

FIRST NATIONS AND INUIT REGIONAL
LONGITUDINAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR FUTURE

Children's Questionnaire
October 18, 2002
(Content equivalent to laptop-based survey)

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B. PERSONAL BACKGROUND INFORMATION

Parent/Guardian

1. What is your relationship to _____ (name of child)?

- 01 ☐ Birth parent 02 ☐ Step parent (including common-law step parent)
03 ☐ Adoptive parent 04 ☐ Foster parent 05 ☐ Sister/ brother
06 ☐ Grandparent 07 ☐ Other related
08 ☐ Other related

2. What is your date of birth?

09 DAY MONTH YEAR

If unavailable please provide approximate age 10 years

3. Please note the gender of the person completing this form on behalf of the child.

- 11 ☐ Male 12 ☐ Female

Child

4. What is _____'s (name of child) date of birth

13 DAY MONTH YEAR

If unknown or refused, please ask for an approximate age 14 years

5. What is _____'s sex

- 15 ☐ Male 16 ☐ Female

6. Name of First Nation or Inuit community where _____ currently resides

17

C. HOUSEHOLD INFORMATION

7. **Including _____, how many other children usually live in this household?**
Include all children under 18 who reside in the household, at least half of the time. Include _____

18 Number of children under 6 years old (5 years and younger)

19 Number of children 6-11 years old

20 Number of children 12-17 years old (less than 18)

21 **Total** (add up 3 numbers above)

22 ☐ Refused

8. **Including yourself, how many adults usually live in this household?**
Include all adults, 18 years and over, who reside in the household at least half of the time.

23 Number of adults 18-64 years of age

24 Number of adults 65 years and over

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

26 ☐ Refused

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

27 ☐ 1 28 ☐ 2 29 ☐ 3 30 ☐ 4 31 ☐ 5

32 ☐ 6 33 ☐ 7 34 ☐ 8 35 ☐ 9 36 ☐ 10

37 ☐ 11 38 ☐ 12 39 ☐ 13 or more 40 ☐ Don't know 41 ☐ Refused

10. **Who does _____ live with most of the time? Read the whole list. Check all that apply**

42 ☐ His/Her biological mother (birth mother)

43 ☐ His/Her biological father

44 ☐ His/Her adoptive mother

45 ☐ His/Her adoptive father

46 ☐ His/Her stepfather

47 ☐ His/Her stepmother

48 ☐ His/Her foster parent(s)

49 ☐ His/Her Aunt/ uncle/ cousins

50 ☐ His/Her Brother(s)/ sisters(s)

51 ☐ His/Her Step-brother(s)/ step-sister(s)

52 ☐ Unrelated children

53 ☐ His/Her Grandparent(s)

54 ☐ He/she lives in a boarding home

55 ☐ With a man she/he is not related to

56 ☐ With a woman he/she is not related to

57 ☐ Other

58 ☐ Don't know

59 ☐ Refused

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

- | | |
|--|--|
| 60 <input type="radio"/> Income loss | 61 <input type="radio"/> \$30,000-\$39,999 |
| 62 <input type="radio"/> No income | 63 <input type="radio"/> \$40,000-\$49,999 |
| 64 <input type="radio"/> \$1-\$4,999 | 65 <input type="radio"/> \$50,000-\$59,999 |
| 66 <input type="radio"/> \$5,000-\$9,999 | 67 <input type="radio"/> \$60,000-\$69,999 |
| 68 <input type="radio"/> \$10,000-\$14,999 | 69 <input type="radio"/> \$70,000-\$79,999 |
| 70 <input type="radio"/> \$15,000-19,999 | 71 <input type="radio"/> \$80,000 and over |
| 72 <input type="radio"/> \$20,000-24,999 | 73 <input type="radio"/> Don't know |
| 74 <input type="radio"/> \$25,000-\$29,999 | 75 <input type="radio"/> Refused |

12. What is the highest level of formal schooling that _____'s parents or guardians have completed?

Check one answer in each column. They are listed in order, from lowest to highest.

