MB	West Region TC	Rolling River	Yes	Yes
236 MB	West Region TC	Gamblers	Yes	
237 MB	Dakota Ojibway TC	Roseau River		Yes
238 MB	Dakota Ojibway TC	Sandy Bay	Yes	
239 MB	Dakota Ojibway TC	Birdtail Sioux		
240 MB	Dakota Ojibway TC	Long Plain	Yes	Yes
241 MB	Dakota Ojibway TC	Dakota Plains	Yes	
242 MB	Dakota Ojibway TC	Canupawakpa Dakota First Nation		Yes
243 MB	Dakota Ojibway TC	Sioux Valley Dakota Nation	Yes	Yes
244 MB	Dakota Ojibway TC	Swan Lake		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
245 MB	Island Lake TC	Garden Hill First Nations	Yes	Yes
246 MB	Island Lake TC	St. Theresa Point	Yes	Yes
247 MB	Island Lake TC	Wasagamack First Nation	Yes	
248 MB	Island Lake TC	Red Sucker Lake		
249 MB	Interlake TC	Kinonjeoshtegon First Nation	Yes	Yes
250 MB	Interlake TC	Peguis	Yes	
251 MB	Interlake TC	Lake Manitoba		
252 MB	Interlake TC	Pinaymootang First Nation		Yes
253 MB	Interlake TC	Little Saskatchewan	Yes	
254 MB	Interlake TC	Lake St. Martin		
255 MB	Interlake TC	Dauphin River		
256 MB	Keewatin TC	God's Lake First Nation		
257 MB	Keewatin TC	Bunibonibee Cree Nation	Yes	
258 MB	Keewatin TC	Manto Sipi Cree Nation		
259 MB	Keewatin TC	Sayisi Dene First Nation		Yes
260 MB	Keewatin TC	York Factory First Nation		Yes
261 MB	Keewatin TC	Fox Lake		
262 MB	Keewatin TC	Tataskweyak Cree Nation	Yes	Yes
263 MB	Keewatin TC	Shamattawa First Nation	Yes	
264 MB	Keewatin TC	Barren Lands	Yes	Yes
265 MB	Keewatin TC	Northlands		
266 MB	Keewatin TC	War Lake First Nation	Yes	
267 MB	Independents, N&S	Fort Alexander	Yes	Yes
268 MB	Independents, N&S	Fisher River	Yes	Yes
269 MB	Independents, N&S	Cross Lake First Nation	Yes	
270 MB	Independents, N&S	Norway House Cree Nation	Yes	Yes
271 MB	Independents, N&S	Waywayseecappo F.N. Treaty #4-1874		Yes
272 MB	Independents, N&S	Tootinaowaziibeeng Treaty Reserve	Yes	
273 MB	Independents, N&S	Dakota Tipi	Yes	
274 MB	Independents, N&S	Nisichawayasihk Cree Nation	Yes	
275 SK	ACTC	Big River	Yes	Yes
276 SK	ACTC	Pelican Lake	Yes	Yes
277 SK	ACTC	Witchehan Lake	Yes	Yes
278 SK	BTC	Little Pine	Yes	Yes
279 SK	BTC	Lucky Man	Yes	
280 SK	BTC	Moosomin	Yes	Yes
281 SK	BTC	Mosquito, Grizzly Bear's Head, Lean Man FN	Yes	Yes
282 SK	BTC	Poundmaker	Yes	Yes
283 SK	BTC	Red Pheasant	Yes	Yes
284 SK	BTC	Sweetgrass	Yes	Yes
285 SK	FHQTC	Carry The Kettle	Yes	Yes

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
286 SK	FHQC	Little Black Bear	Yes	Yes
287 SK	FHQC	Nekaneet	Yes	Yes
288 SK	FHQC	Muscowpetung	Yes	Yes
289 SK	FHQC	Okanese	Yes	Yes
290 SK	FHQC	Pasqua First Nation #79	Yes	Yes
291 SK	FHQC	Peepeekisis	Yes	Yes
292 SK	FHQC	Piapot	Yes	Yes
293 SK	FHQC	Standing Buffalo	Yes	
294 SK	FHQC	Star Blanket	Yes	Yes
295 SK	FHQC	Wood Mountain	Yes	Yes
296 SK	MLTC	Flying Dust First Nation	Yes	Yes
297 SK	MLTC	Makwa Sahgaiehcan First Nation	Yes	Yes
298 SK	MLTC	Island Lake First Nation	Yes	Yes
299 SK	MLTC	Buffalo River Dene Nation	Yes	Yes
300 SK	MLTC	English River First Nation	Yes	Yes
301 SK	MLTC	Clearwater River Dene	Yes	Yes
302 SK	MLTC	Waterhen Lake	Yes	Yes
303 SK	MLTC	Birch Narrows First Nation	Yes	Yes
304 SK	PAGC	Cumberland House Cree Nation	Yes	Yes
305 SK	PAGC	Fond du Lac	Yes	Yes
306 SK	PAGC	Hatchet Lake	Yes	Yes
307 SK	PAGC	Montreal Lake	Yes	Yes
308 SK	PAGC	Red Earth	Yes	Yes
309 SK	PAGC	Shoal Lake of the Cree Nation	Yes	Yes
310 SK	PAGC	Wahpeton Dakota Nation	Yes	Yes
311 SK	PAGC	Black Lake	Yes	Yes
312 SK	PAGC	Sturgeon Lake First Nation	Yes	Yes
313 SK	PAGC	James Smith	Yes	Yes
314 SK	STC	Muskoday First Nation	Yes	Yes
315 SK	STC	Whitecap Dakota First Nation	Yes	Yes
316 SK	STC	One Arrow	Yes	Yes
317 SK	STC	Mistawasis	Yes	Yes
318 SK	STC	Muskeg Lake	Yes	Yes
319 SK	STC	Yellow Quill	Yes	Yes
320 SK	STC	Kinistin	Yes	
321 SK	STC	Canoe Lake Cree First Nation	Yes	Yes
322 SK	TATC	Day Star	Yes	Yes
323 SK	TATC	Fishing Lake First Nation	Yes	Yes
324 SK	TATC	Gordon	Yes	Yes
325 SK	TATC	Muskowekwan	Yes	Yes
326 SK	TATC	Kawacatoose	Yes	Yes
327 SK	YTC	Cowessess	Yes	Yes
328 SK	YTC	Kahkewistahaw	Yes	Yes
329 SK	YTC	Sakimay	Yes	Yes
330 SK	YTC	Cote First Nation 366	Yes	Yes
331 SK	YTC	Keeseekoose	Yes	Yes
332 SK	YTC	The Key First Nation	Yes	Yes
333 SK	YTC	Ocean Man	Yes	Yes
334 SK	Peter			
	Ballantyne	Peter Ballantyne Cree Nation	Yes	Yes

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
335 SK	Lac LaRonge	Lac La Ronge	Yes	Yes
336 SK	Independents	Onion Lake	Yes	Yes
337 SK	Independents	Saulteaux	Yes	Yes
338 SK	Independents	Thunderchild First Nation	Yes	Yes
339 SK	Independents	Beardy's and Okemasis	Yes	Yes
340 SK	Independents	Big Island Lake Cree Nation	Yes	
341 SK	Independents	Ahtahkakoop	Yes	Yes
342 SK	Independents	Ochapowace	Yes	Yes
343 SK	Independents	White Bear	Yes	Yes
344 SK	Independents	Pheasant Rump Nakota	Yes	Yes
345 AB	Treaty 8 (North)	Beaver First Nation		
346 AB	Treaty 8 (North)	Tallcree		
347 AB	Treaty 8 (North)	Little Red River Cree Nation	Yes	
348 AB	Treaty 8 (North)	Dene Tha'	Yes	
349 AB	Treaty 8 (North)	Horse Lake First Nation		
350 AB	Treaty 8 (North)	Driftpile First Nation		Yes
351 AB	Treaty 8 (North)	Duncan's First Nation		
352 AB	Treaty 8 (North)	Kapawe'no First Nation	Yes	Yes
353 AB	Treaty 8 (North)	Lubicon Lake		
354 AB	Treaty 8 (North)	Sawridge		
355 AB	Treaty 8 (North)	Sturgeon Lake Cree Nation	Yes	
356 AB	Treaty 8 (North)	Sucker Creek		Yes
357 AB	Treaty 8 (North)	Swan River First Nation	Yes	Yes
358 AB	Treaty 8 (North)	Bigstone Cree Nation	Yes	
359 AB	Treaty 8 (North)	Whitefish Lake		
360 AB	Treaty 8 (North)	Mikisew Cree First Nation		
361 AB	Treaty 8 (North)	Athabasca Chipewyan First Nation		
362 AB	Treaty 8 (North)	Fort McKay First Nation	Yes	
363 AB	Treaty 8 (North)	Fort McMurray #468 First Nation		
364 AB	Treaty 8 (North)	Chipewyan Prairie First Nation		
365 AB	Treaty 8 (North)	Woodland Cree First Nation		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
366 AB	Treaty 8 (North)	Loon River Cree		
367 AB	Treaty 8 (North)	Smith's Landing First Nation		
368 AB	Treaty 6 (Central)	O'Chiese		
369 AB	Treaty 6 (Central)	Sunchild First Nation	Yes	
370 AB	Treaty 6 (Central)	Alexis		
371 AB	Treaty 6 (Central)	Alexander		Yes
372 AB	Treaty 6 (Central)	Louis Bull		
373 AB	Treaty 6 (Central)	Enoch Cree Nation #440		
374 AB	Treaty 6 (Central)	Paul		
375 AB	Treaty 6 (Central)	Montana		
376 AB	Treaty 6 (Central)	Ermineskin Tribe	Yes	
377 AB	Treaty 6 (Central)	Samson	Yes	
378 AB	Treaty 6 (Central)	Beaver Lake Cree Nation	Yes	
379 AB	Treaty 6 (Central)	Saddle Lake	Yes	
380 AB	Treaty 6 (Central)	Cold Lake First Nations		
381 AB	Treaty 6 (Central)	Frog Lake		
382 AB	Treaty 6 (Central)	Kehewin Cree Nation		
383 AB	Treaty 6 (Central)	Heart Lake		
384 AB	Treaty 6 (Central)	Whitefish Lake First Nation (Goodfish)		Yes
385 AB	Treaty 7 (South)	Siksika Nation	Yes	Yes
386 AB	Treaty 7 (South)	Tsuu T'Ina Nation		
387 AB	Treaty 7 (South)	Stoney (Chiniki)		
388 AB	Treaty 7 (South)	Blood	Yes	Yes
389 AB	Treaty 7 (South)	Piikani Nation	Yes	Yes
390 AB	Treaty 7 (South)	Stoney (Bears paw)		Yes
391 AB	Treaty 7 (South)	Stoney (Wesley)	Yes	
392 BC	Northern Interior	Taku River Tlingit		
393 BC	Northern Interior	Dease River		
394 BC	Northern Interior	Moricetown		
395 BC	Northern Interior	Gitanmaax		
396 BC	Northern Interior	Kispiox		
397 BC	Northern Interior	Glen Vowell	Yes	Yes
398 BC	Northern Interior	Hagwilget Village		
399 BC	Northern Interior	Gitsegukla		
400 BC	Northern Interior	Gitwangak		
401 BC	Northern Interior	Gitanyow		
402 BC	Northern Interior	Saulteau First Nations		
403 BC	Northern Interior	Fort Nelson First Nation	Yes	Yes
404 BC	Northern Interior	Prophet River Band, Dene Tsa Tse K'Nai First		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample	
405	BC	Northern Interior	West Moberly First Nations		
406	BC	Northern Interior	Halfway River First Nation		
407	BC	Northern Interior	Blueberry River First Nations		
408	BC	Northern Interior	Doig River		
409	BC	Northern Interior	Lake Babine Nation		
410	BC	Northern Interior	Takla Lake First Nation	Yes	Yes
411	BC	Northern Interior	Tsay Keh Dene		
412	BC	Northern Interior	Kwadacha		Yes
413	BC	Northern Interior	Lheidli T'enneh	Yes	
414	BC	Northern Interior	Nadleh Whuten	Yes	Yes
415	BC	Northern Interior	Stellat'en First Nation		
416	BC	Northern Interior	Nak'azdli		
417	BC	Northern Interior	Saik'uz First Nation		
418	BC	Northern Interior	Tl'azt'en Nation	Yes	Yes
419	BC	Northern Interior	McLeod Lake		
420	BC	Northern Interior	Burns Lake		
421	BC	Northern Interior	Cheslatta Carrier Nation		
422	BC	Northern Interior	Tahltan		
423	BC	Northern Interior	Iskut		
424	BC	Northern Interior	Soda Creek		
425	BC	Northern Interior	Williams Lake	Yes	Yes
426	BC	Northern Interior	Nazko		
427	BC	Northern Interior	Kluskus		
428	BC	Northern Interior	Ulkatcho		
429	BC	Northern Interior	Canoe Creek		
430	BC	Northern Interior	Wet'suwet'en First Nation		
431	BC	Northern Interior	Nee-Tahi-Buhn	Yes	Yes
432	BC	Northern Interior	Yekooche		
433	BC	Northern Interior	Skin Tye		
434	BC	Northern Interior	Ts'kw'aylaxw First Nation		
435	BC	Northern Interior	Nisga'a Village of Gingolx		
436	BC	Northern Interior	Kitamaat		
437	BC	Northern Interior	Nisga'a Village of New Aiyansh	Yes	Yes
438	BC	Northern Interior	Nisga'a Village of Laxgalt'sap		Yes
439	BC	Northern Interior	Nisga'a Village of Gitwinksihlkw		
440	BC	Northern Interior	Kitselas		
441	BC	Northern Interior	Kitsumkalum		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
442 BC	Southern Interior	Spallumcheen		
443 BC	Southern Interior	Adams Lake		Yes
444 BC	Southern Interior	Bonaparte		
445 BC	Southern Interior	Skeetchestn		
446 BC	Southern Interior	Kamloops		
447 BC	Southern Interior	Little Shuswap Lake	Yes	
448 BC	Southern Interior	Neskonlith	Yes	
449 BC	Southern Interior	North Thompson		
450 BC	Southern Interior	Whispering Pines/Clinton		
451 BC	Southern Interior	High Bar		
452 BC	Southern Interior	Alexandria	Yes	
453 BC	Southern Interior	Alexis Creek		
454 BC	Southern Interior	Esketemc		
455 BC	Southern Interior	Tl'etinqox-t'in Government Office		
456 BC	Southern Interior	Canim Lake	Yes	Yes
457 BC	Southern Interior	Xeni Gwet'in First Nations Government		
458 BC	Southern Interior	Red Bluff		
459 BC	Southern Interior	Stone		Yes
460 BC	Southern Interior	Toosey		
461 BC	Southern Interior	N'Quatqua	Yes	Yes
462 BC	Southern Interior	Mount Currie		Yes
463 BC	Southern Interior	Aitchelitz		
464 BC	Southern Interior	Chehalis		
465 BC	Southern Interior	Douglas		
466 BC	Southern Interior	Skatin Nations		
467 BC	Southern Interior	Samahquam		
468 BC	Southern Interior	Tzeachten		Yes
469 BC	Southern Interior	Seabird Island	Yes	Yes
470 BC	Southern Interior	Skawahlook First Nation		
471 BC	Southern Interior	Bridge River	Yes	
472 BC	Southern Interior	Cayoose Creek		
473 BC	Southern Interior	Fountain		
474 BC	Southern Interior	T'it'q'et		
475 BC	Southern Interior	Seton Lake		
476 BC	Southern Interior	Osoyoos		Yes
477 BC	Southern Interior	Penticton		
478 BC	Southern Interior	Lower Similkameen		
479 BC	Southern Interior	Upper Similkameen		
480 BC	Southern Interior	Westbank First Nation	Yes	Yes

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
481 BC	Southern Interior	St. Mary's		
482 BC	Southern Interior	Tobacco Plains		
483 BC	Southern Interior	Columbia Lake	Yes	Yes
484 BC	Southern Interior	Shuswap		
485 BC	Southern Interior	Lower Kootenay		
486 BC	Southern Interior	Okanagan	Yes	Yes
487 BC	Southern Interior	Ashcroft		
488 BC	Southern Interior	Oregon Jack Creek		
489 BC	Southern Interior	Coldwater		
490 BC	Southern Interior	Cook's Ferry		
491 BC	Southern Interior	Lower Nicola		
492 BC	Southern Interior	Nicomén		
493 BC	Southern Interior	Upper Nicola		
494 BC	Southern Interior	Shackan		
495 BC	Southern Interior	Nooaitch		
496 BC	Southern Interior	Boothroyd		
497 BC	Southern Interior	Boston Bar First Nation		
498 BC	Southern Interior	Kanaka Bar		
499 BC	Southern Interior	Lytton		
500 BC	Southern Interior	Siska		
501 BC	Southern Interior	Skuppah		
502 BC	Southern Interior	Spuzzum		
503 BC	Coastal Region	Kwantlen First Nation		
504 BC	Coastal Region	Matsqui		
505 BC	Coastal Region	Scowlitz		Yes
506 BC	Coastal Region	Skway	Yes	Yes
507 BC	Coastal Region	Skowkale		
508 BC	Coastal Region	Soowahlie		Yes
509 BC	Coastal Region	Skwah		
510 BC	Coastal Region	Squiala First Nation		
511 BC	Coastal Region	Yakweakwioose	Yes	
512 BC	Coastal Region	Sumas First Nation		
513 BC	Coastal Region	Leq' a: mel First Nation		Yes
514 BC	Coastal Region	Kwaw-kwaw-Apilt		
515 BC	Coastal Region	Chawathil		
516 BC	Coastal Region	Cheam		
517 BC	Coastal Region	Popkum		
518 BC	Coastal Region	Peters		

	REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
519	BC	Coastal Region	Shxw'ow'hamel First Nation		
520	BC	Coastal Region	Union Bar	Yes	
521	BC	Coastal Region	Yale First Nation		
522	BC	Coastal Region	Heiltsuk	Yes	Yes
523	BC	Coastal Region	Nuxalk Nation		
524	BC	Coastal Region	Kitasoo		
525	BC	Coastal Region	Oweekeno		
526	BC	Coastal Region	Burrard		
527	BC	Coastal Region	Musqueam		Yes
528	BC	Coastal Region	Sechelt	Yes	Yes
529	BC	Coastal Region	Homalco		
530	BC	Coastal Region	Klahoose First Nation		
531	BC	Coastal Region	Sliammon		Yes
532	BC	Coastal Region	Squamish	Yes	
533	BC	Coastal Region	Kwkwetlem First Nation		
534	BC	Coastal Region	Katzie		Yes
535	BC	Coastal Region	New Westminster	Yes	
536	BC	Coastal Region	Semiahmoo		
537	BC	Coastal Region	Tsawwassen First Nation		
538	BC	Coastal Region	Kwicksutaineuk-ah-kwaw-ah-mish		
539	BC	Coastal Region	Gwawaenuk Tribe		
540	BC	Coastal Region	Kwiakah		
541	BC	Coastal Region	Namgis First Nation	Yes	
542	BC	Coastal Region	Da'naxda'xw First Nation	Yes	
543	BC	Coastal Region	Tsawataineuk		
544	BC	Coastal Region	Tlowitsis Tribe		
545	BC	Coastal Region	Huu-ay-aht First Nations		
546	BC	Coastal Region	Old Masset Village Council		
547	BC	Coastal Region	Skidegate		
548	BC	Coastal Region	Kitkatla		
549	BC	Coastal Region	Metlakatla	Yes	Yes
550	BC	Coastal Region	Lax-kw'alaams		
551	BC	Coastal Region	Hartley Bay		
552	BC	Vancouver Island	Cambell River		Yes
553	BC	Vancouver Island	Cape Mudge		
554	BC	Vancouver Island	Comox		
555	BC	Vancouver Island	Kwakiutl		
556	BC	Vancouver Island	Mamalilikulla-Qwe'Qwa'Sot'Em	Yes	
557	BC	Vancouver Island	Mowachaht/Muchalaht		
558	BC	Vancouver Island	Tlatlasikwala		

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
559	BC	Vancouver Island	Quatsino	
560	BC	Vancouver Island	Ehattesaht	Yes
561	BC	Vancouver Island	Ka:'yu:'k't'h'/Che:k:tl̓es7et'h' First Nations	
562	BC	Vancouver Island	Nuchatlaht	
563	BC	Vancouver Island	Beecher Bay	
564	BC	Vancouver Island	Chemainus First Nation	
565	BC	Vancouver Island	Cowichan	Yes
566	BC	Vancouver Island	Lake Cowichan First Nation	Yes
567	BC	Vancouver Island	Esquimalt	
568	BC	Vancouver Island	Halalt	
569	BC	Vancouver Island	Lyackson	
570	BC	Vancouver Island	Malahat First Nation	Yes
571	BC	Vancouver Island	Snuneymuxw First Nation	Yes
572	BC	Vancouver Island	Nanoose First Nation	Yes
573	BC	Vancouver Island	Penelakut	
574	BC	Vancouver Island	Qualicum First Nation	
575	BC	Vancouver Island	Pauquachin	
576	BC	Vancouver Island	Tsartlip	Yes
577	BC	Vancouver Island	Tsawout First Nation	
578	BC	Vancouver Island	Tseycum	
579	BC	Vancouver Island	Songhees First Nation	
580	BC	Vancouver Island	T'Sou-ke First Nation	
581	BC	Vancouver Island	Pacheedaht First Nation	
582	BC	Vancouver Island	Ahousaht	
583	BC	Vancouver Island	Tla-o-qui-aht First Nations	
584	BC	Vancouver Island	Hesquiaht	Yes
585	BC	Vancouver Island	Ditidaht	
586	BC	Vancouver Island	Hupacasath First Nation	
587	BC	Vancouver Island	Tseshaht	Yes
588	BC	Vancouver Island	Toquaht	Yes
589	BC	Vancouver Island	Uchucklesaht	
590	BC	Vancouver Island	Ucluelet First Nation	
591	BC	Vancouver Island	Gwa'Sala-Nakwaxda'xw	Yes
592	YK	Nouthern Tutchone	Little Salmon/Carmacks First Nation	Yes
593	YK	Nouthern Tutchone	First Nation of Nacho Nyak Dun	
594	YK	Nouthern Tutchone	Selkirk First Nation	Yes

REGION	SUB REGION	Community	First Selection in design	Included in Final Sample
595 YK	Southern Tutchone	Aishihik		
596 YK	Southern Tutchone	Champagne		
597 YK	Southern Tutchone	Kwanlin Dun First Nation	Yes	Yes
598 YK	Southern Tutchone	Kluane First Nation	Yes	Yes
599 YK	Southern Tutchone	Ta'an Kwach'an		
600 YK	Dakh-ka	Carcross/Tagish First Nations		Yes
601 YK	Dakh-ka	Teslin Tlingit Council	Yes	Yes
602 YK	Independents	Tr'on d'k Hw'ch'in	Yes	Yes
603 YK	Independents	Vuntut Gwitchin First Nation		Yes
604 YK	Independents	Ross River	Yes	Yes
605 YK	Independents	Liard River		
606 YK	Independents	White River First Nation	Yes	
607 NT	Deh Cho Region	Pehdzeh Ki First Nation	Yes	Yes
608 NT	Deh Cho Region	Liidlii Kue First Nation	Yes	Yes
609 NT	Deh Cho Region	Acho Dene Koe		
610 NT	Deh Cho Region	Deh Gah Gotie Dene Council	Yes	Yes
611 NT	Deh Cho Region	K'atlodeeche First Nation		Yes
612 NT	Deh Cho Region	Nahanni Butte	Yes	Yes
613 NT	Deh Cho Region	Sambaa K'e (Trout Lake) Dene		
614 NT	Deh Cho Region	Ka'a'gee Tu First Nation		
615 NT	Deh Cho Region	Jean Marie River First Nation		Yes
616 NT	Deh Cho Region	West Point First Nation		
617 NT	Gwitch'in Region	Tetlit Gwich'in	Yes	Yes
618 NT	Gwitch'in Region	Gwicha Gwich'in	Yes	Yes
619 NT	Gwitch'in Region	Aklavik		
620 NT	Gwitch'in Region	Inuvik Native		
621 NT	Sahtu Region	Tulita Dene	Yes	Yes
622 NT	Sahtu Region	Fort Good Hope		Yes
623 NT	Sahtu Region	Deline	Yes	
624 NT	Sahtu Region	Behdzi Ahda" First Nation	Yes	
625 NT	Dogrib Region	Dog Rib Rae	Yes	Yes
626 NT	Dogrib Region	Wha Ti First Nation	Yes	Yes
627 NT	Dogrib Region	Gameti First Nation		
628 NT	Dogrib Region	Dechi Laot'i First Nations	Yes	Yes
629 NT	Akaiicho Region	Salt River First Nation #195		
630 NT	Akaiicho Region	Deninu K'ue First Nation		Yes
631 NT	Akaiicho Region	Yellowknives Dene First Nation	Yes	Yes
632 NT	Akaiicho Region	Lutsel K'e Dene	Yes	Yes

Appendix 14: Adult Data Dictionary

2002-2003
RHS Adult Data Dictionary
Version 1.0

**A Comprehensive Guide to the
2002-2003 RHS Adult Database**

Released March 18, 2005



Foreword

The 2002-03 RHS Adult Data Dictionary is a comprehensive guide to the 2002-2003 RHS Adult Database. It is recommended that this dictionary be used in conjunction with the paper-based 2002-2003 RHS Adult Survey. Then, the user may have a better understanding of the context in which the questions were asked.

The current iteration (Version 1.0) of this data dictionary is directed towards authors of the RHS 2002-03 National Reports. It contains the essential elements necessary to understand the field and database structures. Later versions will be enhanced with additional field information and direct html-based linkages between associated fields.

Users may also be interested in the 2002-03 Child and Youth RHS Data Dictionaries. Electronic copies of the RHS Adult, Child, and Youth surveys may be found at: http://www.naho.ca/firstnations/english/files_downloads.php.

Data Dictionary Guide

When using this dictionary please keep the following notes in mind.

- The variable names closely correspond to the names found on the questionnaire.
- Variable values identified with an 'M' (typically refusals or 'don't know' responses) are treated as missing values by SPSS and are excluded from any analyses. However, the treatment of these missing values may be changed to suit the user's needs.
- Response restrictions are indicated where they are applicable; for example, male participants were not asked questions related to pregnancy. Non-responses due to restrictions are not labeled and are treated as missing values (these also take on the missing value indicator '.').
- Summary and derived variables are also listed; these were created after the completion of the data collection phase.
- In some questions, respondents were able to provide open text entry responses. These responses have been grouped in separate variables in instances where there are sufficient responses to do so.

Data Dictionary Elements

The following describes the elements used to describe the fields in the data dictionary.

Type

Fields may either be numeric or string. Numeric fields may undergo mathematical transformations whereas string fields are limited to string based manipulations. The majority of numeric fields are categorical with numeric values serving as field level identifiers.

Restrictions

This element describes the response restrictions designed into the survey instrument. These restrictions were implemented to avoid logical conflicts in the sequence of questions. For example, male participants were not required to respond to any questions pertaining to pregnancy or other female reproductive issues.

Description

A brief description of the field is given. This often contains more detail than the field label.

Notes

Special considerations of the field are identified here.

Missing Values

This element identifies when a refusal had occurred in a numeric continuous field.

Values

This element is found in string fields. It lists the response categories that are available for analysis.

Value Labels

This element describes the association between the numeric value(s) of the field and the response level(s) attached to the numeric value(s). Value labels marked with an upper case 'M' are treated as missing values by SPSS and will not be included in any analysis; these are usually 'refuse' and 'don't know' responses. Missing values due to response restrictions are not identified.

Associated 'other' Fields

Some fields or groups of fields will have an associated field in which the participant may enter a response in text format or open text entries. In cases where there are sufficient open text entries these response were collapsed (i.e. grouped) in a separate field. The original open text field(s) along with the collapsed field(s) are identified here.

Constituent Fields

This element is only found in constructed or derived fields. It lists the fields used in the construction or derivation of the constructed or derived field.

Formula

This element is only found in constructed or derived fields. A description of the is construction and/or derivation process is provided here.

Table of Survey Sections

Index to Data Element Definitions	4
Administrative Variables	8
Personal Background Information	9
Language and Education	13
Employment and Income	19
Other Persons in the Household	22
Housing	24
General Health.....	28
Health Conditions	29
Physical Injuries	38
Disability and Activity Limitation.....	41
Home Health Care.....	42
Health Care Access	44
Dental Care	47
Food and Nutrition	49
Physical Activity	51
Lifestyle.....	53
Preventative Health Care.....	64
Personal Wellness.....	70
Community Wellness and Traditional Culture	75
Assistance	76
Computed and Summary Variables.....	77
Associated Statistical Weighting Variables	94

Table of Data Elements

Administrative Variables	8
KEY2 (1) Composite Database Primary Key	8
KEY (2) Adult Database Primary Key	8
CONSENT (3) ConsentID	8
INTERVIEW (4) InterviewerID	8
SURVEYTY (5) Survey Type	8
Personal Background Information	9
REGION (6) Region of Participant	9
BDAY (7) Verified Day of Birth	9
BMONTH (8) Verified Month of Birth	9
BYEAR (9) Verified Year of Birth	9
RE_AGE (10) Reported age of participant	10
DE_AGE (11) Derived age of participant	10
GENDER (12) Verified Gender of Participant	10
GGID (13) Identification number of reported community for weighing purposes	10
INACNAME (14) INAC Name	10
NOTES (15) User Notes	10
TIME_ELA (16) Time Elapsed	10
B4 (17) Present Marital Status	11
B5D_1 (18) Participant Height (cm)	11
B6C_1 (19) Participant Weight (kg)	11
B7A (20) Are you currently pregnant	11
B8 (21) Approximately how many weeks pregnant are you	12
Language and Education	13
C9A (22) Which language do you most often use daily (Primary Response)	13
Group Variable: C10AA...C10BI (25-64) Do you understand: (<i>language</i>)	15
Group Variable: C11AA...C11BI (65-104) Do you speak: (<i>language</i>)	16
C12 (105) Highest grade that you have completed in elementary and secondary school	17
C13 (106) Did you graduate from high school	17
Group Variable: C14a_1...C14a_8, C14b (107-115) What education have you completed: (<i>type</i>)	18
Employment and Income	19
D15 (116) Are you currently working for pay	19
D16 (117) Average hours worked per week	19
D17A (118) During 2001, did you receive any income from paid employment	19
Group Variable: D17b...D17p (119-133) During 2001, did you receive any (<i>income source</i>)	20
D18 (134) For 2001, what was your total personal income	21
Other Persons in the Household	22
Group Variable: E19a...E19c (135-137) How many children usually live in this household: (<i>age range</i>)	22
Group Variable: E20a...E20b (138-139) Including yourself, how many adults usually live in this household: (<i>age range</i>)	22
E21A (140) Including yourself, how many household members received income in 2001	22
E22 (141) For 2001, what was the total income, for all household members, including yourself	23
Housing	24
F23A (142) Is your home (home ownership status):	24
F24 (144) Do you live in band-owned housing (or social housing for Inuit)	24
F25 (145) How many rooms are there in your home	25
Group Variable: F26a...F26l (146-159) Does your home have (<i>type of amenity/service</i>)	25
F28 (160) In the last 12 months, has there been mold or mildew in your home	26
F29A (161) What is the main water supply for your household	26
F30 (163) Do you consider the main water supply in your home safe for drinking	26
Group Variable: F31a_1...F31a_5, F31b (164-169) Do you use any other sources of drinking water: (<i>source</i>)	27
General Health	28
G32 (170) In general, would you say that your health is:	28
Group Variable: G33a_1...G33a_7, G33b (171-178) What makes you so healthy: (<i>reason</i>)	28

Health Conditions	29
Group Variable: H34a, H34a_01...H34a_20 Have you been told that you have: (<i>condition</i>)	29
Group Variable: H34b, H34b_01...H34b_20 Age of diagnosis: (<i>condition</i>)	30
Group Variable: H34d, H34d_01...H34d_20 Are you undergoing treatment for: (<i>condition</i>)	31
Group Variable: H34e, H34e_01...H34e_20 Limitations in activity because of: (<i>condition</i>)	32
H34F_04 (199) Have you had an asthma attack in the past 12 months	33
H34F_21 (269) What type of cancer	33
H34F_25 (286) What type of hepatitis?	33
H34F_26 (291) Is your tuberculosis active or inactive	33
Group Variable: H35_1...H35_4 (304-307) Which type of diabetes have you been diagnosed with: (<i>type</i>)	34
H36 (308) Were you pregnant when you were first diagnosed with diabetes	34
Group Variable: H37a...H37k (309-315) What treatment is used to control your diabetes: (<i>method</i>)	35
H38 (316) In the past two weeks, how often have you checked your blood sugar level	35
Grouped Variables H39a...H39j (317-325) Has your diabetes: (<i>type of affliction/consequence</i>)	36
H40 (326) Are you currently attending a diabetes clinic or seeing someone for diabetes education.....	36
Grouped Variables: H41a_1...H41a_13 (327-340) Reason for not attending a diabetes clinic: (<i>reason</i>)	37
Physical Injuries	38
Group Variables: I42a...I42k (341-350) Have you experienced: (<i>injury type</i>)	38
Group Variable: I43a...I43v Injury causes: (<i>cause</i>).....	39
Group Variable: I43a1...I43v1 (353-394) Alcohol or drug related: (<i>cause</i>).....	40
Disability and Activity Limitation.....	41
Group Variable: J44...J46 (396-398) Activity limitation due to physical or mental condition or health problem: (<i>place</i>).....	41
Home Health Care.....	42
Group Variable: K47a...K47g Do you believe that you need: (<i>personal or health service</i>).....	42
Group Variable: K48a...K48h Do you currently receive the service: (<i>personal or health service</i>).....	42
K49 (413) Does a member of your family help with your home care.....	43
K50 (414) Do you need modifications to your home.....	43
Health Care Access	44
L51 (415) Do you use traditional medicines.....	44
Group Variable: L52aa_1...L52aa_7, L52ab (416-423) Difficulties accessing traditional medicines: (<i>reason</i>)	44
L53 (424) Rating of access to health services compared to Canadians.....	45
Grouped Variable: L54a...L54o (425-438) Barriers to health care access: (<i>barrier</i>).....	45
Group Variable: L55a_1...L55_7, L55b (440-447) Have you had any difficulty accessing NIHB services: (<i>service</i>)	46
Dental Care	47
M56 (448) Approximately, when was the last time you had any dental care	47
Group Variable: M57a...M57k (449-458) Barriers to dental care access: (<i>type of barrier</i>)	47
Group Variable: M58a_2...M58a_9, M58b (460-468) Current dental care need: (<i>need</i>)	48
Food and Nutrition	49
N59 (469) Do you eat a nutritious, balanced diet.....	49
Group Variable: N60a...N60g (470-476) On average, how often do you eat or drink: (<i>food item</i>)	49
Group Variable: N61a...N61l (477-488) How often have you eaten the following traditional foods: (<i>food item</i>)	50
M62 (489) How often did someone share traditional food with your household.....	50
Physical Activity	51
Group Variable: O63a_1...O63a_21, O63a...O63d Have you participated in: (<i>activity</i>)	51
O64 (514) How many times per week do you participate in activities that increased your heart rate and breathing	51
O65 (515) How many hours per week do you participate in activities that increased your heart rate and breathing.....	52
Lifestyle	53
P66 (516) At the present time, do you smoke cigarettes.....	53
P67 (517) On average, how many cigarettes do you currently smoke each day	53
P68 (518) At what age did you begin smoking cigarettes.....	53
P69 (519) In the past 12 months, how many times have you tried to quit smoking.....	53
P70 (520) Have you ever smoked cigarettes.....	54
P71 (521) At what age did you begin smoking cigarettes.....	54
P72 (522) At what age did you quit smoking cigarette	54
Group Variable: P73a_1...P73a_8, P73b (523-531) Reasons for quitting smoking: (<i>reason</i>).....	55
Group Variable: P74_1...P74_11, P74a (532-542) Smoking cessation method: (<i>method</i>).....	56

P75 (544) Do you have a smoke free home	56
P76 (545) Have you had a drink of beer, wine, liquor or any other alcoholic beverage.....	57
P77 (546) How often did you drink alcoholic beverages.....	57
P78 (547) How often have you had 5 or more drinks on one occasion.....	57
Group Variable: P79a...P79j (548-557) Non-prescription drug use: (<i>drug</i>).....	58
Group Variable: P80a...P80c (558-560) Have you ever been treated for substance abuse: (<i>substance</i>).....	58
P81 (561) Are you sexually active.....	59
P82 (562) Have you had sexual intercourse in the last 12 months.....	59
P83 (563) How many people have you had sexual intercourse with in the past 12 months.....	59
Group Variable: P84a_1...P84a_10, P84b (564-574) Which birth control or protection methods do you use: (<i>method</i>).....	60
P85A (575) What do you use that (those) methods for.....	61
P86 (577) Do you use condoms to avoid getting STDs.....	61
P87A (578) What is the main reason for not always using condoms.....	62
P88 (580) How many children have you given birth to or fathered.....	62
P89 (581) Without revealing the test result, have you ever been tested for HIV.....	63
Preventative Health Care.....	64
P90 (582) When did you last consult a traditional healer.....	64
Group Variable: Q91a...Q91f (583-588) Have you had any of the following tests or examinations: (<i>test/examination</i>).....	64
Q92A (589) How often do you perform breast self-examination.....	64
Q93 (590) When was the last time you had a mammogram.....	65
Q94 (591) When was your last PAP smear test.....	65
R95 (592) Did you attend residential school.....	66
R96B (593) At what age did you start to attend residential school.....	66
R97B (594) At what age did you leave attend residential school.....	66
R98 (595) Do you believe that your overall health, well-being has been negatively affected by your attendance at residential school.....	67
Group Variable: R99a_1...R99a_15 (596-610) Negative impact on health and wellbeing because of: (<i>reason</i>).....	67
Group Variable: R100a...R100b (612-613) Did you (<i>parent</i>) attend residential school.....	68
R101 (614) Do you believe that your parent(s) attendance at residential school negatively affected the parenting you received.....	68
Group Variables: R102a...R102d (615-618) Did your (<i>grandparent</i>) attend residential school.....	68
R103 (619) Did your grandparent(s) attendance at residential school negatively affected the parenting your parent(s) received.....	69
Personal Wellness.....	70
R104 (620) How important are traditional cultural events in your life.....	70
R105 (621) How important is traditional spirituality in your life.....	70
R106 (622) How important is religion in your life.....	70
Group Variable: R107a...R107d (623-626) How often do you feel that you are in balance in the four aspects of your life: (<i>aspect</i>).....	71
S108 (627) In the past 12 months, have you personally experienced any instances of racism.....	71
S109 (628) If yes (S108), how strongly has this affected your level of self-esteem.....	71
Group Variable: S110a...S110g (629-635) How strongly do you agree or disagree with: (<i>self determination statement</i>).....	72
Group Variable: S111a...S111m (636-648) Use of emotional or mental health support resource: (<i>resource</i>).....	72
S112 (649) Was there ever a time when you felt sad, blue or depressed for 2 weeks or more in a row.....	73
Grouped Variable: S113_1...S113_4 (650-653) Have you ever thought of committing suicide (<i>age/year range</i>).....	73
Grouped Variable: S114_1...S114_4 (654-657) Have you ever attempted suicide (<i>age/year range</i>).....	73
S115 (658) In the past 12 months, has a close friend or family member committed suicide.....	74
Group Variable: S116a...S116h (659-666) Available support: someone (<i>type of support</i>).....	74
Community Wellness and Traditional Culture.....	75
Group Variable: S117a...S117m (667-680) Community progress: (<i>type of progress</i>).....	75
Assistance.....	76
T118 (681) Did someone interpret translate the questions.....	76
T119 (682) Who provided assistance with interpretation.....	76
Computed and Summary Variables.....	77
Group Variable: C10bfoth...G33oth (683-688) Grouped Open Entry Fields.....	77
H34F21CX (689) Grouped Open Entry Field - What type of cancer do you have.....	77
Group Variable: H34A28CX...H34A29CX (690...691) Grouped Open Entry Field - Other reported medical conditions.....	78
Group Variable: C10bfoth (683-688) Grouped Open Entry Fields.....	79
RANDOM (700) Random number for chance calculations.....	79
COMP_KEY (701) Composite Key for Merging of Omitted Fields 2.....	79
E19f (702) FNC computed number of children in household.....	79
E20e (703) FNC computed number of adults in household.....	79
F27a (704) Primary type of household repairs needed.....	80
R100_flag (705) One or more parents attending residential school.....	80
R102_flag (706) One or more grandparents attending residential school.....	80

S113_flag (707) Have you ever thought about suicide in your lifetime	81
S114_flag (708) Have you ever attempted suicide in your lifetime	81
BMI (709) Body Mass Index	81
BMI_Group (710) BMI Group (excludes pregnant females).....	81
Grouped Variable: C10_EX0...C10_EX8 (711-716) Number of languages person understands: <i>(level of fluency)</i>	82
C10_EX8B (717) Understanding of one or more First Nations languages (fluently or relatively well)	82
Grouped Variable: C11_EX0...C11_EX8 (718-723) Number of languages person speaks: <i>(level of fluency)</i>	82
C11_EX8B (724) Able to speak one or more First Nations languages (fluently or relatively well).....	83
Edu_Level (725) Highest level of formal education attained	83
Work_HR (726) Work Hour Group.....	83
Work_Type (727) Full or part time employment.....	84
Group Variable: Num_Inc1...Num_Inc3, Num_Inc_Tot (728-731) Number of income sources <i>(source)</i>	84
Crowding (732) Crowding Indicator (persons per room).....	84
Group Variable: House_Amen1...House_Amen5, House_Amen_EX (733-738) Number of household amenities: <i>(type)</i>	85
MedTot (739) Total number of reported medical conditions.....	85
Group Variable: Med(<i>type</i>) (740-745) Number of reported <i>(type)</i> conditions	85
Group Variable: Med(treat/no_treat) (746-747) Number of medical conditions where treatment was or was not sought	86
Diabetes_FX (748) Number of adverse consequences related to diabetes.....	86
Injury_Alcohol (749) Number of injury types involving alcohol.....	86
Injury_No_Alcohol (750) Number of injury types not involving alcohol	86
Injury_Type_Tot (751) Total number of reported injuries where the use of alcohol is or is not implicated.....	86
Injury_Alcohol_Any (752) One or more injury types involving alcohol.....	87
Injury_No_Alcohol_Any (753) One or more injury types not involving alcohol.....	87
Injury_Tot (754) Total number of reported injuries types (incl. unspecified alcohol involvement).....	87
Act_Limit (755) Number of limitations due to physical, mental, or health problems	87
Home_Serv_Met (756) Number of fulfilled, required home services.....	87
Home_Serv_Not_Met (757) Number of unfulfilled, required home services	88
Home_Serv_Tot (758) Total number of required home services	88
Home_Serv_Getting (759) Proportion of home services being met among those people needing one or more home services.....	88
Access_NIHB (760) Number of reported problems in accessing NIHB	88
Trad_Food (761) Traditional food consumption indicator.....	88
Act_Type (762) Number of reported activity types.....	88
Drug_Use (763) Drugs Use Index (excluding chewing tobacco and marijuana)	89
Any_Drug_Use (764) One or more use of non-prescription drugs in the past year (excluding chewing tobacco)	89
Res_Impact (765) Residential school: number of items having an impact on health and wellbeing.....	89
Res_Impact_EX1 (766) Grouped Impact of residential school score	89
Balance (767) Cumulative Score on balance questions.....	90
Balance_EX1 (768) Grouped score on balance questions	90
Life_Ctrl (769) Self Determination Indicator	90
Life_Ctrl_EX1 (770) Grouped self determination indicator scores	90
Group Variable: Soc_Support1...Soc_Support3, Soc_Support_Tot (771-774) Number of support agents: <i>(type)</i>	91
Suicide_Thought (775) Ever thought about suicide in their lifetime	91
Suicide_Attempt (776) Ever attempted suicide in their lifetime	91
Com_Dev (777) Number of reported community development items reported (note lower score is better)	92
De_Age_EX1 (778) Age Grouping 1	92
De_Age_EX2 (779) Age Grouping 2	92
De_Age_EX3 (780) Age Grouping 3	93
De_Age_EX4 (781) Age Grouping 4	93
Associated Statistical Weighting Variables	94
Group Variable: Wt_(strata) (782-786) Weighting Strata.....	94
Group Variables: (787-790) Strata Summary Fields	Error! Bookmark not defined.
weight1 (791) Participant weight on that strata	94
commpop (792) Community population for the community	94
Group Variable: F_11a...F16b (793-804) Community population for <i>(gender and age group)</i>	95

Administrative Variables

KEY2 (1) Composite Database Primary Key

Type: Numeric

Description: Key field. Unique across adult, youth, and child databases.

