

# **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)

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## 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"/> Nisga        |
| 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"/> Saulteaux    |
| 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				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	<input type="radio"/>	No Schooling	112	<input type="radio"/>	1	113	<input type="radio"/>	2	114	<input type="radio"/>	3	115	<input type="radio"/>	4	116	<input type="radio"/>	5
117	<input type="radio"/>	6	118	<input type="radio"/>	7	119	<input type="radio"/>	8	120	<input type="radio"/>	9	121	<input type="radio"/>	10	122	<input type="radio"/>	11
123	<input type="radio"/>	12	124	<input type="radio"/>	13	125	<input type="radio"/>	Don't know	126	<input type="radio"/>	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 ☐ Income loss

13 ☐ \$30,000-\$39,999

14 ☐ No income

15 ☐ \$40,000-\$49,999

16 ☐ \$1-\$4,999

17 ☐ \$50,000-\$59,999

18 ☐ \$5,000-\$9,999

19 ☐ \$60,000-\$69,999

20 ☐ \$10,000-\$14,999

21 ☐ \$70,000-\$79,999

22 ☐ \$15,000-19,999

23 ☐ \$80,000 and over

24 ☐ \$20,000-24,999

25 ☐ Don't know

26 ☐ \$25,000-\$29,999

27 ☐ 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 | } → <b>If excellent or very good, go Q 33</b> |
| 02 | <input type="radio"/> | Very Good |   |
| 03 | <input type="radio"/> | Good      | } → <b>If good, fair or poor, go to Q 34</b>  |
| 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?

	No	Yes	Age	No	Yes	No	Yes
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"/>	<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 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"/>	<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"/>
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"/>	<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"/>
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"/>	<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.....	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"/>	<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"/>
<b>Have you had an asthma attack in the past 12 months</b>	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"/>	<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"/>
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"/>	<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 .....	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"/>	<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"/>
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"/>	<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"/>
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"/>	<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 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
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
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
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
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
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
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
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
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

**Was the blood pressure related to pregnancy?**

No Yes  
128 ☐ 129 ☐

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
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
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	<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

What type of cancer?

151

Liver disease (excluding Hepatitis) .....	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"/>	
Stomach and intestinal problems .....	159	<input type="radio"/>	160	<input type="radio"/>	161	<input type="text"/>	<input type="text"/>	162	<input type="radio"/>	163	<input type="radio"/>	164	<input type="radio"/>	165	<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"/>	
HIV/AIDS .....	166	<input type="radio"/>	167	<input type="radio"/>	168	<input type="text"/>	<input type="text"/>	169	<input type="radio"/>	170	<input type="radio"/>	171	<input type="radio"/>	172	<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"/>	
Hepatitis .....	173	<input type="radio"/>	174	<input type="radio"/>	175	<input type="text"/>	<input type="text"/>	176	<input type="radio"/>	177	<input type="radio"/>	178	<input type="radio"/>	179	<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"/>	

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"/>	<input type="text"/>	187	<input type="radio"/>	188	<input type="radio"/>	189	<input type="radio"/>	190	<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"/>	

Is your tuberculosis active or inactive?

Active	Inactive	Don't know			
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"/>	<input type="text"/>	197	<input type="radio"/>	198	<input type="radio"/>	199	<input type="radio"/>	200	<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"/>	
Other	201	<input type="text"/>	202	<input type="text"/>	203	<input type="radio"/>	204	<input type="radio"/>	205	<input type="radio"/>	206	<input type="radio"/>	207	<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"/>	
Other	207	<input type="text"/>	208	<input type="text"/>	209	<input type="radio"/>	210	<input type="radio"/>	211	<input type="radio"/>	212	<input type="radio"/>	213	<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 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		

***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 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"/>	71 <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 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 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>

## 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 ☐ None

32 ☐ 1-2 hours

34 ☐ 3-4 hours

36 ☐ 5-6 hours

31 ☐ 7-10 hours

33 ☐ 11 or more hours

35 ☐ Don't know

37 ☐ 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) → Go to Q 86
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 <input type="radio"/> Your partner did not want to use one                | 41 <input type="radio"/> You did not want to use one                 |
| 42 <input type="radio"/> You were under the influence of alcohol or drugs    | 43 <input type="radio"/> You do not have the HIV/ AIDS virus         |
| 44 <input type="radio"/> Your partner does not have the HIV/ AIDS virus      | 45 <input type="radio"/> You were with your steady partner           |
| 46 <input type="radio"/> You (or your partner) wanted to get pregnant        | 47 <input type="radio"/> You did not have a condom at the time       |
| 48 <input type="radio"/> You could not afford to buy any condoms             | 49 <input type="radio"/> You could not obtain condoms where you were |
| 50 <input type="radio"/> You were too embarrassed to get condoms             | 51 <input type="radio"/> You did not think of using a condom         |
| 52 <input type="radio"/> You could not talk to your partner about protection | 53 <input type="radio"/> You find condoms painful                    |
| 54 <input type="radio"/> You or your partner allergic to latex condoms       | 55 <input type="radio"/> You thought you were safe                   |
| 56 <input type="radio"/> Religious reasons                                   | 57 <input type="radio"/> Don't know                                  |
| 58 Other <input type="text"/>  | 59 <input type="radio"/> 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 <input type="radio"/>  | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | 05 <input type="radio"/> |

**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 <input type="radio"/> Never performed one    | 31 <input type="radio"/> Less often than every 2 to 3 months |
| 32 <input type="radio"/> About once per month   | 33 <input type="radio"/> Don't know                          |
| 34 <input type="radio"/> About every 2-3 months | 35 <input type="radio"/> Refused                             |

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

- |  |   |
|--|---|
| 36 <input type="radio"/> Never had one                   | 37 <input type="radio"/> 6 months to less than 1 year ago     |
| 38 <input type="radio"/> Less than 6 months ago          | 39 <input type="radio"/> 3 years ago to less than 5 years ago |
| 40 <input type="radio"/> 1 year to less than 3 years ago | 41 <input type="radio"/> Don't know                           |
| 42 <input type="radio"/> 5 or more years ago             | 43 <input type="radio"/> Refused                              |

**94. When was your last PAP smear test?**

- |  |   |
|--|---|
| 44 <input type="radio"/> Never had one                   | 45 <input type="radio"/> 6 months to less than 1 year ago     |
| 46 <input type="radio"/> Less than 6 months ago          | 47 <input type="radio"/> 3 years ago to less than 5 years ago |
| 48 <input type="radio"/> 1 year to less than 3 years ago | 49 <input type="radio"/> Don't know                           |
| 50 <input type="radio"/> 5 or more years ago             | 51 <input type="radio"/> 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

**105. How important is traditional spirituality in your life?**

- 07 ☐ Very important                      08 ☐ Not important  
09 ☐ Somewhat important                      10 ☐ Don't know  
11 ☐ Not very important                      12 ☐ Refused

**106. How important is religion in your life? (e.g. Christianity)**

- 13 ☐ Very important                      14 ☐ Not important  
15 ☐ Somewhat important                      16 ☐ Don't know  
17 ☐ Not very important                      18 ☐ Refused

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

*Ask about each aspect and mark a response for each.*

	All of the time	Most of the time	Some of the time	Almost none of the time
Physical .....	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>
Emotional .....	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
Mental .....	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
Spiritual .....	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>

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

- 35 ☐ Yes                      36 ☐ No → Go to Q 111                      37 ☐ Don't know                      38 ☐ Refused

**109. If yes, how strongly has this affected your level of self-esteem?**

No effect	Little effect	Some effect	Strong effect	Very Strong effect
39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>

**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