	Mother or guardian's highest completed level of education	Father or guardian's highest completed level of education
Not applicable (no parent or guardian)	76 <input type="radio"/> Yes	77 <input type="radio"/> Yes
a) Some elementary school	78 <input type="radio"/> Yes	79 <input type="radio"/> Yes
b) Elementary school completed	80 <input type="radio"/> Yes	81 <input type="radio"/> Yes
c) Some high school	82 <input type="radio"/> Yes	83 <input type="radio"/> Yes
d) High school graduation diploma	84 <input type="radio"/> Yes	85 <input type="radio"/> Yes
h) Diploma or certificate from trade, technical or vocational school	86 <input type="radio"/> Yes	87 <input type="radio"/> Yes
i) Diploma or certificate from community college, CEGEP or University	88 <input type="radio"/> Yes	89 <input type="radio"/> Yes
j) University degree	90 <input type="radio"/> Yes	91 <input type="radio"/> Yes
k) Master's degree	92 <input type="radio"/> Yes	93 <input type="radio"/> Yes
l) Earned doctorate (PhD)	94 <input type="radio"/> Yes	95 <input type="radio"/> Yes
Don't know	96 <input type="radio"/> Yes	97 <input type="radio"/> Yes
Refused	98 <input type="radio"/> Yes	99 <input type="radio"/> Yes

D. TRADITIONAL CULTURE AND LANGUAGE

13. How important is it to you that _____ learn a First Nation / Inuit language

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

14. What languages does _____ understand?

Mark all that apply

	Fluently				Relatively well				A few words				Don't understand				
English	07	<input type="radio"/>	08	<input type="radio"/>	09	<input type="radio"/>	10	<input type="radio"/>	Mi'kmaq	11	<input type="radio"/>	12	<input type="radio"/>	13	<input type="radio"/>	14	<input type="radio"/>
French	15	<input type="radio"/>	16	<input type="radio"/>	17	<input type="radio"/>	18	<input type="radio"/>	Mohawk	19	<input type="radio"/>	20	<input type="radio"/>	21	<input type="radio"/>	22	<input type="radio"/>
Sign language	23	<input type="radio"/>	24	<input type="radio"/>	25	<input type="radio"/>	26	<input type="radio"/>	Montagnais	27	<input type="radio"/>	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>
Algonquin	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>	34	<input type="radio"/>	Naskapi	35	<input type="radio"/>	36	<input type="radio"/>	37	<input type="radio"/>	38	<input type="radio"/>
Assiniboine	39	<input type="radio"/>	40	<input type="radio"/>	41	<input type="radio"/>	42	<input type="radio"/>	North Slave	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>	46	<input type="radio"/>
Attikamekw	47	<input type="radio"/>	48	<input type="radio"/>	49	<input type="radio"/>	50	<input type="radio"/>	Nisgà	51	<input type="radio"/>	52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>
Blackfoot	55	<input type="radio"/>	56	<input type="radio"/>	57	<input type="radio"/>	58	<input type="radio"/>	Ojibway	59	<input type="radio"/>	60	<input type="radio"/>	61	<input type="radio"/>	62	<input type="radio"/>
Cayuga	63	<input type="radio"/>	64	<input type="radio"/>	65	<input type="radio"/>	66	<input type="radio"/>	Oji-Cree	67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>	70	<input type="radio"/>
Chipewyan	71	<input type="radio"/>	72	<input type="radio"/>	73	<input type="radio"/>	74	<input type="radio"/>	Oneida	75	<input type="radio"/>	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>
Chippewa	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>	82	<input type="radio"/>	Onondaga	83	<input type="radio"/>	84	<input type="radio"/>	85	<input type="radio"/>	86	<input type="radio"/>
Cree	87	<input type="radio"/>	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>	Potawatomi	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>	94	<input type="radio"/>
Dakota	95	<input type="radio"/>	96	<input type="radio"/>	97	<input type="radio"/>	98	<input type="radio"/>	Salish	99	<input type="radio"/>	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>
Dogrib	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>	106	<input type="radio"/>	Saulteaux	107	<input type="radio"/>	108	<input type="radio"/>	109	<input type="radio"/>	110	<input type="radio"/>
Gitksan	111	<input type="radio"/>	112	<input type="radio"/>	113	<input type="radio"/>	114	<input type="radio"/>	South Salve	115	<input type="radio"/>	116	<input type="radio"/>	117	<input type="radio"/>	118	<input type="radio"/>
Gwich'in	119	<input type="radio"/>	120	<input type="radio"/>	121	<input type="radio"/>	122	<input type="radio"/>	Stoney	123	<input type="radio"/>	124	<input type="radio"/>	125	<input type="radio"/>	126	<input type="radio"/>
Haida	127	<input type="radio"/>	128	<input type="radio"/>	129	<input type="radio"/>	130	<input type="radio"/>	Tuscorora	131	<input type="radio"/>	132	<input type="radio"/>	133	<input type="radio"/>	134	<input type="radio"/>
Inuktitut	135	<input type="radio"/>	136	<input type="radio"/>	137	<input type="radio"/>	138	<input type="radio"/>	Wet'su'weten	139	<input type="radio"/>	140	<input type="radio"/>	141	<input type="radio"/>	142	<input type="radio"/>
Lakota	143	<input type="radio"/>	144	<input type="radio"/>	145	<input type="radio"/>	146	<input type="radio"/>									
Malecite	147	<input type="radio"/>	148	<input type="radio"/>	149	<input type="radio"/>	150	<input type="radio"/>									

Others (specify)

	151	<input type="radio"/>	152	<input type="radio"/>	153	<input type="radio"/>	154	<input type="radio"/>
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	155	<input type="radio"/>	156	<input type="radio"/>	157	<input type="radio"/>	158	<input type="radio"/>
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**Not applicable
(too young)**

159	<input type="radio"/>
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15. What languages does _____ speak?