KEY (2) Adult Database Primary Key

Type: Numeric

Description: Key field. Unique within adult database.

CONSENT (3) ConsentID

Type: Numeric

Description: Unique identification number assigned to each participant. The ConsentID was used to related each survey record with their corresponding consent form, thus, ensuring that valid consent was obtained.

INTERVIE (4) InterviewerID

Type: String

Description: Identification code used by interviewer.

SURVEYTY (5) Survey Type

Type: String

Description: Type of survey completed.

Notes: This field will be more important if records are stacked from adult, youth, and/or child databases.

Values:

Adult
Youth
Child

Personal Background Information

REGION (6) Region of Participant

Type: String

Description: Reported region of residence of participant at the time of the survey.

Values:

AB (Alberta)
BC (British Columbia)
MB (Manitoba)
NB (New Brunswick)
NS (Nova Scotia including Newfoundland)
NT (Northwest Territories)
ON (Ontario)
QC (Quebec)
SK (Saskatchewan)
YK (Yukon Territory)

BDAY (7) Verified Day of Birth

Type: Numeric

Description: Day of birth of participant.

BMONTH (8) Verified Month of Birth

Type: Numeric

Description: Month of birth of participant.

Value labels:

Value	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

BYEAR (9) Verified Year of Birth

Type: Numeric

Description: Year of birth of participant.

RE_AGE (10) Reported age of participant

Type: String

Description: Age at the time of survey as entered/reported by the participant.

Notes: This field was formatted as a string and may contain non-numeric data. Participants were given the option of providing date of birth information (bday, bmonth, byear) or reporting their age (re_age).

DE_AGE (11) Derived age of participant

Type: Numeric (whole integers)

Description: Age at the time of survey.

Notes: This field is only accurate to year. This value was calculated as the difference between the date of completion of the survey and reported date of birth. For participants reporting their age directly (re_age), this value is copied over from re_age.

Value labels:

Value	Label
9999 M	Age is not useable

GENDER (12) Verified Gender of Participant

Type: Numeric

Description: Gender of participant.

Value labels:

Value	Label
1	Male
2	Female

GGID (13) Identification number of reported community for weighing purposes

Type: Numeric

Description: Community of residence at time of survey. This field is not available for analysis.

Notes: See variable *INAC Name* for corresponding name. See Appendix A for a complete listing of participating communities.

INACNAME (14) INAC Name

Type: String

Description: Community of residence at time of survey. This field is not available for analysis.

Notes: See variable *GGID* for corresponding numeric value. See Appendix A for a complete listing of participating communities.

NOTES (15) User Notes

Type: String

Description: User entered notes. This field is not available for analysis.

Notes: May have been entered by the participant or interviewer.

TIME_ELA (16) Time Elapsed

Type: String

Description: Computer generated time to complete the survey on the laptop entry system.

Notes: This should not be taken strictly as the 'time to complete' the survey since some surveys may have been completed on paper then entered onto the laptop entry system.

B4 (17) Present Marital Status

Type: Numeric

Description: Marital status of participant.

Value labels:

Value	Label
1	Married
2	Divorced
3	Common Law
4	Widowed
5	Separated
6	Single

B5D_1 (18) Participant Height (cm)

Type: Numeric

Description: Height of participant (cm).

Missing values: 888, 999

B6C_1 (19) Participant Weight (kg)

Type: Numeric

Description: Weight of participant (kg).

Missing values: 888, 999

B7A (20) Are you currently pregnant

Type: Numeric

Restrictions: Female participants (gender = 2).

Description: Pregnancy status of female participants.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

B8 (21) Approximately how many weeks pregnant are you

Type: Numeric

Restriction: Pregnant, female participants (gender = 2 and B7a = 1).

Description: Number of weeks into pregnancy.

Value labels:

Value	Label
666.0 M	Did not respond

Language and Education

C9A (22) Which language do you most often use daily (Primary Response)

Type: Numeric

Description: Reported language most often used in daily life.

Notes: Values 100 through 200 were survey were recoded from answers to C9b or C9c if the participant did not initially provide an answer to C9a; this selection of C9b or C9c was randomised.

Value labels:

Value	Label
1	English
2	French
3	Sign Language
4	Algonquin
5	Assiniboine
6	Attikamekw
7	Blackfoot
8	Cayuga
9	Chipewyan
10	Chippewa
11	Cree
12	Dakota
13	Dogrib
14	Gitksan
15	Haida
16	Inuktitut
18	Lakota
19	Malecite
20	Mi'kmaq
21	Mohawk
22	Naskapi
23	Nisgà
24	Ojibway
25	Oji-Cree
26	Oneida
27	Onondaga
28	Potawatomi
29	Salish
30	Saulteaux
31	Stoney
32	Tuscorora
33	Wet'su'weten
34	Gwich'in
35	North Slave
36	South Slave
37	Montagnais
100	Anishnabe - Open Entry
101	Carrier - Open Entry
102	Chilcotin - Open Entry
103	Cowichan - Open Entry
104	Crow - Open Entry
105	Delaware - Open Entry
106	Dene - Open Entry
107	German - Open Entry
108	G'witchin - Open Entry
109	Heiltsuk - Open Entry
110	Heiltsuqlva - Open Entry
112	Innu Eimun - Open Entry

113	Island Lake Dialect - Open Entry
114	Kaska - Open Entry
115	Kaska Dena - Open Entry
116	Ktunaxa - Open Entry
117	Kwakwala - Open Entry
118	Norhthern tutchone - Open Entry
119	Okanagan - Open Entry
120	Secwepmc - Open Entry
121	Sekani - Open Entry
122	Shuswap - Open Entry
123	Sioux - Open Entry
124	Sishalh - Open Entry
125	Southern tutchone - Open Entry
126	Spanish - Open Entry
127	Tlingit - Open Entry
128	Tsilhqot'in - Open Entry
129	Tsimshian - Open Entry
131	Wakashan - Open Entry
132	West Coast - Open Entry
133	Dutch - Open Entry
134	Nulcomklum - Open Entry
135	Tagish - Open Entry
136	Thompson - Open Entry
200	Other - Open Entry

Associated 'other' fields:

C9B (23) Which language do you most often use daily (Open Text – Secondary Response)
 C9C (24) Which language do you most often use daily (Open Text - Tertiary Response)

Group Variable: C10AA...C10BI (25-64) Do you understand: (language)

Type: Numeric

Description: Level comprehension of each indicated language.

Value labels:

Value	Label
0	Fluently
1	Relatively well
2	A few words
3	No understanding

Group fields:

C10AA (25) Do you understand: English
C10AB (26) Do you understand: French
C10AC (27) Do you understand: Sign Language
C10AD (28) Do you understand: Algonquin
C10AE (29) Do you understand: Assiniboine
C10AF (30) Do you understand: Attikamekw
C10AF_1 (31) Do you understand: Blackfoot
C10AG (32) Do you understand: Cayuga
C10AH (33) Do you understand: Chippewa
C10AH_1 (34) Do you understand: Chipewyan
C10AI (35) Do you understand: Cree
C10AJ (36) Do you understand: Dakota
C10AK (37) Do you understand: Dogrib
C10AL (38) Do you understand: Gitksan
C10AL_1 (39) Do you understand: Gwich'in
C10AM (40) Do you understand: Haida
C10AN (41) Do you understand: Inuktitut
C10AP (42) Do you understand: Lakota
C10AQ (43) Do you understand: Malecite
C10AR (44) Do you understand: Mi'kmaq
C10AS (45) Do you understand: Mohawk
C10AT (46) Do you understand: Naskapi
C10AT_1 (47) Do you understand: Montagnais
C10AU (48) Do you understand: Nisga
C10AU_1 (49) Do you understand: North Slave
C10AV (50) Do you understand: Ojibway
C10AW (51) Do you understand: Oji-Cree
C10AX (52) Do you understand: Oneida
C10AY (53) Do you understand: Onondaga
C10AZ (54) Do you understand: Potawatomi
C10BA (55) Do you understand: Salish
C10BB (56) Do you understand: Sauteaux
C10BB_1 (57) Do you understand: South Slave
C10BC (58) Do you understand: Stoney
C10BD (59) Do you understand: Tuscorora
C10BE (60) Do you understand: Wet'su'weten

Associated 'other' fields:

C10BF (61) Other language
C10BG (62) Do you understand: Open Text Entry
C10BH (63) Other language
C10BI (64) Do you understand: Open Text Entry

Also see: C10BFOTH (683), C10BHOTH (684)

Group Variable: C11AA...C11BI (65-104) Do you speak: (language)

Type: Numeric

Description: Level of spoken comprehension of each indicated language.

Value labels:

Value	Label
0	Fluently
1	Relatively well
2	A few words
3	No understanding

Group fields:

C11AA (65) Do you speak: English
C11AB (66) Do you speak: French
C11AC (67) Do you speak: Sign Language
C11AD (68) Do you speak: Algonquin
C11AE (69) Do you speak: Assiniboine
C11AF (70) Do you speak: Attikamekw
C11AF_1 (71) Do you speak: Blackfoot
C11AG (72) Do you speak: Cayuga
C11AH (73) Do you speak: Chippewa
C11AH_1 (74) Do you speak: Chipewyan
C11AI (75) Do you speak: Cree
C11AJ (76) Do you speak: Dakota
C11AK (77) Do you speak: Dogrib
C11AL (78) Do you speak: Gitksan
C11AL_1 (79) Do you speak: Gwich'in
C11AM (80) Do you speak: Haida
C11AN (81) Do you speak: Inuktitut
C11AP (82) Do you speak: Lakota
C11AQ (83) Do you speak: Malecite
C11AR (84) Do you speak: Mi'kmaq
C11AS (85) Do you speak: Mohawk
C11AT (86) Do you speak: Naskapi
C11AT_1 (87) Do you speak: Montagnais
C11AU (88) Do you speak: Nisga
C11AU_1 (89) Do you speak: North Slave
C11AV (90) Do you speak: Ojibway
C11AW (91) Do you speak: Oji-Cree
C11AX (92) Do you speak: Oneida
C11AY (93) Do you speak: Onondaga
C11AZ (94) Do you speak: Potawatomi
C11BA (95) Do you speak: Salish
C11BB (96) Do you speak: Sauteaux
C11BB_1 (97) Do you speak: South Slave
C11BC (98) Do you speak: Stoney
C11BD (99) Do you speak: Tuscorora
C11BE (100) Do you speak: Wet'su'weten

Associated 'other' fields:

C11BF (101) Other language
C11BG (102) Do you speak: Open Text Entry
C11BH (103) Other language
C11BI (104) Do you speak: Open Text Entry

Also see: C11BFOTH (685), C11BHOTH (686)

C12 (105) Highest grade that you have completed in elementary and secondary school

Type: Numeric

Description: Highest completed grade in elementary through high school.

Value labels:

Value	Label
1	No Schooling
2	Grade 1
3	Grade 2
4	Grade 3
5	Grade 4
6	Grade 5
7	Grade 6
8	Grade 7
9	Grade 8
10	Grade 9
11	Grade 10
12	Grade 11
13	Grade 12
14	Grade 13
88 M	Don't Know
99 M	Refused

C13 (106) Did you graduate from high school

Type: Numeric

Description: Participant's attainment of a high school diploma.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: C14a_1...C14a_8, C14b (107-115) What education have you completed: (type)

Type: Numeric

Description: Completion or progression status of each indicated type of post-secondary education.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

C14A_1 (107) What education have you completed: some trade, technical, or vocational
C14A_2 (108) What education have you completed: some community college, or CEGEP
C14A_3 (109) What education have you completed: some university
C14A_4 (110) What education have you completed: diploma from trade, technical, or vocational
C14A_5 (111) What education have you completed: diploma from community college, or CEGEP
C14A_6 (112) What education have you completed: university degree
C14A_7 (113) What education have you completed: master's degree
C14A_8 (114) What education have you completed: earned doctorate (PhD)

Associated 'other' field:

C14B (115) What education have you completed: Open Text Entry

Employment and Income

D15 (116) Are you currently working for pay

Type: Numeric

Description: Employment (paid) status of participant.

Value labels:

Value	Label
1	Yes
2	No
99 M	Refused

D16 (117) Average hours worked per week

Type: Numeric

Restrictions: If participant is working for pay (D15 = 1).

Description: Number of hours worked by employed (paid) participant.

D17A (118) During 2001, did you receive any income from paid employment

Type: Numeric

Description: Any paid employment income in 2001. Interviewers were instructed to ask about the previous year (2001 or 2002) depending on when the survey was completed.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group Variable: D17b...D17p (119-133) During 2001, did you receive any (*income source*)

Type: Numeric

Description: Procurement of income in 2001 from indicated income source.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

D17B (119) During 2001, did you receive any income from self-employment
D17C (120) During 2001, did you receive any Employment Insurance
D17D (121) During 2001, did you receive any social assistance
D17E (122) During 2001, did you receive any income from Basic Old Age Security
D17E_1 (123) During 2001, did you receive any income from royalties, trusts, or land
D17F (124) During 2001, did you receive any benefits from Canada or Quebec Pension Plan
D17H (125) During 2001, did you receive any income from guaranteed income supplement or spouse's allowance
D17I (126) During 2001, did you receive any income from retirement, pensions, superannuation, or annuities
D17J (127) During 2001, did you receive any income from Veteran's Pension
D17K (128) During 2001, did you receive any income from Child Tax Benefits
D17L (129) During 2001, did you receive any child support or alimony
D17M (130) During 2001, did you receive any Worker's Compensation
D17N (131) During 2001, did you receive any disability allowance
D17O (132) During 2001, did you receive any education or training allowance

Associated 'other' field:

D17P (133) During 2001, did you receive any: Open Text Entry

Also see: D17OTH (687)

D18 (134) For 2001, what was your total personal income

Type: Numeric

Description: Income range of participant (2001). Interviewers were instructed to ask about the previous year (2001 or 2002) depending on when the survey was completed.

Value labels:

Value	Label
1	Income Loss
2	No Income
3	\$1 - \$4 999
4	\$5 000 - \$9 999
5	\$10 000 - \$14 999
6	\$15 000 - \$19 999
7	\$20 000 - \$24 999
8	\$25 000 - \$29 999
9	\$30 000 - \$39 999
10	\$40 000 - \$49 999
11	\$50 000 - \$59 999
12	\$60 000 - \$69 999
13	\$70 000 - \$79 999
14	\$80 000 and over
88 M	Don't Know
99 M	Refused

Other Persons in the Household

Group Variable: E19a...E19c (135-137) How many children usually live in this household: (age range)

Type: Numeric

Description: Occupancy count of household (0-17 years).

Value labels:

Value	Label
999 M	Refused

Group fields:

E19A (135) How many children usually live in this household: under 6 years old
E19B (136) How many children usually live in this household: 6 to 11 years old
E19C (137) How many children usually live in this household: 12 to 17 years old

Also see: E19f (702)

Group Variable: E20a...E20b (138-139) Including yourself, how many adults usually live in this household: (age range)

Type: Numeric

Description: Occupancy count of household (18+ years).

Value labels:

Value	Label
999 M	Refused

Group fields:

E20A (138) Including yourself, how many adults usually live in this household: 18 to 64 years old
E20B (139) Including yourself, how many adults usually live in this household: over 65 years old

Also see: E20e (703)

E21A (140) Including yourself, how many household members received income in 2001

Type: Numeric

Description: Number of household occupants with incomes (2001).

Value labels:

Value	Label
999 M	Refused

E22 (141) For 2001, what was the total income, for all household members, including yourself

Type: Numeric

Description: Total household income (2001).

Notes: Includes all sources before deductions.

Value labels:

Value	Label
1	Income Loss
2	No Income
3	\$1 - \$4 999
4	\$5 000 - \$9 999
5	\$10 000 - \$14 999
6	\$15 000 - \$19 999
7	\$20 000 - \$24 999
8	\$25 000 - \$29 999
9	\$30 000 - \$39 999
10	\$40 000 - \$49 999
11	\$50 000 - \$59 999
12	\$60 000 - \$69 999
13	\$70 000 - \$79 999
14	\$80 000 and over
88 M	Don't Know
99 M	Refused

Housing

F23A (142) Is your home (home ownership status):

Type: Numeric

Description: Home ownership status.

Value labels:

Value	Label
1	Rented by you or another household member
2	Owned by you or another household member
3	Other
88 M	Don't Know
99 M	Refused

Associated 'other' field:

F23B (143) Is your home (home ownership status): Open Text Entry

F24 (144) Do you live in band-owned housing (or social housing for Inuit)

Type: Numeric

Description: Home ownership status (band owned).

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

F25 (145) How many rooms are there in your home

Type: Numeric

Description: Room count of household.

Notes: Includes kitchens, bedrooms, living rooms, and finished basements. Excludes bathrooms, halls, laundry rooms, and attached sheds.

Value labels:

Value	Label
1	1 room
2	2 rooms
3	3 rooms
4	4 rooms
5	5 rooms
6	6 rooms
7	7 rooms
8	8 rooms
9	9 rooms
10	10 rooms
11	11 rooms
12	12 rooms
13	13 or more rooms
88 M	Don't Know
99 M	Refused

Group Variable: F26a...F26l (146-159) Does your home have (type of amenity/service)

Type: Numeric

Description: Household possession of indicated amenity/service.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

F26A (146) Does your home have a working smoke detector
F26B (147) Does your home have a carbon monoxide detector
F26C (148) Does your home have a fire extinguisher
F26D (149) Does your home have a telephone with service
F26E (150) Does your home have a computer
F26F (151) Does your home have a connection to the Internet
F26G (152) Does your home have a refrigerator (fridge)
F26H (153) Does your home have a stove for cooking
F26I (154) Does your home have electricity
F26J (155) Does your home have cold, running water
F26K (156) Does your home have hot, running water
F26M (157) Does your home have a flush toilet
F26N (158) Does your home have either a septic tank or sewage service
F26L (159) Does your home have garbage collection services

F28 (160) In the last 12 months, has there been mold or mildew in your home

Type: Numeric

Description: Presence of mold or mildew in household in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

F29A (161) What is the main water supply for your household

Type: Numeric

Description: Main water supply for household.

Value labels:

Value	Label
1	Piped in - local or community water supply
2	Trucked
3	Well - individual or shared
4	Collect it yourself from river, lake, or pond
5	Collect it yourself from water plant
6	From a neighbor's house
7	Other
88 M	Don't Know
99 M	Refused

Associated 'other' field:

F29B (162) What is the main water supply for your household: Open Text Entry

F30 (163) Do you consider the main water supply in your home safe for drinking

Type: Numeric

Description: Reported safety of main water source.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: F31a_1...F31a_5, F31b (164-169) Do you use any other sources of drinking water: (source)

Type: Numeric

Description: Use of alternate water sources.

Notes: Participants were not given the opportunity to refuse this question. That is, refusals and 'don't knows' are contained in '0 = No indication'. As such, the rate may be underestimated.

Value labels:

Value	Label
0	No indication
1	Yes - positive response

Group fields:

F31A_1 (164) Do you use any other sources of drinking water: no other sources
F31A_2 (165) Do you use any other sources of drinking water: bottled water
F31A_3 (166) Do you use any other sources of drinking water: water from another house
F31A_4 (167) Do you use any other sources of drinking water: boiled tap water
F31A_5 (168) Do you use any other sources of drinking water: river, lake, or stream

Associated 'other' field:

F31B (169) Do you use any other sources of drinking water: Open Text Entry

General Health

G32 (170) In general, would you say that your health is:

Type: Numeric

Description: Reported health status.

Value labels:

Value	Label
1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor
88 M	Don't Know
99 M	Refused

Group Variable: G33a_1...G33a_7, G33b (171-178) What makes you so healthy: (reason)

Type: Numeric

Restrictions: If participant is reported to be in 'very good' or 'excellent' health (G32 =1, 2).

Description: Presence of indicated contributor to participant's 'very good' or 'excellent' health.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

G33A_1 (171) What things make you so healthy: good diet
G33A_2 (172) What things make you so healthy: reduced stress
G33A_3 (173) What things make you so healthy: good social supports
G33A_4 (174) What things make you so healthy: good sleep
G33A_5 (175) What things make you so healthy: happy, content
G33A_6 (176) What things make you so healthy: regular exercise or active in sports
G33A_7 (177) What things make you so healthy: in balance (physical, emotional, mental, and spiritual)

Associated 'other' field:

G33B (178) What things make you so healthy: Open Text Entry

Also see: G33OTH (688)

Health Conditions

Group Variable: H34a, H34a_01...H34a_29 Have you been told that you have: (condition)

Type: Numeric

Description: Presence of the indicated health condition (as specified by a health care professional).

Notes: Excludes conditions lasting less than 6 months or expected to last less than 6 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

H34A (179) Have you been told that you have: arthritis
H34A_01 (183) Have you been told that you have: chronic back pain
H34A_02 (187) Have you been told that you have: rheumatism
H34A_03 (191) Have you been told that you have: osteoporosis
H34A_04 (195) Have you been told that you have: asthma
H34A_05 (200) Have you been told that you have: chronic bronchitis
H34A_06 (204) Have you been told that you have: emphysema
H34A_07 (208) Have you been told that you have: allergies
H34A_08 (212) Have you been told that you have: cataracts
H34A_09 (216) Have you been told that you have: glaucoma
H34A_10 (220) Have you been told that you have: blindness or serious vision problems
H34A_11 (224) Have you been told that you have: hearing impairment
H34A_12 (228) Have you been told that you have: epilepsy
H34A_13 (232) Have you been told that you have: psychological or nervous disorders
H34A_14 (236) Have you been told that you have: cognitive or mental disability
H34A_15 (240) Have you been told that you have: ADD or ADHD
H34A_16 (244) Have you been told that you have: learning disability
H34A_17 (248) Have you been told that you have: heart disease
H34A_18 (252) Have you been told that you have: high blood pressure
H34A_19 (257) Have you been told that you have: effects of stroke (brain hemorrhage)
H34A_20 (261) Have you been told that you have: thyroid problems
H34A_21 (265) Have you been told that you have: cancer
H34A_22 (270) Have you been told that you have: liver disease (excluding Hepatitis)
H34A_23 (274) Have you been told that you have: stomach and intestinal problems
H34A_24 (278) Have you been told that you have: HIV-AIDS
H34A_25 (282) Have you been told that you have: hepatitis
H34A_26 (287) Have you been told that you have: tuberculosis (TB)
H34A_27 (292) Have you been told that you have: diabetes

Associated 'other' fields:

H34A_28 (296) Have you been told that you have: Open Text Entry 1
H34A_29 (300) Have you been told that you have: Open Text Entry 2

Also see: H34A28CX (690), H34A29CX (691)

Group Variable: H34b, H34b_01...H34b_29 Age of diagnosis: (condition)

Type: Numeric

Restrictions: If participant has reported to be inflicted with the indicated health condition (e.g. H34a = 1).

Description: Age of diagnosis of the indicate health condition (i.e. when they were first told).

Missing values: 777, 888, 999

Group fields:

H34B (180) Age of diagnosis: arthritis
H34B_01 (184) Age of diagnosis: chronic back pain
H34B_02 (188) Age of diagnosis: rheumatism
H34B_03 (192) Age of diagnosis: osteoporosis
H34B_04 (196) Age of diagnosis: asthma
H34B_05 (201) Age of diagnosis: chronic bronchitis
H34B_06 (205) Age of diagnosis: emphysema
H34B_07 (209) Age of diagnosis: allergies
H34B_08 (213) Age of diagnosis: cataracts
H34B_09 (217) Age of diagnosis: glaucoma
H34B_10 (221) Age of diagnosis: blindness or serious vision problems
H34B_11 (225) Age of diagnosis: hearing impairment
H34B_12 (229) Age of diagnosis: epilepsy
H34B_13 (233) Age of diagnosis: psychological or nervous disorders
H34B_14 (237) Age of diagnosis: cognitive or mental disability
H34B_15 (241) Age of diagnosis: ADD or ADHD
H34B_16 (245) Age of diagnosis: learning disability
H34B_17 (249) Age of diagnosis: heart disease
H34B_18 (253) Age of diagnosis: high blood pressure
H34B_19 (258) Age of diagnosis: effects of stroke (brain hemorrhage)
H34B_20 (262) Age of diagnosis: thyroid problems
H34B_21 (266) Age of diagnosis: cancer
H34B_22 (271) Age of diagnosis: liver disease (excluding Hepatitis)
H34B_23 (275) Age of diagnosis: stomach and intestinal problems
H34B_24 (279) Age of diagnosis: HIV-AIDS
H34B_25 (283) Age of diagnosis: hepatitis
H34B_26 (288) Age of diagnosis: tuberculosis (TB)
H34B_27 (293) Age of diagnosis: diabetes

Associated 'other' fields:

H34B_28 (297) Age of diagnosis: Open Text Entry 1
H34B_29 (301) Age of diagnosis: Open Text Entry 2

Group Variable: H34d, H34d_01...H34d_29 Are you undergoing treatment for: (condition)

Type: Numeric

Restrictions: If participant has reported to be inflicted with the indicated health condition (e.g. H34a = 1).

Description: Is the participant undergoing treatment or taking medication for the indicated health condition.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused
777 M	Don't Know or Refused

Group fields:

H34D (181) Are you undergoing treatment for: arthritis
H34D_01 (185) Are you undergoing treatment for: chronic back pain
H34D_02 (189) Are you undergoing treatment for: rheumatism
H34D_03 (193) Are you undergoing treatment for: osteoporosis
H34D_04 (197) Are you undergoing treatment for: asthma
H34D_05 (202) Are you undergoing treatment for: chronic bronchitis
H34D_06 (206) Are you undergoing treatment for: emphysema
H34D_07 (206) Are you undergoing treatment for: allergies
H34D_08 (214) Are you undergoing treatment for: cataracts
H34D_09 (218) Are you undergoing treatment for: glaucoma
H34D_10 (222) Are you undergoing treatment for: blindness or serious vision problems
H34D_11 (226) Are you undergoing treatment for: hearing impairment
H34D_12 (230) Are you undergoing treatment for: epilepsy
H34D_13 (234) Are you undergoing treatment for: psychological or nervous disorders
H34D_14 (238) Are you undergoing treatment for: cognitive or mental disability
H34D_15 (242) Are you undergoing treatment for: ADD or ADHD
H34D_16 (246) Are you undergoing treatment for: learning disability
H34D_17 (250) Are you undergoing treatment for: heart disease
H34D_18 (254) Are you undergoing treatment for: high blood pressure
H34D_19 (259) Are you undergoing treatment for: effects of stroke (brain hemorrhage)
H34D_20 (263) Are you undergoing treatment for: thyroid problems
H34D_21 (267) Are you undergoing treatment for: cancer
H34D_22 (272) Are you undergoing treatment for: liver disease (excluding Hepatitis)
H34D_23 (276) Are you undergoing treatment for: stomach and intestinal problems
H34D_24 (280) Are you undergoing treatment for: HIV-AIDS
H34D_25 (284) Are you undergoing treatment for: hepatitis
H34D_26 (289) Are you undergoing treatment for: tuberculosis (TB)
H34D_27 (294) Are you undergoing treatment for: diabetes

Associated 'other' fields:

H34D_28 (298) Are you undergoing treatment for: Open Text Entry 1
H34D_29 (302) Are you undergoing treatment for: Open Text Entry 2

Group Variable: H34e, H34e_01...H34e_29 Limitations in activity because of: (condition)

Type: Numeric

Restrictions: If participant has reported to be inflicted with the indicated health condition (e.g. H34a = 1).

Description: Is the participant limited in the kinds or types activities they normally engage in.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused
777 M	Don't Know or Refused

Group fields:

H34E (182) Limitations in activity because of: arthritis
H34E_01 (186) Limitations in activity because of: chronic back pain
H34E_02 (190) Limitations in activity because of: rheumatism
H34E_03 (194) Limitations in activity because of: osteoporosis
H34E_04 (198) Limitations in activity because of: asthma
H34E_05 (203) Limitations in activity because of: chronic bronchitis
H34E_06 (207) Limitations in activity because of: emphysema
H34E_07 (211) Limitations in activity because of: allergies
H34E_08 (215) Limitations in activity because of: cataracts
H34E_09 (219) Limitations in activity because of: glaucoma
H34E_10 (223) Limitations in activity because of: blindness or serious vision problems
H34E_11 (227) Limitations in activity because of: hearing impairment
H34E_12 (231) Limitations in activity because of: epilepsy
H34E_13 (235) Limitations in activity because of: psychological or nervous disorders
H34E_14 (239) Limitations in activity because of: cognitive or mental disability
H34E_15 (243) Limitations in activity because of: ADD or ADHD
H34E_16 (247) Limitations in activity because of: learning disability
H34E_17 (251) Limitations in activity because of: heart disease
H34E_18 (255) Limitations in activity because of: high blood pressure
H34F_18 (256) Was the blood pressure related to pregnancy
H34E_19 (260) Limitations in activity because of: effects of stroke (brain hemorrhage)
H34E_20 (264) Limitations in activity because of: thyroid problems
H34E_21 (268) Limitations in activity because of: cancer
H34E_22 (273) Limitations in activity because of: liver disease (excluding Hepatitis)
H34E_23 (277) Limitations in activity because of: stomach and intestinal problems
H34E_24 (281) Limitations in activity because of: HIV-AIDS
H34E_25 (285) Limitations in activity because of: Hepatitis
H34E_26 (290) Limitations in activity because of: Tuberculosis (TB)
H34E_27 (295) Limitations in activity because of: diabetes

Associated 'other' fields:

H34E_28 (299) Limitations in activity because of: Open Text Entry 1
H34E_29 (303) Limitations in activity because of: Open Text Entry 2

H34F_04 (199) Have you had an asthma attack in the past 12 months

Type: Numeric

Restrictions: If person has/had asthma (H34a_04 = 1).

Description: Has the individual had an asthma attack in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

H34F_21 (269) What type of cancer

Type: String

Restrictions: If person has/had cancer (H34a_21 = 1).

Description: Open text entry. The type of cancer the participant has been diagnosed with. Also see H34F21CX (689) for grouped responses.

H34F_25 (286) What type of hepatitis?

Type: Numeric

Restrictions: If person has hepatitis (H34a_25 = 1).

Description: What type of hepatitis has the participant been diagnosed with.

Value labels:

Value	Label
1	Type A
2	Type B
3	Type C
88 M	Don't Know
99 M	Refused

H34F_26 (291) Is your tuberculosis active or inactive

Type: Numeric

Restrictions: If person tuberculosis (H34a_26 = 1).

Description: Activity state of the participant's tuberculosis.

Value labels:

Value	Label
1	Active
2	Inactive
88 M	Don't know
99 M	Refused

Group Variable: H35_1...H35_4 (304-307) Which type of diabetes have you been diagnosed with: (type)

Type: Numeric

Restrictions: If person has diabetes (H34a_27 = 1).

Description: Type(s) of diabetes the participant has been diagnosed with.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know

Group fields:

H35_1 (304) Which types of diabetes have you been diagnosed with: Type 1
H35_2 (305) Which types of diabetes have you been diagnosed with: Type 2
H35_3 (306) Which types of diabetes have you been diagnosed with: Pre-diabetic state
H35_4 (307) Which types of diabetes have you been diagnosed with: Gestational

H36 (308) Were you pregnant when you were first diagnosed with diabetes

Type: Numeric

Restrictions: If person has diabetes and is female (H34a_27 = 1 and gender = 2).

Description: Pregnancy state at time of diagnosis (of diabetes) of female participant's with diabetes.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: H37a...H37k (309-315) What treatment is used to control your diabetes: (method)

Type: Numeric

Restrictions: If person has diabetes (H34a_27 = 1).

Description: Treatment method for diabetes.

Value labels:

Value	Label
0	No, but other treatment sought
1	Yes
2 M	No treatment sought at all

Group fields:

H37A (309) What treatment is used to control your diabetes: traditional
H37B (310) What treatment is used to control your diabetes: traditional ceremonies, healer
H37C (311) What treatment is used to control your diabetes: diet
H37D (312) What treatment is used to control your diabetes: exercise
H37E (313) What treatment is used to control your diabetes: insulin
H37F (314) What treatment is used to control your diabetes: pills

Associated 'other' field:

H37K (315) What treatment is used to control your diabetes: Open Text Entry

H38 (316) In the past two weeks, how often have you checked your blood sugar level

Type: Numeric

Restrictions: If person has diabetes (H34a_27 = 1).

Description: Degree of blood sugar surveillance.

Value labels:

Value	Label
1	More than once a day
2	Once a day
3	Between 10-13 times in past 2 weeks
4	Between 6-9 times in past 2 weeks
5	Between 2-5 times in past 2 weeks
6	Once in the past 2 weeks
7	Not at all in the past 2 weeks
88 M	Don't Know
99 M	Refused
777 M	Don't Know or Refused

Grouped Variables H39a...H39j (317-325) Has your diabetes: (type of affliction/consequence)

Type: Numeric

Restrictions: If person has diabetes (H34a_27 = 1).

Description: Various consequences of living with diabetes.

Group variables:

H39A (317) Has your diabetes: prompted you to adopt a healthier lifestyle, which includes diet and exercise
H39B (318) Has your diabetes: affected your vision e.g. retinopathy
H39C (319) Has your diabetes: affected your kidney function
H39D (320) Has your diabetes: affected your heart
H39E (321) Has your diabetes: affected your circulation other than your heart
H39F (322) Has your diabetes: affected the feeling in your hands or feet (e.g. neuropathy)
H39G (323) Has your diabetes: affected your lower limbs
H39H (324) Has your diabetes: resulted in infections
H39J (325) Has your diabetes: resulted in amputation

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

H40 (326) Are you currently attending a diabetes clinic or seeing someone for diabetes education

Type: Numeric

Restrictions: If person has diabetes (H34a_27 = 1).

Description: Is the participant obtaining some type of diabetes education.

Value labels:

Value	Label
0	No
1	Yes
777 M	Don't Know or Refused

Grouped Variables: H41a_1...H41a_13 (327-340) Reason for not attending a diabetes clinic: (reason)

Type: Numeric

Restrictions: If person has diabetes and is attending a diabetes clinic or seeing someone for diabetes education (H34a_27 = 1 and H40 =1).

Description:

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

- H41A_1 (327) Reason for not attending a diabetes clinic: no require diabetes education
- H41A_2 (328) Reason for not attending a diabetes clinic: I don't have sufficient info about where to go
- H41A_3 (329) Reason for not attending a diabetes clinic: a diabetes clinic is not available in my area
- H41A_4 (330) Reason for not attending a diabetes clinic: a diabetes health specialist is not available in my area
- H41A_5 (331) Reason for not attending a diabetes clinic: the waiting list to see a specialist or attend a diabetes clinic is too long
- H41A_6 (332) Reason for not attending a diabetes clinic: unable to arrange transportation
- H41A_7 (333) Reason for not attending a diabetes clinic: could not afford it
- H41A_8 (334) Reason for not attending a diabetes clinic: direct health care costs
- H41A_9 (335) Reason for not attending a diabetes clinic: transportation costs
- H41A_10 (336) Reason for not attending a diabetes clinic: childcare costs
- H41A_11 (337) Reason for not attending a diabetes clinic: felt services would be culturally inappropriate
- H41A_12 (338) Reason for not attending a diabetes clinic: felt services would be inadequate
- H41A_13 (339) Reason for not attending a diabetes clinic: chose not to attend

Associated 'other' field:

- H41B (340) Why not attending a diabetes clinic: Open Text Entry

Physical Injuries

Group Variables: I42a...I42k (341-350) Have you experienced: (injury type)

Type: Numeric

Description: Injuries experienced in the past 12 months requiring the attention of a health care professional.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or refused

Group fields:

I42A (341) Have you experienced: broken or fractured bones
I42B (342) Have you experienced: burns or scalds
I42C (343) Have you experienced: dislocation
I42D (344) Have you experienced: major sprain or strain
I42E (345) Have you experienced: major cuts, scrapes, or bruises
I42F (346) Have you experienced: concussion
I42G (347) Have you experienced: poisoning
I42H (348) Have you experienced: injury to internal organ
I42I (349) Have you experienced: dental injury
I42J (350) Have you experienced: hypothermia, frostbite, other injury due to cold exposure

Associated 'other' field:

I42K (351) Have you experienced: Open Text Entry

Group Variable: I43a...I43v Injury causes: (cause)

Type: Numeric

Description: Causes of injuries.

