

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



OUR VOICE, OUR SURVEY, OUR FUTURE

Adolescents Only (Ages 12-17)

Because what you think matters...

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

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

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B. PERSONAL BACKGROUND INFORMATION

1. Date of birth

DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If unknown or refused, please give an approximate age

01

2. Sex

02

☐

Male

03

☐

Female

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

C. HOUSEHOLD AND LIVING ENVIRONMENT INFORMATION

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

04

☐

1

05

☐

2

06

☐

3

07

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☐

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14

☐

11

15

☐

12

16

☐

13 or
more

17

☐

Don't
know

18

☐

Refused

5. Including yourself, how many children and youth usually live in this household?

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

19

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

20

Number of children 6-11 years old

21

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

22

Total (add up 3 numbers above)

23

☐

Refused

6. How many adults usually live in this household?

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

24 Number of adults 18-64 years of age

25 Number of adults 65 years and over

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

27 ☐ Refused

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

28 ☐ My biological mother (birth mother)

29 ☐ My biological father

30 ☐ The mother that adopted me

31 ☐ The father that adopted me

32 ☐ My stepfather

33 ☐ My stepmother

34 ☐ My foster parent(s)

35 ☐ Aunt/ uncle/ cousins

36 ☐ Brother(s)/ sisters(s)

37 ☐ Step-brother(s)/ step-sister(s)

38 ☐ Unrelated children

39 ☐ Grandparent(s)

40 ☐ I live in a boarding home

41 ☐ A man I am not related to

42 ☐ A woman I am not related to

43 ☐ My child(ren)

44 ☐ My boyfriend/ girlfriend/ spouse

45 ☐ Other (specify)

46 ☐ Don't know

47 ☐ Refused

8. Are your birth (biological) parents

Check the answer that best describes their situation.

48 ☐ Living together/ married

49 ☐ Not living together /
Separated

50 ☐ Don't Know

51 ☐ Living together/ not
married

52 ☐ One of my parents is
deceased

53 ☐ Refused

54 ☐ Divorced

55 ☐ Both of my parents are
deceased

D. LANGUAGE AND TRADITIONAL CULTURE

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

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

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

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

11. What languages do you understand?

Mark all that apply

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

Others (specify)

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

12. What languages do you speak?

Mark all that apply

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

Others (specify)

289 ☐ 290 ☐ 291 ☐ 292 ☐

293 ☐ 294 ☐ 295 ☐ 296 ☐

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

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

- | | |
|---------------------------------------------|----------------------------------------|
| 01 <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 |

14. Who helps you in understanding your culture?

Check all that apply.

- | | | |
|-------------------------------------------|--------------------------------------------------|------------------------------------------------------------|
| 07 <input type="radio"/> My grandparents | 08 <input type="radio"/> My parents | 09 <input type="radio"/> My aunts and uncles |
| 10 <input type="radio"/> Other relatives | 11 <input type="radio"/> My friends | 12 <input type="radio"/> My school teachers |
| 13 <input type="radio"/> Community elders | 14 <input type="radio"/> Other community members | 15 <input type="radio"/> Someone else <input type="text"/> |
| 16 <input type="radio"/> No one | 17 <input type="radio"/> Don't know | 18 <input type="radio"/> Refused |

E. EDUCATION

15. Are you currently attending school?

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

16. What grade are you in?

- | | | | | |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 23 <input type="radio"/> 4 | 24 <input type="radio"/> 5 | 25 <input type="radio"/> 6 | 26 <input type="radio"/> 7 | 27 <input type="radio"/> 8 |
| 28 <input type="radio"/> 9 | 29 <input type="radio"/> 10 | 30 <input type="radio"/> 11 | 31 <input type="radio"/> 12 | 32 <input type="radio"/> 13 |

33 Other (please specify)

- 34 ☐ Don't know 35 ☐ Refused

17. How do you feel about going to school?

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

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

- 42 ☐ Pre-K 43 ☐ K 44 ☐ 1 45 ☐ 2 46 ☐ 3
47 ☐ 4 48 ☐ 5 49 ☐ 6 50 ☐ 7 51 ☐ 8
52 ☐ 9 53 ☐ 10 54 ☐ 11 55 ☐ 12 56 ☐ 13

57 Other (please specify)

- 58 ☐ Don't know 59 ☐ Refused

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

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

20. Have you had any problems learning in school?

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

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

Check all that apply.