Mark all that apply

	Fluently				Relatively well				A few words				Don't understand				
English	160	<input type="radio"/>	161	<input type="radio"/>	162	<input type="radio"/>	163	<input type="radio"/>	Mi'kmaq	164	<input type="radio"/>	165	<input type="radio"/>	166	<input type="radio"/>	167	<input type="radio"/>
French	168	<input type="radio"/>	169	<input type="radio"/>	170	<input type="radio"/>	171	<input type="radio"/>	Mohawk	172	<input type="radio"/>	173	<input type="radio"/>	174	<input type="radio"/>	175	<input type="radio"/>
Sign language	176	<input type="radio"/>	177	<input type="radio"/>	178	<input type="radio"/>	179	<input type="radio"/>	Montagnais	180	<input type="radio"/>	181	<input type="radio"/>	182	<input type="radio"/>	183	<input type="radio"/>
Algonquin	184	<input type="radio"/>	185	<input type="radio"/>	186	<input type="radio"/>	187	<input type="radio"/>	Naskapi	188	<input type="radio"/>	189	<input type="radio"/>	190	<input type="radio"/>	191	<input type="radio"/>
Assiniboine	192	<input type="radio"/>	193	<input type="radio"/>	194	<input type="radio"/>	195	<input type="radio"/>	North Slave	196	<input type="radio"/>	197	<input type="radio"/>	198	<input type="radio"/>	199	<input type="radio"/>
Attikamekw	200	<input type="radio"/>	201	<input type="radio"/>	202	<input type="radio"/>	203	<input type="radio"/>	Nisgà	204	<input type="radio"/>	205	<input type="radio"/>	206	<input type="radio"/>	207	<input type="radio"/>
Blackfoot	208	<input type="radio"/>	209	<input type="radio"/>	210	<input type="radio"/>	211	<input type="radio"/>	Ojibway	212	<input type="radio"/>	213	<input type="radio"/>	214	<input type="radio"/>	215	<input type="radio"/>
Cayuga	216	<input type="radio"/>	217	<input type="radio"/>	218	<input type="radio"/>	219	<input type="radio"/>	Oji-Cree	220	<input type="radio"/>	221	<input type="radio"/>	222	<input type="radio"/>	223	<input type="radio"/>
Chipewyan	224	<input type="radio"/>	225	<input type="radio"/>	226	<input type="radio"/>	227	<input type="radio"/>	Oneida	228	<input type="radio"/>	229	<input type="radio"/>	230	<input type="radio"/>	231	<input type="radio"/>
Chippewa	232	<input type="radio"/>	233	<input type="radio"/>	234	<input type="radio"/>	235	<input type="radio"/>	Onondaga	236	<input type="radio"/>	237	<input type="radio"/>	238	<input type="radio"/>	239	<input type="radio"/>
Cree	240	<input type="radio"/>	241	<input type="radio"/>	242	<input type="radio"/>	243	<input type="radio"/>	Potawatomi	244	<input type="radio"/>	245	<input type="radio"/>	246	<input type="radio"/>	247	<input type="radio"/>
Dakota	248	<input type="radio"/>	249	<input type="radio"/>	250	<input type="radio"/>	251	<input type="radio"/>	Salish	252	<input type="radio"/>	253	<input type="radio"/>	254	<input type="radio"/>	255	<input type="radio"/>
Dogrib	256	<input type="radio"/>	257	<input type="radio"/>	258	<input type="radio"/>	259	<input type="radio"/>	Saulteaux	260	<input type="radio"/>	261	<input type="radio"/>	262	<input type="radio"/>	263	<input type="radio"/>
Gitksan	264	<input type="radio"/>	265	<input type="radio"/>	266	<input type="radio"/>	267	<input type="radio"/>	South Salve	268	<input type="radio"/>	269	<input type="radio"/>	270	<input type="radio"/>	271	<input type="radio"/>
Gwich'in	272	<input type="radio"/>	273	<input type="radio"/>	274	<input type="radio"/>	275	<input type="radio"/>	Stoney	276	<input type="radio"/>	277	<input type="radio"/>	278	<input type="radio"/>	279	<input type="radio"/>
Haida	280	<input type="radio"/>	281	<input type="radio"/>	282	<input type="radio"/>	283	<input type="radio"/>	Tuscorora	284	<input type="radio"/>	285	<input type="radio"/>	286	<input type="radio"/>	287	<input type="radio"/>
Inuktitut	288	<input type="radio"/>	289	<input type="radio"/>	290	<input type="radio"/>	291	<input type="radio"/>	Wet'su'weten	292	<input type="radio"/>	293	<input type="radio"/>	294	<input type="radio"/>	295	<input type="radio"/>
Lakota	296	<input type="radio"/>	297	<input type="radio"/>	298	<input type="radio"/>	299	<input type="radio"/>									
Malecite	300	<input type="radio"/>	301	<input type="radio"/>	302	<input type="radio"/>	303	<input type="radio"/>									