Value labels:

Value	Label
0	Did not mention
1	Indicated

Group fields:

I43A (352) Injury causes: motor vehicle accident
I43B (354) Injury causes: motor vehicle accident involving a pedestrian
I43C (356) Injury causes: motor vehicle accident while riding a bicycle
I43D (358) Injury causes: other bicycle accident
I43E (360) Injury causes: snowmobile accident
I43F (362) Injury causes: all terrain vehicle (ATV) accident
I43G (364) Injury causes: hunting accident
I43H (366) Injury causes: boating accident
I43I (368) Injury causes: fall or trip
I43J (370) Injury causes: sport
I43K (372) Injury causes: domestic or family violence
I43L (374) Injury causes: other physical assault
I43M (376) Injury causes: suicide attempt or self-inflicted injury
I43N (378) Injury causes: dog bite
I43O (380) Injury causes: bite by animal other than dog
I43P (382) Injury causes: fire or flames or resulting fumes
I43Q (384) Injury causes: scalded by hot liquid or food
I43R (386) Injury causes: natural environmental factors
I43S (388) Injury causes: near drowning
I43T (390) Injury causes: asphyxia or other threats to breathing
I43U (392) Injury causes: accidental poisoning

Associated 'other' field:

I43V (394) Injury Causes: Open Text Entry

Group Variable: I43a1...I43v1 (353-394) Alcohol or drug related: (cause)

Type: Numeric

Restrictions: If participant indicated the corresponding injury cause had occurred (e.g. I43a = 1).

Description: Was the indicated cause of injury alcohol or drug related.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

I43A1 (353) Alcohol or drug related: motor vehicle accident
I43B1 (355) Alcohol or drug related: motor vehicle accident involving a pedestrian
I43C1 (357) Alcohol or drug related: motor vehicle accident while riding a bicycle
I43D1 (359) Alcohol or drug related: other bicycle accident
I43E1 (361) Alcohol or drug related: snowmobile accident
I43F1 (363) Alcohol or drug related: all terrain vehicle (ATV) accident
I43G1 (365) Alcohol or drug related: hunting accident
I43H1 (367) Alcohol or drug related: boating accident
I43I1 (369) Alcohol or drug related: fall or trip
I43J1 (371) Alcohol or drug related: sport
I43K1 (373) Alcohol or drug related: domestic or family violence
I43L1 (375) Alcohol or drug related: other physical assault
I43M1 (377) Alcohol or drug related: suicide attempt or self-inflicted injury
I43N1 (379) Alcohol or drug related: dog bite
I43O1 (381) Alcohol or drug related: bite by animal other than dog
I43P1 (383) Alcohol or drug related: fire or flames or resulting fumes
I43Q1 (385) Alcohol or drug related: scalded by hot liquid or food
I43R1 (387) Alcohol or drug related: natural environmental factors
I43S1 (389) Alcohol or drug related: near drowning
I43T1 (391) Alcohol or drug related: asphyxia or other threats to breathing
I43U1 (393) Alcohol or drug related: accidental poisoning

Associated 'other' field:

I43V1 (395) Alcohol or drug related: Open Text Level

Disability and Activity Limitation

Group Variable: J44...J46 (396-398) Activity limitation due to physical or mental condition or health problem: (place)

Type: Numeric

Description: Limitations in activity due to the presence of a physical or mental condition or health problem.

Value labels:

Value	Label
1	Yes, often
2	Yes, sometimes
3	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or refused

Group fields:

J44 (396) Activity limitation due to physical or mental condition or health problem: home

J45 (397) Activity limitation due to physical or mental condition or health problem: work or school

J46 (398) Activity limitation due to physical or mental condition or health problem: leisure or traveling

Home Health Care

Group Variable: K47a...K47g Do you believe that you need: (personal or health service)

Type: Numeric

Description: Need for personal health and living services.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

K47A (399) Do you believe that you need: light housekeeping
K47B (401) Do you believe that you need: home maintenance
K47C (403) Do you believe that you need: care from a nurse
K47D (405) Do you believe that you need: palliative care
K47E (407) Do you believe that you need: personal care
K47F (409) Do you believe that you need: meals prepared or delivered

Associated 'other' field:

K47G (411) Do you believe that you need: Open Text Entry

Group Variable: K48a...K48h Do you currently receive the service: (personal or health service)

Type: Numeric

Restrictions: If participant requires the indicated personal or health service.

Description: Receiving required personal or health service.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

K48A (400) Do you currently receive the service: light housekeeping
K48B (402) Do you currently receive the service: home maintenance
K48C (404) Do you currently receive the service: care from a nurse
K48D (406) Do you currently receive the service: palliative care
K48E (408) Do you currently receive the service: personal care
K48F (410) Do you currently receive the service: meals prepared or delivered

Associated 'other' field:

K48H (412) Do you currently receive the service: Open Text Entry

K49 (413) Does a member of your family help with your home care

Type: Numeric

Description: Help from other household occupants with home care need.

Value labels:

Value	Label
1	Yes, often
2	Yes, sometimes
3	No
88 M	Don't Know
99 M	Refused

K50 (414) Do you need modifications to your home

Type: Numeric

Description: Need of modifications to participant's home.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Health Care Access

L51 (415) Do you use traditional medicines

Type: Numeric

Description: Use of traditional medicines.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group Variable: L52aa_1...L52aa_7, L52ab (416-423) Difficulties accessing traditional medicines: (reason)

Type: Numeric

Restrictions: If participant is accessing traditional medicine (L51 = 1).

Description: Reasons for difficulty in accessing traditional medicines.

Value labels:

Value	Label
0	No
1	Yes
2	NA Not interested in accessing traditional medicines
3	NA No problems accessing
88 M	Don't know
99 M	Refused

Group fields:

L52AA_1 (416) Difficulties accessing traditional medicines: do not know where to get them
L52AA_2 (417) Difficulties accessing traditional medicines: can't afford it
L52AA_3 (418) Difficulties accessing traditional medicines: too far to travel
L52AA_4 (419) Difficulties accessing traditional medicines: concerned about effects
L52AA_5 (420) Difficulties accessing traditional medicines: do not know enough about them
L52AA_6 (421) Difficulties accessing traditional medicines: not available through health center
L52AA_7 (422) Difficulties accessing traditional medicines: not covered by non-insured health benefits

Associated 'other' field:

L52AB (423) Any difficulties accessing traditional medicines: Open Text Entry

L53 (424) Rating of access to health services compared to Canadians

Type: Numeric

Description: Rating of access to health care with respect to Canadian population.

Value labels:

Value	Label
1	Same level of access
2	Better access
3	Less access
88 M	Don't Know
99 M	Refused

Grouped Variable: L54a...L54o (425-438) Barriers to health care access: (barrier)

Type: Numeric

Description: Various barriers in accessing health care.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused
777 M	Don't know or refused

Group fields:

L54A (425) Barriers to health care access: doctor or nurse not available in my area
L54B (426) Barriers to health care access: health facility not available
L54C (427) Barriers to health care access: waiting list too long
L54D (428) Barriers to health care access: unable to arrange transportation
L54E (429) Barriers to health care access: difficulty getting traditional care
L54F (430) Barriers to health care access: not covered by Non-insured Health Benefits
L54G (431) Barriers to health care access: approval for services under NIHB was denied
L54H (432) Barriers to health care access: could not afford direct cost of care, service
L54I (433) Barriers to health care access: could not afford transportation costs
L54J (434) Barriers to health care access: could not afford childcare costs
L54K (435) Barriers to health care access: felt health care provided was inadequate
L54L (436) Barriers to health care access: felt service was not culturally appropriate
L54M (437) Barriers to health care access: chose not to see health professional
L54N (438) Barriers to health care access: service was not available in my area

Associated 'other' field:

L54O (439) Barriers to health care access: Open Text Entry

Group Variable: L55a_1...L55_7, L55b (440-447) Have you had any difficulty accessing NIHB services: (service)

Type: Numeric

Description: Difficulties in accessing various NIHB services.

Value labels:

Value	Label
0	No problem with this item
1	Yes
2	Not applicable - no difficulties at all
88 M	Don't Know
99 M	Refused

Group fields:

L55A_1 (440) Have you had any difficulty accessing NIHB services: medication
L55A_2 (441) Have you had any difficulty accessing NIHB services: dental care
L55A_3 (442) Have you had any difficulty accessing NIHB services: vision care
L55A_4 (443) Have you had any difficulty accessing NIHB services: hearing aid
L55A_5 (444) Have you had any difficulty accessing NIHB services: other medical supplies
L55A_6 (445) Have you had any difficulty accessing NIHB services: escort travel
L55A_7 (446) Have you had any difficulty accessing NIHB services: child costs

Associated 'other' field:

L55B (447) Have you had any difficulty accessing NIHB services: Open Text Entry

Also see: L55OTH (692)

Dental Care

M56 (448) Approximately, when was the last time you had any dental care

Type: Numeric

Description: Last instance of obtaining dental care.

Value labels:

Value	Label
1	Less than 6 months ago
2	Between 6 months and 1 year ago
3	Between 1 and 2 years ago
4	Between 2 and 5 years ago
5	More than 5 years ago
6	Never
88 M	Don't Know
99 M	Refused

Group Variable: M57a...M57k (449-458) Barriers to dental care access: (type of barrier)

Type: Numeric

Description: Various barriers faced by participant in accessing dental care.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused
777 M	Don't know or refused

Group fields:

M57A (449) Barriers to dental care access: dental services not available in my area
M57B (450) Barriers to dental care access: waiting list too long
M57C (451) Barriers to dental care access: service not covered by NIHB
M57D (452) Barriers to dental care access: approval for services under NIHB was denied
M57E (453) Barriers to dental care access: can't afford it
M57F (454) Barriers to dental care access: direct cost of care
M57G (455) Barriers to dental care access: transportation costs
M57H (456) Barriers to dental care access: childcare costs
M57I (457) Barriers to dental care access: other cost
M57J (458) Barriers to dental care access: felt dental services were inadequate

Associated 'other' field:

M57K (459) Barriers to dental care access: Open Text Entry

Group Variable: M58a_2...M58a_9, M58b (460-468) Current dental care need: (need)

Type: Numeric

Description: Reported need for specific types of dental care.

Value labels:

Value	Label
0	No
1	Yes
2	NA No dental treatment needed
88 M	Don't know
99 M	Refused

Group fields:

M58A_2 (460) Current dental care needs: cavities filled
M58A_3 (461) Current dental care needs: maintenance
M58A_4 (462) Current dental care needs: extractions
M58A_5 (463) Current dental care needs: fluoride treatment
M58A_6 (464) Current dental care needs: periodontal work
M58A_7 (465) Current dental care needs: prosthetics
M58A_8 (466) Current dental care needs: orthodontic work
M58A_9 (467) Current dental care needs: orthodontic urgent

Associated 'other' field:

M58B (468) Current dental care needs: Open Text Entry

Food and Nutrition

N59 (469) Do you eat a nutritious, balanced diet

Type: Numeric

Description: Relative level of consumption of a 'nutritious, balanced diet'.

Value labels:

Value	Label
1	Always or almost always
2	Sometimes
3	Rarely
4	Never
88 M	Don't Know
99 M	Refused

Group Variable: N60a...N60g (470-476) On average, how often do you eat or drink: (food item)

Type: Numeric

Description: Consumption frequency of various foods with low nutritional value and other additives.

Value labels:

Value	Label
1	Never or hardly ever
2	About once a week
3	A few times a week
4	Once a day
5	Several times a day
777	Don't know/Refused

Group fields:

N60A (470) On average, how often do you eat or drink: coffee or tea
N60B (471) On average, how often do you eat or drink: soft drinks or pop
N60C (472) On average, how often do you eat or drink: fast food
N60D (473) On average, how often do you eat or drink: cakes, pies, cookies, candy, or chocolate
N60E (474) On average, how often do you eat or drink: French Fries, potato chips, pretzels, Fry bread
N60F (475) On average, how often do you eat or drink: added salt
N60G (476) On average, how often do you eat or drink: added sugar

Group Variable: N61a...N61l (477-488) How often have you eaten the following traditional foods: (food item)

Type: Numeric

Description: Consumption frequency of various traditional foods.

Value labels:

Value	Label
1	Not at all
2	A few times
3	Often
88 M	Don't Know
99 M	Refused
777 M	Don't Know or Refused

Group fields:

N61A (477) How often have you eaten the following traditional foods: land based animals
N61B (478) How often have you eaten the following traditional foods: fresh water fish
N61C (479) How often have you eaten the following traditional foods: salt water fish
N61D (480) How often have you eaten the following traditional foods: other water based foods
N61E (481) How often have you eaten the following traditional foods: sea-based animals
N61F (482) How often have you eaten the following traditional foods: game birds
N61G (483) How often have you eaten the following traditional foods: small game
N61H (484) How often have you eaten the following traditional foods: berries or other wild vegetation
N61I (485) How often have you eaten the following traditional foods: bannock, Fry bread
N61J (486) How often have you eaten the following traditional foods: corn soup

Associated 'other' fields:

N61K (487) How often have you eaten the following traditional foods: Open Text Entry
N61L (488) How often have you eaten the following traditional foods: Open Text Level

Also see: N61OTH (693)

M62 (489) How often did someone share traditional food with your household

Type: Numeric

Description: Frequency of sharing of traditional foods in the household.

Value labels:

Value	Label
1	Often
2	Sometimes
3	Never
88 M	Don't Know
99 M	Refused
777 M	Don't know or refused

Physical Activity

Group Variable: O63a_1...O63a_21, O63a...O63d Have you participated in: (activity)

Type: Numeric

Description: Participation status in various physical activities.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't know
99 M	Refused

Group fields:

O63A_1 (490) Have you participated in: hunting or trapping
O63A_2 (491) Have you participated in: fishing
O63A_3 (492) Have you participated in: bicycle riding
O63A_4 (493) Have you participated in: walking
O63A_5 (494) Have you participated in: aerobics or fitness class
O63A_6 (495) Have you participated in: dancing
O63A_7 (496) Have you participated in: running
O63A_8 (497) Have you participated in: hiking
O63A_9 (498) Have you participated in: skating
O63A_10 (499) Have you participated in: rollerblading
O63A_11 (500) Have you participated in: snow-shoeing
O63A_12 (501) Have you participated in: berry picking or other food gathering
O63A_13 (502) Have you participated in: competitive or group sports
O63A_14 (503) Have you participated in: weights, exercise equipment
O63A_15 (504) Have you participated in: golf
O63A_16 (505) Have you participated in: bowling
O63A_17 (506) Have you participated in: canoeing
O63A_18 (507) Have you participated in: martial arts
O63A_19 (508) Have you participated in: skiing
O63A_20 (509) Have you participated in: swimming
O63A_21 (510) Have you participated in: skateboarding

Associated 'other' field:

O63B (511) Have you participated in: Open Text Entry 1
O63C (512) Have you participated in: Open Text Entry 2
O63D (513) Have you participated in: Open Text Entry 3

Also see: O63BOTH (694), O63COTH (695), O63DOTH (696)

O64 (514) How many times per week do you participate in activities that increased your heart rate and breathing

Type: Numeric

Description: Number of times per week in which the participant undertook an activity in which the participant's heart rate and breathing were elevated.

Value labels:

Value	Label
888.00 M	Don't Know
999.00 M	Refused

O65 (516) How many hours per week do you participate in activities that increased your heart rate and breathing

Type: Numeric

Description: Number of hours per week spent in activities in which the participant's heart rate and breathing are elevated.

Value labels:

Value	Label
1	None
2	1 to 2 hours
3	3 to 4 hours
4	5 to 6 hours
5	7 to 10 hours
6	11 or more hours
88 M	Don't Know
99 M	Refused

Lifestyle

P66 (516) At the present time, do you smoke cigarettes

Type: Numeric

Description: Current smoker indicator.

Value labels:

Value	Label
1	Not at all
2	Daily
3	Occasionally
99 M	Refused

P67 (517) On average, how many cigarettes do you currently smoke each day

Type: Numeric

Restrictions: If currently smoking cigarettes daily or occasionally (P66 = 2 or 3).

Description: Number of cigarettes smoked daily by current or occasional smoker.

P68 (518) At what age did you begin smoking cigarettes

Type: Numeric

Restrictions: If currently smoking cigarettes daily or occasionally (P66 = 2 or 3).

Description: Age in which participant started smoking cigarettes.

Value labels:

Value	Label
777.00 M	Don't know or refused
888.00 M	Don't Know
999.00 M	Refused

P69 (519) In the past 12 months, how many times have you tried to quit smoking

Type: Numeric

Restrictions: If currently smoking daily or occasionally (P66 = 2 or 3).

Description: Number of attempts made to quit smoking over the past 12 months.

Value labels:

Value	Label
1	No attempts made
2	1 to 2 attempts
3	3 to 4 attempts
4	5 or more attempts
88 M	Don't Know
99 M	Refused

P70 (520) Have you ever smoked cigarettes

Type: Numeric

Restrictions: Not currently smoking daily or occasionally (P66 = 2 or 3).

Description: Has the (currently) non-smoking participant ever smoked in the past.

Value labels:

Value	Label
1	Yes, daily
2	Yes, occasionally
3	No
4	Current Smoker
88 M	Don't Know
99 M	Refused

P71 (521) At what age did you begin smoking cigarettes

Type: Numeric

Restrictions: Former cigarette smoker (P70 = 1 or 2).

Description: Age in which participant started smoking cigarettes.

Value labels:

Value	Label
777.00 M	Don't know or refused
888.00 M	Don't Know
999.00 M	Refused

P72 (522) At what age did you quit smoking cigarette

Type: Numeric

Restrictions: Former cigarette smoker (P70 = 1 or 2).

Description: Age in which participant stopped smoking cigarettes.

Value labels:

Value	Label
777.00 M	Don't know or refused
888.00 M	Don't Know
999.00 M	Refused

Group Variable: P73a_1...P73a_8, P73b (523-531) Reasons for quitting smoking: (reason)

Type: Numeric

Restrictions: Former cigarette smoker (P70 = 1 or 2).

Description: Reasons for quitting smoking among former cigarette smokers.

Value labels:

Value	Label
0	No
1	Yes
3 M	Previous smoker, but, did not indicate whether they quit or
88 M	Don't Know
99 M	Refused

Group fields:

P73A_1 (523) Reasons for quitting smoking: respect for the cultural and traditional significance of tobacco
P73A_2 (524) Reasons for quitting smoking: chose a healthier lifestyle
P73A_3 (525) Reasons for quitting smoking: health condition
P73A_4 (526) Reasons for quitting smoking: doctor's orders
P73A_5 (527) Reasons for quitting smoking: peer pressure from friends or co-workers
P73A_6 (528) Reasons for quitting smoking: out of respect for loved ones
P73A_7 (529) Reasons for quitting smoking: greater awareness
P73A_8 (530) Reasons for quitting smoking: pregnancy

Associated 'other' field:

P73B (531) Reasons for quitting smoking: Open Text Entry

Also see: P73OTH (697)

Group Variable: P74_1...P74_11, P74a (532-542) Smoking cessation method: (method)

Type: Numeric

Restrictions: Former smokers (P70 = 1 or 2).

Description: Methods used in quitting smoking by former cigarette smokers.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

P74_1 (532) Smoking cessation method: cold turkey
P74_2 (533) Smoking cessation method: with help from spirituality
P74_3 (534) Smoking cessation method: with assistance from family
P74_4 (535) Smoking cessation method: nicotine replacement patch
P74_5 (536) Smoking cessation method: nicotine replacement gum
P74_6 (537) Smoking cessation method: hypnosis
P74_7 (538) Smoking cessation method: acupuncture
P74_8 (539) Smoking cessation method: Zyban (bupropion)
P74_9 (540) Smoking cessation method: other prescribed medication
P74_10 (541) Smoking cessation method: traditional methods
P74_11 (542) Smoking cessation method: support or self-help program

Associated 'other' field:

P74A (543) Smoking cessation method: Open Text Entry

Also see: P74OTH (698)

P75 (544) Do you have a smoke free home

Type: Numeric

Description: Presence of a smoke free household or place of residence.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or refused

P76 (545) Have you had a drink of beer, wine, liquor or any other alcoholic beverage

Type: Numeric

Description: Any consumption of beer, wine, liquor or other alcoholic beverage in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or refused

P77 (546) How often did you drink alcoholic beverages

Type: Numeric

Restrictions: If participant had an alcoholic drink in the past 12 months (P76 = 1).

Description: Frequency of alcoholic beverage consumption.

Value labels:

Value	Label
1	About 2 to 3 times per year
2	About once a month
3	About 2 to 3 times a month
4	About 2 to 3 times a week
5	About once a day
99 M	Refused

P78 (547) How often have you had 5 or more drinks on one occasion

Type: Numeric

Restrictions: If participant had an alcoholic drink in the past 12 months (P76 = 1).

Description: Frequency of binge consumption of alcoholic beverages.

Value labels:

Value	Label
1	Never
2	Once per month
3	Once per week
4	Every day
5	Less than once per month
6	2 to 3 times per month
7	More than once per week
99 M	Refused

Group Variable: P79a...P79j (548-557) Non-prescription drug use: (drug)

Type: Numeric

Description: Frequency of use of various substances without a prescription within the past 12 months.

Value labels:

Value	Label
1	Never
2	About 2 to 3 times per year
3	About once a month
4	About 2 to 3 times a month
5	About 2 to 3 times a week
6	About once a day
99 M	Refused

Group fields:

P79A (548) Non-prescription drug use: chewing tobacco
P79B (549) Non-prescription drug use: marijuana (weed, grass) or hash
P79C (550) Non-prescription drug use: PCP or angel dust
P79D (551) Non-prescription drug use: acid, LSD, amphetamines
P79E (552) Non-prescription drug use: Ecstasy
P79F (553) Non-prescription drug use: inhalants (glue, gas, paint)
P79G (554) Non-prescription drug use: sedatives or downers (Valium, etc)
P79H (555) Non-prescription drug use: cocaine, crack, freebase
P79I (556) Non-prescription drug use: codeine, morphine, or opiates (Percodan, Tylenol 3, etc)
P79J (557) Non-prescription drug use: heroin

Group Variable: P80a...P80c (558-560) Have you ever been treated for substance abuse: (substance)

Type: Numeric

Description: Previous use of treatment services for various substances.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

P80A (558) Have you ever been treated for substance abuse: alcohol
P80B (559) Have you ever been treated for substance abuse: drugs
P80C (560) Have you ever been treated for substance abuse: solvent abuse

P81 (561) Are you sexually active

Type: Numeric

Description: Current engagement status in any type of sexual activity.

Value labels:

Value	Label
1	Yes
2	No
99 M	Prefer not to answer or Refused

P82 (562) Have you had sexual intercourse in the last 12 months

Type: Numeric

Description: Engagement in sexual intercourse within the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

P83 (563) How many people have you had sexual intercourse with in the past 12 months

Type: Numeric

Restrictions: If participant has had sexual intercourse within the past 12 months (P83 = 1).

Description: Number of partners with whom the participant has engaged in sexual intercourse within the past 12 months.

Value labels:

Value	Label
2	1 to 2 partners
3	3 to 4 partners
4	5 to 6 partners
5	7 to 10 partners
6	11 or more partners
88 M	Don't know
99 M	Refused

Group Variable: P84a_1...P84a_10, P84b (564-574) Which birth control or protection methods do you use: (method)

Type: Numeric

Restrictions: If participant has had sexual intercourse within the past 12 months (P83 = 1).

Description: Reported use of various birth control and protection methods in the past 12 months.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

P84A_1 (564) Which birth control or protection methods do you use: withdrawal
P84A_2 (565) Which birth control or protection methods do you use: condom
P84A_3 (566) Which birth control or protection methods do you use: birth control pills
P84A_4 (567) Which birth control or protection methods do you use: diaphragm
P84A_5 (568) Which birth control or protection methods do you use: sponges
P84A_6 (569) Which birth control or protection methods do you use: Depo Provera
P84A_7 (570) Which birth control or protection methods do you use: foam
P84A_8 (571) Which birth control or protection methods do you use: rhythm
P84A_9 (572) Which birth control or protection methods do you use: IUD
P84A_10 (573) Which birth control or protection methods do you use: none

Associated 'other' field:

P84B (574) Which birth control or protection methods do you use: Open Text Entry

Also see: P84OTH (699)

P85A (575) What do you use that (those) methods for

Type: Numeric

Restrictions: If participant has had sexual intercourse within the past 12 months (P83 = 1) and if they used some form of birth control (if any of P84a_1 to P84a9 = 1).

Description: Reason(s) for using birth control or protection methods.

Notes: Values 101 to 201 are free text responses.

Value labels:

Value	Label
1	Birth control
2	Protection from sexually transmitted diseases
3	Both birth control and protection from STDs
4	Other reasons
5	Not using protection
88 M	Don't know
99 M	Refused
101	Age
102	Health
103	Hysterectomy
104	Medical reasons
105	Monogomous
106	Pleasure
107	Regulate menstrual cycle
108	Start a family
109	Tubal ligation
110	Yeast
200	Not Applicable
201	Other reason entered

Associated 'other' field:

P85B (576) What do you use that (those) methods for: Open Text Entry

P86 (577) Do you use condoms to avoid getting STDs

Type: Numeric

Restrictions: If participant has had sexual intercourse within the past 12 months (P83 = 1).

Description: Does the participant use of condoms to avoid contracting STDs.

Value labels:

Value	Label
1	Always
2	Most of the time
3	Occasionally
4	Never
99 M	Refused

P87A (578) What is the main reason for not always using condoms

Type: Numeric

Restrictions: If not always using condoms (P86 = 2 or 3) to avoid contracting STDs.

Description: Main reason for not always using condoms (among those not using condoms all the time).

Notes: Values 101 to 107 are open response items.

Value labels:

Value	Label
1	Your partner did not want to use one
2	You were under the influence of alcohol or drugs
3	Your partner does not have the HIV-AIDS virus
4	Your partner wanted to get pregnant
5	You could not afford to buy any condoms
6	You were too embarrassed to get condoms
7	You could not talk to your partner about protection
8	You or your partner is allergic to latex condoms
9	Religious reasons
10	You did not want to use one
11	You do not have the HIV-AIDS virus
12	You were with your steady partner
13	You did not have a condom at the time
14	You could not obtain condoms where you were
15	You did not think of using a condom
16	You find condoms painful
17	You thought you were safe
18	Other
88 M	Don't know
99 M	Refused
101	Age
102	Always use contraceptives
103	Do not use contraceptives
104	Not Applicable
105	Other
106	Other contraceptive
107	Sterilized

Associated 'other' field:

P87B (579) What is the main reason for not always using condoms: Open Text Entry

P88 (580) How many children have you given birth to or fathered

Type: Numeric

Description: Reported number of number of children the participant has fathered or given birth to.

Value labels:

Value	Label
99 M	Refused

P89 (581) Without revealing the test result, have you ever been tested for HIV

Type: Numeric

Description: If participant has been tested for HIV in their lifetime.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Preventative Health Care

P90 (582) When did you last consult a traditional healer

Type: Numeric

Description: Time elapsed from when the participant last consulted a traditional healer.

Value labels:

Value	Label
1	Within the last 12 months
2	1 to 2 years ago
3	Over 2 years ago
88 M	I don't remember
99 M	Never

Group Variable: Q91a...Q91f (583-588) Have you had any of the following tests or examinations: (test/examination)

Type: Numeric

Description: Has the participant obtained various medical tests or examinations in their lifetime.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

Q91A (583) Have you had any of the following tests or examinations: cholesterol
Q91B (584) Have you had any of the following tests or examinations: vision or eye exam
Q91C (585) Have you had any of the following tests or examinations: blood pressure test
Q91D (586) Have you had any of the following tests or examinations: blood sugar test
Q91E (587) Have you had any of the following tests or examinations: complete physical examination
Q91F (588) Have you had any of the following tests or examinations: rectal exam

Q92A (589) How often do you perform breast self-examination

Type: Numeric

Restrictions: If female (gender = 2)

Description: Frequency of breast self-examination.

Value labels:

Value	Label
1	Never performed one
2	About once per month
3	About every 2 to 3 months
4	Less often than every 2 to 3 months
88 M	Don't know
99 M	Refused

Q93 (590) When was the last time you had a mammogram

Type: Numeric

Restrictions: If female (gender = 2).

Description: Time elapsed from when the participant last had a mammogram.

Value labels:

Value	Label
1	Never had one
2	Less than 6 months ago
3	6 months to less than 1 year ago
4	1 year to less than 3 years ago
5	3 years ago to less than 5 years ago
6	5 or more years ago
88 M	Don't know
99 M	Refused

Q94 (591) When was your last PAP smear test

Type: Numeric

Restrictions: If female (gender = 2).

Description: Time elapsed from when the participant last had a PAP test.

Value labels:

Value	Label
1	Never had one
2	Less than 6 months ago
3	6 months to less than 1 year ago
4	1 year to less than 3 years ago
5	3 years ago to less than 5 years ago
6	5 or more years ago
88 M	Don't know
99 M	Refused

R95 (592) Did you attend residential school

Type: Numeric

Description: Participant attendance at a residential school in their lifetime.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

R96B (593) At what age did you start to attend residential school

Type: Numeric

Restrictions: If participant has ever attended residential school (R95 = 1).

Description: Age in which the participant started residential school.

Value labels:

Value	Label
777.00 M	Don't Know or Refused
888.00 M	Don't Know
999.00 M	Refused

R97B (594) At what age did you leave attend residential school

Type: Numeric

Restrictions: If participant has ever attended residential school (R95 = 1).

Description: Age in which participant left residential school.

Value labels:

Value	Label
777.00 M	Don't Know or Refused
888.00 M	Don't Know
999.00 M	Refused

R98 (595) Do you believe that your overall health, well-being has been negatively affected by your attendance at residential school

Type: Numeric

Restrictions: If participant has ever attended residential school (R95 = 1).

Description: Any report negative affect on health and well-being because of residential school attendance.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group Variable: R99a_1...R99a_15 (596-610) Negative impact on health and wellbeing because of: (reason)

Type: Numeric

Restrictions: If participant has ever attended residential school and felt that it had a negative affect on their health and wellbeing (R95 = 1 and R98 = 1) on them.

Description: Specific reasons for why the participant's residential school attendance had a negative effect on their health and wellbeing.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

R99A_1 (596) Negative impact on health and wellbeing because of: loss of language
R99A_2 (597) Negative impact on health and wellbeing because of: loss of cultural identity
R99A_3 (598) Negative impact on health and wellbeing because of: physical abuse
R99A_4 (599) Negative impact on health and wellbeing because of: loss of traditional religion or spirituality
R99A_5 (600) Negative impact on health and wellbeing because of: harsh living conditions
R99A_6 (601) Negative impact on health and wellbeing because of: lack of proper clothing
R99A_7 (602) Negative impact on health and wellbeing because of: verbal or emotional abuse
R99A_8 (603) Negative impact on health and wellbeing because of: separation from First Nation, Inuit community
R99A_9 (604) Negative impact on health and wellbeing because of: isolation from family
R99A_10 (605) Negative impact on health and wellbeing because of: harsh discipline
R99A_11 (606) Negative impact on health and wellbeing because of: Poor education
R99A_12 (607) Negative impact on health and wellbeing because of: lack of food
R99A_13 (608) Negative impact on health and wellbeing because of: sexual abuse
R99A_14 (609) Negative impact on health and wellbeing because of: bullying from other
R99A_15 (610) Negative impact on health and wellbeing because of: witnessing abuse

Associated 'other' field:

R99B (611) Negative impact on health and wellbeing because of: Open Text Entry

Group Variable: R100a...R100b (612-613) Did you (parent) attend residential school

Type: Numeric

Description: Attendance of participant's mother and/or father at a residential school.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

R100A (612) Did your mother attend residential school
R100B (613) Did your father attend residential school

R101 (614) Do you believe that your parent(s) attendance at residential school negatively affected the parenting you received

Type: Numeric

Restrictions: If one or both parents attended residential school (R100a = 1 or R100b = 1).

Description: Negative affect on parenting received because one or both parents attended residential school.

Value labels:

Value	Label
1	Yes
2	Not sure
3	No
88 M	Don't Know
99 M	Refused

Group Variables: R102a...R102d (615-618) Did your (grandparent) attend residential school

Type: Numeric

Description: Attendance of residential school by participant's grandparents.

Value labels:

Value	Label
1	Yes
2	No
3	No
88 M	Don't Know
99 M	Refused

Group fields:

R102A (615) Did your Mother's mother attend residential school
R102B (616) Did your Mother's father attend residential school
R102C (617) Did your Father's mother attend residential school
R102D (618) Did your Father's father attend residential school

R103 (619) Did your grandparent(s) attendance at residential school negatively affected the parenting your parent(s) received

Type: Numeric

Restrictions: If one or more grandparents attended residential school (R102a...d = 1)

Description: Negative affect on parenting of parent(s) due to residential school attendance by grandparent.

Value labels:

Value	Label
1	Yes
2	Not sure
3	No
88 M	Don't Know
99 M	Refused

Personal Wellness

R104 (620) How important are traditional cultural events in your life

Type: Numeric

Description: Rated importance of traditional cultural events in the participant's life.

Value labels:

Value	Label
1	Very important
2	Somewhat important
3	Not very important
4	Not important
88 M	Don't Know
99 M	Refused

R105 (621) How important is traditional spirituality in your life

Type: Numeric

Description: Rating of importance of traditional spirituality in the participant's life.

Value labels:

Value	Label
1	Very important
2	Somewhat important
3	Not very important
4	Not important
88 M	Don't Know
99 M	Refused

R106 (622) How important is religion in your life

Type: Numeric

Description: Rating of importance of religion in the participant's life.

Value labels:

Value	Label
1	Very important
2	Somewhat important
3	Not very important
4	Not important
88 M	Don't Know
99 M	Refused

Group Variable: R107a...R107d (623-626) How often do you feel that you are in balance in the four aspects of your life: (aspect)

Type: Numeric

Description: Rating on physical, emotional, mental, and spiritual balance in the participant's life.

Value labels:

Value	Label
1	All of the time
2	Most of the time
3	Some of the time
4	Almost none of the time

Group fields:

R107A (623) How often do you feel that you are in balance in the four aspects of your life: physical
R107B (624) How often do you feel that you are in balance in the four aspects of your life: emotional
R107C (625) How often do you feel that you are in balance in the four aspects of your life: mental
R107D (626) How often do you feel that you are in balance in the four aspects of your life: spiritual

S108 (627) In the past 12 months, have you personally experienced any instances of racism

Type: Numeric

Description: Experience with one or more instances of racism in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

S109 (628) If yes (S108), how strongly has this affected your level of self-esteem

Type: Numeric

Restrictions: If participant has experienced one or more instances of racism in the past 12months (S108 = 1).

Description: Rated of affect of racism on participant's level of self esteem.

Value labels:

Value	Label
1	No effect
2	Little effect
3	Some effect
4	Strong effect
5	Very Strong effect

Group Variable: S110a...S110g (629-635) How strongly do you agree or disagree with: (self determination statement)

Type: Numeric

Description: Rating of self determination questions.

Value labels:

Value	Label
1	Strongly agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Strongly disagree
88 M	Don't know
99 M	Refused

Group fields:

S110A (629) How strongly do you agree or disagree with: I can solve the problems that I have
S110B (630) How strongly do you agree or disagree with: no one pushes me around in life
S110C (631) How strongly do you agree or disagree with: I have control over the things that happen to me
S110D (632) How strongly do you agree or disagree with: I can do just about anything I really set my mind to
S110E (633) How strongly do you agree or disagree with: I often feel helpless in dealing with the problems of life
S110F (634) How strongly do you agree or disagree with: what happens to me in the future mostly depends on me
S110G (635) How strongly do you agree or disagree with: There is little I can do to change many of the important things in my life

Group Variable: S111a...S111m (636-648) Use of emotional or mental health support resource: (resource)

Type: Numeric

Description: Use of various emotional or mental health support resources and services.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group fields:

S111A (636) Use of emotional or mental health support resource: friend
S111B (637) Use of emotional or mental health support resource: immediate family member
S111C (638) Use of emotional or mental health support resource: other family member
S111D (639) Use of emotional or mental health support resource: traditional healer
S111E (640) Use of emotional or mental health support resource: family doctor
S111F (641) Use of emotional or mental health support resource: psychiatrist
S111G (642) Use of emotional or mental health support resource: CHR
S111H (643) Use of emotional or mental health support resource: nurse
S111I (644) Use of emotional or mental health support resource: counselor
S111J (645) Use of emotional or mental health support resource: psychologist
S111K (646) Use of emotional or mental health support resource: social worker
S111L (647) Use of emotional or mental health support resource: crisis line worker

Associated 'other' field:

S111M (648) Use of emotional or mental health support resource: Open Text Entry

S112 (649) Was there ever a time when you felt sad, blue or depressed for 2 weeks or more in a row

Type: Numeric

Description: One or more instances of feeling 'sad, blue, or depressed' for two consecutive weeks within the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Grouped Variable: S113_1...S113_4 (650-653) Have you ever thought of committing suicide (age/year range)

Type: Numeric

Description: Any thoughts of suicide during various parts of the participant's life.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't know
99 M	Refused

Group fields:

- S113_1 (650) Have you ever thought of committing suicide: as a child (under 12 years of age)
- S113_2 (651) Have you ever thought of committing suicide: as an adolescent (12 to 17 years of age)
- S113_3 (652) Have you ever thought of committing suicide: as an adult (greater than 18 years of age)
- S113_4 (653) Have you ever thought of committing suicide: during the past year

Grouped Variable: S114_1...S114_4 (654-657) Have you ever attempted suicide (age/year range)

Type: Numeric

Description: Any attempts to commit suicide during various parts of the participant's life.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't know
99 M	Refused

Group fields:

- S114_1 (654) Have you ever attempted suicide: as a child (under 12 years of age)
- S114_2 (655) Have you ever attempted suicide: as an adolescent (12 to 17 years of age)
- S114_3 (656) Have you ever attempted suicide: as an adult (greater than 18 years of age)
- S114_4 (657) Have you ever attempted suicide: during the past year

S115 (658) In the past 12 months, has a close friend or family member committed suicide

Type: Numeric

Description: Any suicides by a close friend or family member of the participant in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: S116a...S116h (659-666) Available support: someone (type of support)

Type: Numeric

Description: Availability of support for various emotional and social needs.

Value labels:

Value	Label
1	All of the time
2	Most of the time
3	Some of the time
4	Almost none of the time
99 M	Refused

Group fields:

- S116A (659) Available support: someone you can count on to listen to you talk when you need to talk
- S116B (660) Available support: someone you can count on when you need help
- S116C (661) Available support: someone to take you to the doctor if you needed it
- S116D (662) Available support: someone who shows you love and affection
- S116E (663) Available support: someone who can give you a break from your daily routines
- S116F (664) Available support: someone to have a good time with
- S116G (665) Available support: someone to confide in or talk about yourself or your problems
- S116H (666) Available support: someone to do something enjoyable with

Community Wellness and Traditional Culture

Group Variable: S117a...S117m (667-680) Community progress: (type of progress)

Type: Numeric

Description: Rating of progress in community on various social and community services.

Value labels:

Value	Label
1	Good progress
2	Some progress
3	No progress
88 M	Don't know
99 M	Refused

Group fields:

S117A (667) Community progress: traditional approaches to healing
S117B (668) Community progress: renewal of First Nation or Inuit spirituality
S117C (669) Community progress: traditional ceremonial activity
S117D (670) Community progress: renewed relationship with the land
S117E (671) Community progress: use of First Nation or Inuit language
S117F (672) Community progress: reduction in alcohol and drug abuse
S117F_1 (673) Community progress: availability of First Nation or Inuit health professionals
S117G (674) Community progress: cultural awareness in schools
S117H (675) Community progress: education and training opportunities
S117I (676) Community progress: housing quality
S117J (677) Community progress: water and sewage facilities
S117K (678) Community progress: First Nation or Inuit control over health services
S117L (679) Community progress: recreation and leisure facilities
S117M (680) Community progress: police Services

Assistance

T118 (681) Did someone interpret translate the questions

Type: Numeric

Description: Involvement of translator to assist the participant in completing the survey.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

T119 (682) Who provided assistance with interpretation

Type: Numeric

Restrictions: If interpretation/translation was provided (T118 = 1).

Description: Individual who provided assistance in interpreting the survey to the participant.

Value labels:

Value	Label
1	Interviewer
2	Other family member
3	Parent, guardian
4	Other
99 M	Refused

Computed and Summary Variables

Group Variable: C10bfoth...G33oth (683-688) Grouped Open Entry Fields

Type: String

Description: Recoding of open entry fields into common categories for ease of analysis.

Notes: Original reference field is identified by the first few characters of the variable name.