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

22. Have you ever repeated a grade?

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

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

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

F. GENERAL HEALTH

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

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

25. What things make you so healthy?

Mark all that apply.

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

26. How tall are you without shoes on?

- | | | |
|-------------------------------------|----------------------------------|-------------------------------------|
| 16 <input type="text"/> Feet | 17 <input type="text"/> Inches | 18 <input type="text"/> Centimetres |
| 19 <input type="radio"/> Don't Know | 20 <input type="radio"/> Refused | |

27. How much do you weigh?

- | | |
|-------------------------------------|-----------------------------------|
| 21 <input type="text"/> Pounds | 22 <input type="text"/> Kilograms |
| 23 <input type="radio"/> Don't Know | 24 <input type="radio"/> Refused |

28. How satisfied are you with your weight?

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

G. FOOD AND NUTRITION

29. Do you eat a nutritious balanced diet?

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

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

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

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

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

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

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

Often	Sometimes	Never	Don't know	Refused
108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>

H. PHYSICAL ACTIVITY

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

01 <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

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

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

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

Read list. Mark all that apply.

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

I. HEALTH CONDITIONS

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

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

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

Have you been told that you have :	If yes, at what age were you first told (years) ?		Are you currently undergoing treatment or taking medication for this condition?		Has this limited the kinds of or amount of activity you do?			
	No	Yes	Age	No	Yes	No	Yes	
	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>	Don't Know Refused	<input type="radio"/> <input type="radio"/>
<div style="border: 2px solid black; padding: 5px;"> <p>Is your tuberculosis active or inactive?</p> <p> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> </p> </div>								
Epilepsy	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="checkbox"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	
	Don't Know 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	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="checkbox"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>	
	Don't Know 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	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="checkbox"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	
	Don't Know 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	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="checkbox"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	
	Don't Know 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)	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="checkbox"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	
	Don't Know 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	
Cerebral palsy	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="checkbox"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>	
	Don't Know 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	
Physical disability other than cerebral palsy	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="checkbox"/>	120 <input type="radio"/>	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	
	Don't Know 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	
Liver disease	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="checkbox"/>	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	130 <input type="radio"/>	
	Don't Know 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	
Kidney disease	131 <input type="radio"/>	132 <input type="radio"/>	133 <input type="checkbox"/>	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="radio"/>	137 <input type="radio"/>	
	Don't Know 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	
Diabetes (if no, go to Q. 39)	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="checkbox"/>	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>	
	Don't Know 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	
Other <input style="width: 150px;" type="text"/>	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="checkbox"/>	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>	151 <input type="radio"/>	
	Don't Know 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	

Have you been told that you have :		If yes, at what age were you first told (years) ?		Are you currently undergoing treatment or taking medication for this condition?		Has this limited the kinds of or amount of activity you do?		
		No	Yes	Age	No	Yes	No	Yes
Other	<input type="text"/>	152 <input type="radio"/>	153 <input type="radio"/>	154 <input type="text"/>	155 <input type="radio"/>	156 <input type="radio"/>	157 <input type="radio"/>	158 <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"/>

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

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

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

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

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

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

Gestational diabetes: is limited to pregnancy.

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

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

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

J. PHYSICAL INJURIES

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

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

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

Check all that apply.

If yes, was it alcohol or drug related?

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

K. HEALTH CARE UTILIZATION AND DENTAL CARE

41. When did you last:

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

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

Please check a response for each.

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

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

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

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

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

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

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

L. LIFESTYLE

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

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

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

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

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

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

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

- | | |
|-----------------------------------------|---------------------------------------------------|
| 60 <input type="radio"/> Never | 61 <input type="radio"/> Less than once per month |
| 62 <input type="radio"/> Once per month | 63 <input type="radio"/> 2-3 times per month |
| 64 <input type="radio"/> Once per week | 65 <input type="radio"/> More than once per week |
| 66 <input type="radio"/> Every day | 67 <input type="radio"/> Refused |

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

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

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

Write in a number, even if approximate

72 *Number of cigarettes*

51. At what age did you begin smoking cigarettes?

73 *Age In years*

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

- | | |
|--------------------------------------------------|------------------------------------------|
| 74 <input type="radio"/> 0 (never tried to quit) | 75 <input type="radio"/> 5 or more tries |
| 76 <input type="radio"/> 1-2 tries | 77 <input type="radio"/> Don't know |
| 78 <input type="radio"/> 3-4 tries | 79 <input type="radio"/> Refused |