Others (specify)

	304	<input type="radio"/>	305	<input type="radio"/>	306	<input type="radio"/>	307	<input type="radio"/>
--	-----	-----------------------	-----	-----------------------	-----	-----------------------	-----	-----------------------

	308	<input type="radio"/>	309	<input type="radio"/>	310	<input type="radio"/>	311	<input type="radio"/>
--	-----	-----------------------	-----	-----------------------	-----	-----------------------	-----	-----------------------

Not applicable
(too young)

312	<input type="radio"/>
-----	-----------------------

16. How satisfied are you with _____'s knowledge of his/ her First Nation / Inuit language?

- Very satisfied 01 ☐ Satisfied 02 ☐ Neither satisfied nor dissatisfied 03 ☐ Dissatisfied 04 ☐ Very dissatisfied 05 ☐ Not applicable (too young) 06 ☐ Refused 07 ☐ Don't know 08 ☐

17. How important are traditional cultural events in _____'s life?

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

- Very important 09 ☐ Somewhat important 10 ☐ Not very important 11 ☐ Not important 12 ☐ Don't know 13 ☐ Refused 14 ☐

18. Who helps _____ in understanding his/ her culture?

Do not read list. Check all that apply.

- 15 ☐ His/ her grandparents 16 ☐ His/ her friends 17 ☐ Someone else
18 ☐ His/ her parents 19 ☐ Other community members 20 ☐ No one
21 ☐ His/ her aunts and uncles 22 ☐ Community elders 23 ☐ Don't know
24 ☐ Other relatives 25 ☐ His/ her school teachers 26 ☐ Refused

E. EDUCATION

19. Is _____ currently attending school (including Aboriginal Head Start Program)?

- 27 ☐ Yes
28 ☐ No → Go to Q 23
29 ☐ No, but home schooled
30 ☐ Not applicable (too young) → Go to 25
31 ☐ Don't know
32 ☐ Refused

20. Has _____ ever attended a Head Start program?

- 33 ☐ Yes 34 ☐ No 35 ☐ Not applicable (too young) 36 ☐ Don't know 37 ☐ Refused

21. What grade is _____ in?

- 38 ☐ Aboriginal Head Start program 39 ☐ Pre-K 40 ☐ K 41 ☐ 1 42 ☐ 2
43 ☐ 3 44 ☐ 4 45 ☐ 5 46 ☐ 6 47 ☐ 7
48 ☐ 8 49 ☐ 9 50 ☐ Refused

22. Based on your knowledge of his/ her schoolwork and report cards, how is _____ doing compared to other children in his/her grade this year?

- 51 ☐ Above average 52 ☐ Slightly below average 53 ☐ Don't Know/ can't compare
54 ☐ Slightly above average 55 ☐ Below average 56 ☐ Refused
57 ☐ Average 58 ☐ Not applicable (not in school or home schooled)

23. Has _____ ever skipped or advanced a grade as a result of academic performance?

- 59 ☐ Yes 60 ☐ No 61 ☐ Don't know 62 ☐ Refused

24. Has _____ ever repeated a grade?

- 63 ☐ Yes 64 ☐ No 65 ☐ Don't know 66 ☐ Refused

F. GENERAL HEALTH

25. What was _____'s birth weight?

01 <input type="text"/>	Pounds	02 <input type="text"/>	Ounces	or	03 <input type="text"/>	Kilograms
05 <input type="radio"/>	Don't Know		06 <input type="radio"/>	Refused		