Group fields:

C10BFOTH (683) Grouped Open Entry Field - Other language understood
C10BHOTH (684) Grouped Open Entry Field - Other language understood
C11BFOTH (685) Grouped Open Entry Field - Other language spoken
C11BHOTH (686) Grouped Open Entry Field - Other language spoken
D17OTH (687) Grouped Open Entry Field - Other income sources
G33OTH (688) Grouped Open Entry Field - Other things that make you so healthy

H34F21CX (689) Grouped Open Entry Field - What type of cancer do you have

Type: Numeric

Description: Recoding of open entry field (H34f_21) into values and value labels.

Value labels:

Value	Label
88 M	Don't Know
99 M	Refused
101	Bone
102	Brain
103	Breast
104	Carcinoid
105	Cervix
106	Colon
107	Fallopian tubes
109	General
110	Hodgkins
111	Kidney
112	Leukemia
113	Liver
114	Lupus
115	Lymphomia
116	Mouth
117	Ovarian
118	Parotid gland
119	Peritoneum
120	Pollins
121	Prostate
122	Skin
123	Spinal
124	Stomach
125	Throat
126	Thyroid
127	Uterus

Group Variable: H34A28CX...H34A29CX (690...691) Grouped Open Entry Field - Other reported medical conditions

Type: Numeric

Description: Recoding of open entry field (H34a_28, H34a_29) into values and value labels.

Value labels:

Value	Label
101	Anemia
102	Blood pressure
103	Certain Conditions Originating In The Perinatal Period
104	Cognitive or mental disability
105	Complications Of Pregnancy, Childbirth, And The Puerperium
106	Congenital Anomalies
107	Diseases Of The Blood And Blood-Forming Organs
108	Diseases Of The Circulatory System
109	Diseases Of The Digestive System
111	Diseases Of The Genitourinary System
112	Diseases Of The Musculoskeletal System And Connective Tissue
113	Diseases Of The Nervous System And Sense Organs
114	Diseases Of The Respiratory System
115	Diseases Of The Skin And Subcutaneous Tissue
116	Eczema
117	Endocrine, Nutritional And Metabolic Diseases, And Immunity
118	Gestational diabetes
119	High cholesterol
120	Infectious And Parasitic Diseases
121	Injury And Poisoning
122	Kidney
123	Lupus
124	Mental Disorders
125	Migraines
126	Multiple sclerosis
127	Neoplasm, benign or unspecified
128	Neoplasms
129	Other Diseases Of The Digestive System
130	Other Diseases Of The Musculoskeletal System And Connective
131	Other Endocrine, Nutritional And Metabolic Diseases, And Imm
132	Other Infectious And Parasitic Diseases
133	Symptoms, Signs, And Ill-Defined Conditions
134	Appendix
135	Hypertension
200	Other

Group fields:

H34A29CX (691) Grouped Open Entry Field - Other reported medical conditions

H34A29CX (691) Grouped Open Entry Field - Other reported medical conditions

Group Variable: Grouped Open Entry Fields

Type: String

Description: Recoding of open entry fields into common categories for ease of analysis.

Notes: Original reference field is identified by the first three characters of the variable name.

Group fields:

L550TH (692) Grouped Open Text Field – Other problem accessing NIHB
N610TH (693) Grouped Open Text Field - Other traditional food eaten
O63BOTH (694) Grouped Open Text Entry - Other activities participated in (1 of 3)
O63COTH (695) Grouped Open Text Entry - Other activities participated in (2 of 3)
O63DOTH (696) Grouped Open Text Entry - Other activities participated in (3 of 3)
P730TH (697) Grouped Open Text Entry - Other reason for quitting smoking
P740TH (698) Grouped Open Text Entry - Other method used to quit smoking
P840TH (699) Grouped Open Text Entry - Other birth control, protection methods used

RANDOM (700) Random number for chance calculations

Type: Numeric

Description: SPSS generated random number. Available for use in calculations involving random selection.

Notes: Range from 0.00 through 1.00.

COMP_KEY (701) Composite Key for Merging of Omitted Fields 2

Type: Numeric

Description: No longer needed.

E19f (702) FNC computed number of children in household

Type: Numeric

Description: Calculated total number of children (<18) in the household.

Constituent fields: E19a, E19b, E19c

Formula: E19a + E19b + 19c; respondent must answer E19a, E19b, and E19c.

Value labels:

Value	Label
999	Refused

E20e (703) FNC computed number of adults in household

Type: Numeric

Description: Calculated total number of adults (18+) in the household.

Constituent fields: E20a, E20b

Formula: E20a + E20b; respondent must answer E20a and E20b.

Value labels:

Value	Label
999 M	Refused

F27a (704) Primary type of household repairs needed

Type: Numeric

Description: Primary type of household repair needed. Major repairs include defective plumbing or electrical wiring, structural repairs to walls, floors, ceilings, etc. Minor repairs include missing or loose floor tiles, bricks, shingles, defective step, railing, siding, etc.

Notes: In some instances, more than one response was selected. In these cases the most severe repair need took precedent. For example, if both minor and major were selected the response would be coded as major repair.

Value labels:

Value	Label
1	Major repairs needed
2	Minor repairs needed
3	Only regular maintenance needed
4	No repairs needed
88 M	Don't Know
99 M	Refused

R100_flag (705) One or more parents attending residential school

Type: Numeric

Description: Indicator if one or more of the participant's parent attended residential school.

Constituent fields: R100a, R100b

Formula: If R100a = 1 and/or R100b = 1.

Value labels:

Value	Label
0	No
1	Yes

R102_flag (706) One or more grandparents attending residential school

Type: Numeric

Description: Indicator if one or more of the participant's grandparent attended residential school.

Constituent fields: R102a...R102d

Formula: If R102a = 1 and/or R102b = 1 and/or R102c = 1 and/or R102d = 1.

Value labels:

Value	Label
0	No
1	Yes

S113_flag (707) Have you ever thought about suicide in your lifetime

Type: Numeric

Description: Indicator if participant had ever thought about suicide in their lifetime.

Constituent fields: S113_1...S113_4

Formula: If S113_1 =1 and/or S113_2 =1 and/or S113_3 =1 and/or S113_4 =1.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

S114_flag (708) Have you ever attempted suicide in your lifetime

Type: Numeric

Description: Indicator if participant had ever attempted suicide in their lifetime.

Constituent fields: S114_1...S114_4

Formula: If S114_1 =1 and/or S114_2 =1 and/or S114_3 =1 and/or S114_4 =1.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

BMI (709) Body Mass Index

Type: Numeric

Restrictions: If weight and height values are available (B6c_1 and B5d_1).

Description: Body mass index.

Constituent fields: B6c_1, B5d_1

Formula: $B6c_1 \div (B5d_1 \times B5d_1)$

BMI_Group (710) BMI Group (excludes pregnant females)

Type: Numeric

Restrictions: If not pregnant (B7 = 1).

Description: Grouping of BMI scores into standard categories.

Value labels:

Value	Label	Range
1	Underweight	BMI < 18.5
2	Acceptable	18.5 BMI < 25.0
3	Overweight	25.0 BMI < 30.0
4	Obese	30.0 BMI < 40.0
5	Morbidly Obese	BMI 40

Grouped Variable: C10_EX0...C10_EX8 (711-716) Number of languages person understands: (level of fluency)

Type: Numeric

Description: Number of languages participant understands at different levels of fluency.

Constituent fields: C10aa... C10bi

Formula: Tally of response types (fluently, relatively well, a few words, no understanding, fluently or relatively well) for C10aa... C10bi.

Group fields:

C10_EX0 (711) Number of languages person understands: fluently
C10_EX1 (712) Number of languages person understands: relatively well
C10_EX2 (713) Number of languages person understands: a few words
C10_EX3 (714) Number of languages person understands: no understanding
C10_EX9 (715) Number of languages person understands: fluently or relatively well
C10_EX8 (716) Number of languages (excluding English, French, and Sign Language) person understands: fluently or relatively well

C10_EX8B (717) Understanding of one or more First Nations languages (fluently or relatively well)

Type: Numeric

Description: Indication if participant understands one or more First Nations languages.

Constituent fields: C10_EX8

Formula: If C10_EX8 > 0.

Value labels:

Value	Label
0	No understanding of any First Nations language
1	Understand of one or more First Nations language

Grouped Variable: C11_EX0...C11_EX8 (718-723) Number of languages person speaks: (level of fluency)

Type: Numeric

Description: Number of languages participant speaks at different levels of fluency.

Constituent fields: C11aa... C11bi

Formula: Tally of response types (fluently, relatively well, a few words, no understanding, fluently or relatively well) for C11aa... C11bi.

Group fields:

C11_EX0 (718) Number of languages person speaks: fluently
C11_EX1 (719) Number of languages person speaks: relatively well
C11_EX2 (720) Number of languages person speaks: a few words
C11_EX3 (721) Number of languages person speaks: no understanding
C11_EX9 (722) Number of languages person speaks: fluently or relatively well
C11_EX8 (723) Number of languages (excluding English, French, and Sign Language) person speaks: fluently or relatively well

C11_EX8B (724) Able to speak one or more First Nations languages (fluently or relatively well)

Type: Numeric

Description: Number of languages participant speaks at different levels of fluency.

Constituent fields: C11aa... C11bi

Formula: If C11_EX8 > 0.

Value labels:

Value	Label
0	Unable to speak any First Nations language
1	Able to speak one or more First Nations language

Edu_Level (725) Highest level of formal education attained

Type: Numeric

Description: Highest level of education obtained. Partially completed education are not counted.

Constituent fields: C13, C14a_4, C14a_6... C14a_8.

Value labels:

Value	Label
1	Did not graduate high school
2	High school graduate
3	Diploma from university, college, technical or vocational school
4	Bachelor's degree
5	Master's degree
6	Doctorate - PhD

Work_HR (726) Work Hour Group

Type: Numeric

Description: Grouped number of hours worked per week.

Constituent fields: D16

Value labels:

Value	Label
1	Not working
2	Less than 5 hours per week
3	Between 5 and 15 hours per week
4	Between 15 and 30 hours per week
5	Between 30 and 45 hours per week
6	Between 45 and 60 hours per week
7	Over 60 hours per week
99 M	Refused to say if working or not

Work_Type (727) Full or part time employment

Type: Numeric

Description: Full or part time employment status.

Constituent fields: D16

Value labels:

Value	Label	Range
0	Not Working	Not working
1	Part time worker	Working < 30 hrs per week
2	Full time worker	Working 30 hrs per week
99 M	Refused	

Group Variable: Num_Inc1...Num_Inc3, Num_Inc_Tot (728-731) Number of income sources (source)

Type: Numeric

Description: Number of incomes sources; separated by type.

Constituent fields: D17a...D17l

Formula: Tally of reported income sources;
employment (D17a/b),
government (D17c/d/e/f/j/k/m/n/o),
non-employment non-government (D17e_1/h/i/l),
total number of income sources (D17a...D17l, D17q).

Group fields:

Num_Inc1 (728) Number of income sources (employment sources)
Num_Inc2 (729) Number of income sources (government sources)
Num_Inc3 (730) Number of income sources (non-employment, non-government sources)
Num_Inc_Tot (731) Total number of income sources

Crowding (732) Crowding Indicator (persons per room)

Type: Numeric

Description: A measure of household crowding.

Constituent fields: E19f, E20e, F25

Formula: $(E19f + E20e) \div F25$; those reporting '13 or more rooms' were assigned a value of 18 rooms.

Group Variable: House_Amen1...House_Amen5, House_Amen_EX (733-738) Number of household amenities: (type)

Type: Numeric

Description: Number of household amenities by type

Constituent fields: F26a...F26l

Formula: Tally of reported household amenities;
general safety (F26a/b/c),
communication and technology (F26d/e/f),
food security and safety (F26g/h),
incoming water and electricity (F26i/j/k),
outgoing plumbing and sanitation (F26m/n/l),
all listed amenities excluding computers and internet access.

Group fields:

House_Amen1 (733) Number of household amenities: general safety
House_Amen2 (734) Number of household amenities: communication and technology
House_Amen3 (735) Number of household amenities: food security and safety
House_Amen4 (736) Number of household amenities: incoming water and electricity
House_Amen5 (737) Number of household amenities: outgoing plumbing and sanitation
House_Amen_EX (738) Number of household amenities: all listed amenities except computer

MedTot (739) Total number of reported medical conditions

Type : Numeric

Description: Total number of reported medical conditions.

Constituent fields: H34a, H34a_01...H34a_29

Formula: Tally of reported medical condition among H34a, H34a_01...H34a_29.

Group Variable: Med(type) (740-745) Number of reported (type) conditions

Type: Numeric

Description: Number of reported medical conditions by type.

Constituent fields: H34a, H34a_01...H34a_29

Formula: Tally of reported medical conditions by type;
chronic musculoskeletal conditions (H34a, H34a_01...H34a_03),
respiratory conditions (H34a_04...H34a_06),
vision and/or hearing conditions (H34a_07...H34a_11),
neurological and/or cognitive conditions (H34a_12...H34a_16),
cardiovascular conditions (H34a_17...H34a_19),
infectious diseases (H34a_24...H34a_27).

Group fields:

MedMusc (740) Number of chronic musculoskeletal conditions
MedRespir (741) Number of respiratory conditions
MedEyesEar (742) Number of vision and-or hearing conditions
MedNeuro (743) Number of neurological and-or cognitive conditions
MedCardio (744) Number of cardiovascular conditions
MedInfect (745) Number of infectious diseases

Group Variable: Med(treat/no_treat) (746-747) Number of medical conditions where treatment was or was not sought.

Type: Numeric

Description: Number of reported conditions where treatment is sought and not being sought.

Constituent fields: H34a, H34a_01...H34a_27

Formula: Tally of conditions in which treatment is or is not sought among H34a, H34a_01...H34a_27.

Group fields:

MedTreat (746) Number of reported conditions where treatment was sought

MedNoTreat (747) Number of reported conditions where treatment was not sought

Diabetes_FX (748) Number of adverse consequences related to diabetes

Type: Numeric

Restrictions: If participant has diabetes (H34a_27 = 1).

Description: Number of reported adverse consequences related to having diabetes.

Constituent fields: H39a...H39j

Formula: Tally of adverse consequences related to diabetes among H39a...H39j.

Injury_Alcohol (749) Number of injury types involving alcohol

Type: Numeric

Description: Number of type of injuries where alcohol was reported to be involved.

Constituent fields: I43a1...I43v1

Formula: Tally of injury types where alcohol was reported to be involved among I43a1...I43v1.

Injury_No_Alcohol (750) Number of injury types not involving alcohol

Type: Numeric

Description: Number of type of injuries where alcohol was reported to be involved.

Constituent fields: I43a1...I43v1

Formula: Tally of injury types where alcohol was reported not to be involved among I43a1...I43v1.

Injury_Type_Tot (751) Total number of reported injuries where the use of alcohol is or is not implicated

Type: Numeric

Description: Number of types of injuries reported.

Constituent fields: I43a...I43v

Formula: Tally of injury types where alcohol involvement was not initially indicated among I43a1...I43v1.

Injury_Alcohol_Any (752) One or more injury types involving alcohol

Type: Numeric

Description: One or more types of injuries where alcohol was involved.

Constituent fields: I43a1...I43v1 or Injury_Alcohol

Formula: If Injury_Alcohol > 0.

Value labels:

Value	Label
0	No Indication
1	Yes, one or more indicated

Injury_No_Alcohol_Any (753) One or more injury types not involving alcohol

Type: Numeric

Description: One or more types of injuries where alcohol was not involved.

Constituent fields: I43a1...I43v1 or Injury_No_Alcohol

Formula: If Injury_No_Alcohol > 0.

Value	Label
0	No Indication
1	Yes, one or more indicated

Injury_Tot (754) Total number of reported injuries types (incl. unspecified alcohol involvement)

Type: Numeric

Description: Total number of reported injury types.

Constituent fields: I43a...I43v

Formula: Tally of reported injury type among I41a...I43v

Value	Label
0	No Indication
1	Yes, one or more indicated

Act_Limit (755) Number of limitations due to physical, mental, or health problems

Type: Numeric

Description: Number of types of problems resulting in a limitation in activity.

Constituent fields: J44...J46

Formula: Tally of problems resulting in a limitation in activity among J44...J46.

Home_Serv_Met (756) Number of fulfilled, required home services

Type: Numeric

Description: Number of required home services where the need is being met.

Constituent fields: K48a...K48g

Formula: Tally of home service requirements which are being met among K48a...K48g.

Home_Serv_Not_Met (757) Number of unfulfilled, required home services

Type: Numeric

Description: Number of required home services where the need is being met.

Constituent fields: K48a...K48g

Formula: Tally of home service requirements which are not being met among K48a...K48g.

Home_Serv_Tot (758) Total number of required home services

Type: Numeric

Description: Number of required home services.

Constituent fields: K47a...K47g

Formula: Tally of home services required among K47a...K47g.

Home_Serv_Getting (759) Proportion of home services being met among those people needing one or more home services

Type: Numeric

Restrictions: If one or more home services are needed (Home_Serv_Tot > 0).

Description: Proportion of required home services which are being met.

Constituent fields: K48a...K48g

Formula: Home_Serv_Not_Met ÷ Home_Serv_Tot.

Access_NIHB (760) Number of reported problems in accessing NIHB

Type: Numeric

Description: Number of reported problem types in accessing NIHB.

Constituent fields: L55a_1...L55a_7

Formula: Tally of reported problem types in accessing NIHB among L55a_1...L55a_7.

Trad_Food (761) Traditional food consumption indicator

Type: Numeric

Description: Summation of traditional food consumption scores.

Constituent fields: N61a...N61i

Formula: N61a + N61b + ... + N61i.

Act_Type (762) Number of reported activity types

Type: Numeric

Description: Number of reported activity types.

Constituent fields: O63a_1...O63a_21, O63both, O63coth, O63doth

Formula: Tally of reported activity types among O63a_1...O63a_21, O63both, O63coth, and O63doth.

Drug_Use (763) Drugs Use Index (excluding chewing tobacco and marijuana)

Type: Numeric

Description: Degree of illicit drug use, excluding marijuana and chewing tobacco.

Constituent fields: P79c...P79j

Formula: Summation of drug use scores among P79c...P79j; drug use scores for P79c...P79j were assigned as according to the following table.

0 times per year	score = 0
2 - 3 times per year	score = 2.5
12 times per year	score = 12
24 - 36 times per year	score = 30
104 - 156 times per year	score = 130
365 times per year	score = 365

Any_Drug_Use (764) One or more use of non-prescription drugs in the past year (excluding chewing tobacco)

Type: Numeric

Description: Use of one or more types of non-prescription drugs in the past year (excluding chewing tobacco).

Constituent fields: P79b...P79j

Formula: If Drug_Use > 0.

Value labels:

Value	Label
0	No
1	Yes

Res_Impact (765) Residential school: number of items having an impact on health and wellbeing

Type: Number

Restrictions: If participant had ever attended residential school (R95 = 1).

Description: Reported number of items having an impact on health and wellbeing.

Constituent fields: R99a_1...R99a_15

Formula: Tally of reported types of problems among R99a_1...R99a_15.

Res_Impact_EX1 (766) Grouped Impact of residential school score

Type: Numeric

Restrictions: If participant had ever attended residential school (R95 = 1).

Description: Reported number of items having an impact on health and wellbeing; collapsed into groups.

Constituent fields: R99a_1...R99a_15

Value labels:

Value	Label
0	No items reported
1	1 to 4 items reported
2	5 to 8 items reported
3	9 to 12 items reported
4	13 to 16 items reported

Balance (767) Cumulative Score on balance questions

Type: Numeric

Description: Summation of values for balance in life questions.

Constituent fields: R107a...R107d

Formula: R107a + R107b + R107c + R107d.

Balance_EX1 (768) Grouped score on balance questions

Type: Numeric

Description: Grouped tally of values for balance in life questions.

Constituent fields: R107a...R107d or Balance

Value labels:

Value	Label	Range
1	High level of balance	Balance = 4 to 7
2	Moderate level of balance	Balance = 8 to 12
3	Low level of balance	Balance = 13 to 16

Life_Ctrl (769) Self Determination Indicator

Type: Numeric

Restrictions: All self determination fields must be completed (S110a...S110g).

Description: Summation of self determination scores.

Constituent fields: S110a...S110g

Formula: S110a + S110b + ... + S110g where;
strongly agree = 2,
agree = 1,
neither agree or disagree = 0,
disagree = -1
strongly disagree = -2,
assigned values are inverted for S110e/g.

Life_Ctrl_EX1 (770) Grouped self determination indicator scores

Type: Numeric

Restrictions: If self determination indicator is available.

Description: Grouped tally of self determination scores.

Constituent fields: S110a...S110g or Life_Ctrl

Value labels:

Value	Label	Range
-3	Very Low	Life_Ctrl = -11 to -14
-2	Low	Life_Ctrl = -10 to -7
-1	Moderately Low	Life_Ctrl = -6 to -3
0	Neutral	Life_Ctrl = -2 to 2
1	Moderately High	Life_Ctrl = 3 to 6
2	High	Life_Ctrl = 7 to 10
3	Very High	Life_Ctrl = 11 to 14

Group Variable: Soc_Support1...Soc_Support3, Soc_Support_Tot (771-774) Number of support agents: (type)

Type: Numeric

Description: Count of social supports available for each participant by type.

Constituent fields: S111a...S111l

Formula: Tally of available social support types;
friends and family (S111a/b/c),
general health professional (S111d/e/g/h),
mental health or social professional (S111f/i/j/k/l),
total number of support agents (S111a...S111l).

Group fields:

Soc_Support1 (771) Number of support agents: friends and family
Soc_Support2 (772) Number of support agents: general health professional
Soc_Support3 (773) Number of support agents: mental health or social professional
Soc_Support_Tot (774) Total number of support agents

Suicide_Thought (775) Ever thought about suicide in their lifetime

Type: Numeric

Description: Indication of any thoughts of suicide in the participant's lifetime.

Notes: Participant must respond to at least one of the constituent fields.

Constituent fields: S113_1...S113_4

Formula: If S113_1 = 1 or S113_2 = 1 or S113_3 = 1 or S113_4 = 1.

Value labels:

Value	Label
0	No
1	Yes

Suicide_Attempt (776) Ever attempted suicide in their lifetime

Type: Numeric

Description: Indication of any suicide attempts in the participant's lifetime.

Notes: Participant must respond to at least one of the constituent fields.

Constituent fields: S114_1...S114_4

Formula: If S114_1 = 1 or S114_2 = 1 or S114_3 = 1 or S114_4 = 1.

Value labels:

Value	Label
0	No
1	Yes

Com_Dev (777) Number of reported community development items reported (note lower score is better)

Type: Numeric

Description: Blind tally of community development item scores; i.e. refusals and 'don't knows' are not screened out.

Constituent fields: S117a...S117f_1

Formula: Tally of reported community development items among S117a...S117f_1.

De_Age_EX1 (778) Age Grouping 1

Type: Numeric

Description: Grouped age.

Constituent fields: De_Age

Value labels:

Value	Label
1	17-29
2	30-39
3	40-49
4	50-59
5	60+

De_Age_EX2 (779) Age Grouping 2

Type: Numeric

Description: Grouped age.

Constituent fields: De_Age

Value labels:

Value	Label
1	20-34
2	34-54
3	55-64
4	64+

De_Age_EX3 (780) Age Grouping 3

Type: Numeric

Description: Grouped age.

Constituent fields: De_Age

Value labels:

Value	Label
1	17-19
2	20-24
3	25-29
4	30-34
5	35-39
6	40-44
7	45-49
8	50-54
9	55-59
10	60-64
11	65-69
12	70-74
13	75-79
14	80-84
15	85-89
16	90+

De_Age_EX4 (781) Age Grouping 4

Type: Numeric

Description: Grouped age.

Constituent fields: De_Age

Value labels:

Value	Label
1	18-34
2	35-54
3	55+

Associated Statistical Weighting Variables

Group Variable: Wt_(strata) (782-790) Weighting Strata

Type: Numeric

Description: Fields used to calculate the statistical weight for each participant.

Group fields:

Wt_Age (782) Age used for weighting (may differ from derived age)

Wt_Gender (783) Weighting Gender

Wt_Region (784) Weighting Region

Wt_Subregion (785) Weighting Subregion

Wt_Size (786) Weighting Size

agegendb (787) Age Gender Group

agegend (788) Age Gender Group Numeric

popsiz (789) Population size of that strata

sampsiz (790) Sample size of that strata

weight1 (791) Participant weight on that strata

Type: Numeric

Description: Participant's statistical weight value.

Notes: Appropriate for regional and sub-regional analysis (not community level).

commpop (792) Community population for the community

Type: Numeric

Description: Population count for participant's community of residence.

Group Variable: F_11a...F16b (793-804) Community population for (gender and age group)

Type: Numeric

Description: Population count for participant's community by gender/age group.

Group fields:

f_11a (793) Community population for males 18-34
f_11b (794) Community population for males 35-54
f_11c (795) Community population for males 55+
f_12a (796) Community population for females 18-34
f_12b (797) Community population for females 35-54
f_12c (798) Community population for females 55+
f_13 (799) Community population for males 12-17
f_14 (800) Community population for females 12-17
f_15a (801) Community population for males 0-5
f_15b (802) Community population for males 6-11
f_16a (803) Community population for females 0-5
f_16b (804) Community population for females 6-11

Appendix 15: Youth Data Dictionary

2002-2003
RHS Youth Data Dictionary
Version 1.0

**A Comprehensive Guide to the
2002-2003 RHS Youth Database**

Released March 18, 2005



KEY2 (1) Composite Database Primary Key

Type: Numeric

Description: Key field. Unique across adult, youth, and child databases.

KEY (2) Youth Database Primary Key

Type: Numeric

Description: Key field. Unique within youth database.

CONSENT (3) ConsentID

Type: Numeric

Description: Unique identification number assigned to each participant. The ConsentID was used to related each survey record with their corresponding consent form, thus, ensuring that valid consent was obtained.

INTERVIE (4) InterviewerID

Type: String

Description: Identification code used by interviewer.

SURVEYTY (5) Survey Type

Type: String

Description: Type of survey completed.

Notes: This field will be more important if records are stacked from adult, youth, and/or child databases.

Values:

Adult
Youth
Child

NOTES (6) User Notes

Type: String

Description: User entered notes. This field is not available for analysis.

Notes: May have been entered by the participant or interviewer.

B1A (9) Day of Birth

Type: Numeric

Description: Reported day of birth of participant.

B1B (10) Month of Birth

Type: Numeric

Description: Reported month of birth of participant.

B1C (11) Year of Birth

Type: Numeric

Description: Reported year of birth of participant.

B1D (12) Reported Age

Type: Numeric

Description: Report year of birth of participant.

Notes: B1d may be labeled as 'Year of Birth' in earlier versions of the Youth Database. Participants were given the option of providing date of birth information (day, month, year) or reporting their age (B1d).

B2 (13) Gender

Type: Numeric

Description: Reported gender of participant.

Value labels:

Value	Label
1	Male
2	Female

B3 (14) Community you currently live in

Type: String

Description: Community of residence at time of survey.

C4A (15) How many rooms are in your home

Type: Numeric

Description: Room count of household.

Notes: Includes kitchens, bedrooms, living rooms, and finished basements. Excludes bathrooms, halls, laundry rooms, and attached sheds.

Value labels:

Value	Label
13	13+
88 M	Don't Know
99 M	Refused

Group Variable: C5a...C5c (16-18) Including yourself, how many children live in you household: (age range)

Type: Numeric

Description: Occupancy count of household (0-17 years).

Value labels:

Value	Label
888 M	Don't Know
999 M	Refused

Group fields:

C5A (16) Including yourself, how many children live in your household: under 6 years old
C5B (17) Including yourself, how many children live in your household: 6 to 11 years old
C5C (18) Including yourself, how many children live in your household: 12 to 17 years old

Group Variable: C6a, C6b (19, 20) How many adults live in you household: (age range)

Type: Numeric

Description: Occupancy count of household (18+ years).

Value labels:

Value	Label
888 M	Don't Know
999 M	Refused

Group fields:

C6A (19) How many adults live in your household: 18 to 64 years old
C6B (20) How many adults live in your household: 65 years and older

Group Variable: C7a_1...C7a_16, C7bx, C7b (22-39) Who do you live with most of the time: (person)

Type: Numeric

Description:

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

C7A_0 (21) Who do you live with most of the time: biological mother
C7A_1 (22) Who do you live with most of the time: biological father
C7A_2 (23) Who do you live with most of the time: mother that adopted me
C7A_3 (24) Who do you live with most of the time: father that adopted me
C7A_4 (25) Who do you live with most of the time: stepfather
C7A_5 (26) Who do you live with most of the time: stepmother
C7A_6 (27) Who do you live with most of the time: foster parent(s)
C7A_7 (28) Who do you live with most of the time: aunt, uncle, or cousins
C7A_8 (29) Who do you live with most of the time: brother(s) or sister(s)
C7A_9 (30) Who do you live with most of the time: step-brother(s) or step-sister(s)
C7A_10 (31) Who do you live with most of the time: unrelated children
C7A_11 (32) Who do you live with most of the time: grandparent(s)
C7A_12 (33) Who do you live with most of the time: boarding home
C7A_13 (34) Who do you live with most of the time: a man I am not related to
C7A_14 (35) Who do you live with most of the time: a woman I am not related to
C7A_15 (36) Who do you live with most of the time: my child(ren)
C7A_16 (37) Who do you live with most of the time: boyfriend, girlfriend, or spouse

Associated 'other' fields:

C7BX (38) Who do you live with most of the time: Open Text Entry Grouped
C7B (39) Who do you live with most of the time: Open Text Entry

C8A (40) Are your birth (biological) parents

Type: Numeric

Description: Martial status of participant's biological parents.

Value labels:

Value	Label
0	Living together or married
1	Not living together or separated
2	Living together or not married
3	One of my parents are deceased
4	Both of my parents are deceased
5	Divorced
88 M	Don't Know
99 M	Refused

D9A (41) What language do you most often use in daily life (Primary Response)

Type: Numeric

Description: Reported language used most often in daily life.

Notes: Participants were given the option of entering an unlisted language. These were originally recorded in D9b, and D9c,

Value labels:

Value	Label
1	English
2	French
3	Sign Language
4	Algonquin
5	Assiniboine
6	Attikamekw
7	Blackfoot
8	Cayuga
9	Chipewyan
10	Chippewa
11	Cree
12	Dakota
13	Dogrib
14	Gitksan
15	Haida
16	Inuktitut
18	Lakota
19	Malecite
20	Mi'kmaq
21	Mohawk
22	Naskapi
23	Nisgà
24	Ojibway
25	Oji-Cree
26	Oneida
27	Onondaga
28	Potawatomi
29	Salish
30	Saulteaux
31	Stoney
32	Tuscorora
33	Wet'su'weten

34	Gwich'in
35	North Slave
36	South Slave
37	Montagnais

Associated 'other' fields:

- D9B (42) What language do you most often use in daily life (Open Text - Secondary Response)
- D9BOTHX (43) What language do you most often use in daily life
- D9C (44) What language do you most often use in daily life (Open Text - Tertiary Response)
- D9COTHX (45) What language do you most often use in daily life

D10A (46) How important is it to you to speak your First Nations or Inuit language

Type: Numeric

Description: Rated importance of being able to speak the participant's 'own' First Nations language.

Value labels:

Value	Label
1	Very important
2	Somewhat important
3	Not very Important
4	Not important
88 M	Don't know
99 M	Refused

Group Variable: C11aa...C11bi (47-88) Do you understand: (language)

Type: Numeric

Description: Level of comprehension of each indicated language.

Value labels:

Value	Label
0	Fluently
1	Relatively well
2	A few words
3	No understanding

Group fields:

- C11AA (47) Do you understand: English
- C11AB (48) Do you understand: French
- C11AC (49) Do you understand: Sign Language
- C11AD (50) Do you understand: Algonquin
- C11AE (51) Do you understand: Assiniboine
- C11AF (52) Do you understand: Attikamekw
- C11AF_1 (53) Do you understand: Blackfoot
- C11AG (54) Do you understand: Cayuga
- C11AH (55) Do you understand: Chippewa
- C11AH_1 (56) Do you understand: Chipewyan
- C11AI (57) Do you understand: Cree
- C11AJ (58) Do you understand: Dakota
- C11AK (59) Do you understand: Dogrib
- C11AL (60) Do you understand: Gitksan
- C11AL_1 (61) Do you understand: Gwich'in
- C11AM (62) Do you understand: Haida
- C11AN (63) Do you understand: Inuktitut
- C11AP (64) Do you understand: Lakota

C11AQ (65) Do you understand: Malecite
 C11AR (66) Do you understand: Mi'kmaq
 C11AS (67) Do you understand: Mohawk
 C11AT (68) Do you understand: Naskapi
 C11AT_1 (69) Do you understand: Montagnais
 C11AU (70) Do you understand: Nisga
 C11AU_1 (71) Do you understand: North Slave
 C11AV (72) Do you understand: Ojibway
 C11AW (73) Do you understand: Oji-Cree
 C11AX (74) Do you understand: Oneida
 C11AY (75) Do you understand: Onondaga
 C11AZ (76) Do you understand: Potawatomi
 C11BA (77) Do you understand: Salish
 C11BB (78) Do you understand: Sauteaux
 C11BB_1 (79) Do you understand: South Slave
 C11BC (80) Do you understand: Stony
 C11BD (81) Do you understand: Tuscorora
 C11BE (82) Do you understand: Wet'suw'et'en

Associated 'other' fields:

C11BF2 (83) Do you understand: Open Text Entry 1 Grouped
 C11BF (84) Do you understand: Open Text Entry 1
 C11BG (85) Do you understand: Open Text Entry 1 Levels
 C11BH2 (86) Do you understand: Open Text Entry 2 Grouped
 C11BH (87) Do you understand: Open Text Entry 2
 C11BI (88) Do you understand: Open Text Entry 2 Levels

Group Variable: C12aa...C12bi (47-89) Do you speak: (language)

Type: Numeric

Description: Level of spoken comprehension of each indicated language.

Value labels:

Value	Label
0	Fluently
1	Relatively well
2	A few words
3	No understanding

Group fields:

C12AA (89) Do you speak: English
 C12AB (90) Do you speak: French
 C12AC (91) Do you speak: Sign Language
 C12AD (92) Do you speak: Algonquin
 C12AE (93) Do you speak: Assiniboine
 C12AF (94) Do you speak: Attikamekw
 C12AF_1 (95) Do you speak: Blackfoot
 C12AG (96) Do you speak: Cayuga
 C12AH (97) Do you speak: Chippewa
 C12AH_1 (98) Do you speak: Chipewyan
 C12AI (99) Do you speak: Cree
 C12AJ (100) Do you speak: Dakota
 C12AK (101) Do you speak: Dogrib
 C12AL (102) Do you speak: Gitksan
 C12AL_1 (103) Do you speak: Gwich'in
 C12AM (104) Do you speak: Haida
 C12AN (105) Do you speak: Inuktitut
 C12AP (106) Do you speak: Lakota
 C12AQ (107) Do you speak: Malecite
 C12AR (108) Do you speak: Mi'kmaq
 C12AS (109) Do you speak: Mohawk
 C12AT (110) Do you speak: Naskapi

C12AT_1 (111) Do you speak: Montagnais
 C12AU (112) Do you speak: Nisga
 C12AU_1 (113) Do you speak: North Slave
 C12AV (114) Do you speak: Ojibway
 C12AW (115) Do you speak: Oji-Cree
 C12AX (116) Do you speak: Oneida
 C12AY (117) Do you speak: Onondaga
 C12AZ (118) Do you speak: Potawatomi
 C12BA (119) Do you speak: Salish
 C12BB (120) Do you speak: Saulteaux
 C12BB_1 (121) Do you speak: South Slave
 C12BC (122) Do you speak: Stoney
 C12BD (123) Do you speak: Tuscorora
 C12BE (124) Do you speak: Wet'su'weten

Associated 'other' fields:

C12BF2 (125) Do you speak: Open Text Entry 1 Grouped
 C12BF (126) Do you speak: Open Text Entry 1
 C12BG (127) Do you speak: Open Text Entry 1 Level
 C12BH2 (128) Do you speak: Open Text Entry 2 Grouped
 C12BH (129) Do you speak: Open Text Entry 2
 C12BI (130) Do you speak: Open Text Entry 2 Level

D13A (131) How important are traditional cultural events in your life

Type: Numeric

Description: Rated importance of traditional cultural events in the participant's life.

Value labels:

Value	Label
0	Very important
1	Somewhat important
2	Not very Important
3	Not important
88 M	Don't know
99 M	Refused

Group Variable: D14b_0...D14b_8, D14bx, D14b (132-142) Who helps you in understanding your culture: (grandparents)

Type: Numeric

Description: Individuals involved in helping the participant learn about their culture.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

D14B_0 (132) Who helps you in understanding your culture: grandparents
 D14B_1 (133) Who helps you in understanding your culture: parents
 D14B_2 (134) Who helps you in understanding your culture: aunts and uncles
 D14B_3 (135) Who helps you in understanding your culture: other relatives
 D14B_4 (136) Who helps you in understanding your culture: friends
 D14B_5 (137) Who helps you in understanding your culture: school teachers
 D14B_6 (138) Who helps you in understanding your culture: community elders

D14B_7 (139) Who helps you in understanding your culture: other community members
D14B_8 (140) Who helps you in understanding your culture: no one

Associated 'other' fields:

D14BX (141) Who helps you in understanding your culture: Open Text Entry Grouped
D14B (142) Who helps you in understanding your culture: Open Text Entry

E15 (143) Are you currently attending school

Type: Numeric

Description: School enrollment status.

Value labels:

Value	Label
0	Yes
1	No
88 M	Don't Know
99 M	Refused

E16A (144) What grade are you in

Type: Numeric

Restrictions: If participant is currently enrolled in school (E15 = 0).

Description: Current academic grade level of participant.

Value labels:

Value	Label
0	Grade 4
1	Grade 5
2	Grade 6
3	Grade 7
4	Grade 8
5	Grade 9
6	Grade 10
7	Grade 11
8	Grade 12
9	Grade 13
88 M	Don't Know
99 M	Refused

Associated 'other' fields:

E16BX (145) What grade are you in: Open Text Entry Grouped
E16B (146) What grade are you in: Open Text Entry

E17 (147) How do you feel about going to school

Type: Numeric

Restrictions: If participant is currently enrolled in school (E15 = 0).

Description: Participant's general opinion on attending school.

Value labels:

Value	Label
-------	-------

0	I like school very much
1	I like school somewhat
2	Unsure
3	I dislike school somewhat
4	I dislike school very much
99 M	Refused

E18A (148) What is the highest level of school you have completed

Type: Numeric

Description: Highest level of formal education attained.

Value labels:

Value	Label
0	Pre-K
1	Kindergarden
2	Grade 1
3	Grade 2
4	Grade 3
5	Grade 4
6	Grade 5
7	Grade 6
8	Grade 7
9	Grade 8
10	Grade 9
11	Grade 10
12	Grade 11
13	Grade 12
14	Grade 13
88 M	Don't Know
99 M	Refused

Associated 'other' fields:

E18BX (149) What is the highest level of school you have completed: Open Text Entry Grouped

E18B (150) What is the highest level of school you have completed: Open Text Entry

E19A (151) Have you ever skipped or advanced a grade, as a result of academic performance

Type: Numeric

Description: Previous grade skip in school due to academic performance.

Value labels:

Value	Label
0	Yes
1	No
88 M	Don't Know
99 M	Refused

Associated 'other' fields:

E19B (152) Have you ever skipped or advanced a grade, as a result of academic performance: Open Text Entry

E20 (153) Have you had any problems learning at school

Type: Numeric

Description: Problems with learning at school.

Value labels:

Value	Label
0	Yes
1	No
88 M	Don't Know
99 M	Refused

Group Variables: E21_0...E21_5 (154-159) What kinds of problems have you had: (problem)

Type: Numeric

Restrictions: If participant reported having problems learning at school (E20 = 0).

Description: Specific areas in which the participant reported having problems at school.

Value labels:

Value	Label
0	No
1	Yes
77 M	No problem
88 M	Don't Know
99 M	Refused

Group fields:

E21_0 (154) What kind of problems have you had: reading
E21_1 (155) What kind of problems have you had: writing
E21_2 (156) What kind of problems have you had: math
E21_3 (157) What kind of problems have you had: short attention span
E21_4 (158) What kind of problems have you had: too many distractions
E21_5 (159) What kind of problems have you had: difficulty understanding the teacher

E22 (160) Have you ever repeated a grade

Type: Numeric

Description: Previous need to repeat grade in school.