Skip to Question 57

53. Have you ever smoked cigarettes daily?

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

54. At what age did you begin smoking cigarettes?

- 84 *Age in years.*

55. At what age did you quit smoking cigarettes?

- 85 *Age in years*

56. What were your reasons for quitting smoking?

Read the options and mark each response that applies

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

57. Do you have a smoke free home?

- 95 ☐ Yes 96 ☐ No 97 ☐ Don't know 98 ☐ Refused

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

58. Are you sexually active?

99 ☐ Yes 100 ☐ No 101 ☐ Refused

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

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

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

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

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

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

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

- 127 ☐ Birth control (to avoid pregnancy)
128 ☐ Protection from sexually transmitted diseases including HIV/AIDS
129 ☐ Both (birth control and protection from sexually transmitted diseases including HIV/AIDS)
130 ☐ Other (specify)
131 ☐ Don't know
132 ☐ Refused

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

- 133 ☐ Always —————→ Go to 65
134 ☐ Most of the time
135 ☐ Occasionally
136 ☐ Never
137 ☐ Refused

64. What is the main reason for not always using condoms?

Check the answer that best describes your situation.

- | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 138 <input type="radio"/> Your partner did not want to use one | 139 <input type="radio"/> You did not want to use one |
| 140 <input type="radio"/> You were under the influence of alcohol or drugs | 141 <input type="radio"/> You do not have the HIV/ AIDS virus |
| 142 <input type="radio"/> Your partner does not have the HIV/ AIDS virus | 143 <input type="radio"/> You were with your steady partner |
| 144 <input type="radio"/> You (or your partner) wanted to get pregnant | 145 <input type="radio"/> You did not have a condom at the time |
| 146 <input type="radio"/> You could not afford to buy any condoms | 147 <input type="radio"/> You could not obtain condoms where you were |
| 148 <input type="radio"/> You were too embarrassed to get condoms | 149 <input type="radio"/> You did not think of using a condom |
| 150 <input type="radio"/> You could not talk to your partner about protection | 151 <input type="radio"/> You find condoms painful |
| 152 <input type="radio"/> You or your partner allergic to latex condoms | 153 <input type="radio"/> You thought you were safe |
| 154 <input type="radio"/> Religious reasons | 155 <input type="radio"/> Don't know |
| 156 Other <input type="text"/> | 157 <input type="radio"/> Refused |

65. Have you ever been pregnant or got someone pregnant?

- | | | | |
|--------------------------------------|---|-----------------------------------------------------|---------------------------------------------------------|
| 158 <input type="radio"/> Yes | → | 66. If yes, how old were you the first time? | 159 <input type="text"/> <input type="text"/> Years old |
| 160 <input type="radio"/> No | | | |
| 161 <input type="radio"/> Don't Know | | | |
| 162 <input type="radio"/> Refused | | | |

67. How many children have you given birth to or fathered?

If none, write "0".

- 163 Number of children

M. PERSONAL WELLNESS AND SUPPORT

68. Outside of school hours, how often do you:

	Never	Less than once per week	1-3 times per week	4 + times per week	Not Applicable
Take part in sports teams or lessons	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Take part in art or music groups or lessons	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
Take part in traditional singing, drumming or dancing groups or lessons	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Have a job such as baby-sitting, working at a store, tutoring?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>

69. On average, about how many hours per day do you:

	Not at all or less than 1 hour	1 to 2 hours	3 to 5 hours	6 hours or more	Don't know	Refused
Watch T.V.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
Play video games.....	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Use computer (other than video games).....	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>
Spend time outdoors.....	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Assist in household chores	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>

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

Please check a response for each aspect.