26. Did _____'s mother smoke during the pregnancy for her/him?

- 07 ☐ No, did not smoke at all —————> Go to Q 28
08 ☐ Yes, throughout pregnancy —————> Go to Q 27
09 ☐ Yes, but quit in 1st trimester —————> Go to Q 27
10 ☐ Yes, but quit in 2nd trimester —————> Go to Q 27
11 ☐ Yes, but quit in 3rd trimester —————> Go to Q 27
12 ☐ Don't know —————> Go to Q 28
13 ☐ Refused —————> Go to Q 28

27. Approximately how many cigarettes did she smoke per day?

- 14 Number of cigarettes per day 15 ☐ Occasional, not daily
16 ☐ Don't Know 17 ☐ Refused

28. Did anyone else in the household smoke while _____'s mother was pregnant?

- 18 ☐ Yes 19 ☐ No 20 ☐ Don't know 21 ☐ Refused

29. Does _____ have a smoke free home?

- 22 ☐ Yes 23 ☐ No 24 ☐ Don't know 25 ☐ Refused

30. Was _____ ever breast-fed?

- 26 ☐ Yes 27 ☐ No —————> Go to question 32 28 ☐ Don't know 29 ☐ Refused

31. How long was _____ breast-fed?

- 30 months 31 ☐ Still being breast-fed
32 ☐ Don't Know 33 ☐ Refused

32. In general, would you say _____'s health is:

- 34 ☐ Excellent 35 ☐ Poor
36 ☐ Very good 37 ☐ Don't know
38 ☐ Good 39 ☐ Refused
40 ☐ Fair

33. What is _____'s current height?

41 <input type="text"/>	Feet	42 <input type="text"/>	Inches	or	43 <input type="text"/>	Centimetres
44 <input type="radio"/>	Don't Know			45 <input type="radio"/>	Refused	

34. What is _____'s current weight?

46 Pounds

47 Kilograms

48 ☐ Don't Know

49 ☐ Refused

This survey is for children of different ages. The next question asks about smoking and may not seem relevant in some situations.

35. Do you think that _____ smokes cigarettes?

50 ☐ No

51 ☐ Yes,
sometimes

52 ☐ Yes,
regularly

53 ☐ Don't
know

54 ☐ Refused

G. HEALTH CONDITIONS

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

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

Have you been told that _____ has:	No		Yes		Age	If yes, at what age was _____ when you were first told (years)?		Is _____ currently undergoing treatment or taking medication for this condition		Has this limited the kinds or amount of activity _____ does?	
	No	Yes	No	Yes	Age	No	Yes	No	Yes	No	Yes
Chronic bronchitis	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"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Allergies	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>
	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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Asthma	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
	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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Has _____ had an asthma attack in the past 12 months 34 <input type="radio"/> 35 <input type="radio"/>											
Blindness or other serious vision problem (can't be corrected with glasses)	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Chronic ear infections or ear problems	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Hearing Impairment	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Difficulty hearing conversation with one person 69 <input type="radio"/> 70 <input type="radio"/>											
Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<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	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Cognitive or mental disability	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Fetal Alcohol Syndrome or Fetal alcohol effects (FAS/FAE)	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	103 <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
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Learning disability	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>

Have you been told that _____ has:

	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	<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"/>
Epilepsy	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	<input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>
	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"/>
Cerebral palsy	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	<input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <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"/>
Physical disability other than cerebral palsy	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	<input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <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	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	<input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
	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"/>
Tuberculosis (TB)	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	<input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <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"/>

	Active	Inactive	Don't know
Is _____'s tuberculosis active or inactive?	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>

Heart condition or problem	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Kidney disease	120 <input type="radio"/>	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Liver disease	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>	133 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Diabetes (if no, go to Q 38)	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="radio"/>
	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know	<input type="radio"/>	Don't Know
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused
Other	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>
	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

If _____ has diabetes, go to question 37

If _____ does not have diabetes, go to question 38

37. Which type(s) of diabetes has _____ been diagnosed with in her/his lifetime?

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

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

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

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

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

38. Is _____ currently taking any traditional medicines?

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

39. In the past 12 months, has _____ had a blood sugar test (test for diabetes)?

- 10 ☐ Yes 11 ☐ No 12 ☐ Don't know / Not sure 13 ☐ Refused

40. Is _____ limited in the kinds or amount of activity that he/she can do at home because of a physical or mental condition or health problem?

- 14 ☐ Often 15 ☐ Sometimes 16 ☐ No 17 ☐ Don't know 18 ☐ Refused

41. Is _____ limited in the kinds or amount of activity that he/she can do at school because of a physical or mental condition or health problem?