Value labels:

Value	Label
0	Yes
1	No
88 M	Don't Know
99 M	Refused

E23A (161) What is the highest level of school that you would like to complete

Type: Numeric

Description: Highest level of formal education the participant would like to attain.

Value labels:

Value	Label
0	High school diploma
1	College or CEGEP diploma
2	Trade or technical or vocational school
3	University degree
4	Master's degree
5	Doctorate degree - PhD
88 M	Don't Know
99 M	Refused

Associated 'other' fields:

E23BX (162) What is the highest level of school that you would like to complete: Open Text Entry Grouped
 E23B (163) What is the highest level of school that you would like to complete: Open Text Entry

F24 (164) In general, would you say that your health is:

Type: Numeric

Description: Reported health status.

Value labels:

Value	Label
1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor
88 M	Don't Know
99 M	Refused

Group Variable: F25a_1...F25a_7, F25b (165-172) What makes you so healthy: (reason)

Type: Numeric

Restrictions: If participant is reported to be in very good or excellent health (F24 = 1, 2).

Description: Presence of indicated contributor to participant's very good or excellent health.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

F25A_1 (165) What makes you so healthy: good diet
 F25A_2 (166) What makes you so healthy: reduced stress
 F25A_3 (167) What makes you so healthy: good social supports
 F25A_4 (168) What makes you so healthy: good sleep or proper rest
 F25A_5 (169) What makes you so healthy: happy or content
 F25A_6 (170) What makes you so healthy: regular exercise or active in sports
 F25A_7 (171) What makes you so healthy: in balance

Associated 'other' fields:

F25B (172) What makes you so healthy: Open Text Entry

F26D (173) How tall are you without shoes on (cm)

Type: Numeric

Description: Height of participant (cm).

Value labels:

Value	Label
888.00 M	Don't know
999.00 M	Refused

F27C (174) How much do you weigh (kg)

Type: Numeric

Description: Weight of participant.

Value labels:

Value	Label
888.00 M	Don't know
999.00 M	Refused

F28 (175) How satisfied are you with your weight

Type: Numeric

Description: Participant's level of satisfaction with their body weight.

Value labels:

Value	Label
1	Very satisfied
2	Somewhat satisfied
3	Neither satisfied nor dissatisfied
4	Somewhat dissatisfied
5	Very dissatisfied
88 M	Don't Know
99 M	Refused

G29 (176) Do you eat a nutritious balanced diet

Type: Numeric

Description: Relative consumption of a 'nutritious, balanced diet'.

Value labels:

Value	Label
1	Always or almost always
2	Sometimes
3	Rarely
4	Never
88 M	Don't Know
99 M	Refused

Group Variables: G30a...G30g (177-183) On average, how often do you eat or drink: (food item)

Type: Numeric

Description: Consumption frequency of various foods with low nutritional value and other additives.

Value labels:

Value	Label
1	Never or hardly ever
2	About once a week
3	A few times a week
4	Once a day
5	Several times a day

Group fields:

G30A (177) On average, how often do you eat or drink: coffee or tea
G30B (178) On average, how often do you eat or drink: soft drinks or pop
G30C (179) On average, how often do you eat or drink: fast food
G30D (180) On average, how often do you eat or drink: cakes, pies, cookies, candy, or chocolate
G30E (181) On average, how often do you eat or drink: French Fries, potato chips, pretzels, Fry Bread
G30F (182) On average, how often do you eat or drink: added salt
G30G (183) On average, how often do you eat or drink: added sugar

Group Variables: G31a...G31l (184-196) In the past 12 months, how often have you eaten: (traditional food item)

Type: Numeric

Description: Consumption frequency of various traditional foods.

Value labels:

Value	Label
1	Not at all
2	A few times
3	Often
88 M	Don't know
99 M	Refused

Group fields:

G31A (184) In the past 12 months, how often have you eaten: land based animal
G31B (185) In the past 12 months, how often have you eaten: fresh water fish
G31C (186) In the past 12 months, how often have you eaten: salt water fish
G31D (187) In the past 12 months, how often have you eaten: other water based foods
G31E (188) In the past 12 months, how often have you eaten: sea-based animals
G31F (189) In the past 12 months, how often have you eaten: game birds
G31G (190) In the past 12 months, how often have you eaten: small game
G31H (191) In the past 12 months, how often have you eaten: berries or other wild vegetation
G31I (192) In the past 12 months, how often have you eaten: Bannock or Fry bread
G31J (193) In the past 12 months, how often have you eaten: Corn soup

Associated 'other' fields:

G31KX (194) In the past 12 months, how often have you eaten: Open Text Entry Grouped
G31K (195) In the past 12 months, how often have you eaten: Open Text Entry
G31L (196) In the past 12 months, how often have you eaten: Open Text Entry Level

G32 (197) How often did someone share traditional food with your household

Type: Numeric

Description: Frequency of sharing traditional foods in the household.

Value labels:

Value	Label
1	Often
2	Sometimes
3	Never
88 M	Don't Know
99 M	Refused

G33 (198) How often do you participate in any kind of physical activity

Type: Numeric

Description: Number of times per week the participant engages in any kind of physical activity.

Value labels:

Value	Label
1	Never
2	Less than once a week
3	Once a week
4	2-3 times a week
5	4-6 times a week
6	Every day
88 M	Don't Know
99 M	Refused

G34 (199) Time spent weekly doing physical activity that increases in your heart rate or breathing?

Type: Numeric

Description: Number of hours per week spent in activities in which the participant's heart rate and breathing are elevated.

Value labels:

Value	Label
1	None
2	Less than 1 hour
3	From 1-5 hours
4	From 6-10 hours
5	From 11-20 hours
6	More than 20 hours
88 M	Don't Know
99 M	Refused

Group Variable: H35a_1...H35a_21, H34cx, H35c, H35dx, H35d, H35ex, H35e (200-226) In the past 12 months, have you participated in: (physical activity)

Type: Numeric

Description: Participant status in various physical activities over the past 12 months.

Value labels:

Value	Label
-------	-------

0 No
 1 Yes
 88 M Don't Know
 99 M Refused

Group fields:

H35A_1 (200) In the past 12 months, have you participated in: hunting or trapping
 H35A_2 (201) In the past 12 months, have you participated in: fishing
 H35A_3 (202) In the past 12 months, have you participated in: bicycle riding
 H35A_4 (203) In the past 12 months, have you participated in: walking
 H35A_5 (204) In the past 12 months, have you participated in: aerobics or fitness class
 H35A_6 (205) In the past 12 months, have you participated in: dancing
 H35A_7 (206) In the past 12 months, have you participated in: running
 H35A_8 (207) In the past 12 months, have you participated in: hiking
 H35A_9 (208) In the past 12 months, have you participated in: skating
 H35A_10 (209) In the past 12 months, have you participated in: rollerblading
 H35A_11 (210) In the past 12 months, have you participated in: snow-shoeing
 H35A_12 (211) In the past 12 months, have you participated in: berry picking or other food gathering
 H35A_13 (212) In the past 12 months, have you participated in: competitive or group sports
 H35A_14 (213) In the past 12 months, have you participated in: weights or use exercise equipment
 H35A_15 (214) In the past 12 months, have you participated in: golf
 H35A_16 (215) In the past 12 months, have you participated in: bowling
 H35A_17 (216) In the past 12 months, have you participated in: canoeing
 H35A_18 (217) In the past 12 months, have you participated in: martial arts
 H35A_19 (218) In the past 12 months, have you participated in: skiing
 H35A_20 (219) In the past 12 months, have you participated in: swimming
 H35A_21 (220) In the past 12 months, have you participated in: skateboarding

Associated 'other' fields:

H35CX (221) In the past 12 months, have you participated in: Open Text Entry 1 Grouped
 H35C (222) In the past 12 months, have you participated in: Open Text Entry 1
 H35DX (223) In the past 12 months, have you participated in: Open Text Entry 2 Grouped
 H35D (224) In the past 12 months, have you participated in: Open Text Entry 2
 H35EX (225) In the past 12 months, have you participated in: Open Text Entry 3 Grouped
 H35E (226) In the past 12 months, have you participated in: Open Text Entry 3

Group Variable: I36a, I36a_01...I36a_20 Have you been told that you have: (condition)

Type: Numeric

Description: Presence of indicated health condition (as specified by a health care professional).

Notes: Excludes conditions lasting less than 6 months or expected to last less than 6 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

I36A_01 (232) Have you been told that you have: chronic bronchitis
 I36A_02 (236) Have you been told that you have: allergies
 I36A_03 (240) Have you been told that you have: Blindness or serious vision problems
 I36A_04 (244) Have you been told that you have: chronic ear infections or ear problems
 I36A_05 (248) Have you been told that you have: hearing impairment
 I36A_06 (253) Have you been told that you have: hepatitis
 I36A_07 (258) Have you been told that you have: HIV AIDS
 I36A_08 (262) Have you been told that you have: tuberculosis
 I36A_09 (267) Have you been told that you have: epilepsy

I36A_10 (271) Have you been told that you have: psychological or nervous disorders
 I36A_11 (275) Have you been told that you have: learning disability
 I36A_12 (279) Have you been told that you have: cognitive or mental disability
 I36A_13 (283) Have you been told that you have: ADD ADHD
 I36A_14 (287) Have you been told that you have: cerebral palsy
 I36A_15 (291) Have you been told that you have: physical disability
 I36A_16 (295) Have you been told that you have: liver disease (excluding hepatitis)
 I36A_17 (299) Have you been told that you have: kidney disease
 I36A_18 (303) Have you been told that you have: diabetes

Associated 'other' fields:

I36A19X (307) Have you been told that you have: Open Text Entry 1 Grouped
 I36A_19 (308) Have you been told that you have: Open Text Entry 1
 I36A_20 (312) Have you been told that you have: Open Text Entry 2

Group Variables: I36b, I36b_01...I36b_20 Age of diagnosis: (condition)

Type: Numeric

Description: Age of diagnosis of the indicated health condition (i.e. when they were first told).

Missing values: 777, 888, 999

Group fields:

I36B (228) Age of diagnosis: asthma
 I36B_01 (233) Age of diagnosis: chronic bronchitis
 I36B_02 (237) Age of diagnosis: allergies
 I36B_03 (241) Age of diagnosis: blindness or serious vision problems
 I36B_04 (245) Age of diagnosis: chronic ear infections or ear problems
 I36B_05 (249) Age of diagnosis: hearing impairment
 I36B_06 (254) Age of diagnosis: hepatitis
 I36B_07 (259) Age of diagnosis: HIV AIDS
 I36B_08 (263) Age of diagnosis: tuberculosis
 I36B_09 (268) Age of diagnosis: epilepsy
 I36B_10 (272) Age of diagnosis: psychological or nervous disorders
 I36B_11 (276) Age of diagnosis: learning disability
 I36B_12 (280) Age of diagnosis: cognitive or mental disability
 I36B_13 (284) Age of diagnosis: ADD ADHD
 I36B_14 (288) Age of diagnosis: cerebral palsy
 I36B_15 (292) Age of diagnosis: physical disability
 I36B_16 (296) Age of diagnosis: liver disease (excluding Hepatitis)
 I36B_17 (300) Age of diagnosis: kidney disease
 I36B_18 (304) Age of diagnosis: diabetes

Associated 'other' fields:

I36B_19 (309) Age of diagnosis: Open Text Entry 1
 I36B_20 (313) Age of diagnosis: Open Text Entry 2

Group Variables: I36d, I36d_01...I36d_20 Are you undergoing treatment for: (condition)

Type: Numeric

Restrictions: If the participant has been inflicted with the indicated health condition (e.g. I36a = 1).

Description: Is the participant undergoing treatment or taking medications for the indicated health condition.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

777 M Don't Know or Refused

Group fields:

I36D (229) Are you undergoing treatment for: asthma
I36D_01 (234) Are you undergoing treatment for: chronic bronchitis
I36D_02 (238) Are you undergoing treatment for: allergies
I36D_03 (242) Are you undergoing treatment for: blindness or serious vision problems
I36D_04 (246) Are you undergoing treatment for: chronic ear infections or ear problems
I36D_05 (250) Are you undergoing treatment for: hearing impairment
I36D_06 (255) Are you undergoing treatment for: hepatitis
I36D_07 (260) Are you undergoing treatment for: HIV AIDS
I36D_08 (264) Are you undergoing treatment for: tuberculosis
I36D_09 (269) Are you undergoing treatment for: epilepsy
I36D_10 (273) Are you undergoing treatment for: psychological or nervous disorders
I36D_11 (277) Are you undergoing treatment for: learning disability
I36D_12 (281) Are you undergoing treatment for: cognitive or mental disability
I36D_13 (285) Are you undergoing treatment for: ADD ADHD
I36D_14 (289) Are you undergoing treatment for: cerebral palsy
I36D_15 (293) Are you undergoing treatment for: physical disability
I36D_16 (297) Are you undergoing treatment for: liver disease (excluding hepatitis)
I36D_17 (301) Are you undergoing treatment for: kidney disease
I36D_18 (305) Are you undergoing treatment for: diabetes

Associated 'other' fields:

I36D_19 (310) Are you undergoing treatment for: Open Text Entry 1
I36D_20 (314) Are you undergoing treatment for: Open Text Entry 2

Group Variables: I36e, I36e_01...I36e_20 Limitations in activity because of: (condition)

Type: Numeric

Restrictions: If the participant has been inflicted with the indicated health condition (e.g. I36a = 1).

Description: Is the participant limited in the types of activities they normally engage in because of the specified medical condition.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't Know or Refused

Group fields:

I36E (230) Limitations in activity because of: asthma
I36E_01 (235) Limitations in activity because of: chronic bronchitis
I36E_02 (239) Limitations in activity because of: allergies
I36E_03 (243) Limitations in activity because of: blindness or serious vision problems
I36E_04 (247) Limitations in activity because of: chronic ear infections or ear problems
I36E_05 (251) Limitations in activity because of: hearing impairment
I36E_06 (256) Limitations in activity because of: hepatitis
I36E_07 (261) Limitations in activity because of: HIV AIDS
I36E_08 (265) Limitations in activity because of: tuberculosis
I36E_09 (270) Limitations in activity because of: epilepsy
I36E_10 (274) Limitations in activity because of: psychological or nervous disorders
I36E_11 (278) Limitations in activity because of: learning disability
I36E_12 (282) Limitations in activity because of: cognitive or mental disability
I36E_13 (286) Limitations in activity because of: ADD ADHD
I36E_14 (290) Limitations in activity because of: cerebral palsy
I36E_15 (294) Limitations in activity because of: physical disability

I36E_16 (298) Limitations in activity because of: liver disease (excluding hepatitis)
I36E_17 (302) Limitations in activity because of: kidney disease
I36E_18 (306) Limitations in activity because of: diabetes

Associated 'other' fields:

I36E_19 (311) Limitations in activity because of: Open Text Entry 1
I36E_20 (315) Limitations in activity because of: Open Text Entry 2

I36F (231) Have you had an asthma attack in the past 12 months

Type: Numeric

Restrictions: If participant has asthma (I36a = 1).

Description: Incidence of and asthma attack in the last 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't Know or Refused

I36F_05 (252) Difficulty hearing conversation with one person

Type: Numeric

Restrictions: If participant has a hearing impairment (I36a_05 = 1).

Description: Difficulty with hearing during conversations.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't Know or Refused

I36F_06 (257) What type of Hepatitis?

Type: Numeric

Restrictions: If participant has Hepatitis (I36a_06 = 1)

Description: Type of Hepatitis that the participant has.

Value labels:

Value	Label
1	Type A
2	Type B
3	Type C
88 M	Don't Know
99 M	Refused

I36F_08 (266) Is your tuberculosis active or inactive

Type: Numeric

Restrictions: If participant has tuberculosis (I36a_08 = 1).

Description: Activity state of the participant's tuberculosis.

Value labels:

Value	Label
1	Active
2	Inactive
88 M	Don't Know
99 M	Refused

I37 (316) Which type(s) of diabetes have you been diagnosed with in your lifetime?

Type: Numeric

Restrictions: If participant has diabetes (I36a_18 = 1).

Description: Type of diabetes the participant has been diagnosed with.

Value labels:

Value	Label
1	Type 1
2	Type 2
3	Pre-diabetic state
4	Gestational
88 M	Don't Know
99 M	Refused

Group Variable: I38a...I38h (317-323) What treatment is used to control you diabetes: (method)

Type: Numeric

Restrictions: If participant has diabetes (I36a_18 = 1).

Description: Treatment method for diabetes.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

I38A (317) What treatment is used to control your diabetes: traditional medicines

I38B (318) What treatment is used to control your diabetes: traditional ceremonies or healer

I38C (319) What treatment is used to control your diabetes: diet

I38D (320) What treatment is used to control your diabetes: exercise

I38E (321) What treatment is used to control your diabetes: insulin

I38F (322) What treatment is used to control your diabetes: pills

Associated 'other' fields:

I38H (323) What treatment is used to control your diabetes: Open Text Entry

Group Variable: J39a...J39k (324-334) Have you experienced: (injury)

Type: Numeric

Description: Injuries experienced in the past 12 months requiring the attention of a health care professional.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

J39A (324) Have you experienced: broken or fractured bones
J39B (325) Have you experienced: burns or scalds
J39C (326) Have you experienced: dislocation
J39D (327) Have you experienced: sprain or strain
J39E (328) Have you experienced: cuts, scrapes, or bruises
J39F (329) Have you experienced: concussion
J39G (330) Have you experienced: poisoning
J39H (331) Have you experienced: injury to internal organ
J39I (332) Have you experienced: dental injury
J39J (333) Have you experienced: hypothermia, frostbite, or other cold injury

Associated 'other' fields:

J39K (334) Have you experienced: Open Text Entry

Group Variable: J40a...J40u Injury causes: (cause)

Type: Numeric

Description: Causes of injuries.

Value labels:

Value	Label
0	Did not mention
1	Indicated

Group fields:

J40A (335) Injury causes: motor vehicle accident
J40B (337) Injury causes: motor vehicle accident - pedestrian
J40C (339) Injury causes: motor vehicle accident - bicycle
J40D (341) Injury causes: other bicycle accident
J40E (343) Injury causes: snowmobile accident
J40F (345) Injury causes: all terrain vehicle accident
J40G (347) Injury causes: hunting accident
J40H (349) Injury causes: boating accident
J40I (351) Injury causes: fall or trip
J40J (353) Injury causes: sport
J40K (355) Injury causes: other physical assault
J40L (357) Injury causes: suicide attempt or self-inflicted injury
J40M (359) Injury causes: dog bite
J40N (361) Injury causes: bite by animal other than dog
J40O (363) Injury causes: fire or flames or resulting fumes
J40P (365) Injury causes: scalded by hot liquid or food
J40Q (367) Injury causes: natural environmental factors
J40R (369) Injury causes: near drowning
J40S (371) Injury causes: asphyxia or other threats to breathing
J40T (373) Injury causes: accidental poisoning

Associated 'other' fields:

J40U2 (375) Injury causes: Open Text Entry Grouped
J40U (376) Injury causes: Open Text Entry

Group Variable: J40a1...J40u1 Alcohol or drug related: (cause)

Type: Numeric

Restrictions: If participant indicated the corresponding injury had occurred (e.g. J40a = 1).

Description: Was the indicated injury alcohol or drug related.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

J40A1 (336) Alcohol or drug related: motor vehicle accident
J40B1 (338) Alcohol or drug related: motor vehicle accident - pedestrian
J40C1 (340) Alcohol or drug related: motor vehicle accident - bicycle
J40D1 (342) Alcohol or drug related: other bicycle accident
J40E1 (344) Alcohol or drug related: snowmobile accident
J40F1 (346) Alcohol or drug related: all terrain vehicle accident
J40G1 (348) Alcohol or drug related: hunting accident
J40H1 (350) Alcohol or drug related: boating accident
J40I1 (352) Alcohol or drug related: fall or trip
J40J1 (354) Alcohol or drug related:
J40K1 (356) Alcohol or drug related: other physical assault
J40L1 (358) Alcohol or drug related: suicide attempt or self-inflicted injury
J40M1 (360) Alcohol or drug related: dog bite
J40N1 (362) Alcohol or drug related: bite by animal other than dog
J40O1 (364) Alcohol or drug related: fire or flames or resulting fumes
J40P1 (366) Alcohol or drug related: scalded by hot liquid or food
J40Q1 (368) Alcohol or drug related: natural environmental factors
J40R1 (370) Alcohol or drug related: near drowning
J40S1 (372) Alcohol or drug related: asphyxia or other threats to breathing
J40T1 (374) Alcohol or drug related: accidental poisoning

Associated 'other' fields:

J40U1 (377) Alcohol or drug related: Open Text Entry

K41A (378) When did you last: consult a traditional healer

Type: Numeric

Description: Last instance of consulting a traditional healer.

Value labels:

Value	Label
1	Within the last 12 months
2	1-2 years ago
3	Over 2 years ago
4	I don't remember
5	Never
88 M	Don't know

99 M Refused

K41B (379) When did you last: have a counseling, psychological testing, or any other mental health service

Type: Numeric

Description: Last instance of having counseling, psychological testing or any other mental health service.

Value labels:

Value	Label
1	Within the last 12 months
2	1-2 years ago
3	Over 2 years ago
4	I don't remember
5	Never
88 M	Don't know
99 M	Refused

Group Variable: K42a...K42e (380-384) Have you had any of the follow tests or examinations: (test)

Type: Numeric

Description: Has the participant obtained various medical tests in their lifetime.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

K42A (380) Have you had any of the following tests or examinations: cholesterol Test
K42B (381) Have you had any of the following tests or examinations: vision or eye exam
K42C (382) Have you had any of the following tests or examinations: hearing test
K42D (383) Have you had any of the following tests or examinations: blood sugar test
K42E (384) Have you had any of the following tests or examinations: complete physical examination

K43A (385) Approximately, when was the last time you had any dental care

Type: Numeric

Description: Time elapsed from when the participant last received any dental care.

Value labels:

Value	Label
1	Less than 6 months ago
2	Between 6 months and 1 year
3	Between one and 2 years ago
4	Between 2 and 5 years ago
5	More than 5 years ago
6	Never
88 M	Don't know
99 M	Refused

Group Variable: K44a_2...K44a_6, K44b2, K44b (386-390) What type of dental treatment do you currently need: (type)

Type: Numeric

Description:

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

K44A_2 (386) What type of dental treatment do you currently need: cavities filled or other restorative work
K44A_3 (387) What type of dental treatment do you currently need: maintenance
K44A_4 (388) What type of dental treatment do you currently need: extractions
K44A_5 (389) What type of dental treatment do you currently need: flouride treatment
K44A_6 (390) What type of dental treatment do you currently need: peridental work

Associated 'other' fields:

K44B2 (391) What type of dental treatment do you currently need: Open Text Entry Grouped
K44B (392) What type of dental treatment do you currently need: Open Text Entry

K45A (393) Have you experienced problems with your teeth or dental pain in the past month

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: L46a...L46j (394-403) In the last 12 months, have you ever used:

Type: Numeric

Description:

Value labels:

Value	Label
1	Never
2	About 2-3 times a year
3	About once a month
4	About 2-3 times a month
5	About 2-3 times a week
6	About once a day
99 M	Refused

Group fields:

L46A (394) In the last 12 months, have you ever used: chewing tobacco
L46B (395) In the last 12 months, have you ever used: marijuana (weed, grass) or hash
L46C (396) In the last 12 months, have you ever used: PCP or angel dust
L46D (397) In the last 12 months, have you ever used: acid, LSD, or amphetamines
L46E (398) In the last 12 months, have you ever used: ecstasy

L46F (399) In the last 12 months, have you ever used: inhalants (glue, gas, paint)
 L46G (400) In the last 12 months, have you ever used: sedatives or downers (Valium, etc.)
 L46H (401) In the last 12 months, have you ever used: cocaine, crack, freebase
 L46I (402) In the last 12 months, have you ever used: codeine, morphine, opiates (Percodan, Tylenol 3, etc.)
 L46J (403) In the last 12 months, have you ever used: heroin

L47A (404) During the last 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage

L48A (405) During the past year, how often have you had 5 or more drinks on one occasion

Value	Label
1	Never
2	Once per month
3	Once per week
4	Every day
5	Less than once per month
6	2-3 times per month
7	More than once per week
99 M	Refused

L49A (406) At the present time, do you smoke cigarettes

Value	Label
1	Not at all
2	Daily
3	Occasionally
99 M	Refused

L50A (407) On average, how many cigarettes do you currently smoke each day

L51A (408) At what age did you begin smoking cigarettes

Value	Label
997.00 M	Refused

L52A (409) How many times have you tried to quit smoking

Value	Label
1	0 - never tried to quit

2	1-2 Tries
3	3-4 tries
4	5 or more tries
88 M	Don't Know
99 M	Refused

L53A (410) Have you ever smoked cigarettes daily

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

L54A (411) At what age did you begin smoking cigarettes

L55A (412) At what age did you quit smoking cigarettes

Group Variable: L56a_1...L56a_8, L56b (413-421) Reason for quitting smoking: (reason)

Type: Numeric

Description:

Value labels:

Value	Label
0	No
1	Yes

Group fields:

L56A_1 (413) Reason for quitting smoking: respect for the cultural and traditional significance of tobacco
 L56A_2 (414) Reason for quitting smoking: chose a healthier lifestyle
 L56A_3 (415) Reason for quitting smoking: health condition
 L56A_4 (416) Reason for quitting smoking: doctor's orders
 L56A_5 (417) Reason for quitting smoking: peer pressure from friends or co-workers
 L56A_6 (418) Reason for quitting smoking: out of respect for loved ones
 L56A_7 (419) Reason for quitting smoking: greater awareness or education on ill effects of tobacco on my health
 L56A_8 (420) Reason for quitting smoking: pregnancy

Associated 'other' fields:

L56B (421) Reason for quitting: Other

L57A (422) Do you have a smoke free home

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

L58A (423) Are you sexually active

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

L59 (424) Have you had sexual intercourse in the last 12 months

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

L60A (425) How many people have you had sexual intercourse with in the past 12 months

Value	Label
1	None
2	1-2
3	3-4
4	5-6
5	7-10
6	11 or more
88 M	Don't Know
99 M	Refused

Group Variable: L61a_1...L61a_10, L61b (426-436) Birth control protection used: (method)

Type: Numeric

Description:

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't know
99 M	Refused

Group fields:

L61A_1 (426) Birth control protection used: withdrawal
L61A_2 (427) Birth control protection used: condom
L61A_3 (428) Birth control protection used: birth control pills
L61A_4 (429) Birth control protection used: diaphragm
L61A_5 (430) Birth control protection used: sponges
L61A_6 (431) Birth control protection used: Depo Provera
L61A_7 (432) Birth control protection used: foam
L61A_8 (433) Birth control protection used: rhythm
L61A_9 (434) Birth control protection used: IUD
L61A_10 (435) Birth control protection used: none

Associated 'other' fields:

L61B (436) Birth control protection used: Open Text Entry

L62A (437) Reasons for using birth control methods

Value	Label
1	Birth Control to avoid pregnancy
2	Protection from STDs
3	Both birth control and protection from STDs
4	Other
88 M	Don't Know
99 M	Refused

Associated 'other' fields:

L62B (438) Reasons for protections: Open Text Entry

L63A (439) Do you use condoms to avoid getting STDs

Value	Label
1	Always
2	Most of the time
3	Occasionally
4	Never
99 M	Refused

L64A (440) What is the main reason for not always using condoms

Type: Numeric

Description:

Value labels:

Value	Label
1	Your partner did not want to use one
2	You were under the influence of alcohol or drugs
3	Your partner does not have the HIV AIDS virus

- 4 You or your partner wanted to get pregnant
- 5 You could not afford to buy any condoms
- 6 You were too embarrassed to get condoms
- 7 You could not talk to your partner about protection
- 8 You or your partner is allergic to latex condoms
- 9 Religious Reasons
- 10 You did not want to use one
- 11 You do not have the HIV AIDS virus
- 12 You were with your steady partner
- 13 You did not have a condom at the time
- 14 You could not obtain condoms where you were
- 15 You did not think of using a condom
- 16 You find condoms painful
- 17 You thought you were safe
- 18 Other
- 88 M Don't Know
- 99 M Refused

Associated 'other' fields:

L64B (441) What is the main reason for not always using condoms-other

L65A (442) Have you ever been pregnant or got someone pregnant

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

L66A (443) How old were you the first time (became pregnant or fathered a child)

Type: Numeric

Description:

Value labels:

Value	Label
997 M	Should have answered

L67AX (444) How many children have you given birth to or fathered

Value	Label
* M	Should have answered

Group Variable: L68a...L68d (445-448) Outside of school hours, how often do you: (activity)

Type: Numeric

Description: Number of hours outside of school the participant spends in various activities.

Value labels:

Value	Label
1	Never
2	Less than once per week
3	1 to 3 times per week
4	4+ times per week
5 M	Not applicable
6 M	Refused
997 M	No Response

Group fields:

L68A (445) Outside of school hours, how often do you: take part in sports teams or lessons
L68B (446) Outside of school hours, how often do you: take part in art or music groups or lessons
L68C (447) Outside of school hours, how often do you: take part in traditional singing, drumming or dancing groups or lessons
L68D (448) Outside of school hours, how often do you: have a job such as baby-sitting, working at a store, or tutoring

Group Variable: L69a...L69e (449-453) On average, about how many hours per day do you: (activity)

Type: Numeric

Description: Number of hours per day the participant spends in various activities.

Value label:

Value	Label
1	Not at all or less than 1 hour
2	1 to 2 hours
3	3 to 5 hours
4	6 hours or more
88 M	Don't Know
99 M	Refused

Group fields:

L69A (449) On average, about how many hours per day do you: watch television
L69B (450) On average, about how many hours per day do you: play video games
L69C (451) On average, about how many hours per day do you: use computer
L69D (452) On average, about how many hours per day do you: spend time outdoors
L69E (453) On average, about how many hours per day do you: assist in household chores

Group Variable: M70a...M70d (454-457) How often do you feel that you are in balance: (type)

Type: Numeric

Description: Rating on physical, emotional, mental, and spiritual balance in the participant's life.

Value labels:

Value	Label
1	All of the time
2	Most of the time
3	Some of the time
4	Almost none of the time
88 M	Don't Know
99 M	Refused

Group fields:

M70A (454) How often do you feel that you are in balance: physical
M70B (455) How often do you feel that you are in balance: emotional
M70C (456) How often do you feel that you are in balance: mental
M70D (457) How often do you feel that you are in balance: spiritual

Group Variable: M71a...M71d (458-461) How do you agree or disagree with: (self worth statement)

Type: Numeric

Description:

Value labels:

Value	Label
1	Strongly agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Strongly disagree
88 M	Don't Know
99 M	Refused

Group fields:

M71A (458) How do you agree or disagree with: in general, I like the way I am
M71B (459) How do you agree or disagree with: overall, I have a lot to be proud of
M71C (460) How do you agree or disagree with: a lot of things about me are good
M71D (461) How do you agree or disagree with: when I do something, I do it well

Group Variables: M72a...M72f (462-468) How do you agree or disagree with: (self determination statement)

Type: Numeric

Description:

Value labels:

Value	Label
1	Strongly agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Strongly disagree
88 M	Don't Know
99 M	Refused

Group fields:

M72A (462) How do you agree or disagree with: I can solve the problems that I have
M72B (463) How do you agree or disagree with: no one pushes me around in life
M72B_1 (464) How do you agree or disagree with: I have control over the things that happen to me
M72C (465) How do you agree or disagree with: I can do just about anything I really set my mind to
M72D (466) How do you agree or disagree with: I often feel helpless in dealing with the problems of life
M72E (467) How do you agree or disagree with: what happens to me in the future mostly depends on me
M72F (468) How do you agree or disagree with: there is little I can do to change many of the important things in my life

Group Variable: M73a...M73c (469-471) Level of agreement with: how lonely do you feel

Type: Numeric

Description:

Value labels:

Value	Label
1	Not at all
2	A little
3	Moderately
4	Quite a bit
5	A lot
88 M	Don't Know
99 M	Refused

Group fields:

M73A (469) Level of agreement with: how lonely do you feel
M73B (470) Level of agreement with: how loved do you feel
M73C (471) Level of agreement with: how stressed do you feel

Group Variable: M74a...M74m (472-483) Have you seen or talked on the telephone about your emotional to: (individual)

Type: Numeric

Description:

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

M74A (472) Have you seen or talked on the telephone about your emotional to: friend
M74B (473) Have you seen or talked on the telephone about your emotional to: immediate family member
M74C (474) Have you seen or talked on the telephone about your emotional to: other family member
M74D (475) Have you seen or talked on the telephone about your emotional to: traditional healer
M74E (476) Have you seen or talked on the telephone about your emotional to: family doctor
M74F (477) Have you seen or talked on the telephone about your emotional to: psychiatrist
M74G (478) Have you seen or talked on the telephone about your emotional to: CHR
M74H (479) Have you seen or talked on the telephone about your emotional to: nurse
M74I (480) Have you seen or talked on the telephone about your emotional to: counselor
M74J (481) Have you seen or talked on the telephone about your emotional to: psychologist
M74K (482) Have you seen or talked on the telephone about your emotional to: social worker
M74L (483) Have you seen or talked on the telephone about your emotional to: crisis line worker

Associated 'other' fields:

M74M (484) Have you seen or talked on the telephone about your emotional to: other

M75AX (485) Have you ever thought about committing suicide

Value	Label
1	Yes, when I was under - 12 years of age
2	Yes, when I was an adolescent - 12 to 17years of age
3	Yes, during the past year
4	Never
88 M	Don't Know
99 M	Refused

M76AX (486) Have you ever attempted suicide

Value	Label
1	Yes, when I was under - 12 years of age
2	Yes, when I was an adolescent - 12 to 17years of age
3	Yes, during the past year
4	Never
88 M	Don't Know
99 M	Refused

M77A (487) In the past 12 months, has a close friend or family member committed suicide

M78 (488) Was there ever a time when you felt sad, blue or depressed for 2 weeks in a row

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: M79a...M79h (489-496) Available support: (emotional need)

Type: Numeric

Description:

Value labels:

Value	Label
1	All of the time
2	Most of the time
3	Some of the time
4	Almost none of the time
99 M	Refused

Group fields:

M79A (489) Available support: someone you can count on to listen to you talk when you need to talk
M79B (490) Available support: someone you can count on when you need help
M79C (491) Available support: someone to take you to the doctor if you needed it
M79D (492) Available support: someone who shows you love and affection
M79E (493) Available support: someone who can give you a break from your daily routines
M79F (494) Available support: someone to have a good time with
M79G (495) Available support: someone to confide in or talk about yourself or your problems
M79H (496) Available support: someone to do something enjoyable with

Group Variables: M80a...M80k (497-507) Who would you go to first for help if you had a problem with: (problem)

Type: Numeric

Description:

Value labels:

Value	Label
1	Parent or gaurdian
2	Other family members
3	Friends my age
4	Adult friend
5	Traditional Healer
6	Doctor, nurse, or health aide
7	Principal, school counselor, or teacher
8	Other
9	No one
88 M	Don't Know
99 M	Refused

Group fields:

M80A (497) Who would you go to first for help if you had a problem with: family problems
M80B (498) Who would you go to first for help if you had a problem with: relationships boyfriend or girlfriend
M80C (499) Who would you go to first for help if you had a problem with: financial problems
M80D (500) Who would you go to first for help if you had a problem with: drugs or alcohol
M80E (501) Who would you go to first for help if you had a problem with: anger or feeling out of control
M80F (502) Who would you go to first for help if you had a problem with: depression
M80G (503) Who would you go to first for help if you had a problem with: problems with friends
M80H (504) Who would you go to first for help if you had a problem with: sexual or physical assault
M80I (505) Who would you go to first for help if you had a problem with: STDs
M80J (506) Who would you go to first for help if you had a problem with: birth control
M80K (507) Who would you go to first for help if you had a problem with: pregnancy

Group Variable: N81a, N81b (508-509) Was your (mother/father) ever a student of a residential school

Type: Numeric

Description:

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

N81A (508) Was your mother ever a student of a residential school
N81B (509) Was your father ever a student of a residential school

Group Variable: N82a...N81d (508-509) Was your (grandparent) ever a student of a residential school

Type: Numeric

Description:

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

N82A (510) Was your Mother's mother ever a student of a residential school
N82B (511) Was your Mother's father ever a student of a residential school
N82C (512) Was your Father's mother ever a student of a residential school
N82D (513) Was your Father's father a student of a residential school

N83X (514) Are there other issues affecting the well-being of teens in this community: Open Text Entry Grouped

Measurement Level: Nominal
Column Width: 24 Alignment: Left
Print Format: A36
Write Format: A36

N83 (515) Are there other issues affecting the well-being of teens in this community: Open Text Entry

N3A (516) How much assistance did the respondent require

Value	Label
1	None
2	Very little
3	Some
4	A lot
99	Refused

N3B (517) Did someone interpret (translate) the questions

Value	Label
1	Yes

2 No
88 M Don't Know
99 M Refused

N3C (518) Who provided assistance with interpretation

Value	Label
1	Interviewer
2	Other family member
3	Parent or guardian
4	Other
99 M	Refused

I36A19X2 (519)
I36OTH1 (520)
I36OTH11 (521)

RANDOM (522) Random Value

Type: Numeric
Description:

DE_AGE (523) Verified age of participant

C6_EX (524) FNC computed number of children in household: 0 to 17 years old

Value	Label
888 M	Don't Know
999 M	Refused

C6_EX (525) FNC computed number of adults in household: 18 years and older

Value	Label
888 M	Don't Know
999 M	Refused

BMI (526) Body Mass Index

BMI_Group (527) BMI Grouped

Value	Label
1	Underweight
2	Acceptable
3	Overweight
4	Obese
5	Morbidly Obese

N81_EX (528) One or more parents attended residential school

Value	Label
0	No
1	Yes

N82_EX (529) One or more grandparents attended residential school

Value	Label
0	No
1	Yes

Group fields:

- C11_EX0 (530) Number of languages person understands: fluently
- C11_EX1 (531) Number of languages person understands: relatively well
- C11_EX2 (532) Number of languages person understands: a few words
- C11_EX3 (533) Number of languages person understands: no understanding
- C11_EX9 (534) Number of languages person understands: fluently or relatively well
- C11_EX8 (535) Number of languages (excluding English, French, and Sign Language) person understands: fluently or relatively well

C11_EX8B (536) Understanding of one or more First Nations languages (fluently or relatively well)

Value	Label
0	No understanding
1	One or more

- C12_EX0 (537) Number of languages person speaks: fluently
- C12_EX1 (538) Number of languages person speaks: relatively well
- C12_EX2 (539) Number of languages person speaks: a few words
- C12_EX3 (540) Number of languages person speaks: no understanding
- C12_EX9 (541) Number of languages person speaks: fluently or relatively well
- C12_EX8 (542) Number of languages (excluding English, French, and Sign Language) person speaks: fluently or relatively well

C12_EX8B (543) Able to speak one or more First Nations languages (fluently or relatively well)

Type: Numeric

Description:

Value labels:

0	No understanding
1	One or more

sam1_09b (544) Age final, used for weighting, may differ from derived age
com_02c (545) Sub region final
com_03c (546) Size final (2 sizes but may have collapsed)
agegendb (547) Age/gender group text
agegend (548) Age/gender group numeric
popsize (549) Population size of that strata
sampsize (550) Sample size of that strata

wgt_reg2 (551) Weight on region/sub-region/2 size/age/gender strata NOV 03 2004

Group Variables: commpop, f_11a...F16b (552-564) Community population for (gender and age group)

Type: Numeric

Description: Population count for participant's community by gender/age group.

Group fields:

commpop (552) Community Population for the community
f_11a (553) Community Population for males adults 18-34
f_11b (554) Community Population for males adults 35-54
f_11c (555) Community Population for males adults 55+
f_12a (556) Community Population for females adults 18-34
f_12b (557) Community Population for females adults 35-54
f_12c (558) Community Population for females adults 55+
f_13 (559) Community Population for males youths 12-17
f_14 (560) Community Population for females youths 12-17
f_15a (561) Community Population for males child 0-5
f_15b (562) Community Population for males child 6-11
f_16a (563) Community Population for females child 0-5
f_16b (564) Community Population for females child 6-11

Group Variables: d_20sr...clv_ssr (565-571) Regional level confidence measures

Type: Numeric/String

Description: General confidence measures for national and regional level analysis.