	All of the time	Most of the time	Some of the time	Almost none of the time	Don't know	Refused
Physical	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
Emotional.....	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>
Mental	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
Spiritual.....	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>

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

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
In general, I like the way I am	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>
Overall, I have a lot to be proud of.....	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
A lot of things about me are good	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>
When I do something, I do it well	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>

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

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
I can solve the problems that I have	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
No one pushes me around in life	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
I have control over the things that happen to me	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
I can do just about anything I really set my mind to	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
I often feel helpless in dealing with the problems of life	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
What happens to me in the future mostly depends on me	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
There is little I can do to change to many of the important things in my life ..	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>

73. Please indicate your level of agreement with the following questions:
Please check a response for each sentence.

	Not at all	A little	Moderately	Quite a bit	A lot	Don't know	Refused
How lonely do you feel?... 50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	
How loved do you feel? ... 57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	
How stressed do you feel?..... 64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	

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

	Yes		No		Don't know		Refused	
Friend	71	<input type="radio"/>	72	<input type="radio"/>	73	<input type="radio"/>	74	<input type="radio"/>
Immediate family member	75	<input type="radio"/>	76	<input type="radio"/>	77	<input type="radio"/>	78	<input type="radio"/>
Other family member	79	<input type="radio"/>	80	<input type="radio"/>	81	<input type="radio"/>	82	<input type="radio"/>
Traditional healer	83	<input type="radio"/>	84	<input type="radio"/>	85	<input type="radio"/>	86	<input type="radio"/>
Family doctor	87	<input type="radio"/>	88	<input type="radio"/>	89	<input type="radio"/>	90	<input type="radio"/>
Psychiatrist	91	<input type="radio"/>	92	<input type="radio"/>	93	<input type="radio"/>	94	<input type="radio"/>
CHR (community health representative)	95	<input type="radio"/>	96	<input type="radio"/>	97	<input type="radio"/>	98	<input type="radio"/>
Nurse	99	<input type="radio"/>	100	<input type="radio"/>	101	<input type="radio"/>	102	<input type="radio"/>
Counsellor	103	<input type="radio"/>	104	<input type="radio"/>	105	<input type="radio"/>	106	<input type="radio"/>
Psychologist	107	<input type="radio"/>	108	<input type="radio"/>	109	<input type="radio"/>	110	<input type="radio"/>
Social worker	111	<input type="radio"/>	112	<input type="radio"/>	113	<input type="radio"/>	114	<input type="radio"/>
Crisis line worker	115	<input type="radio"/>	116	<input type="radio"/>	117	<input type="radio"/>	118	<input type="radio"/>
Other	119	<input type="radio"/>	120	<input type="radio"/>	121	<input type="radio"/>	122	<input type="radio"/>

75. Have you ever thought about committing suicide?

- 01 ☐ Yes, when I was under 12 years of age
- 02 ☐ Yes, when I was an adolescent (12-17 years of age)
- 03 ☐ Yes, during the past year
- 04 ☐ Never
- 05 ☐ Don't know
- 06 ☐ Refused

76. Have you ever attempted suicide?

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

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

- 13 ☐ Yes 14 ☐ No 15 ☐ Don't know 16 ☐ Refused

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

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

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

Mark one response for each item.

	All of the time	Most of the time	Some of the time	Almost none of the time	Refused
Someone you can count on to listen to you talk when you need to talk	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Someone you can count on when you need help	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
Someone to take you to the doctor if you needed it	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Someone who shows you love and affection	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Someone who can give you a break from your daily routines	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
Someone to have a good time with	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
Someone to confide in or talk about yourself or your problems	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
Someone to do something enjoyable with	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

80. Who would you go to first for help if you had a problem with:

Check only one answer for each problem.

	Parent/ Guardian	Other family member	Friends my age	Adult friend	Traditional healer	Doctor/ Nurse/ Health aide	Principal / School counsellor / Teacher	Other	No one	Don't Know	Refused
Family problems	01 <input checked="" type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>
Relationships boyfriend/ girlfriend	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>
Financial problems	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
Drugs/ Alcohol	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
Anger/ Feeling out of control	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
Depression	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
Problem with friends	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>
Sexual/ Physical assault	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
Sexually transmitted diseases	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>
Birth control	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>
Pregnancy	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>	121 <input type="radio"/>

N. RESIDENTIAL SCHOOLS

Residential schools— also referred to as boarding or industrial schools— are the federal and church run institutions that many Aboriginal children attended across Canada between 1860 and 1974.

81. Was your mother or father ever a student of a residential school?

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

82. Were any of your grandparents students of a residential school?

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

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

ASSISTANCE

How much assistance did the respondent require in filling out the questionnaire?

01 ☐ None 02 ☐ Some 03 ☐ Very little 04 ☐ A lot

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

05 ☐ Yes 06 ☐ No 07 ☐ Don't know 08 ☐ Refused