- 19 ☐ Often 20 ☐ Sometimes 21 ☐ No 22 ☐ Don't know 23 ☐ Refused

42. Is _____ limited in the kinds or amount of activity that he/she can do in other situations (i.e. at leisure or while traveling) because of a physical or mental condition or health problem?

- 24 ☐ Often 25 ☐ Sometimes 26 ☐ No 27 ☐ Don't know 28 ☐ Refused

H. PHYSICAL INJURIES

43. In the past 12 months, did _____ experience any of the following injuries that required the attention of a health care professional?

Ask about each type.

	Yes	No
Broken or fractured bones	147 <input type="radio"/>	148 <input type="radio"/>
Burns or scalds	149 <input type="radio"/>	150 <input type="radio"/>
Dislocation	151 <input type="radio"/>	152 <input type="radio"/>
Sprain or strain (major)	153 <input type="radio"/>	154 <input type="radio"/>
Cuts, scrapes, or bruises (major)	155 <input type="radio"/>	156 <input type="radio"/>
Concussion	157 <input type="radio"/>	158 <input type="radio"/>
Poisoning	159 <input type="radio"/>	160 <input type="radio"/>
Injury to internal organ	161 <input type="radio"/>	162 <input type="radio"/>
Dental injury	163 <input type="radio"/>	164 <input type="radio"/>
Hypothermia, frostbite, other injury due to cold exposure.....	165 <input type="radio"/>	166 <input type="radio"/>
Other.....	167 <input type="radio"/>	<input type="text"/>

If no injuries in Q 36, then go to Q 45

44. What were the cause(s) of this injury (or injuries)?

Do not read list. Check all that apply.

If yes, was it alcohol or drug related?

Causes:	No		Yes		Yes		No		Don't know		Refused	
Motor vehicle accident (car or truck): passenger	01	<input type="radio"/>	02	<input type="radio"/>	03	<input type="radio"/>	04	<input type="radio"/>	05	<input type="radio"/>	06	<input type="radio"/>
Motor vehicle accident: pedestrian	07	<input type="radio"/>	08	<input type="radio"/>	09	<input type="radio"/>	10	<input type="radio"/>	11	<input type="radio"/>	12	<input type="radio"/>
Motor vehicle accident: while riding a bicycle	13	<input type="radio"/>	14	<input type="radio"/>	15	<input type="radio"/>	16	<input type="radio"/>	17	<input type="radio"/>	18	<input type="radio"/>
Other bicycle accident	19	<input type="radio"/>	20	<input type="radio"/>	21	<input type="radio"/>	22	<input type="radio"/>	23	<input type="radio"/>	24	<input type="radio"/>
Snowmobile accident	25	<input type="radio"/>	26	<input type="radio"/>	27	<input type="radio"/>	28	<input type="radio"/>	29	<input type="radio"/>	30	<input type="radio"/>
ATV (all terrain vehicle) accident	31	<input type="radio"/>	32	<input type="radio"/>	33	<input type="radio"/>	34	<input type="radio"/>	35	<input type="radio"/>	36	<input type="radio"/>
Hunting accident	37	<input type="radio"/>	38	<input type="radio"/>	39	<input type="radio"/>	40	<input type="radio"/>	41	<input type="radio"/>	42	<input type="radio"/>
Boating accident	43	<input type="radio"/>	44	<input type="radio"/>	45	<input type="radio"/>	46	<input type="radio"/>	47	<input type="radio"/>	48	<input type="radio"/>
Fall or trip (not including bicycle, sport or snowmobile)	49	<input type="radio"/>	50	<input type="radio"/>	51	<input type="radio"/>	52	<input type="radio"/>	53	<input type="radio"/>	54	<input type="radio"/>
Sport (not including bicycle or hunting)	55	<input type="radio"/>	56	<input type="radio"/>	57	<input type="radio"/>	58	<input type="radio"/>	59	<input type="radio"/>	60	<input type="radio"/>
Physical assault	61	<input type="radio"/>	62	<input type="radio"/>	63	<input type="radio"/>	64	<input type="radio"/>	65	<input type="radio"/>	66	<input type="radio"/>
Suicide attempt or self-inflicted injury	67	<input type="radio"/>	68	<input type="radio"/>	69	<input type="radio"/>	70	<input type="radio"/>	71	<input type="radio"/>	72	<input type="radio"/>
Dog bite	73	<input type="radio"/>	74	<input type="radio"/>	75	<input type="radio"/>	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>
Bite by animal other than dog	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>	82	<input type="radio"/>	83	<input type="radio"/>	84	<input type="radio"/>
Fire or flames or resulting fumes	85	<input type="radio"/>	86	<input type="radio"/>	87	<input type="radio"/>	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>
Scalded by hot liquid or food	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>	94	<input type="radio"/>	95	<input type="radio"/>	96	<input type="radio"/>
Natural environmental factors (sting, frostbite, etc.)	97	<input type="radio"/>	98	<input type="radio"/>	99	<input type="radio"/>	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>
Near drowning	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>	106	<input type="radio"/>	107	<input type="radio"/>	108	<input type="radio"/>
Asphyxia or other threats to breathing	109	<input type="radio"/>	110	<input type="radio"/>	111	<input type="radio"/>	112	<input type="radio"/>	113	<input type="radio"/>	114	<input type="radio"/>
Accidental poisoning	115	<input type="radio"/>	116	<input type="radio"/>	117	<input type="radio"/>	118	<input type="radio"/>	119	<input type="radio"/>	120	<input type="radio"/>
Other	121	<input type="radio"/>	122	<input type="radio"/>	123	<input type="radio"/>	124	<input type="radio"/>	125	<input type="radio"/>	126	<input type="radio"/>