Group fields:

d_20sr (565) Error at 95%CI, for actual sample size and p=20% (for sub-region age/sex stratum)
cv_20sr (566) CV when p=20% (for sub-region age/sex/comm size stratum)
clv_20sr (567) CV level for sub-region age/sex/comm size stratum-- A means CV < 40%, B means > 40%, when p=20%
d_50sr (568) Error at 95%CI, for actual sample size and p=50% (for community age/sex stratum)
cv_50sr (569) CV when p=50% (for sub-region age/sex/comm size stratum)
clv_50sr (570) CV level for sub-region age/sex/comm size stratum-- A means CV < 40%, B means > 40%, for p=50%
clv_ssr (571) Combined CV level summary for sub-region age/sex/comm size stratum

popsizco (572) Population Size of community age/sex stratum
samsizco (573) Sample Size of community age/sex stratum

wgtco1 (574) Community Weight (for age/sex stratum)

Type: Numeric

Description: Participant's statistical weight.

Notes: Appropriate for community level analysis; use wgt_reg2 for regional or national level analysis.

Group Variable: d_20co...cvl_sco (575-581) Community level confidence measures

Type: Numeric/String

Description: General confidence measures for community level analysis.

Group fields:

d_20co (575) Error at 95%CI, for actual sample size and p=20% (for community age/sex stratum)
cv_20co (576) CV when p=20% (for community age/sex stratum)
cvl_20co (577) CV level for community age/sex stratum-- A means CV < 40%, B means > 40%, when p=20%
d_50co (578) Error at 95%CI, for actual sample size and p=50% (for community age/sex stratum)
cv_50co (579) CV when p=50% (for community age/sex stratum)
cvl_50co (580) CV level for community age/sex stratum-- A means CV < 40%, B means > 40%, for p=50%
cvl_sco (581) Combined CV level summary for community age/sex stratum

Appendix 16: Children's Data Dictionary

2002-2003
RHS Child Data Dictionary
Version 1.0

**A Comprehensive Guide to the
2002-2003 RHS Child Database**

Released March 18, 2005



KEY2 (1) Composite Database Primary Key

Type: Numeric

Description: Key field. Unique across adult, youth, and child databases.

KEY (2) Child Database Primary Key

Type: Numeric

Description: Key field. Unique within child database.

REGION (3) Region of Participant

Type: String

Description: Reported region of residence of participant at the time of the survey.

Values:

AB (Alberta)
BC (British Columbia)
MB (Manitoba)
NB (New Brunswick)
NS (Nova Scotia including Newfoundland)
NT (Northwest Territories)
ON (Ontario)
QC (Quebec)
SK (Saskatchewan)
YK (Yukon Territory)

SURVEY (4) Survey Type

Type: String

Description: Type of survey completed.

Notes: This field will be more important if records are stacked from adult, youth, and/or child databases.

Values:

Adult
Youth
Child

BDAY (5) Reported day of birth of participant

Type: Numeric

Description: Day of birth of participant.

BMONTH (6) Reported month of birth of participant

Type: Numeric

Description: Month of birth of participant.

BYEAR (7) Reported year of birth of participant

Type: Numeric

Description: Year of birth of participant.

RE_AGE (8) Reported age of participant

Type: String

Description: Age at time of survey as entered/reported by the proxy.

Notes: This field was formatted as a string and may contain non-numeric data. Participants were given the option of providing date of birth information (bday, bmonth, byear) or reporting their age (re_age).

DE_AGE (9) Derived age of participant

Type: Numeric

Description: Age at time of survey as entered/reported by the proxy.

Notes: This field is only accurate to year. The value was calculated as the difference between the date of completion of the survey and the reported date of birth. For participants reporting there are directly (re_age), this value is copied over from re_age.

Missing values: 9999

GENDER (10) Reported Gender of Child

Type: Numeric

Description: Gender of participant.

Value labels:

Value	Label
1	Male
2	Female

GGID (11) INAC Indian Registry Standardised Community Code

Type: Numeric

Description: Community of residence at time of survey. This field is not available for analysis.

Notes: See variable *INAC Name* for corresponding name. See Appendix A for a complete listing of participating communities.

INACNAME (12) INAC Indian Registry Standardised Community Name

Type: String

Description: Community of residence at time of survey. This field is not available for analysis.

Notes: See variable *GGID* for corresponding numeric value. See Appendix A for a complete listing of participating communities.

CONSENT (13) ConsentID

Type: Numeric

Description: Unique identification number assigned to each participant. The ConsentID was used to relate each survey record with their corresponding consent form, thus, ensuring that valid consent was obtained.

INTERVIE (14) InterviewerID

Type: Numeric

Description: Identification code used by interviewer.

NOTES (16) User Notes

Type: String

Description: User entered notes.

Notes: May have been entered by the participant or interviewer.

TIME_ELA (17) Time Elapsed

Type: String

Description: Computer generated time to complete the survey on the laptop entry system.

Notes: This should not be taken strictly as the 'time to complete' the survey since some surveys may have been completed prior on paper then entered onto the laptop entry system.

B1_1 (20) Reported name of child

Type: String

Description: Reported name of the child.

B1A (21) Proxy's relationship to child

Type: Numeric

Description: Relationship of the survey proxy to the child.

Value labels:

Value	Label
1	Birth parent
2	Adoptive parent
3	Foster parent
4	Step parent
5	Sister or brother
6	Grandparent
7	Other

B3 (22) Proxy's Gender

Type: Numeric

Description: Reported gender of the proxy.

Value labels:

Value	Label
1	Male
2	Female

Group Variable: C7a...C7c (23-25) Including the child, how many children usually live in this household: (age range)

Type: Numeric

Description: Occupancy count of household (0-17 years).

Value labels:

Value	Label
999 M	Refused

Group fields:

- C7A (23) Including the child, how many children usually live in this household: under 6 years old
- C7B (24) Including the child, how many children usually live in this household: 6 to 11 years old
- C7C (25) Including the child, how many children usually live in this household: 12 to 17 years old

Group Variable: C8a, C8b (26, 27) Including yourself, how many adults usually live in this household: (age range)

Type: Numeric

Description: Occupancy count of the household (18+ years)

Value labels:

Value	Label
999 M	Refused

Group fields:

- C8A (26) Including yourself, how many adults usually live in this household: 18 to 64 years old
- C8B (27) Including yourself, how many adults usually live in this household: over 65 years old

C9 (28) How many rooms are in your home

Type: Numeric

Description: Room count of household.

Notes: Includes kitchens, bedrooms, living rooms, and finished basements. Excludes bathrooms, halls, laundry rooms, and attached sheds.

Value labels:

Value	Label
13	13+
88 M	Don't Know
99 M	Refused

Group Variable: C10a_1...C10a_15, C10b (29-44) Who does the child live with most of the time: (person)

Type: Numeric

Description: Other individuals residing in the same household as the participant.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

C10A_1 (29) Who does the child live with most of the time: biological mother
 C10A_2 (30) Who does the child live with most of the time: biological father
 C10A_3 (31) Who does the child live with most of the time: adoptive mother
 C10A_4 (32) Who does the child live with most of the time: adoptive father
 C10A_5 (33) Who does the child live with most of the time: stepfather
 C10A_6 (34) Who does the child live with most of the time: stepmother
 C10A_7 (35) Who does the child live with most of the time: foster parent
 C10A_8 (36) Who does the child live with most of the time: aunt, uncle, or cousins
 C10A_9 (37) Who does the child live with most of the time: brothers or sisters
 C10A_10 (38) Who does the child live with most of the time: step-brother or step-sister
 C10A_11 (39) Who does the child live with most of the time: unrelated children
 C10A_12 (40) Who does the child live with most of the time: grandparent
 C10A_13 (41) Who does the child live with most of the time: child lives in a boarding home
 C10A_14 (42) Who does the child live with most of the time: a man he or she is not related to
 C10A_15 (43) Who does the child live with most of the time: a woman he or she is not related to

Associated 'other' fields:

C10B (44) Who does the child live with most of the time: Open Text Entry

C11 (45) Total household income ending December 31, 2001

Type: Numeric

Description: Total household income (2001).

Notes: Includes all sources before deductions.

Value labels:

Value	Label
1	Income Loss
2	No Income
3	\$1 - \$4999
4	\$5000 - \$9999
5	\$10000 - \$14999
6	\$15000 - \$19999
7	\$20000 - \$24999
8	\$25000 - \$29999
9	\$30000 - \$39999
10	\$40000 - \$49999
11	\$50000 - \$59999
12	\$60000 - \$69999
13	\$70000 - \$79999
14	\$80000+
88 M	Don't Know
99 M	Refused

D13 (46) How important is it to you that the child learn a First Nation or Inuit language

Type: Numeric

Description: Rated importance that the participant learn a First Nations language.

Value labels:

Value	Label
1	Very important
2	Somewhat important
3	Not very Important
4	Not important
88 M	Don't know
99 M	Refused

Group Variable: D14aa...D14bi (47-88) Does the child understand: (language)

Type: Numeric

Description: Level of comprehension of each indicated language.

Value labels:

Value	Label
0	Fluently
1	Relatively well
2	A few words
3	No understanding

Group fields:

D14AA (47) Does the child understand: English
D14AB (48) Does the child understand: French
D14AC (49) Does the child understand: Sign Language
D14AD (50) Does the child understand: Algonquin
D14AE (51) Does the child understand: Assiniboine
D14AF (52) Does the child understand: Attikamekw
D14AF_1 (53) Does the child understand: Blackfoot
D14AG (54) Does the child understand: Cayuga
D14AH (55) Does the child understand: Chippewa
D14AH_1 (56) Does the child understand: Chipewyan
D14AI (57) Does the child understand: Cree
D14AJ (58) Does the child understand: Dakota
D14AK (59) Does the child understand: Dogrib
D14AL (60) Does the child understand: Gitksan
D14AL_1 (61) Does the child understand: Gwich'in
D14AM (62) Does the child understand: Haida
D14AN (63) Does the child understand: Inuktitut
D14AP (64) Does the child understand: Lakota
D14AQ (65) Does the child understand: Malecite
D14AR (66) Does the child understand: Mi'kmaq
D14AS (67) Does the child understand: Mohawk
D14AT (68) Does the child understand: Naskapi
D14AT_1 (69) Does the child understand: Montagnais
D14AU (70) Does the child understand: Nisgà
D14AU_1 (71) Does the child understand: North Slave
D14AV (72) Does the child understand: Ojibway
D14AW (73) Does the child understand: Oji-Cree
D14AX (74) Does the child understand: Oneida
D14AY (75) Does the child understand: Onondaga
D14AZ (76) Does the child understand: Potawatomi
D14BA (77) Does the child understand: Salish
D14BB (78) Does the child understand: Sauteaux
D14BB_1 (79) Does the child understand: South Slave
D14BC (80) Does the child understand: Stoney
D14BD (81) Does the child understand: Tuscorora
D14BE (82) Does the child understand: Wet'su'weten

Associated 'other' fields:

D14BF (83) Does the child understand: Open Text Entry 1
D14BF2 (84) Does the child understand: Open Text Entry 1 Grouped
D14BG (85) Does the child understand: Open Text Entry 1 Levels
D14BH (86) Does the child understand: Open Text Entry 2
D14BH2 (87) Does the child understand: Open Text Entry 2 Grouped
D14BI (88) Does the child understand: Open Text Entry 2 Levels

Group Variable: D15aa...D15bi (89-130) Does the child speak: (language)

Type: Numeric

Description: Level of spoken comprehension of each indicated language.

Value labels:

Value	Label
0	Fluently
1	Relatively well
2	A few words
3	No understanding

Group fields:

D15AA (89) Does the child speak: English
D15AB (90) Does the child speak: French
D15AC (91) Does the child speak: Sign Language
D15AD (92) Does the child speak: Algonquin
D15AE (93) Does the child speak: Assiniboine
D15AF (94) Does the child speak: Attikamekw
D15AF_1 (95) Does the child speak: Blackfoot
D15AG (96) Does the child speak: Cayuga
D15AH (97) Does the child speak: Chippewa
D15AH_1 (98) Does the child speak: Chipewyan
D15AI (99) Does the child speak: Cree
D15AJ (100) Does the child speak: Dakota
D15AK (101) Does the child speak: Dogrib
D15AL (102) Does the child speak: Gitksan
D15AL_1 (103) Does the child speak: Gwich'in
D15AM (104) Does the child speak: Haida
D15AN (105) Does the child speak: Inuktitut
D15AP (106) Does the child speak: Lakota
D15AQ (107) Does the child speak: Malecite
D15AR (108) Does the child speak: Mi'kmaq
D15AS (109) Does the child speak: Mohawk
D15AT (110) Does the child speak: Naskapi
D15AT_1 (111) Does the child speak: Montagnais
D15AU (112) Does the child speak: Nisgà
D15AU_1 (113) Does the child speak: North Slave
D15AV (114) Does the child speak: Ojibway
D15AW (115) Does the child speak: Oji-Cree
D15AX (116) Does the child speak: Oneida
D15AY (117) Does the child speak: Onondaga
D15AZ (118) Does the child speak: Potawatomi
D15BA (119) Does the child speak: Salish
D15BB (120) Does the child speak: Saulteaux
D15BB_1 (121) Does the child speak: South Slave
D15BC (122) Does the child speak: Stoney
D15BD (123) Does the child speak: Tuscorora
D15BE (124) Does the child speak: Wet'su'weten

Associated 'other' fields:

D15BF (125) Does the child speak: Open Text Entry 1
D15BF2 (126) Does the child speak: Open Text Entry 1 Grouped
D15BG (127) Does the child speak: Open Text Entry 1 Levels
D15BH (128) Does the child speak: Open Text 2
D15BH2 (129) Does the child speak: Open Text 2 Grouped
D15BI (130) Does the child speak: Open Text Entry 2 Levels

D16 (131) How satisfied are you with the child's knowledge of his or her First Nation or Inuit language

Type: Numeric

Description: Reported satisfaction of the participant's understanding of his or her First Nations language.

Value labels:

Value	Label
1	Very satisfied
2	Satisfied
3	Neither satisfied nor dissatisfied
4	Dissatisfied
5	Very dissatisfied
6 M	Not applicable -too young
88 M	Don't know
99 M	Refused

D17 (132) How important are traditional cultural events in the child's life?

Type: Numeric

Description: Rated importance of traditional cultural events in the child's life.

Value labels:

Value	Label
1	Very important
2	Somewhat important
3	Not very Important
4	Not important
88 M	Don't know
99 M	Refused

Group Variable: D18_1...D18_10, D18a (133-143) Who helps the child understand his or her culture: (individual)

Type: Numeric

Description: Individual(s) involved in helping the participant understand his or her culture.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

D18_1 (133) Who helps the child in understanding his or her culture: grandparents
 D18_2 (134) Who helps the child in understanding his or her culture: friends
 D18_3 (135) Who helps the child in understanding his or her culture: parents
 D18_4 (136) Who helps the child in understanding his or her culture: other community members
 D18_5 (137) Who helps the child in understanding his or her culture: no one
 D18_6 (138) Who helps the child in understanding his or her culture: aunts and uncles
 D18_7 (139) Who helps the child in understanding his or her culture: community elders
 D18_8 (140) Who helps the child in understanding his or her culture: other relatives
 D18_9 (141) Who helps the child in understanding his or her culture: school teacher
 D18_10 (142) Who helps the child' in understanding his or her culture: someone else

Associated 'other' fields:

D18A (143) Who helps the child' in understanding his or her culture: Open Text Entry

E19 (144) Is the child currently attending school (including Aboriginal Head Start Program)

Type: Numeric
Description: Current school enrollment status of the participant.

Value labels:

Value	Label
1	Yes
2	No
3	No but home schooled
4 M	Not applicable - too young
88 M	Don't know
99 M	Refused

E20 (145) Has the child ever attended a Head Start program

Type: Numeric
Description: Previous attendance of a Head Start Program by the participant.

Value labels:

Value	Label
1	Yes
2	No
3	Not applicable -too young
88 M	Don't know
99 M	Refused

E21 (146) What grade is the child in

Type: Numeric
Description: Current academic level.

Value labels:

Value	Label
1	Aboriginal Head Start program
2	Pre-Kindergarten
3	Kindergarten
4	1
5	2
6	3
7	4
8	5
9	6
10	7
11	8
12	9
99 M	Refused

E22 (147) How is the child doing compared to other children in his or her grade this year

Type: Numeric
Description: Relative academic performance of the child with respect to his or her peers.

Value labels:

Value	Label
1	Above average
2	Slightly below average
3	Slightly above average
4	Below average
5	Average
6 M	Not applicable - not in school or home schooled
88 M	Don't know can't compare
99 M	Refused

E23 (148) Has the child skipped or advanced a grade as a result of academic performance

Type: Numeric

Description: Previous grade skip in school due to academic performance.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

E24 (149) Has the child ever repeated a grade

Type: Numeric

Description: Previous need to repeat a grade.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

F25C (150) What was the child's birth weight (kg)

Type: Numeric

Description: Participant's birth weight (kg).

Value labels:

Value	Label
888 M	Don't Know
999 M	Refused

F26 (151) Did the child's mother smoke during the pregnancy for him or her

Type: Numeric

Description: Maternal smoking status of the mother while pregnant with the participant.

Value labels:

Value	Label
1	No did not smoke at all
2	Yes throughout pregnancy
3	Yes but quit in 1st trimester
4	Yes but quit in 2nd trimester
5	Yes but quit in 3rd trimester
88 M	Don't know
99 M	Refused

F27A (152) Approximately how many cigarettes did she smoke per day

Type: Numeric

Restrictions: If mother smoked during pregnancy (F26 = 2, 3, 4, 5).

Description: General smoking behaviour of the mother while pregnant with the participant.

Value labels:

Value	Label
1	Daily
2	Occasional not daily
88 M	Don't Know
99 M	Refused

F27B (153) Approximately how many cigarettes did she smoke per day

Type: Numeric

Restrictions: If mother smoked during pregnancy (F26 = 2, 3, 4, 5).

Description: Number of cigarettes smoked by the mother during her pregnancy with the participant.

Missing values: 99

F28 (154) Did anyone else in the household smoke while the child's mother was pregnant

Type: Numeric

Description: Presence of one or more other smokers (excluding the mother) in the household of residence of the mother while she was pregnant with the participant.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

F29 (155) Does the child have a smoke free home

Type: Numeric

Description: Presence of smoke free household.

Value labels:

Value	Label
-------	-------

1	Yes
2	No
88 M	Don't Know
99 M	Refused

F30 (156) Was the child ever breast-fed

Type: Numeric

Description: Participant's previous or current exposure to breast feeding.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

F31A (157) How long was the child breast-fed

Type: Numeric

Description: General duration in which participant was breast fed.

Value labels:

Value	Label
1	Number of months
2	Still being breast-fed
88 M	Don't Know
99 M	Refused

F31B2 (158) How many months was the child breast-fed

Type: Numeric

Description: Duration in which participant was breastfed (months).

F32 (159) In general, would you say the child's health is:

Type: Numeric

Description: Reported health of the participant.

Value labels:

Value	Label
1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor
88 M	Don't Know
99 M	Refused

F33D (160) What is the child's current height (cm)

Type: Numeric

Description: Participant's current height (cm).

Value labels:

Value	Label
888.00 M	Don't Know
999.00 M	Refused

F34C (161) What is the child's current weight (kg)

Type: Numeric

Description: Participant's current weight (kg).

Value labels:

Value	Label
888.00 M	Don't Know
999.00 M	Refused

F35 (162) Do you think that the child smokes cigarettes

Type: Numeric

Description: Proxy's opinion with respect to the smoking status of the participant.

Value labels:

Value	Label
1	No
2	Sometimes
3	Regularly
88 M	Don't know
99 M	Refused

Group Variable: G36a...G36a_01...G36a_19, G36a19xa Have you been told that the child has: (condition)

Type: Numeric

Description: Presence of the indicated health condition (as specified by a health care professional).

Notes: Excludes conditions lasting less than 6 months or expected to last less than 6 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

G36A (163) Have you been told that the child has: chronic bronchitis
G36A_01 (167) Have you been told that the child has: allergies
G36A_02 (171) Have you been told that the child has: asthma

G36A_03 (176) Have you been told that the child has: blindness or serious vision problems
 G36A_04 (180) Have you been told that the child has: chronic ear infections or ear problems
 G36A_05 (184) Have you been told that the child has: hearing impairment
 G36A_06 (189) Have you been told that the child has: ADD ADHD
 G36A_07 (193) Have you been told that the child has: disability
 G36A_08 (197) Have you been told that the child has: FAS FAE
 G36A_09 (201) Have you been told that the child has: learning disability
 G36A_10 (205) Have you been told that the child has: epilepsy
 G36A_11 (209) Have you been told that the child has: cerebral palsy
 G36A_12 (213) Have you been told that the child has: physical disability other than cerebral palsy
 G36A_13 (217) Have you been told that the child has: HIV AIDS
 G36A_14 (221) Have you been told that the child has: tuberculosis
 G36A_15 (226) Have you been told that the child has: heart condition or problem
 G36A_16 (230) Have you been told that the child has: kidney disease
 G36A_17 (234) Have you been told that the child has: liver disease
 G36A_18 (238) Have you been told that the child has: diabetes

Associated 'other' fields:

G36A_19 (242) Have you been told that the child has: other - Open Text Entry
 G36A19XA (243) Have you been told that the child has: other - Open Text Entry Grouped

Group Variable: G36b, G36b_01...G36b_19, G36b19xa Age of diagnosis: (condition)

Type: Numeric

Restrictions: If participant has reported to be inflicted with the indicated health condition (e.g. G36a = 1).

Description: Age of diagnosis of the indicated health condition (i.e. when they were first told).

Value labels:

Value	Label
777.00 M	Don't Know or Refused
888.00 M	Don't Know
999.00 M	Refused

Group fields:

G36B (164) Age of diagnosis: chronic bronchitis
 G36B_01 (168) Age of diagnosis: allergies
 G36B_02 (172) Age of diagnosis: asthma
 G36B_03 (177) Age of diagnosis: blindness or serious vision problems
 G36B_04 (181) Age of diagnosis: chronic ear infections or ear problems
 G36B_05 (185) Age of diagnosis: hearing impairment
 G36B_06 (190) Age of diagnosis: ADD ADHD
 G36B_07 (194) Age of diagnosis: cognitive or mental disability
 G36B_08 (198) Age of diagnosis: FAS FAE
 G36B_09 (202) Age of diagnosis: learning disability
 G36B_10 (206) Age of diagnosis: epilepsy
 G36B_11 (210) Age of diagnosis: cerebral palsy
 G36B_12 (214) Age of diagnosis: physical disability other than cerebral palsy
 G36B_13 (218) Age of diagnosis: HIV AIDS
 G36B_14 (222) Age of diagnosis: tuberculosis
 G36B_15 (227) Age of diagnosis: heart condition or problem
 G36B_16 (231) If yes at what age: kidney disease
 G36B_17 (235) Age of diagnosis: liver disease
 G36B_18 (239) Age of diagnosis: diabetes

Associated 'other' fields:

G36B_19 (244) Age of diagnosis: other

Group Variable: G36d, G36d_01...G36d_19 Is the child undergoing treatment for: (condition)

Type: Numeric

Restrictions: If participant has reported to be inflicted with the indicated health condition (e.g. G36a = 1).

Description: Is the participant undergoing treatment or taking medication for the indicated health condition.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or Refused

Group fields:

G36D (165) Is the child undergoing treatment for: chronic bronchitis
G36D_01 (169) Is the child undergoing treatment for: allergies
G36D_02 (173) Is the child undergoing treatment for: asthma
G36D_03 (178) Is the child undergoing treatment for: blindness or serious vision problems
G36D_04 (182) Is the child undergoing treatment for: chronic ear infections or ear problems
G36D_05 (186) Is the child undergoing treatment for: hearing impairment
G36D_06 (191) Is the child undergoing treatment for: ADD ADHD
G36D_07 (195) Is the child undergoing treatment for: cognitive or mental disability
G36D_08 (199) Is the child undergoing treatment for: FAS FAE
G36D_09 (203) Is the child undergoing treatment for: learning disability
G36D_10 (207) Is the child undergoing treatment for: epilepsy
G36D_11 (211) Is the child undergoing treatment for: cerebral palsy
G36D_12 (215) Is the child undergoing treatment for: physical disability other than cerebral palsy
G36D_13 (219) Is the child undergoing treatment for: HIV AIDS
G36D_14 (223) Is the child undergoing treatment for: tuberculosis
G36D_15 (228) Is the child undergoing treatment for: heart condition or problem
G36D_16 (232) Is the child undergoing treatment for: kidney disease
G36D_17 (236) Is the child undergoing treatment for: liver disease
G36D_18 (240) Is the child undergoing treatment for: diabetes

Associated 'other' fields:

G36D_19 (245) Is the child undergoing treatment for: other

Group Variable: G36e, G36e_01...G36e_19 Limitations in activity because of: (condition)

Type: Numeric

Restrictions: If participant has reported to be inflicted with the indicated health condition (e.g. G36a = 1).

Description: Is the participant limited in the kinds or types of activities they normally engage in as a result of having been inflicted with the indicated health condition.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or Refused

Group fields:

G36E (166) Limitations in activity because of: chronic bronchitis
G36E_01 (170) Limitations in activity because of: allergies
G36E_02 (174) Limitations in activity because of: asthma
G36E_03 (179) Limitations in activity because of: blindness or serious vision problems

G36E_04 (183) Limitations in activity because of: chronic ear infections or ear problems
 G36E_05 (187) Limitations in activity because of: hearing impairment
 G36E_06 (192) Limitations in activity because of: ADD ADHD
 G36E_07 (196) Limitations in activity - cognitive or mental disability
 G36E_08 (200) Limitations in activity because of: FAS FAE
 G36E_09 (204) Limitations in activity because of: learning disability
 G36E_10 (208) Limitations in activity because of: epilepsy
 G36E_11 (212) Limitations in activity because of: cerebral palsy
 G36E_12 (216) Limitations in activity because of: physical disability other than cerebral palsy
 G36E_13 (220) Limitations in activity because of: HIV AIDS
 G36E_14 (224) Limitations in activity because of: tuberculosis
 G36E_15 (229) Limitations in activity because of: heart condition or problem
 G36E_16 (233) Limitations in activity because of: kidney disease
 G36E_17 (237) Limitations in activity because of: liver disease
 G36E_18 (241) Limitations in activity because of: diabetes

Associated 'other' fields:

G36E_19 (246) Limitations in activity because of: other

G36F_02 (175) Has the child had an asthma attack in the past 12 months

Type: Numeric

Restrictions: If participant has/had asthma (G36a_02 = 1).

Description: Has the participant had and asthma attack in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or Refused

G36F_05 (188) Difficulty hearing conversation with one person - hearing impairment

Type: Numeric

Restrictions: If participant has/had a hearing impairment (G36a_05 = 1).

Description: Has the participant had difficulty with hearing during a conversation with one person.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused
777 M	Don't know or Refused

G36F_14 (225) Is the child's tuberculosis active or inactive

Type: Numeric

Restrictions: If participant has tuberculosis (G36a_14 = 1).

Description: Activity state of participant's tuberculosis.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group Variable: G37_1...G37_3 (247-249) Which type of diabetes has the child been diagnosed with: (type)

Type: Numeric

Description:

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

G37_1 (247) Which types of diabetes has the child been diagnosed with: Type 1

G37_2 (248) Which types of diabetes has the child been diagnosed with: Type 2

G37_3 (249) Which types of diabetes has the child been diagnosed with: Pre-diabetic state

G38 (250) Is the child currently taking any traditional medicines

Type: Numeric

Description: Participant's present use of traditional medicines.

Value labels:

Value	Label
1	Yes
2	No
3	Not applicable -too young
88 M	Don't know
99 M	Refused

G39 (251) In the past 12 months, has the child had a blood sugar test (test for diabetes)

Type: Numeric

Description: Has the participant received a blood test for diabetes in the past 12 months.

Value labels:

Value	Label
1	Yes
2	No
3	Not applicable -too young
88 M	Don't know
99 M	Refused

Group Variable: G40...G41 (252-254) Limitations in activity: (location) due to physical or mental condition or health problem.

Type: Numeric

Description: Participant's experience with limitations inactivity in the home, at school, or in other situations due to a physical or mental condition or health problem.

Value labels:

Value	Label
1	Often
2	Sometimes
3	No
88 M	Don't know
99 M	Refused

G40 (252) Limitations in activity: home due to physical or mental condition or health problem

G41 (253) Limitations in activity: school due to physical or mental condition or health problem

G42 (254) Limitations in activity: other situations due to physical or mental condition or health problem

Group Variable: H43a...K43k2 (255-266) In the past 12 months, has the child experienced: (injury type)

Type: Numeric

Description: Injuries experienced in the past 12 months requiring the attention of a health care professional

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

H43A (255) In the past 12 months, has the child experienced: broken or fractured bones

H43B (256) In the past 12 months, has the child experienced: burns or scalds

H43C (257) In the past 12 months, has the child experienced: dislocation

H43D (258) In the past 12 months, has the child experienced: sprain or strain-major

H43E (259) In the past 12 months, has the child experienced: cuts, scrapes, or bruises-major

H43F (260) In the past 12 months, has the child experienced: concussion

H43G (261) In the past 12 months, has the child experienced: poisoning

H43H (262) In the past 12 months, has the child experienced: injury to internal organ

H43I (263) In the past 12 months, has the child experienced: dental injury

H43J (264) In the past 12 months, has the child experienced: hypothermia, frostbite, other injury due to cold experience

Associated 'other' fields:

H43K (265) In the past 12 months, has the child experienced: Open Text Entry

H43K2 (266) In the past 12 months, has the child experienced: Open Text Entry Grouped

Group Variable: H44a...H44u2 (267-308) Injury causes: (cause)

Type: Numeric

Description: Cause of injuries.

Value labels:

Value	Label
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0 No response given
1 Yes

Group fields:

H44A (267) Injury causes: motor vehicle accident involving driver or passenger
H44B (269) Injury causes: motor vehicle accident involving pedestrian
H44C (271) Injury causes: motor vehicle accident while riding a bicycle
H44D (273) Injury causes: other bicycle accident
H44E (275) Injury causes: snowmobile accident
H44F (277) Injury causes: all terrain vehicle (ATV) accident
H44G (279) Injury causes: hunting accident
H44H (281) Injury causes: boating accident
H44I (283) Injury causes: fall or trip not including bicycle, sport, or snowmobile
H44J (285) Injury causes: sport not including bicycle or hunting
H44K (287) Injury causes: physical assault
H44L (289) Injury causes: suicide attempt or self-inflicted injury
H44M (291) Injury causes: dog bite
H44N (293) Injury causes: bite by animal other than dog
H44O (295) Injury causes: fire or flames or resulting fumes
H44P (297) Injury causes: scalded by hot liquid or food
H44Q (299) Injury causes: natural environmental factors
H44R (301) Injury causes: near drowning
H44S (303) Injury causes: asphyxia or other threats to breathing
H44T (305) Injury causes: accidental poisoning

Associated 'other' fields:

H44U (307) Injury causes: Open Text Entry
H44U2 (308) Injury causes: Open Text Entry Grouped

Group Variable: H44a1...H44u1 (268-309) Alcohol or drug related: (cause)

Type: Numeric

Restrictions: If participant indicated the corresponding injury cause had occurred (e.g. H44a = 1).

Description: Was the indicated injury cause of injury alcohol or drug related.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

H44A1 (268) Alcohol or drug related: motor vehicle accident involving driver or passenger
H44B1 (270) Alcohol or drug related: motor vehicle accident involving pedestrian
H44C1 (272) Alcohol or drug related: motor vehicle accident while riding a bicycle
H44D1 (274) Alcohol or drug related: other bicycle accident
H44E1 (276) Alcohol or drug related: snowmobile accident
H44F1 (278) Alcohol or drug related: all terrain vehicle (ATV) accident
H44G1 (280) Alcohol or drug related: hunting accident
H44H1 (282) Alcohol or drug related: boating accident
H44I1 (284) Alcohol or drug related: fall or trip not including bicycle, sport, or snowmobile
H44J1 (286) Alcohol or drug related: sport not including bicycle or hunting
H44K1 (288) Alcohol or drug related: physical assault
H44L1 (290) Alcohol or drug related: suicide attempt or self-inflicted injury
H44M1 (292) Alcohol or drug related: dog bite
H44N1 (294) Alcohol or drug related: bite by animal other than dog
H44O1 (296) Alcohol or drug related: fire or flames or resulting fumes
H44P1 (298) Alcohol or drug related: scalded by hot liquid or food

H44Q1 (300) Alcohol or drug related: natural environmental factors
 H44R1 (302) Alcohol or drug related: near drowning
 H44S1 (304) Alcohol or drug related: asphyxia or other threats to breathing
 H44T1 (306) Alcohol or drug related: accidental poisoning

Associated 'other' fields:

H44U1 (309) Alcohol or drug related: Open Text Level

Group Variable: I45a...I45o (310-324) Barriers to health access: (barrier)

Type: Numeric

Description: Presence of various barriers in accessing health care.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

I45A (310) Barriers to health care access: doctor or nurse not available in my area
 I45B (311) Barriers to health care access: health facility not available in my area
 I45C (312) Barriers to health care access: waiting list too long
 I45D (313) Barriers to health care access: unable to arrange transportation
 I45E (314) Barriers to health care access: difficulty getting traditional care
 I45F (315) Barriers to health care access: not covered by Non-insured Health Benefit
 I45G (316) Barriers to health care access: prior approval for services under NIHB was denied
 I45H (317) Barriers to health care access: could not afford direct cost of care or service
 I45I (318) Barriers to health care access: could not afford transportation costs
 I45J (319) Barriers to health care access: could not afford childcare costs
 I45K (320) Barriers to health care access: felt health care provided was inadequate
 I45L (321) Barriers to health care access: felt service was not culturally appropriate
 I45M (322) Barriers to health care access: chose not to see health professional
 I45N (323) Barriers to health care access: service was not available in my area

Associated 'other' fields:

I45O (324) Barriers to health care access: Open Text Entry

J46A (325) Approximately, when was the last time the child had any dental care

Type: Numeric

Description: Last instance of obtaining dental care.

Value labels:

Value	Label
1	Less than 6 months ago
2	Between 6 months and 1 year
3	Between one and 2 years ago
4	More than 2 years ago
5	Never
88 M	Don't know
99 M	Refused

Group Variable: J41a_2...J47a_9, J47b (326-334) Type of dental work currently needed: (need)

Type: Numeric

Description: Reported need for specific types of dental care.

Value labels:

Value	Label
0	NA - No treatment needed
1	Needed
3	Treatment not needed but other type is needed
88 M	Don't Know
99 M	Refused

Group fields:

J47A_2 (326) Type of dental work currently needed: cavities filled or other restorative work
J47A_3 (327) Type of dental work currently needed: maintenance
J47A_4 (328) Type of dental work currently needed: extractions
J47A_5 (329) Type of dental work currently needed: fluoride treatment
J47A_6 (330) Type of dental work currently needed: periodontal work
J47A_7 (331) Type of dental work currently needed: prosthetics
J47A_8 (332) Type of dental work currently needed: orthodontic work
J47A_9 (333) Type of dental work currently needed: urgent

Associated 'other' fields:

J47B (334) Type of dental work currently needed: Open Text Entry

J48A (335) Have the child's teeth been affected by Baby Bottle Tooth Decay

Type: Numeric

Description: Participant's current or previous infliction status with Baby Bottle Tooth Decay.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

J49A (336) Has the child been treated for Baby Bottle Tooth Decay

Type: Numeric

Restrictions: If participant has been inflicted with Baby Bottle Tooth Decay (J48a = 1).

Description: Participants use of treatment for Baby Bottle Tooth Decay.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

K50A (337) Does the child eat a nutritious balanced diet

Type: Numeric

Description: Relative consumption of a 'nutritious balanced diet'.

Value labels:

Value	Label
1	Always or almost always
2	Sometimes
3	Rarely
4	Never
88 M	Don't know
99 M	Refused

Group Variable: K51a...K51g (338-344) Average consumption of: (food item)

Type: Numeric

Description: Consumption frequency of various foods with low nutritional value and other additives.

Value labels:

Value	Label
1	Never or hardly ever
2	About once a week
3	A few times a week
4	Once a day
5	Several times a day

Group fields:

K51A (338) Average consumption of: coffee or tea
K51B (339) Average consumption of: soft drinks or pop
K51C (340) Average consumption of: fast food
K51D (341) Average consumption of: cakes, pies, cookies, candy, or chocolate
K51E (342) Average consumption of: French Fries, potato chips, pretzels, Fried Bread, etc
K51F (343) Average consumption of: added salt
K51G (344) Average consumption of: added sugar

Group Variable: K52a...K52k (345-357) Traditional foods: (food item)

Type: Numeric

Description: Consumption frequency of various traditional foods.

Value labels:

Value	Label
1	Not at all
2	A few times
3	Often
88 M	Dont 'know
99 M	Refused

Group fields:

K52A (345) Traditional foods: land based animals
K52B (346) Traditional foods: fresh water fish
K52C (347) Traditional foods: salt water fish

K52D (348) Traditional foods: other water based foods
 K52E (349) Traditional foods: sea-based animals
 K52F (350) Traditional foods: game birds
 K52G (351) Traditional foods: small game
 K52H (352) Traditional foods: berries or other wild vegetation
 K52I (353) Traditional foods: bannock or Fry bread
 K52J (354) Traditional foods: corn soup

Associated 'other' fields:

N59K (355) Traditional foods: Open Text Entry
 N59K2 (356) Traditional foods: Open Text Entry Grouped
 K52K (357) Traditional Foods: Open Text Level

K53A (358) How often did someone share traditional food with your household

Type: Numeric

Description: Frequency of sharing of traditional foods in the household.

Value labels:

Value	Label
1	Often
2	Sometimes
3	Never
88 M	Don't know
99 M	Refused

L54A (359) How often does the child participate in physical activities

Type: Numeric

Description: Participation frequency in any and all physical activities.

Value labels:

Value	Label
1	Never
2	Less than a week
3	Once a week
4	2 - 3 times a week
5	4 - 6 times a week
6	Everyday
88 M	Don't know
99 M	Refused

Group Variable: L55a_1...L55a_20, L55c...L55d2 (360-383) Activity participation: (activity)

Type: Numeric

Description: Participation status in various activities.

Value labels:

Value	Label
0	No
1	Yes
88 M	Don't Know
99 M	Refused

Group fields:

L55A_1 (360) Activity participation: hunting or trapping
L55A_2 (361) Activity participation: fishing
L55A_3 (362) Activity participation: bicycle riding
L55A_4 (363) Activity participation: walking
L55A_5 (364) Activity participation: aerobics or fitness class
L55A_6 (365) Activity participation: dancing
L55A_7 (366) Activity participation: running
L55A_8 (367) Activity participation: hiking
L55A_9 (368) Activity participation: skating
L55A_10 (369) Activity participation: rollerblading, inline skating, or roller-skating
L55A_11 (370) Activity participation: snow-shoeing
L55A_12 (371) Activity participation: berry picking or other food gathering
L55A_13 (372) Activity participation: competitive or group sports
L55A_14 (373) Activity participation: golf
L55A_15 (374) Activity participation: bowling
L55A_16 (375) Activity participation: canoeing
L55A_17 (376) Activity participation: martial arts
L55A_18 (377) Activity participation: skiing
L55A_19 (378) Activity participation: swimming
L55A_20 (379) Activity participation: skateboarding

Associated 'other' fields:

L55C (380) Activity participation: Open Text Entry 1
L55C2 (381) Activity participation: Open Text Entry 1 Grouped
L55D (382) Activity participation: Open Text Entry 2
L55D2 (383) Activity participation: Open Text Entry 2 Grouped

Group Variable: M56a...M56c (384-386) Activity participation: (type of activity)

Type: Numeric

Description: Participation frequency in different type of activities.

Value labels:

Value	Label
1	Never
2	Less than once per week
3	1 - 3 times per week
4	4+ times per week
5 M	Not applicable
99 M	Refused

Group fields:

M56A (384) Activity participation (non-school): sports teams or lessons
M56B (385) Activity participation (non-school): art or music groups or lessons
M56C (386) Activity participation (non-school): traditional singing, drumming or dancing groups or lessons

Group Variable: M57aax...M57aex (387-391) Average hours per week spent: (activity)

Type: Numeric

Description: Number of hours spent per week in various activities.

Value labels:

Value	Label
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888 M Don't know
997 M Not applicable - too young
999 M Refused

Group fields:

M57AAX (387) Average hours per week spent: watching television
M57ABX (388) Average hours per week spent: playing video games
M57ACX (389) Average hours per week spent: using a computer
M57ADX (390) Average hours per week spent: spending time outdoors
M57AEX (391) Average hours per week spent: assisting in household chores

M58A (392) How often does the child read for fun or is read to

Type: Numeric

Description: Frequency at which participant reads for fun or is read to.

Value labels:

Value	Label
1	Every day
2	A few times a week
3	Once a week
4	A few times a month
5	Less than once a month
6	Almost never

M59A (393) How well has the child gotten along with the rest of the family in the past 6 months

Type: Numeric

Description: Relative ease at which the participant has gotten along with his or her family in the past 6 months.

Value labels:

Value	Label
1	Very well, no difficulties
2	Quite well, hardly any difficulties
3	Not too well, lots of difficulties
4	Not at all well, constant difficulties
88 M	Don't know
99 M	Refused

M60A (394) Emotional or behavioural problems compared to other boys or girls of his or her age

Type: Numeric

Description: Presence of emotional or behavioural problems compared to the participant's peers.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't know
99 M	Refused

Group Variable: N61a, N61b (395, 396) Parent's residential school attendance: (mother or father)

Type: Numeric

Description: Attendance of participant's mother and/or father at a residential school.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

N61A (395) Parent's residential school attendance: mother or guardian
N61B (396) Parent's residential school attendance: father or guardian

Group Variable: N62a...N62d (397-400) Grandparent's residential school attendance: (grandparent)

Type: Numeric

Description: Attendance of residential school by participant's grandparents.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

Group fields:

N62A (397) Grandparent's residential school attendance: mother's or guardian's mother
N62B (398) Grandparent's residential school attendance: mother's or guardian's father
N62C (399) Grandparent's residential school attendance: father's or guardian's mother
N62D (400) Grandparent's residential school attendance: father's or guardian's father

N63A (401) Does the child currently receive childcare while his or her parent or guardian are at work or studying

Type: Numeric

Description: Use of childcare services while his or her parent is at work or studying.

Value labels:

Value	Label
1	Yes
2	No
88	Don't Know
99	Refused

N64A (402) Main childcare arrangement

Type: Numeric

Restrictions: If participant uses childcare (N63a = 1).

Description: Type of childcare used by participant.

Value labels:

Value	Label
1	Care in someone else's home by a relative
2	Care in someone else's home by a non-relative
3	Care in child's home by child's brother or sister
4	Care in child's home by a non-relative
5	Care in child's home by a relative other than brother or sis
6	Day care center
7	Private home day care
8	Before and after school program -latch key
9	Nursery school or Preschool
10	Other

Associated 'other' fields:

N64B2 (403) Main childcare arrangement: Open Text Entry Grouped
N64B (404) Main childcare arrangement: Open Text Entry

N66AX (406) Number of hours per week child spent in child care

Type: Numeric

Description: Number of hours per week the participant spends in child care.

Missing values: 888, 999

N66AX (406) Other issues affecting the well-being of children in this community Open Text Entry Grouped

Type: String

Description: Reported issues affecting the community.

Associated 'other' fields:

N66A (407) Other issues affecting the well-being of children in this community: Open Text Entry

O4 (408) Did someone interpret or translate the questions

Type: Numeric

Description: Use of an individual to interpret or translate the survey to the proxy.

Value labels:

Value	Label
1	Yes
2	No
88 M	Don't Know
99 M	Refused

O4A (409) Who provided assistance with interpretation

Type: Numeric

Description: Person who provide interpretation and/or translation services.

Value labels:

Value	Label
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- 1 Interviewer
- 2 Other family member
- 3 Parent, guardian
- 4 Other

Proxy_De_Age (410) Derived age of survey proxy

Type: Numeric
Description: Age of proxy

C7_EX (411) FNC Computed number of children living in household: <18

Type: Numeric
Description: Calculated number of children (< 18) in the household.
Constituent fields: C7a... C7c
Formula: C7a + C7b + C7c; respondent must answer C7a, C7b, and C7c

C8_EX (412) FNC Computed number of adults living in household: 18+

Type: Numeric
Description: Calculated total number of adults (18+) in the household.
Constituent fields: C8a, C8b
Formula: C8a + C8b, respondent must answer C8a, C8b

Group Variable: C12mom, C12dad (413, 414) (parent) highest level of education

Type: Numeric
Description:

Value labels:

Value	Label
0	Not applicable
1	Some elementary school
2	Elementary school completed
3	Some high school
4	High school graduation diploma
5	Diploma or certificate from trade or vocational school
6	Diploma or certificate from community college or uni
7	University degree
8	Master's degree
9	Earned doctorate PhD
88 M	Don't Know
99 M	Refused

Group fields:

C12mom (413) Mother or guardian's highest level of education
 C12dad (414) Father or guardian's highest level of education

BMI (415) Body Mass Index

Type: Numeric
Description: Body mass index.
Constituent fields: F33d, F34c

Formula: $F34c \div (F33d \times F33d)$

BMI_Group (416) BMI Grouping (based on adult thresholds)

Type: Numeric

Description: Grouping of BMI scores.

Value labels:

Value	Label	Range
1	Underweight	BMI < 18.5
2	Acceptable	18.5 BMI < 25.0
3	Overweight	25.0 BMI < 30.0
4	Obese	30.0 BMI < 40.0
5	Morbidly Obese	BMI 40

Group Variable: D14_EX0...D14_EX8 Number of languages person understands: (level of fluency)

Type: Numeric

Description: Number of languages participant understands at different levels of fluency.

Constituent fields: D14aa...D14bi

Formula: Tally of response types (fluently, relatively well, a few words, no understanding) for all of D14aa...D14bi.

Group fields

D14_EX0 (417) Number of languages person understands: fluently
D14_EX1 (418) Number of languages person understands: relatively well
D14_EX2 (419) Number of languages person understands: a few words
D14_EX3 (420) Number of languages person understands: no understanding
D14_EX9 (421) Number of languages person understands: fluently or relatively well
D14_EX8 (422) Number of languages (excluding English, French, and Sign Language) person understands: fluently or relatively well

D14_EX8B (423) Understanding of one or more First Nations languages: fluently or relatively well

Type: Numeric

Description: Indication if participant understands one or more First Nations language(s) relatively well or fluently.

Value labels:

Value	Label
0	No First Nations Language
1	One or more First Nations Language

Group Variable: D15_EX0...D15_EX8 (424-429) Number of languages spoken: (level of understanding)

Type: Numeric

Description: Number of languages participant speaks at different levels of fluency.

Constituent fields: D15aa...D145i

Formula: Tally of response types (fluently, relatively well, a few words, no understanding) for all of D15aa...D15bi.

Group fields:

D15_EX0 (424) Number of languages person speaks: fluently
 D15_EX1 (425) Number of languages person speaks: relatively well
 D15_EX2 (426) Number of languages person speaks: a few words
 D15_EX3 (427) Number of languages person speaks: no understanding
 D15_EX9 (428) Number of languages person speaks: fluently or relatively well
 D15_EX8 (429) Number of languages (excluding English, French, and Sign Language) person speaks: fluently or relatively well

D15_EX8B (430) Able to speak one or more First Nations languages: fluently or relatively well

Type: Numeric

Description: Indication if participant speaks one or more First Nations language(s) relatively well or fluently.

Value labels:

Value	Label
0	No First Nations Language
1	One or more First Nations Language

Parent_Residential (431) One or more parents attended residential school

Type: Numeric

Description: Attendance of one or more parents at a residential school.

Value labels:

Value	Label
0	None
1	One or more

Grandparent_Residential (432) One or more grandparents attended residential school

Type: Numeric

Description: Attendance of one or more grandparents at a residential school.

Value labels:

Value	Label
0	None
1	One or more

De_Age_EX1 (433) Age Grouping 1 - Sampling Plan

Type: Numeric

Description: Grouped age.

Constituent fields: De_age

Value labels:

Value	Label
1	0 - 5
2	6+

De_Age_EX2 (434) Age Grouping 2

Type: Numeric
Description: Grouped age.
Constituent fields: De_age

Value labels:

Value	Label
1	0
2	1 - 2
3	3 - 5
4	6+

De_Age_EX3 (435) Age Grouping 3

Type: Numeric
Description: Grouped age.
Constituent fields: De_age

Value labels:

Value	Label
1	0
2	1
3	2 - 4
4	5 - 8
5	9+

Associated Statistical Weighting Variables

sam1_09b (439) Age final, used for weighting, may differ from derived age
com_02c (440) Sub region final
com_03c (441) Size final (2 sizes but may have collapsed)

agegendb (442) Age/gender group text
agegend (443) Age/gender group numeric
popsize (444) Population size of that strata
sampsize (445) Sample size of that strata

wgt_reg2 (446) Weight on region/sub-region/2 size/age/gender strata NOV 03 2004

Type: Numeric
Description:

group

commpop (447) Community Population for the community
f_11a (448) Community Population for males adults 18-34
f_11b (449) Community Population for males adults 35-54
f_11c (450) Community Population for males adults 55+
f_12a (451) Community Population for females adults 18-34
f_12b (452) Community Population for females adults 35-54
f_12c (453) Community Population for females adults 55+
f_13 (454) Community Population for males youths 12-17
f_14 (455) Community Population for females youths 12-17

f_15a (456) Community Population for males child 0-5
f_15b (457) Community Population for males child 6-11
f_16a (458) Community Population for females child 0-5
f_16b (459) Community Population for females child 6-11

d_20sr (460) Error at 95%CI, for actual sample size and p=20% (for sub-region age/sex stratum)
cv_20sr (461) CV when p=20% (for sub-region age/sex/comm size stratum)
cvl_20sr (462) CV level for sub-region age/sex/comm size stratum-- A means CV < 40%, B means > 40%, when p=20%
d_50sr (463) Error at 95%CI, for actual sample size and p=50% (for community age/sex stratum)
cv_50sr (464) CV when p=50% (for sub-region age/sex/comm size stratum)
cvl_50sr (465) CV level for sub-region age/sex/comm size stratum-- A means CV < 40%, B means > 40%, for p=50%
cvl_ssr (466) Combined CV level summary for sub-region age/sex/comm size stratum

popsizeco (467) Population Size of community age/sex stratum
samsizco (468) Sample Size of community age/sex stratum

wgtco1 (469) Community Weight (for age/sex stratum)

d_20co (470) Error at 95%CI, for actual sample size and p=20% (for community age/sex stratum)
cv_20co (471) CV when p=20% (for community age/sex stratum)
cvl_20co (472) CV level for community age/sex stratum-- A means CV < 40%, B means > 40%, when p=20%
d_50co (473) Error at 95%CI, for actual sample size and p=50% (for community age/sex stratum)
cv_50co (474) CV when p=50% (for community age/sex stratum)
cvl_50co (475) CV level for community age/sex stratum-- A means CV < 40%, B means > 40%, for p=50%
cvl_sco (476) Combined CV level summary for community age/sex stratum

Appendix 17: Adult Survey Database Weights by Region and Sub-Region

Region	Sub Region	N	Minimum	Maximum	Mean
NB/PEI	All	256	8.2	91.6	20.4
	Total	256	8.2	91.6	20.4
NS	All	482	4.3	39.3	10.0
	Total	482	4.3	39.3	10.0
NF	All	261	1.5	2.6	2.0
	Total	261	1.5	2.6	2.0
QC	Abenakis	112	1.6	18.9	2.5
	Algonquins	433	2.1	18.6	7.1
	Attikameks	296	5.5	18.7	8.5
	Hurons	207	3.5	11.0	4.6
	Micmacs	179	6.5	26.6	8.0
	Mohawks	112	35.8	87.6	56.6
	Montagnais	448	1.4	132.0	14.6
	Naskapis	121	2.4	4.3	2.6
	Malécite	39	10.5	36.9	14.6
	Total	1,947	1.4	132.0	11.3
	ON	Assoc. of Iroquois & Allied	160	12.8	82.8
Union of Ontario Indians		132	25.6	267.0	93.4
Nishnawbe-Aski Nation		61	47.2	948.8	205.4
Grand Council Treaty #3		96	20.7	139.4	41.7
Independent First Nations		231	32.4	160.4	74.6
Total		680	12.8	948.8	73.8
MB	Swampy Cree T.C.	283	3.9	56.4	16.8
	South East T.C.	243	6.1	29.3	14.1
	West Region T.C.	330	2.9	18.9	7.7
	Dakota Ojibway T.C.	436	1.3	122.2	10.4
	Island Lake T.C.	222	3.9	877.8	19.0
	Interlake T.C.	180	10.4	61.4	24.7
	Keewatin T.C.	153	6.8	270.5	32.0
	Independents (N & S)	514	4.8	296.2	19.3
	Total	2,361	1.3	877.8	16.4
SK	ACTC	177	2.2	21.8	8.1
	BTC	164	8.5	59.3	12.9
	FHQTC	167	1.7	46.4	13.6
	MLTC	137	7.7	75.9	18.0
	PAGC	185	9.9	70.6	29.6
	STC	522	1.5	63.2	4.3
	TATC	200	2.6	22.0	8.2
	YTC	175	2.2	23.6	9.4
	Peter Ballantyne	140	12.5	19.8	16.5
	Lac LaRonge	117	18.3	32.5	21.1
	Other Independents	266	2.2	61.3	15.5
	Total	2,250	1.5	75.9	12.5

Region	Sub Region	N	Minimum	Maximum	Mean
AB	Treaty 8 (North)	207	23.4	72.3	40.2
	Treaty 6 (Central)	81	116.9	596.2	149.4
	Treaty 7 (South)	444	5.7	106.3	23.5
	Total	732	5.7	596.2	42.2
BC	Northern Interior	184	9.5	302.8	56.0
	Southern Interior	189	14.7	456.4	48.8
	Coastal Region	182	11.9	298.6	47.9
	Vancouver Island	168	12.4	146.3	35.4
	Total	723	9.5	456.4	47.3
YK	Nouthern Tutchone	114	2.2	6.4	3.9
	Southern Tutchone	242	2.3	8.7	3.3
	Dakh-ka	127	1.6	4.2	2.4
	Independents	187	1.2	13.8	4.4
	Total	670	1.2	13.8	3.5
NT	Deh Cho Region	136	5.2	258.2	14.6
	Gwitch'in Region	151	5.2	24.5	6.7
	Sahtu Region	83	5.9	34.7	13.0
	Dogrib Region	149	7.3	167.4	11.0
	Akaiitcho Region	81	7.4	53.9	12.7
	Total	600	5.2	258.2	11.2
National Total		10,962	1.2	948.8	20.4

Appendix 18: Youth Survey Database Weights by Region and Sub-Region

Region	Sub Region	N	Minimum	Maximum	Mean
NB/PEI	All	125	2.0	35.9	7.6
	Total	125	2.0	35.9	7.6
NS	All	282	1.3	10.6	3.7
	Total	282	1.3	10.6	3.7
NF	All	25	2.9	3.1	3.0
	Total	25	2.9	3.1	3.0
QC	Abenakis	22	1.2	5.0	1.4
	Algonquins	164	1.4	5.3	3.9
	Attikameks	159	2.6	7.7	4.3
	Hurons	48	1.8	2.4	2.0
	Micmacs	99	2.0	3.8	3.3
	Mohawks	29	26.7	26.8	26.7
	Montagnais	236	1.2	24.0	5.3
	Naskapis	35	2.0	2.6	2.2
	Malécite	4	9.7	22.1	12.8
	Total	796	1.2	26.8	4.9
	ON	Assoc. of Iroquois & Allied	103	3.3	14.4
Union of Ontario Indians		112	5.5	80.3	19.8
Nishnawbe-Aski Nation		42	18.0	139.3	71.3
Grand Council Treaty #3		30	13.7	124.7	29.4
Independent First Nations		126	9.2	100.9	22.7
Total		413	3.3	139.3	23.3
MB	Swampy Cree T.C.	99	4.6	148.6	13.1
	South East T.C.	98	5.1	53.1	9.8
	West Region T.C.	130	2.5	21.6	4.4
	Dakota Ojibway T.C.	121	1.5	68.9	9.5
	Island Lake T.C.	77	7.3	282.5	14.7
	Interlake T.C.	51	13.1	68.5	19.3
	Keewatin T.C.	48	5.6	82.0	25.8
	Independents (N & S)	225	4.1	77.1	10.6
	Total	849	1.5	282.5	11.4
SK	ACTC	112	1.6	6.3	3.8
	BTC	107	2.1	42.6	4.8
	FHQTC	94	1.3	10.4	5.8
	MLTC	97	3.9	12.2	6.8
	PAGC	156	3.3	44.8	10.9
	STC	132	1.3	7.8	4.0
	TATC	102	1.5	7.4	4.3
	YTC	99	1.6	20.8	4.2
	Peter Ballantyne	125	5.8	5.9	5.9
	Lac LaRonge	93	6.8	8.3	7.5
	Other Independents	185	2.7	14.9	6.5
	Total	1,302	1.3	44.8	6.0

Region	Sub Region	N	Minimum	Maximum	Mean
AB	Treaty 8 (North)	69	15.2	135.2	31.3
	Treaty 6 (Central)	23	132.7	189.2	154.8
	Treaty 7 (South)	136	5.4	169.2	18.3
	Total	228	5.4	189.2	36.0
BC	Northern Interior	146	5.5	79.6	13.5
	Southern Interior	142	3.5	91.8	12.0
	Coastal Region	137	3.9	26.1	12.0
	Vancouver Island	130	6.3	29.7	10.1
	Total	555	3.5	91.8	11.9
YK	Nouthern Tutchone	29	2.1	4.4	2.9
	Southern Tutchone	32	2.4	5.9	3.6
	Dakh-ka	19	1.3	3.9	1.5
	Independents	25	1.1	17.2	4.9
	Total	105	1.1	17.2	3.3
NT	Deh Cho Region	74	1.4	10.9	5.3
	Gwitch'in Region	61	3.1	5.4	3.7
	Sahtu Region	29	4.8	16.8	8.3
	Dogrib Region	103	2.7	9.7	3.4
	Akaiicho Region	36	5.0	11.3	6.5
	Total	303	1.4	16.8	4.8
National Total		4,983	1.1	282.5	10.0

Appendix 19: Child Survey Database Weights by Region and Sub-Region

Region	Sub Region	N	Minimum	Maximum	Mean
NB/PEI	All	209	3.5	72.1	11.3
	Total	209	3.5	72.1	11.3
NS	All	425	1.5	12.2	6.0
	Total	425	1.5	12.2	6.0
NF	All	127	1.2	1.4	1.3
	Total	127	1.2	1.4	1.3
QC	Abenakis	42	1.2	2.0	1.3
	Algonquins	254	2.8	8.8	5.5
	Attikameks	140	5.6	21.6	12.0
	Hurons	104	2.2	2.2	2.2
	Micmacs	134	4.3	6.4	4.7
	Mohawks	54	25.0	28.1	26.5
	Montagnais	230	1.3	20.0	12.7
	Naskapis	68	1.7	2.6	2.1
	Malécite	12	6.5	8.1	7.3
	Total	1,038	1.2	28.1	8.3
ON	Assoc. of Iroquois & Allied	156	4.9	11.7	9.3
	Union of Ontario Indians	130	12.5	74.7	37.1
	Nishnawbe-Aski Nation	64	34.6	208.9	110.1
	Grand Council Treaty #3	57	17.5	235.2	32.4
	Independent First Nations	201	22.1	95.3	29.5
	Total	608	4.9	235.2	34.7
MB	Swampy Cree T.C.	81	21.5	93.5	38.1
	South East T.C.	93	7.3	140.4	25.0
	West Region T.C.	158	3.7	19.9	8.3
	Dakota Ojibway T.C.	123	4.6	89.7	22.5
	Island Lake T.C.	51	48.2	56.8	52.2
	Interlake T.C.	61	18.5	49.5	38.5
	Keewatin T.C.	42	13.2	392.5	72.6
	Independents (N & S)	155	12.1	636.3	36.4
	Total	764	3.7	636.3	30.4
SK	ACTC	58	7.9	36.5	20.2
	BTC	145	5.4	30.9	9.1
	FHQTC	124	6.6	37.7	9.5
	MLTC	139	5.8	21.4	11.7
	PAGC	182	12.4	32.6	21.0
	STC	306	2.0	13.2	4.7
	TATC	114	3.5	13.2	7.9
	YTC	132	1.9	17.1	6.1
	Peter Ballantyne	160	10.1	12.7	11.3
	Lac LaRonge	122	13.7	13.9	13.8
	Other Independents	224	4.0	26.7	12.8
	Total	1,706	1.9	37.7	10.9

Region	Sub Region	N	Minimum	Maximum	Mean
AB	Treaty 8 (North)	90	36.1	438.7	57.3
	Treaty 6 (Central)	55	133.2	182.5	154.7
	Treaty 7 (South)	217	9.1	846.9	23.1
	Total	362	9.1	846.9	51.6
BC	Northern Interior	174	8.8	47.9	21.5
	Southern Interior	174	7.1	106.3	18.9
	Coastal Region	159	8.0	40.8	18.3
	Vancouver Island	158	10.2	60.3	16.6
	Total	665	7.1	106.3	18.9
YK	Nouthern Tutchone	51	1.9	7.4	3.3
	Southern Tutchone	79	2.3	3.8	2.5
	Dakh-ka	48	1.2	2.2	1.6
	Independents	71	1.4	7.1	3.8
	Total	249	1.2	7.4	2.9
NT	Deh Cho Region	105	1.7	53.3	5.6
	Gwitch'in Region	131	2.0	2.5	2.4
	Sahtu Region	54	7.2	9.8	8.2
	Dogrib Region	159	3.9	24.6	4.6
	Akaiitcho Region	55	4.5	9.5	6.6
	Total	504	1.7	53.3	4.8
National Total		6,657	1.2	846.9	16.7

Appendix 20: February 2005 Request for Authors (RFA) for Major National Report

Request for Authors (RFA) ***for National Reports for the First Nations Regional Longitudinal Health Survey (RHS) 2002-03***

Request Date:
February 4, 2005

Closing Date and Time:
March 5, 2005 5:00 PM EST



First Nations
Regional Longitudinal
Health Survey

Enquête Régionale
Longitudinale
sur la Santé des
Premières Nations



Address enquiries to:

Contact: Jane Gray, RHS National Coordinator
Phone: 613-233-1543 Ext. 517 or
418-845-1492
Fax: 613-233-1853
Email: jgray@naho.ca

Submit all proposals to:

Attn: Jane Gray, RHS National Coordinator

Mail: RFA – Regional Health Survey
First Nations Centre
Suite 1500, 130 Albert Street
Ottawa, Ontario K1P 5G4

Fax: 613-233-1853
Email: jgray@naho.ca

NOTE: The First Nations Centre/RHS does not assume responsibility for proposals sent to addresses other than the one provided above. Proposals not received by the above deadline will not be considered. Proposals must be addressed to “RFA – Regional Health Survey” or they may be misdirected or not delivered.

Table of Contents

- 1.0 PROJECT TITLE, BACKGROUND, RATIONALE AND SUMMARY..... 3**
- 1.1 Project Title 3
- 1.2 Background and Rationale..... 3
- 1.3 Project Summary 4
- 2.0 SCOPE OF WORK 4**
- 2.1 Scope of Work 4
- 2.2 RHS Cultural Framework 5
- 2.3 Product..... 6
- 2.4 Timeframe 6
- 2.5 Payment Schedule 7
- 3.0 PROPOSAL INSTRUCTIONS..... 7**
- 3.1 Statement of Work/Schedule 7
- 3.2 Professional Experience, Qualifications and References 7
- 3.3 Proposal Price/Cost..... 8
- 3.4 Proposal Submission..... 8
- 3.5 Limitation..... 8
- 3.6 Inquiries..... 8
- 3.7 Proposal Assessment Method..... 8
- 3.8 Closing Date 8
- APPENDIX A: QUESTIONS AND ANSWERS 9**
- APPENDIX B: RHS QUESTIONNAIRE THEMES FOR 2002-03 11**
- APPENDIX C: ADDITIONAL BACKGROUND INFORMATION 12**
- Background on the Organizations Involved..... 13
- The First Nations Centre..... 13
- APPENDIX D: APPLICANT IDENTIFICATION AND CHECKLIST (SUBMIT WITH PROPOSAL)..... 15**
- APPENDIX E: CHAPTER SELECTION CHECKLIST (SUBMIT WITH PROPOSAL)..... 16**

1.0 Project title, background, rationale and summary

1.1 Project Title

Request for Authors (RFA) for the First Nations Regional Longitudinal Health Survey (RHS) 2002-03 National Reports.

1.2 Background and Rationale

The second round of data collection for the First Nations Regional Longitudinal Health Survey (RHS) was completed at the end of 2003. Trained local First Nations interviewers in more than 250 First Nations communities administered approximately 21,000 survey interviews as part of this innovative First Nations controlled research process. Following the release of preliminary statistics, three major national reports are now being developed. The national reports will be organized into thematic chapters, based on results from the three survey instruments: children's (0-11 years old), adolescent (12-17) and adult (18+). It was determined that each national chapter should focus primarily on one age group, although comparisons can also be made where appropriate.

Potential contributing authors for various chapters are encouraged to submit their proposals in response to this RFA for RHS national level analysis.

The Chiefs' Committee on Health (CCOH) of the Assembly of First Nations and its appointed committee, the First Nations Information Governance Committee (FNIGC), mandated the First Nations Centre (FNC) at the National Aboriginal Health Organization (NAHO) to provide national coordination and data stewardship for the 2002-03 RHS. Under the direction and guidance of the FNIGC, the FNC has been entrusted to protect RHS data and uphold the principles of Ownership, Control, Access and Possession (OCAP).¹

The RHS seeks to widely share survey results that reflect First Nations interpretations. This will ultimately contribute to improvements in First Nations health, through increased awareness, improved evidence-based decision-making, planning and policy development at all levels. The RHS will offer opportunities for First Nations health professionals across Canada to access important and relevant health information and analysis, as a means of supporting their work in improving the health and well-being of their communities.

The reports to be developed following this RFA represent an important step in the project's Analysis, Interpretation and Dissemination strategy. Given the diverse range of topics (Appendix A) and sheer volume of data (about 21,000 records across 3 survey instruments comprising 266 questions organized into over 1,000 variables), considerable writing and interpretation expertise is needed.

We hope that this RFA will tap into the wealth of skilled and knowledgeable First Nations and non-First Nations health workers, researchers, consultants, non-governmental organizations (NGOs), First Nations community-based organizations and others to help produce strong national reports.

¹ http://www.naho.ca/firstnations/english/ocap_principles.php

The broad dissemination of these unique and innovative reports should have widespread influence and impact.

1.3 Project Summary

This RFA represents an invitation for qualified applicants to submit proposals to provide a completed chapter(s) that will be incorporated into the forthcoming RHS national reports. The reports will be organized into thematic chapters, based on data derived from the three national survey instruments²:

- Children's (ages 0-11);
- Adolescent (ages 12-17); and
- Adult (ages 18+).

Contracts for the preparation of up to thirty six (36) separate chapters will be awarded. A maximum of \$4,500 (four thousand five hundred dollars) is available per chapter. Each successful candidate/author will be asked to draft a chapter(s) from among those listed in Appendix E. For each chapter drafted by an author, the author will be asked to also review and provide comments on two (2) chapters prepared by other authors. All chapters will be reviewed by a national First Nations expert panel, as well as the FNC and FNIGC.

2.0 Scope of Work

2.1 Scope of Work

Each successful candidate/author for the RHS National Reports will be asked to prepare chapter(s) from among those listed in Appendix E. Chapters should generally not exceed 3,000 words (plus charts and tables.) The successful candidate(s) will also review two other chapters for each one that they author. Each chapter will be prepared in-keeping with a standardized set of guidelines (to be provided) and will focus on RHS-derived statistical results (also to be provided). The guidelines will outline expectations in order to harmonize styles among and between chapters, and to ensure full coverage of survey topics.

Statistical outputs will be provided to authors as needed. In keeping with OCAP, record level data will not be available. Authors will have access to mock datasets, data dictionaries and other support materials to run test analyses. Authors will consult with the RHS Team at the FNC to access required analyses and background information. Chapter authors will be asked to sign a Non-Disclosure/Confidentiality Agreement prior to receiving statistical results.

In addition to the FNC, FNIGC and the other authors, a national First Nations expert panel will review all draft chapter(s). Their input is intended to enhance and broaden the involvement of First Nations in the interpretation of results.

A Cultural Framework has been developed to guide the RHS analysis, interpretation and dissemination process. A workshop on the Cultural Framework will be held for selected authors as a

² http://www.naho.ca/firstnations/english/files_downloads.php

first step to help guide the drafting. (The workshop is tentatively scheduled for mid-March 2005 - dates to be confirmed.)

Authors will be required to agree to completion deadlines and editing by FNIGC and the FNC to ensure quality and standardization. In keeping with the RHS Code of Ethics,³ all material is subject to the approval of the FNIGC before publication.

2.2 RHS Cultural Framework

The RHS Cultural Framework will assist in achieving a culturally informed interpretation that can be presented back to communities in ways that are usable and help to engender individual and collective empowerment. The framework supports community-based approaches to improving and strengthening the health and wellness of First Nations. The Cultural Framework encompasses the **total health of the total person in the total environment**.

Diagram 1 outlined below is part of the Cultural Framework that will guide in organizing and structuring the chapters within the national reports. The four-directions model begins in the east (“The Healthy First Nations..”), proceeding Sun-wise (clock-wise) around the circle, finishing in the North (top of the diagram) with ways of “Re-Building..”.

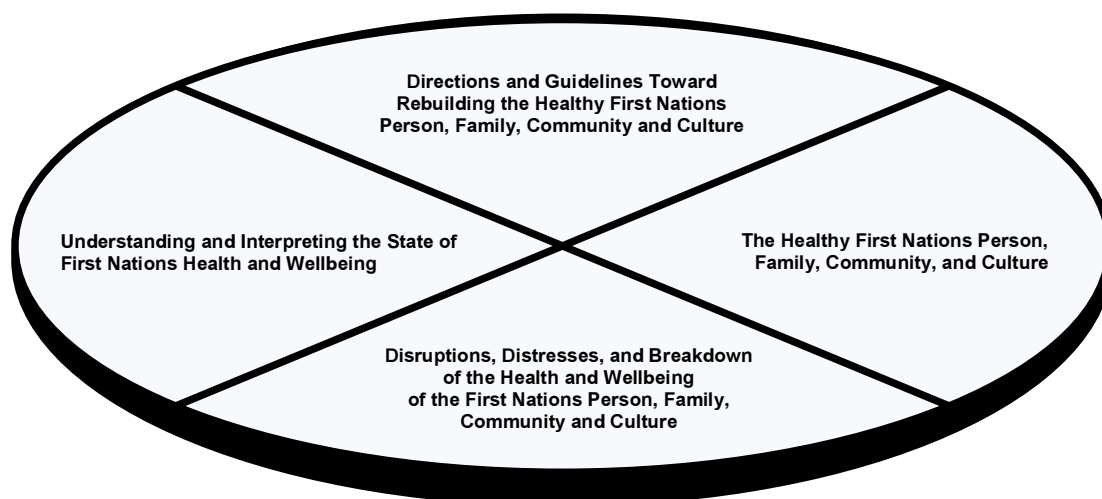


Diagram 1

³ Follow the links from www.naho.ca/fnc/rhs

2.3 Product

The successful candidate/author will be expected to:

- Work with the FNIGC and the RHS team at the FNC, in an iterative process, to identify all information, support and data analyses (statistical tables etc.) required.
- Participate in the RHS Cultural Framework workshop in person or by teleconference. Travel arrangements will be at the expense of the author. (Alternatives, including providing access to a videotaped session, are being considered.)
- Carry out background research on the selected topic (including relevant research and comparable survey results from other populations or periods) to help provide context to the survey findings.
- Ensure that chapter drafts are consistent with the chapter writing guidelines, including required content, document type (Microsoft Word), number of words, chart, table and text formatting, treatment of missing values, language level, etc.
- Prepare a first draft of the chapter(s) on the topics selected for review by the FNIGC, FNC, RHS Regional Coordinators (RCs), and other authors, as well as an interpretation process by a national expert panel.
- Prepare a revised, second and final draft chapter, incorporating input received from the reviewers (maximum of 2 drafts).
- Recognize the FNIGC as authors of the national reports in keeping with the RHS Code of Research Ethics. Recognize and appropriately reference/cite the contributions of the FNIGC in the national reports.
- Respect the FNIGC authority to reject all or part of any chapter that they deem inappropriate and inconsistent with the RHS Code of Research Ethics.
- Present draft chapter(s) to the national First Nations expert panel interpretation process.
- Provide peer review input and recommendations for two (2) chapters for each chapter drafted.

2.4 Timeframe

Successful candidates/authors whose proposals are accepted must meet the following deliverables and the respective timelines:

- 1) Request statistical output required through discussion with the FNC research team or by using the standard “tabulation request form”: **1 week after awarding of contract**
- 2) First draft of chapter(s): **April 29, 2005**
- 3) Final draft of chapter(s): **May 27, 2005**

2.5 Payment Schedule

A maximum of \$4,500 (four thousand five hundred dollars) is available per chapter. Twenty-five per cent (25%) of the amount of the contract will be allocated upon signing of the contract. The balance of the funds, to a maximum of \$4,500 per chapter, will be issued upon final approval of the chapter submission.

3.0 Proposal Instructions

3.1 Statement of Work/Schedule

A statement of work must be submitted with the proposal in order to be considered. The following elements are required:

- A. A brief summary of your understanding of the objectives and requirements of this RFA.
- B. A detailed statement describing the timeline, budget and tasks you will undertake to deliver the product specified in sections 2.1 and 2.3.
- C. A preliminary list of survey questions (by question number) for which analyses will be required (for each of the chapters identified as “I can author” in Appendix E).
- D. A description of any First Nations interpretation/input processes proposed, if appropriate. (Optional)

In conjunction with the contract, chapter writing guidelines and Non-Disclosure/Confidentiality Agreement, the Statement of Work is a primary contractual document that identifies the work to be performed, and will provide the basis for payment.

3.2 Professional Experience, Qualifications and References

In order to assess the qualifications of applicants, the following documents must be submitted with all proposals:

- E. A completed applicant identification form (Appendix D)
- F. **A statement describing the qualifications** and previous experience of the applicant(s). The statement should clearly identify:
 - I. The nature and amount of experience of the applicant(s) in carrying out and completing work similar to that described in sections 2.1 and 2.3; and
 - II. The level of knowledge and expertise of the applicant(s) relating to First Nations health research, health information, epidemiology, First Nations interpretation and First Nations cultural frameworks.
- G. **Curricula vitae and contact information** of each person to be involved with the work. If more than one person is involved, identify the person who will manage the overall effort and serve as lead contact in respect of Appendix D.
- H. The **names of three (3) references** able to comment on the lead contact’s ability to complete the type of work described in sections 2.1 and 2.3.

- I. If the applicant is an incorporated entity, a statement of the name and laws under which the entity was legally incorporated.

3.3 Proposal Price/Cost

The price/cost submission proposal component shall contain a detailed breakdown of the total quoted price with a breakdown of costs. Various items in your price proposal may be subject to Goods and Services Tax (GST) and custom duties, and this charge must be included in the cost estimates where applicable. Proposals exceeding \$4,500 per chapter will not be considered.

3.4 Proposal Submission

You are invited to submit a proposal by mail or email directly to the attention of the representative whose contact information is shown on the front cover page no later than March 4, 2005 at 5:00 pm EST. An electronic copy of the proposal is required. Your proposal price must remain firm for a period of sixty (60) days from the closing date. No payment will be made for costs incurred in the preparation and submission of a proposal in response to this RFA.

3.5 Limitation

The FNIGC and the FNC reserve the right to:

- reject any or all proposals received in response to this RFA;
- enter into negotiations with one or more applicants on any aspects of their proposals;
- accept any proposal in whole or in part;
- cancel and/or re-issue this requirement at any time;
- award one or more contracts; and
- verify any, or all, information provided by the applicant with respect to this requirement.

3.6 Inquiries

All inquiries (in writing only) and other communications related to this RFA, throughout the solicitation period and until the contract award, **MUST** be directed **ONLY** to the representative shown on the front cover page of this RFA package.

3.7 Proposal Assessment Method

All proposals received by the closing date (section 3.8) and meeting the submission requirements will be reviewed and ranked by a RHS Technical Evaluation Panel approved by the FNIGC.

3.8 Closing Date

All proposals must be received by 5:00 PM (EST) on March 4, 2005. Proposals received after this time will be returned unopened.

Appendix A: Questions and Answers

Q 1: Can I partner and work with other authors or partners in a team/group?

Yes, in fact we prefer this. We just ask that one person be identified as the primary or lead contact.

Q2: I am a student. Should I still apply?

Yes, although you may wish to involve your supervisor or other partner if your experience in this area is relatively limited.

Q3: I am not Aboriginal. Should I still apply?

Yes. The competition is open to all individuals and organizations. Experience and knowledge of First Nations issues, cultures and perspectives will be considered in the assessment of proposals.

Q4: I am not a formal researcher, statistician or epidemiologist but have solid experience in First Nations health, can write well, and am knowledgeable on the issues. Should I still apply?

Yes. We hope to have a broad range of First Nations perspectives in the final reports. If you feel it appropriate, you may wish to partner with someone with skills that are complementary to your own.

Q5: I would like to work with others who complement my skills. Can you match me up with others to help complete the chapter?

We would be glad to try and match your talents with others but, of course, can offer no promises or guarantees. You would have to establish the working relationship.

Q6: I have no problem with epidemiological analysis, interpretation and literature research but would appreciate some help integrating First Nations interpretation. Can you help with that?

Ideally, we are seeking authors or teams who can cover all aspects of the project requirements. Nonetheless, we will do our best to help match you up with others who have complementary skills. Again, we cannot offer promises or guarantees.

Q7: I need more money than what you are offering to complete the work. Can you increase the budget in specific, well-justified situations?

Unfortunately, no due to funding limitations.

Q8: What are the selection criteria for the RFA?

- These have yet to be finalized but among other things, we are looking for applicants with:
- Experience and knowledge of First Nations perspectives.
- Proven ability to produce accessible high-quality reports.
- Knowledge of the subject area/theme selected.
- Ability to meet timelines.
- Respect the First Nations principles of Ownership, Control, Access and Possession and First Nations editorial control.

Q9: Can I apply to do 2 or more chapters?

Yes. Use Appendix D to indicate the topic areas you are interested in and as well as the total number of chapters you feel that you are able to author within the timelines.

Q10: I've looked through the questionnaires and I have my own idea for a chapter. Can I propose that?

We have developed the final report chapters in such a way as to cover the range of topics addressed in the questionnaires while avoiding too much overlap between them. We would like to find authors for all listed chapters. We will, nonetheless, consider proposals for additional chapters, for combining chapters (or parts thereof) and/or for splitting chapters.

Q11: I have other ideas for other analyses and products that I think should be considered. Can I propose them?

We are open to suggestions and are willing to consider them at a later date. This initiative, to complete three major National reports, is our current priority.

Q12: I have an idea for a more detailed and sophisticated type of analysis involving the construction of composite measures and multivariate analyses to look at the relationship between X and Y. Can I propose this?

In order to harmonize chapter styles, keep the total report lengths reasonable and provide a thorough overview of themes and topics covered in the 3 survey instruments. We prefer, for now, to keep the level of analysis and reporting relatively basic. We are, nonetheless, open to your proposals for more advanced analysis at a later date.

Q13: Can I get the raw data (or data with identifiers removed) to analyze myself?

No. Statistical results will be provided as needed and will be produced by the FNC Statistical Analysts who have

RFA – Regional Health Survey
9

signed and agreed to a protocol agreement that outlines the limitation for the releasing of raw data. You can work with the analysts and/or make requests using a standardized tabulation request template. The analysts will ensure that the proper weights are used and the statistical methods are appropriate. On request, it is also possible to submit your own SPSS or SAS code to run against the databases. Mock datasets, questionnaires and data dictionaries will be available to facilitate the process.

Q14: Can I include regional breakdowns or region-specific results in the analysis?

No. At this time, results will be aggregated at the national level only. Our mandate is for national level analysis. Our regional partners are responsible for release of their regional (and sub-regional) level data.

Q15: Can I use the statistics for another study, article, report, journal, thesis, presentation etc?

No. Not without separate authorization. The statistics that authors will be provided for drafting chapters for the RHS national reports are for that specific purpose only. Authors will be required to sign a Non-Disclosure/Confidentiality Agreement before receiving statistics.

Q16: What if I don't agree with changes that you make to my draft?

The First Nations Information Governance Committee, as the project's mandated authority has final authority over the content of all RHS national reports. If you do not agree with changes or edits, you may withdraw your submission and void the contract. Payments will be paid for work completed to date. We will do everything possible to ensure that it does not come to this.

Q17: Will my name be included as author?

All authors (along with their institutional affiliations, as appropriate) will be identified as contributors. Each individual's specific contribution will be specified. Formal authorship of the reports, overall, though will be credited to the First Nations Information Governance Committee in keeping with the RHS Code of Research Ethics and in recognition of the Committee's role and responsibility.