I. HEALTH CARE ACCESS

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

Read each item and mark all that apply.

	Yes	No	Don't know	Refused
Doctor or nurse not available in my area 01	<input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Health facility not available (e.g. nursing station or hospital) in my area 05	<input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Waiting list too long 09	<input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Unable to arrange transportation 13	<input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Difficulty getting traditional care (e.g. healer, medicine person or elder) 17	<input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Not covered by <i>Non-insured Health Benefits</i> (e.g. service, medication, equipment) 21	<input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Prior approval for services under Non-Insured health benefits (NIHB) was denied 25	<input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Could not afford direct cost of care/service 29	<input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Could not afford transportation costs 33	<input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Could not afford childcare costs 37	<input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
Felt health care provided was inadequate 41	<input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Felt service was not culturally appropriate 45	<input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
Chose not to see health professional 49	<input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Service was not available in my area 53	<input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Other <input type="text"/> 57	<input type="radio"/>			

J. DENTAL CARE

46. Approximately, when was the last time _____ had any dental care?

- 58 ☐ Less than 6 months ago
- 59 ☐ Between 6 months and 1 year ago
- 60 ☐ Between one and 2 years ago
- 61 ☐ More than 2 years ago
- 62 ☐ Never
- 63 ☐ Don't know
- 64 ☐ Refused

47. What type of dental treatment does _____ currently need?

- 65 ☐ None
- 66 ☐ Cavities filled or other restorative work (e.g. fillings, crowns, bridge)
- 67 ☐ Maintenance (e.g. check-ups or teeth cleaning)
- 68 ☐ Extractions (taking teeth out)
- 69 ☐ Fluoride treatment
- 70 ☐ Periodontal (gum) work
- 71 ☐ Prosthetics (e.g. dentures, including repair and maintenance)
- 72 ☐ Orthodontic work (braces)
- 73 ☐ Urgent (dental problems requiring immediate attention)
- 74 Other
- 75 ☐ Don't know
- 76 ☐ Refused

48. Have _____'s teeth been affected by Baby Bottle Tooth Decay?

- 77 ☐ Yes 78 ☐ No → Go to Q 50 79 ☐ Don't know 80 ☐ Refused

49. Has _____ been treated for Baby Bottle Tooth Decay?

- 81 ☐ Yes 82 ☐ No 83 ☐ Don't know 84 ☐ Refused

K. FOOD AND NUTRITION

50. Does _____ eat a nutritious balanced diet?

- | | |
|--|-------------------------------------|
| 01 <input type="radio"/> Always/almost
always | 02 <input type="radio"/> Never |
| 03 <input type="radio"/> Sometimes | 04 <input type="radio"/> Don't know |
| 05 <input type="radio"/> Rarely | 06 <input type="radio"/> Refused |

51. On average, how often does _____ eat or drink the following foods:

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

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

52. In the past 12 months, how often has _____ eaten the following traditional foods?

	Not at all	A few times	Often	Don't Know	Refused
Land based animals (moose, caribou, bear, deer, etc.)	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>
Fresh water fish	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
Salt water fish	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Other water based foods (shellfish, eels, clams, sea weed, urchins, etc.)	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>
Sea-based animals (whale, seal, walrus, etc.)	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
Game birds (goose, duck, partridge, etc.)	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
Small game (rabbit, muskrat, etc.)	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
Berries or other wild vegetation	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
Bannock / Fry bread	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>
Corn soup	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>
Other <input type="text"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>

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

Often	Sometimes	Never	Don't know	Refused
97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>

L. PHYSICAL ACTIVITY

54. How often does _____ participate in physical activities (excluding activity at school)?

01 <input type="radio"/> Never	02 <input type="radio"/> Less than once a week
03 <input type="radio"/> Once a week	04 <input type="radio"/> 2-3 times a week
05 <input type="radio"/> 4-6 times a week	06 <input type="radio"/> Every day
07 <input type="radio"/> Don't know	08 <input type="radio"/> Refused

55. What types of physical activities has _____ participated in during the last 12 months?

Read list. Mark all that apply.