Q18: Is this RFA open to residents or citizens of countries other than Canada?

Although preference will be given to citizens and residents of Canada, you may apply if you are experienced and knowledgeable about First Nations issues in Canada.

Q19: Will I be asked to present the chapter at a public event?

It is possible that you may be asked to assist in the presentation of the national RHS results at a public event with the FNIGC.

Q 20: How will the payments be made?

See section 2.5 of this RFA.

Q21: Who and what is the mandate of the FNIGC?

The First Nations Information Governance Committee (FNIGC) is a committee of the Chiefs Committee on Health of the Assembly of First Nations. Its mandate includes oversight of First Nations information initiatives, ensuring First Nations accountability, respect and ethics. The FNIGC works to ensure that the First Nations principles of Ownership, Control, Access and Possession (OCAP) are protected and advanced.

Appendix B: RHS Questionnaire Themes for 2002-03

Three National survey instruments were developed for 2002-03 addressing a comprehensive range of health status, wellness and health determinants measures. The questionnaires have been described as “the best and most extensive First Nations questionnaires ever.”

The questions were refined over two years and validated scientifically and by First Nations. They provide some comparability with content in Canadian surveys (e.g. Canadian Community Health Survey, National Longitudinal Survey on Children and Youth) while addressing First Nations priorities within a cultural framework.

Adult (18+ years. Computer-assisted interview. ~44 minutes*)

Demographics	28 Health conditions—duration, treatment, effects	Smoking, alcohol, drugs—use, cessation, treatment
Languages—comprehension, use	Diabetes—type, treatment, effects	HIV/AIDS, STD's and sexuality
Education	Physical injuries	Pregnancy, fertility
Employment	Dental care	Preventative health practices
Income and sources	Disability, limitation	Wellness, supports & mental health
Household— composition, income	Physical activity	Suicidal ideation and attempts
Housing—condition, crowding, mold	Food and Nutrition	Residential schools—impacts
Water quality	Home care—use, need	Community wellness
Services (phone, water, smoke detector, internet etc.)	Health services—use, access, NIHB	Culture, spirituality, religion
Height, weight	Traditional medicines, healers	Community development

Adolescent (12-17 years. Computer-assisted self-administered. ~35 minutes*)

Household/family composition	Diabetes—type, treatment	Preventative health practices
Education—level, performance, personal goals	19 Health conditions—duration, treatment, effects	Personal wellness, supports & mental health
Language—comprehension, use	Injuries	Suicidal ideation, attempts
Food and nutrition	Dental care	After school activities
Activities—physical, social	Smoking, alcohol, drugs	Traditional culture—importance, learning
Height, weight, satisfaction	Sexuality	Residential school (parents, grandparents)

Child (0-11 years. Computer-assisted by proxy. ~24 minutes*)

Household/family composition	Language—comprehension, use, interest	Health service access—NIHB
Parental education	Food and nutrition	Dental, Baby Bottle T. Decay
Education—level, performance, Head Start	Activities—physical, social, after school	Traditional culture—importance, learning
Height, weight—birth, current	19 Health conditions—duration, treatment, effects	Emotional & social well-being
Breastfeeding history	Injuries	Childcare -babysitting
Smoking, second hand smoke exposure—fetal, home	Disabilities, limitations	Residential school (parents, grandparents)

Plus regional modules with varying lengths and content.

* Mean time to complete survey, based on surveys uploaded to December 29, 2002.

Appendix C: Additional Background Information

In 1996, the Assembly of First Nations Chiefs Committee on Health (CCOH) mandated that a First Nations health survey be implemented every four years across Canada. This resulted in the creation of the First Nations and Inuit Regional Longitudinal Health Survey (RHS).⁴ Considered an important stepping-stone in First Nations control over research, it is often referred to as the “First Nations Survey of Choice.”

The RHS mandate was partly a response to a series of survey initiatives initiated by the federal government in 1994. At that time, Statistics Canada had launched three major national longitudinal surveys that specifically excluded First Nations peoples living on-reserve and in Inuit communities.⁵ A study to examine the feasibility of an Aboriginal Health Survey was undertaken. Based on discussions between Aboriginal representatives and the federal government, it was concluded that an Aboriginal survey would be feasible and desirable only if it was implemented under Aboriginal control. The RHS was subsequently funded by Health Canada and implemented in 8 First Nations Regions and one Inuit region.

The issue of First Nations ownership over information was at the forefront during the inception of the RHS, leading to the formulation of the First Nations principles of Ownership, Control, Access and Possession (OCAP). As such, the RHS is the first national survey to respect the First Nations principles of Ownership, Control, Access and Possession (OCAP). This, in itself, is a reflection of the growing awareness of the importance of information and the inherent right of First Nations to exercise self-determination and governance in the area of research.⁶

The mandate of the First Nations Information Governance Committee (FNIGC), conferred by the CCOH, relates to research and information management. The FNIGC’s role is to ensure First Nations accountability, respect and ethics. The Committee defines and upholds the principles of OCAP in the development of the First Nations Health Infostructure and within various federal initiatives. This FNIGC is composed of First Nations representatives from the ten regions that participated in the 2002-03 RHS. The member-organizations also coordinate and act as data stewards in their respective regions.

The RHS is rebuilding First Nations trust in research processes and has created a sense of pride among First Nations. The RHS has made significant contributions toward achieving the recommendations outlined in the Report of the Royal Commission on Aboriginal Peoples (RCAP)⁷ pertaining to First Nations self-determination and self-governance through enhanced First Nations

⁴ The initial round of the RHS in 1997 included the Inuit of Labrador and was called the First Nations and Inuit Regional Longitudinal Health Survey. The 2002-03RHS includes only First Nations living on-reserve and is called the First Nations Longitudinal Regional Health Survey. The Inuit have opted to pursue Inuit-specific research initiatives.

⁵ These surveys were: the National Population Health Survey (NPHS), the National Longitudinal Survey of Children and Youth (NLSCY), and the Survey of Labour and Income Dynamics (SLID).

⁶ First Nations Information Governance Committee and Brian Schnarch, “Ownership, Control, Access and Possession (OCAP) or Self-Determination Applied to Research,” *Journal of Aboriginal Health*, Vol. 1, No. 1 (Ottawa: National Aboriginal Health Organizations, 2003).

⁷ The *Royal Commission on Aboriginal Peoples* was established in August 1991 by the Canadian government. The Commission was given a broad mandate to investigate the evolution of the relationship among Aboriginal peoples (Indian, Inuit and Métis) and the Canadian government and society, and to propose specific solutions to the problems which have plagued those relationships. (Order-in-Council, August 26, 1991, P.C. 1991-1579; RCAP, Volume I, 1996:2).

capacity in data collection and management. This unique process has been gaining increasing recognition in Canada and internationally.⁸

The RHS is expected to offer opportunities for First Nations health professionals in community health facilities across Canada to understand the importance of determinants of health and the use of this health information to improve the well-being of their communities. Capacity will increase in the areas of epidemiology, surveillance and information management. Evidence-based decision-making and planning at the local level will be strengthened to protect and maintain the health of First Nations.

Background on the Organizations Involved

Consistent with its mission, the First Nations Centre (FNC) at the National Aboriginal Health Organization (NAHO) was named by the Chiefs Committee on Health of the Assembly of First Nations, as the national coordinator and data steward for the second iteration of the RHS. While the FNC coordinates survey implementation nationally, the Assembly of First Nations coordinates and provides secretariat functions for the FNIGC. The FNIGC, which is advisory to the Chiefs Committee, oversees the survey, providing overall direction to the FNC.

NAHO was established in 2000 with five national Aboriginal organizations as its members.⁹ NAHO is a non-governmental and non-political Aboriginal organization committed to advancing the health and well-being of Aboriginal peoples through knowledge-based strategies and activities. In 2001, three Centres of Excellence were established at NAHO each specializing in the health of the three Aboriginal populations: First Nations, Inuit and Métis. A Governing Committee governs each Centre, enabling it to identify, communicate and address the health priorities of each population.

The First Nations Centre

The First Nations Centre (FNC) at NAHO was established in 2001 as a First Nations designed and controlled organization dedicated to advancing First Nations health knowledge. The Centre strives to achieve this objective by:

- Conducting, facilitating and promoting research on First Nations health to assist First Nations and their communities.
- Disseminating results of health research and information to First Nations communities.
- Building First Nations capacity in respect of research and research analysis, health career development and health governance.
- Advocating, advancing and supporting First Nations traditional knowledge, values and practices in First Nations health.
- Developing and enhancing partnerships and relationships relating to First Nations health research, policies/strategies, capacity-building and promotion.

Respecting First Nations aspirations for self-determination, distinctiveness and diversity, the FNC is committed to: working with First Nations to create, promote and share health information and research; and to develop tools and processes that assist in building capacity and transferring knowledge.

⁸ http://www.un.org/esa/socdev/unpfii/news/side%20events_3rdsession.htm

⁹ The five Aboriginal representative organizations are: the Assembly of First Nations, the Métis National Council, the Inuit Tapiriit Kanatami, the Congress of Aboriginal Peoples and the Native Women's Association of Canada.

The FNC fosters a community-based approach to health research, as demonstrated through its support of the RHS. Through the RHS process, the Centre adopts a collaborative approach and works with First Nations regional organizations and other community-based groups. The FNC's support of the RHS process has contributed to building First Nations capacity in the collection and analysis of health information. Many FNC initiatives support First Nations to better plan health programs and services through knowledge generation and transfer.

For more detailed information on FNC at NAHO, please see: www.naho.ca/fnc.

Appendix D: Applicant identification and Checklist (submit with proposal)

Identification of lead contact for proposal

First Name	Last Name	
Position/Title	Department/Unit	Organization/Institution
Street address	City, Province	Postal Code
Telephone number	Fax number	Email address
Role in the project (e.g. author, coordinator)		

Identification of other authors or contributors

First Name	Last Name	
Position/Title	Department/Unit	Organization/Institution
Role in the project (e.g. co-author, diabetes expert, cultural interpretation expert)		

First Name	Last Name	
Position/Title	Department/Unit	Organization/Institution
Role in the project (e.g. co-author, diabetes expert, cultural interpretation expert)		

*Add additional sheets if necessary to identify contributors.

Proposal submission checklist (for your reference):

Proposal coversheet and checklist (this page, Appendix D)	<input type="checkbox"/>
Chapter selection checklist (Appendix E)	<input type="checkbox"/>
Statement of Work (See Section 3.1)	<input type="checkbox"/>
Information about Professional Experience and Qualifications (See Section 3.2)	<input type="checkbox"/>
Price Proposal (See Section 3.3)	<input type="checkbox"/>

RFA – Regional Health Survey
15

Appendix E: Chapter selection checklist (submit with proposal)

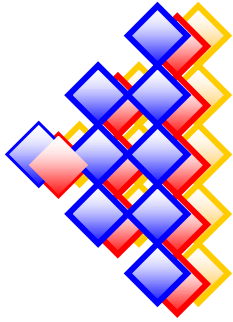
Instructions: Identify each area you wish to author or review with an 'X'. Select as many topic areas as you wish, based on your interest and expertise (even if you don't wish to write that many). Use 'XX' to indicate 'preferred' areas. Those selected will be asked to review 2 chapters for each one they write, so please mark about twice as many in the "review" column.

Adult survey topic areas		I can author	I can review
eg	EXAMPLE: Indicate your preference this way →	XX	X
1.	Demographics, education, employment, income		
2.	Language and Culture		
3.	Housing and living conditions		
4.	Health conditions and chronic diseases (excluding diabetes)		
5.	Diabetes		
6.	Injuries		
7.	Disability and activity limitation		
8.	Dental health and care		
9.	Nutrition, Physical Activity, Body Mass Index		
10.	Non-traditional use of tobacco (smoking)		
11.	Alcohol and Drug use		
12.	Sexual activity		
13.	Health care access and use of preventative health care		
14.	Residential Schools and Impacts		
15.	Mental health, personal wellness and support		
16.	Community wellness		
Children's survey topic areas		I can author	I can review
17.	Household structure and income, parental education, childcare		
18.	Language, Culture, Head Start and School		
19.	Birth weight, smoking during pregnancy, breastfeeding history		
20.	Nutrition, Physical activity, body mass		
21.	Health conditions, chronic diseases and activity limitation		
22.	Injuries		
23.	Disability and activity limitation		
24.	Dental health and care		
25.	Parent/grand-parent residential school attendance and child's well-being		
26.	Emotional and Social well-being		
Youth survey topic areas		I can author	I can review
27.	Household/family structure, language and culture		
28.	School education		
29.	Nutrition, Physical Activity, Body Mass		
30.	Health conditions, chronic diseases and activity limitation		
31.	Injuries		
32.	Dental health and care		
33.	Non-traditional use of tobacco (smoking), alcohol, drug use		
34.	Sexual activity		
35.	Parent/grand-parent residential school attendance and youth's well-being		
36.	Mental health, personal wellness and support		

If selected, what is the maximum number of chapters you are willing to author (within the identified time frames):

_____ (number)

Appendix 21: Tabulation Request Form for RHS Chapter Authors



Tabulations Request and Syntax Submission Form

for Chapter Authors of the RHS 2002-03 National Reports



First Nations
Regional Longitudinal
Health Survey

Enquête Régionale
Longitudinale
sur la Santé des
Premières Nations



Introduction

These forms are for use by authors of chapters of the 2002-03 First Nations Regional Longitudinal Health Survey (RHS) National Reports. These forms should be completed by authors to request tabulations from the RHS databases. Authors are advised to consult the RHS questionnaires (adult, youth, children's), data dictionaries, and the mock databases to assist them in describing their requirements.

Note that there are some derived variables in the database (e.g. body mass index, crowding index) that may not be obvious from the questionnaires; these are described in the data dictionaries. Requested statistics should be relevant to the chapter that you are working on. Statistics are provided only for the purposes of drafting the chapters and their use is governed by each author's agreement, including the **Non-Disclosure/Confidentiality Agreement For RHS statistical tabulations** (Schedule "D").

Requests will be processed in the order in which they are received. The statistics will be sent in a password-protected file with the corresponding password sent in a separate email.

In addition to requesting statistical tabulations, you may submit SPSS code (syntax) directly to be run against the master databases housed at the First Nations Centre (FNC) of the National Aboriginal Health Organization. In keeping with RHS protocols under OCAP principles, the complete record-level databases will not be made available. Your syntax may create new variables, group values within existing variables into new categories, or perform any other function required.

Default Output

In order to streamline the workflow and harmonize final reporting, a set of default statistics for continuous and categorical variables have been defined. Continuous variables have been identified in the data dictionaries.

Statistics for **categorical variables** (frequencies and cross-tabulations) will include the following:

- weighted percentages (proportions) with one decimal;
- 95% confidence interval around the weighted proportion; and
- unweighted counts for each cell and total.

Unweighted frequencies will not be provided unless specifically requested. Likewise, other statistics (e.g. coefficient of variation, p values) will not be provided or reported unless specifically requested.

Statistics for **continuous variables** will be provided as follows:

- mean
- 95% conf. interval around the means
- minimum
- maximum
- number of valid respondents (the n)

All statistics will be aggregated at the national level only; the appropriate First Nations authorities will undertake the regional level analysis.

By default, responses of ‘don’t know’ and ‘refuse’ are treated as missing values and will not be used in the analysis. Authors wishing to include these responses in their analysis should indicate such needs in the appropriate sections. An appendix providing information on missing, ‘don’t know’, and ‘refused’ responses will likely be included in the final national report.

Also by default, standard groupings will be used for age groups, income groups, highest level of education and several other common independent variables. Authors wishing to break down results using non-standard groupings should specify the categories in the appropriate sections.

Given the scope and scale of the national reports, multivariate analyses will not be included or available. Such analyses will be undertaken in the future.

Forms and Instructions

Step 1: Complete form 1A (required)

Step 2: Complete any other forms, which are needed to fulfill your data request.

Step 3: Indicate the number of forms which you are submitting using this table.

Forms	Number of Forms Submitted
1A – Contact information & survey type (required)	1
2A – One-way frequencies	
2B – Two-way crosstabulations	
2C – Three-way crosstabulations	
2D – Continuous/scale variables	
3A – SPSS syntax (code) submission	

Note: You must complete and submit Form 1A. Use forms 2A, 2B, and 2C for categorical variables. Use Form 2D for descriptive statistics on continuous variables. Use form 3A if you want to submit SPSS syntax (code). Only complete those forms which are necessary to fulfill your data request.

Step 4: Save this resulting file with the following naming convention:

<First initial> <Last Name> <Chapter #> <Date of Request>.doc

e.g. B Schnarch-22-March 29-05.doc

Step 5: Submit all completed forms and additional electronic files (for syntax submission) to:

fnstats@naho.ca

Step 6: A confirmation email will be returned to the author. Data requests will be processed in the order in which they are received.

Step 7: The completed statistics will be emailed to the author in a single encrypted and password-protected file. The password will be sent in a separate email shortly after.

Form 1A (required)

Contact Information

Name	
Chapter Number	
Email Address	
Phone Number	
Date of Request	

Survey Type

Please indicate which survey you are requesting statistics from (place an **X** by the survey type). **Only choose one survey type**; please submit an additional set of forms if you need data from another survey type.

Adult	<input type="checkbox"/>
Youth	<input type="checkbox"/>
Child	<input type="checkbox"/>

FNC use only

Request #: _____ Date received: ____ / ____ /2005

Analyst: _____ Date complete: ____ / ____ /2005

2A		2B		2C		2D		3A	
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Form 2A: One-way frequencies

Use this form for one-way frequencies of categorical variables.

List the fields you would like to have analyzed. Use the field name as presented in the data dictionary. For example, for participant's marital status (adult survey) enter 'B4'. List as many fields as required (the box will expand as you add more variables). Define new variables (e.g. custom groupings or calculated measures) in box 2A2 and also list them in box 2A1.

Box 2A1: Variable list for one-way frequencies of categorical variables

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Specify any new variables to be developed, such as custom groupings (e.g. combining 'very good' and 'excellent' health) or calculated measures (e.g. count number of chronic diseases, presence of any disability.) Give the new variable a name (e.g. 'Health_VG_or_E', 'Any_disab') and identify the values (e.g. 1='very good or excellent', 2='good'). Add the new variable to box 2A1 to have the statistics run on it.

Box 2A2: New variables (custom or derived)

--

Statistical output options		
Default Statistics	Additional Statistics (place an X by each required statistic)	
Weighted percentages	Unweighted percentages	<input type="checkbox"/>
Confidence intervals (95%)	Weighted counts	<input type="checkbox"/>
Unweighted counts	'Don't Know' treated as valid	<input type="checkbox"/>
'Don't Know' treated as missing	'Refused' treating as valid	<input type="checkbox"/>
'Refused' treating as missing		<input type="checkbox"/>

Box 2A3: Other options and special instructions

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Form 2B: Two-way analysis

Use this form for two-way crosstabulations of categorical variables.

List the fields you would like to have analyzed. Use the field name as presented in the data dictionary. For example, for participant's marital status (adult survey) enter 'B4'. List as many fields as required (the box will expand as you add new variables). Define new variables (e.g. custom groupings or calculated measures) in box 2B2 and also list them in 2B1 where appropriate. Independent variables will be presented in the output tables' columns and column percents will be calculated. To have a variable treated as both independent and dependent, list them in both boxes. Make additional (copy and paste) boxes as required.

Box 2B1: Variable lists for two-way cross tabulations of categorical variables

Dependent Variables			Independent Variables

Specify any new variables to be developed, such as custom groupings (e.g. combining 'very good' and 'excellent' health) or calculated measures (e.g. presence of any disability). Give the new variable a name (e.g. 'Any_disab') and identify the values (e.g. 1=yes, 2=no). Add the new variable to 2B1 to have the statistics run on it.

Box 2B2: New variables (custom or derived)

Statistical output options		
Default Statistics	Additional Statistics (place an X by each required statistic)	
Weighted percentages	Unweighted percentages	
Confidence intervals (95%)	Weighted counts	
Unweighted counts	'Don't Know' treated as valid	
'Don't Know' treated as missing	'Refused' treating as valid	
'Refused' treating as missing		

Box 2B3: Other options and special instructions

Tabulations Request and Syntax Submission Form

Form 2C: Three-way analysis

Use this form for three-way crosstabulations of categorical variables

List the fields you would like to have analyzed. Use the field name as presented in the data dictionary. For example, for participant's marital status (adult survey) enter 'B4'. List as many fields as required (the box will expand as you add more variables). Define new variables (e.g. custom groupings or calculated measures) in box 2C3 and also list them in 2C1 or 2C2 where appropriate. Independent variables will be presented in the tables' columns and column percents will be calculated. To have a variable treated as both independent and dependent, list them in both boxes. Make additional (copy and paste) boxes as required.

Box 2C1: Variable lists for three-way cross tabulations of categorical variables

Dependent Variables	Independent Variables	Layer Variables (<i>third level</i>)

Specify any new variables to be developed, such as custom groupings (e.g. combining 'very good' and 'excellent' health) or calculated measures (e.g. presence of any disability). Give the new variable a name (e.g. 'Any_disab') and identify the values (e.g. 1=yes, 2=no). Add the new variable to Box 2C1 to have the statistics run on it.

Box 2C2: New variables (custom or derived)

Statistical output options

Default Statistics	Additional Statistics (place an X by each required statistic)	
Weighted percentages	Unweighted percentages	<input type="checkbox"/>
Confidence intervals (95%)	Weighted counts	<input type="checkbox"/>
Unweighted counts	'Don't Know' treated as valid	<input type="checkbox"/>
'Don't Know' treated as missing	'Refused' treating as valid	<input type="checkbox"/>
'Refused' treating as missing		<input type="checkbox"/>

Box 2C3: Other options and special instructions

Form 2D: Continuous variables

Use this form for continuous variables, including one- two and three-way statistics.

Section 1: One-way analysis with continuous variables

List the continuous variables you would like to analyze independently (the box will expand as you add more variables). Continuous variables are identified in the data dictionaries.

Box 2D1: Variable list for one-way analysis of continuous variables.

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Section 2: Two or three way analysis with continuous variables

List the fields you would like to have analyzed. Use the field name as presented in the data dictionary. For example, for participant's marital status (adult survey) enter 'B4'. List as many fields as required (the box will expand as you add more variables). Define new variables (e.g. custom groupings or calculated measures) in box 2D3 and also list them in 2D1 or 2D2 where appropriate. Independent variables will be presented in the tables' columns and column percents will be calculated. To have a variable treated as both independent and dependent, list them in both boxes. Make additional (copy and paste) boxes as required.

Box 2D2: Variable list for two or three-way analysis of continuous variables.

Continuous Variables (<i>dependent</i>)	Independent Variables	Layer Variables (<i>third level</i>)

Specify any new variables to be developed, such as custom groupings (e.g. combining 'very good' and 'excellent' health) or calculated measures (e.g. presence of any disability). Give the new variable a name (e.g. 'Any_disab') and identify the values (e.g. 1=yes, 2=no). Add the new variable to 2C1 or 2C2 to have the statistics run on it.

Box 2D3: New variables (custom or derived)

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Statistical output options

Default Statistics	Additional Statistics (place an X by each required statistic)	
Mean	Median	
Confidence intervals (95%)	Standard deviation variance	
Range (min, max)	Skewness	
Number of valid responses	Kurtosis	
'Don't Know' treated as missing	'Don't Know' treated as valid	
'Refused' treated as missing	'Refused' treated as valid	

Tabulations Request and Syntax Submission Form

Form 2D continued

Box 2D4: Other options and special instructions

Form 3A – SPSS syntax submission form

Use this form to submit SPSS syntax

You must submit both the SPSS syntax file (.sps) as well as the output file (.spo) referenced on this form. The output file will be used for comparison purposes. Please note that some commands may be unavailable due to differences in the version of SPSS as well as the types of add-on modules employed among the authors and at the FNC. The FNC will work with chapter authors to resolve any conflicts. Where possible, the SPSS syntax should only reference commands from the BASE module of SPSS 13.0 (or earlier).

Please complete the following table.

Which version of SPSS are you using	
Which database does the syntax reference	
What is the filename of the syntax file	.sps
What is the filename of the output file	.spo

Please provide a general description of what the syntax does or creates:

Box 3A1: Description of syntax

Appendix 22: Notes to “First Nations Regional Longitudinal Health Survey (RHS) 2002/03: Report on Process and Methods”

1. National Aboriginal Health Organization, *The First Survey: 1997—Initial Data* [online]. Available from World Wide Web: http://www.naho.ca/firstnations/english/initial_data1997.php
2. National Aboriginal Health Organization, *Regional Health Survey Homepage* [online]. Available from World Wide Web: http://www.naho.ca/firstnations/english/regional_health.php.
3. National Aboriginal Health Organization, *First Nations Research Conference* [online]. Available from World Wide Web: <http://www.naho.ca/firstnations/english/FirstNationsResearchConference.php>.
4. Note: The name was subsequently changed to *The First Nations Regional Longitudinal Health Survey (RHS)*, reflecting the longitudinal design of the second round and the decision of the Labrador Inuit not to participate.
5. J. D. O’Neil et al., *The First Nations and Inuit Longitudinal Health Survey: A Process Report* (Ottawa, Ont.: First Nations and Inuit Regional Health Survey National Steering Committee, 1998).
6. ——— and L. Commanda, 1998 Determining the feasibility of the Canadian First Nations and Inuit regional (longitudinal) health surveys, *International Journal of Circumpolar Health*.
7. First Nations of Quebec and Labrador Health and Social Services Commission, *Regional Medical Survey on the Health of First Nations Members*, Quebec region: Final Report, Information Codification, 1997.
8. First Nations Centre, National Aboriginal Health Survey, *First Nations Regional Longitudinal Health Survey (RHS) Code of Research Ethics* [online]. July 25, 1997; revised January 27, 2005. Available from World Wide Web: http://www.naho.ca/firstnations/english/pdf/code_ethics_RHS.pdf.
9. Ibid.
10. Note: Since 1996, there were six national support resolutions from the Assembly of First Nations (1998, 1999, 2000, 2001, 2001, 2004) as well as one in the Yukon (2004), one in the Northwest Territories (2005), two in British Columbia (2003, 2004), one in Saskatchewan (2001), one in Manitoba (1998), one in Ontario (2004), four in Quebec (1996, 2001, 2001, 2004) and one in the Atlantic provinces (2001).
11. National Aboriginal Health Organization, *The First Survey: 1997—Initial Data* [online]. Available from World Wide Web: http://naoho.ca/firstnations/english/initial_data1997.php
12. First Nations Centre, National Aboriginal Health Organization, *First Nations and Inuit Regional Health Surveys, 1997* [online]. Available from World Wide Web: http://naoho.ca/firstnations/english/pdf/RHS_synthesis_report.pdf.
13.
 - T. K. Young et al., 2000, Type 2 diabetes mellitus in Canada’s First Nations: status of an epidemic in progress, *Canadian Medical Association Journal*, 163: 561–566.
 - Canadian Diabetes Association, *2003 Clinical Practice Guidelines* [online]. Available from World Wide Web: <http://www.diabetes.ca/cpg2003/chapters.aspx?references2.htm>.
 - Health Canada, *Diabetes Among Aboriginal People in Canada: The Evidence* [online]. March 10, 2000. Available from World Wide Web: <http://dsp-psd.pwgsc.gc.ca/Collection/H35-4-6-2001E.pdf>.
 - Health Canada, *Closing the Gaps in Aboriginal Health* [online]. 2003. Available from World Wide Web: http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-5-aboriginal-autochtone/index_e.html.
 - Health Canada, *Healthy Canadians: A Federal Report on Comparable Health Indicators* [online]. 2002. Available from World Wide Web: <http://www.hc-sc.gc.ca/iacob-dgiac/arad-draa/english/accountability/indicators.html>.
 - Health Canada, *A Statistical Profile on the Health of First Nations in Canada* [online]. Available from World Wide Web: http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/2003_stat_profil/index_e.html.
 - S. A. Kirkland, L. Greaves and P. Devichand, 2004, Gender differences in smoking a multidimensional look at the health of Canadian women, *BMC Women’s Health*, 4: S7-19.
14. Note: See these sources as examples.
15. Note: For example, it was used for planning and funding the federal First Nations and Inuit Home and Community Care program, the Aboriginal Diabetes Initiative and the First Nations and Inuit Tobacco strategy.
16. O’Neil and Commanda, Determining the feasibility of the Canadian First Nations and Inuit regional (longitudinal) health surveys, *International Journal of Circumpolar Health*.

16. Note: National co-ordination of the first round was initially through the Chiefs of Ontario.
17. Note: Excludes the James Bay Cree of Northern Quebec and the Innu of Labrador (see 4.7.1 and 4.9.2.2).
18. First Nations Centre, National Aboriginal Health Centre, *Preliminary Findings of the First Nations Regional Longitudinal Health Survey (RHS) 2002-03: Adult Survey* [online]. September 2005. Available from World Wide Web: <http://www.naho.ca/firstnations/english/pdf/RHS_prelim_results_nov8.pdf>.
19. First Nations Information Governance Committee, *Terms of Reference* (Ottawa, Ont.: First Nations Information Governance Committee, revised 2000).
20. Note: NAHO was named the Aboriginal Health Institute during consultations and was incorporated as the Organization for the Advancement of Aboriginal Peoples' Health.
21. Schnarch, B., 2004, Ownership, control, access and possession (OCAP) or self-determination applied to research: a critical analysis of Aboriginal research practice and some options for Aboriginal communities, *Journal of Aboriginal Health*, 1, 1.
22.
 - Statistics Canada, *Canadian Community Health Survey, (CCHS)* [online]. Available from World Wide Web: <<http://www.statcan.ca/english/concepts/health/>>.
 - Statistics Canada, *National Population Health Survey* [online]. Available from World Wide Web: <<http://www.statcan.ca/english/concepts/nphs/>>.
 - Statistics Canada, *National Longitudinal Survey of Children and Youth (NLSCY)* [online]. Available from World Wide Web: <<http://www.statcan.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=4450&lang=en&db=IMDB&dbf=f&adm=8&dis=2>>.
 - Statistics Canada, *2001 Census of Canada* [online]. Available from World Wide Web: <<http://www12.statcan.ca/english/census01/home/index.cfm>>.

Note: Including these sources.
23. Note: Including those who identified themselves as birth mothers (79.0%), adoptive mothers (1.2%), foster mothers (1.43%) and stepmothers (0.2%).
24. Note: Including those who identified themselves as birth fathers (12.0%), adoptive fathers (0.2%), foster fathers (0.1%) and stepfathers (0.2%).
25. Note: Sampling plan for *The First Nations Regional Longitudinal Health Survey (RHS), 2002*.
26. Note: The Indian Register, maintained by Indian and Northern Affairs Canada (INAC), is the official record of Status Indians in Canada. Sole authority for determining who will be registered is vested in the post of Registrar in keeping with the Indian Act. First Nations authorities may recognize members that are not Registered Indians but they are not entitled to Indian rights and benefits under Canadian law.
27. Indian and Northern Affairs Canada, *Definitions for First Nation Profiles Information* [online]. Available from World Wide Web: <http://sdiprod2.inac.gc.ca/FNProfiles/fnprofiles_definitions.asp>. Note: Under the Indian Act, reserves are tracts of land set aside for the use of Indian bands. Crown land can also be specifically identified for use of a specific Indian band or can be "no-band" Crown land. See this web page for definitions.
28. Statistics Canada, Development and Demographic Methods Section, Demography Division, *Description of Population Projections of Registered Indians for Canada and Regions, 2001-2021* (Ottawa, Ont.: Statistics Canada, 2002). Note: Counts were adjusted for late reporting and underreporting at the community level for each age/gender group based on region-specific ratios (adjusted/unadjusted), according to methods described in this publication.
29. Note: Although the Indian Register is believed to overestimate the proportion of people living on-reserve (vs. off), no validated quantification was available with which to attempt a correction.
30. Note: The census excludes a number of First Nations communities that have refused to participate.
31. Note: A two-stage sample here refers to the fact that communities were selected first, then individuals within those communities. The sample is considered stratified because communities were selected from groups or strata, as were individuals (by age/sex).
32. Note: Sampling plan for *The First Nations Regional Longitudinal Health Survey (RHS), 2002*.
33. First Nations Centre, National Aboriginal Health Centre, *First Nations and Inuit Regional Longitudinal Health Survey: Fieldworker Manual* [online]. July 2002. Available from World Wide Web: <http://www.naho.ca/firstnations/english/pdf/key_docs_manual.pdf>.
34. Note: Including on-reserve and on Crown land.
35. Note: The longitudinal survey was initially planned for 2001 through 2013 but was delayed due to late receipt of funding for data collection. Subsequent references refer to 2002 through 2016 to avoid confusion and simplify the text.

36. Note: Reasons for starting the longitudinal survey in 2002/03 and not following the 1997 respondents include (1) improper consent in some regions to ethically return to respondents; (2) inadequate or missing documentation of personal information in some regions; (3) inadequate sample size in some regions for a statistically healthy cohort; (4) lack of continuity in the survey instruments; (5) addition of new regions in 2002/03; and (6) non-standardized and, in some regions, sub-optimal samples in 1997.
37. Indian and Northern Affairs Canada, *Registered Indian Population Projections for Canada and Regions 2000-2021* [online]. Available from World Wide Web: <http://www.ainc-inac.gc.ca/pr/sts/ipp_e.html>. Note: Based on estimates from Indian and Northern Affairs Canada.
38. First Nations Centre, National Aboriginal Health Centre, *First Nations and Inuit Regional Longitudinal Health Survey: Fieldworker Manual* [online]. Available from World Wide Web: <http://www.naho.ca/firstnations/english/pdf/key_docs_manual.pdf>
39. Note: The Union of Nova Scotia Indians coordinates the survey for Nova Scotia and Newfoundland; the Union of New Brunswick Indians was responsible for New Brunswick and Prince Edward Island.
40. Note: The Information and Consent Form (Appendix 9) foresees this possibility.
41. First Nations Centre, National Aboriginal Health Organization, *First Nations' Knowledge Of and Protection From The West Nile Virus* [online]. Available from World Wide Web: <http://www.naho.ca/firstnations/english/pdf/WNV_report_04.pdf>.
42. Note: The Quebec off-reserve samples included one city in 1997 and three cities in 2002/03. The urban sample is not included in the national database.
43. Note: In one instance only, a team was hired to travel and interview in several communities.
44. First Nations Centre, National Aboriginal Health Centre, *First Nations and Inuit Regional Longitudinal Health Survey: Fieldworker Manual* [online]. Available from World Wide Web: <http://www.naho.ca/firstnations/english/pdf/key_docs_manual.pdf>
45. Note: Adobe Acrobat Portable Document Format.
46. Note: Fieldworker kits included charged laptop and power cord, mouse and mouse pad, confidential personal information/consent forms, envelopes for confidential forms, information brochures, agenda books for scheduling, pens, paper surveys (if needed), tape measure (for height), survey response cue cards to show respondents, list of community services/contacts for referrals, participation gifts, the "Field Worker Review Sheet," and the "Questions and Answers" sheet.
47. Flaherty, *A Privacy Impact Assessment of the First Nations and Inuit Regional Longitudinal Health Survey (FNIRLHS)* (Ottawa, Ont.: National Aboriginal Health Organization, 2002).
48. Note: The Manitoba region used its own (similar) consent form.
49. Note: The consent form package included sections for the name and contact information of respondents (or proxies for children) and contact people who could help to find them, if needed, in the future.
50. D. Flaherty, *A Privacy Impact Assessment of the First Nations and Inuit Regional Longitudinal Health Survey (FNIRLHS)*.
51. Note: The Manitoba region collected additional surveys after the national collection period was over and the RHS database was closed. The additional sample will be available for Manitoba regional analysis but will not be integrated into the national database.
52. Note: To be more precise, the regional sampling proportions are predominantly driven by the ratio of sub-regions to population within that region.
53. Note: The Quebec region's urban sample in three cities is excluded from the national sample and is not considered here.
54. Note: Each region provided a report detailing any deviations from the sample design and sampling procedures.
55. Note: Three of these were also among the 58 with increased samples for other age/gender groups.
56. Note: SPSS and SAS are advanced statistical analysis software packages. Although some initial data manipulations were completed using SAS, final databases were prepared in SPSS format after considering the pros and cons of various options.
57. Note: "Duplicates" here includes triplicates, quadruplicates and so on. One consent form identification number was entered 45 times—perhaps during a training session simulation.
58. Note: The 50% threshold was established as a conservative standard relative to other surveys, according to Tom Goss (Goss Gilroy Inc.).

59. First Nations Centre, National Aboriginal Health Survey, *First Nations Regional Longitudinal Health Survey (RHS) Code of Research Ethics* [online]. Available from World Wide Web: <http://www.naho.ca/firstnations/english/pdf/code_ethics_RHS.pdf>
60. Note: As noted in section 4.6.3.8, 17% of adult questions, 16% of youth questions and 12% of children's questions had validations added to later survey instruments.
61. Note: Statistical weights are used to provide better estimates when a sample is not a perfect reflection of the target population it is intended to represent. Weights are used to mathematically expand the sample to the actual (target) population.
62. Note: Preliminary results released prior to June 2005 were based on earlier statistical weights that did not incorporate the third stage (ratio-to-size adjustment factor). There will, therefore, be minor discrepancies with newer estimates.
63. Note: Certain types of geographical breakdowns (e.g., by remoteness or isolation status) are provided, however.
64. National Aboriginal Health Organization, *Regional Health Survey Homepage* [online]. Available from World WideWeb: <http://www.naho.ca/firstnations/english/regional_health.php>
65. National Aboriginal Health Organization, *First Nations Research Conference* [online]. Available from World Wide Web: <<http://www.naho.ca/firstnations/english/FirstNationsResearchConference.php>>
66. Note: Initially 36, the total was reduced to 34 when the Chronic Conditions and Disabilities/Activity Limitation chapters were combined for both adults and children.
67. Note: The bonferroni adjustment or correction is a more conservative method of assessing statistical significance, particularly for analyses with many cells/groups.
68. Note: In future, more focused reports will include multivariate analyses.
69.
 - Statistics Canada, *Canadian Community Health Survey: Public Use Microdata File* (Ottawa, Ont.: Statistics Canada, 2003).
 - Housing Family and Social Statistics Division, Statistics Canada, *Aboriginal Peoples Survey 2001: Concepts and Methods Guide* (Ottawa, Ont.: Statistics Canada, 2003).
 - 2001 Census of Canada, Statistics Canada.

Note: Comparable statistics were derived from in-house analyses of the *Canadian Community Health Survey: Public Use Microdata File*, custom tabulation requests from the *Aboriginal Peoples Survey* and the 2001 Census, as well as publicly available statistics compiled from the Internet.
70. SPSS, *SPSS Complex Samples* [online]. Available from World Wide Web: <http://www.spss.com/complex_samples/brochures.htm>.
71. Note: For example, it is now usual for the results of polls to be given with some such statement as "this value is considered to be accurate to within +/- 4% 19 times out of 20." This is, in effect, the 95% confidence interval for the estimate and is based on the distribution of sampling errors, as estimated from the sample itself.
72. Note: While SRS is hardly, if ever, used for surveys of human populations, it provides a useful standard by which to measure the relative efficiency of a more practical design. The ratio of the variance of an estimate derived from a survey using a complex design to that of an SRS with the same overall sample size is referred to as the "design effect" (for the particular parameter estimated). Generally speaking, stratification tends to reduce the design effect while multistage sampling tends to increase it. Multistage sampling is justified, however, by its lower per-unit cost. The lower cost in turn allows for a larger overall sample size. For practical and efficient designs of samples of human populations, design effects are generally in the range of 1 to 3. The low end of this range corresponds to variables whose distribution is fairly uniform across the population surveyed, while the high end corresponds to distributions that are highly concentrated in certain sub-populations.
73. SPSS, *SPSS Complex Samples* [online]. Available from World Wide Web: <http://www.spss.com/complex_samples/brochures.htm>.
74. O'Neil et al., *The First Nations and Inuit Longitudinal Health Survey: A Process Report*.
75. Housing Family and Social Statistics Division, Statistics Canada, *Aboriginal Peoples Survey 2001: Concepts and Methods Guide*.
76. Note: After excluding two regions with incomplete records.
77. Note: An analyst at the First Nations of Quebec and Labrador Health and Social Services Commission was an invaluable resource, identifying errors that affected all regions.

First Nations Regional Longitudinal
Health Survey (RHS) 2002/03



*Our Voice
Our Survey
Our Future*



Prepared by the First Nations Centre @ NAHO on behalf of the
First Nations Information Governance Committee