09 <input type="radio"/> Hunting, trapping	10 <input type="radio"/> Berry picking or other food gathering
11 <input type="radio"/> Fishing	12 <input type="radio"/> Competitive or group sports (e.g. hockey, basketball, baseball, lacrosse, volleyball)
13 <input type="radio"/> Bicycle riding	14 <input type="radio"/> Golf
15 <input type="radio"/> Walking	16 <input type="radio"/> Bowling
17 <input type="radio"/> Aerobics/Fitness class	18 <input type="radio"/> Canoeing
19 <input type="radio"/> Dancing (aerobic, traditional, modern etc.)	20 <input type="radio"/> Martial arts (Karate, Judo etc.)
21 <input type="radio"/> Running	22 <input type="radio"/> Skiing
23 <input type="radio"/> Hiking	24 <input type="radio"/> Swimming
25 <input type="radio"/> Skating	26 <input type="radio"/> Skateboarding
27 <input type="radio"/> Rollerblading / Inline skating / Roller-skating	28 <input type="radio"/> Snow-shoeing
29 Other <input type="text"/>	30 Other <input type="text"/>

M. EMOTIONAL AND SOCIAL WELL-BEING

56. Outside of school hours, how often does _____:

	Never	Less than once per week	1-3 times per week	4 + times per week	Not Applicable	Refused
Take part in sports teams or lessons	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Take part in art or music groups or lessons.....	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
Take part in traditional singing, drumming or dancing groups or lessons ...	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>

57. On average, about how many hours per week does _____:
Include weekends. Use approximate numbers.

	Hours per week	Not applicable (too young)	Don't know	Refused
Watch T.V.	49 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
Play video games.....	53 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Use computer (other than video games).....	57 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
Play outdoors	61 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
Assist in household chores	65 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>

58. How often does _____ read for fun (not just for school) or is read to?

69 <input type="radio"/> Every day	70 <input type="radio"/> A few times a week	71 <input type="radio"/> Once a week
72 <input type="radio"/> A few times a month	73 <input type="radio"/> Less than once a month	74 <input type="radio"/> Almost never

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

75 <input type="radio"/> Very well, no difficulties	76 <input type="radio"/> Not at all well, constant difficulties
77 <input type="radio"/> Quite well, hardly any difficulties	78 <input type="radio"/> Don't know
79 <input type="radio"/> Not too well, /lots of difficulties	80 <input type="radio"/> Refused

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

81 <input type="radio"/> Yes	82 <input type="radio"/> No	83 <input type="radio"/> Don't know/Can't compare	84 <input type="radio"/> Refused
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N. RESIDENTIAL SCHOOLS

61. Was _____'s father or mother ever a student of a residential school?

	Yes	No	Don't know	Refused
Mother (or guardian) ...	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Father (or guardian)	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>

62. Were any of _____'s grandparents students of a residential school?

	Yes	No	Don't know	Refused
_____ 's mother's (guardian's) mother.....	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
_____ 's mother's (guardian's) father.....	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
_____ 's father's (guardian's) mother.....	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
_____ 's father's (guardian's) father.....	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

O. CHILD CARE ARRANGEMENTS

63. Does _____ currently receive childcare while his/her parent(s)/guardian(s) are at work or studying?

25 ☐ Yes 26 ☐ No → Go to Q 66 27 ☐ Don't know 28 ☐ Refused

64. What is _____'s main childcare arrangement?

Use cue card provided.

29 <input type="radio"/> Care in someone else's home by a relative	30 <input type="radio"/> Care in someone else's home by a non-relative
31 <input type="radio"/> Care in child's home by a relative (other than brother or sister)	32 <input type="radio"/> Care in child's home by a non-relative
33 <input type="radio"/> Care in child's home by child's brother or sister	34 <input type="radio"/> Day care centre
35 <input type="radio"/> Private home day care	36 <input type="radio"/> Before and after school program (latch key)
37 <input type="radio"/> Nursery school/ Preschool	38 Other <input type="text"/>

65. On average, how many hours per week does _____ spend in childcare?

39 hours

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

Please specify.

ASSISTANCE

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

40 ☐ Yes 41 ☐ No 42 ☐ Don't know 43 ☐ Refused