

FIRST NATIONS REGIONAL HEALTH SURVEY



OUR VOICE, OUR SURVEY, OUR REALITY

Child Questionnaire

Table of Contents

Personal Information.....	1
Language and Culture.....	2
General Health.....	4
Health Conditions.....	7
Injury.....	10
Health Care Access.....	13
Immunization.....	14
Dental Care.....	15
Breastfeeding.....	16
Food and Nutrition.....	17
Physical Activity.....	19
Education.....	21
Personal Wellness.....	22
Household and Living Environment.....	23
Child Care Arrangements.....	26
Residential Schools.....	26
Ending.....	27

FOR INFORMATION ONLY

Child Phase 3

Introduction

Welcome to the First Nations Regional Health Survey Phase 3

RUID # _____

Section: Personal Information

First are some questions about you as the survey respondent and the child's primary caregiver.

1. What is the name of the child?

If no answer, write in 'the child'.

2. What is your relationship to [the child]?

<input type="radio"/> Birth parent (i.e., biological mother or father)	<input type="radio"/> Grandparent
<input type="radio"/> Step parent (including common-law step parent)	<input type="radio"/> Sister or brother
<input type="radio"/> Adoptive parent	<input type="radio"/> Aunt or uncle
<input type="radio"/> Foster parent	<input type="radio"/> Other (Specify):

3. What is your date of birth?

Day Month Year

DK, RF

4. Are you [#derived age] years old?

- Yes
 No

5. Are you male or female?

- Male Female

The remaining questions concern the child and the child's family and household.

6. What is [the child]'s date of birth?

Day Month Year

DK, RF

7. Is [the child] [#derived age] years old?

- Yes
- No

8. Is [the child] male or female?

- Male
- Female

9. What region does [the child] live in?

- | | | |
|--|---|--|
| <input type="radio"/> Alberta | <input type="radio"/> Newfoundland | <input type="radio"/> Prince Edward Island |
| <input type="radio"/> British Columbia | <input type="radio"/> Northwest Territories | <input type="radio"/> Québec |
| <input type="radio"/> Manitoba | <input type="radio"/> Nova Scotia | <input type="radio"/> Saskatchewan |
| <input type="radio"/> New Brunswick | <input type="radio"/> Ontario | <input type="radio"/> Yukon |

10. What First Nations community does [the child] currently live in?

Section: Language and Culture

Now a few questions about languages and culture.

11. Which language does [the child] use most often in [his/her] daily life?

We are asking about the main language they use to talk with their friends and family, etc.

- English → if English used most, go to question 13.
- French → if French language used most, go to question 13.
- First Nations language → if First Nations language used most, go to question 14.
- More than one of the above
- Other (Specify): → if other language used most, go to question 13.
- Not applicable (too young) → if too young, go to question 16.
- Don't know
- Refused

12. Which languages does [the child] use most often in [his/her] daily life?

- English and French
- English and First Nations language → Go to question 14
- French and First Nations language → Go to question 14
- French, English and First Nations language → Go to question 14
- Don't know
- Refused

13. Does [the child] have any knowledge of a First Nations language (even if only a few words)?

- O Yes
- O No → if no, go to question 16.
- O Don't know
- O Refused

14. Which First Nations language does [the child] know the best (even if only a few words)?

DK, RF

15.

How well can [the child] **understand** [pipe in language from question 14]?

- A few words:** Can understand a few words (hello, goodbye, thank you, etc.)
- Basic:** Can understand basic phrases and vocabulary (e.g., time, simple directions)
- Intermediate:** Able to understand main ideas in everyday speech (i.e., TV, radio)
- Fluent:** No difficulty understanding spoken word in a variety of contexts

Cannot understand	A few words	Basic	Intermediate	Fluent

How well can [the child] **speak** [pipe in language from question 14]?

- A few words:** Can speak a few words (hello, goodbye, thank you, etc.)
- Basic:** Can ask simple questions (e.g., "Where am I?") and use basic vocabulary
- Intermediate:** Able to engage in casual conversation and use short sentences
- Fluent:** Can carry on complex conversations in varied situations

Cannot speak	A few words	Basic	Intermediate	Fluent

If [the child] is less than 6 years of age, please proceed to question 16.

How well can [the child] **read** [pipe in language from question 14]?

- A few words:** Can recognize letters/syllabics and read a few words (hello, goodbye, thank you, etc.)
- Basic:** Able to read many common words (e.g., numbers, place names) and simple sentences
- Intermediate:** Can read everyday explanations, descriptions, and straightforward stories
- Fluent:** Able to read virtually any document

Cannot read	A few words	Basic	Intermediate	Fluent

How well can [the child] **write** [pipe in language from question 14]?

- A few words:** Can write letters/syllabics and a few words (hello, goodbye, thank you, etc.)
- Basic:** Able to write many common words (e.g., numbers, place names) and simple sentences
- Intermediate:** Can write paragraphs and text in everyday language
- Fluent:** Able to write complex reports, letters, etc. using specialized language

Cannot write	A few words	Basic	Intermediate	Fluent

DK, RF

16. It is important to me that [the child] learns a First Nations language.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

DK, RF

17. It is important to me that traditional cultural events are part of [the child]'s life.

Note: Traditional cultural events vary, but may include powwows, sweat lodges, and community feasts.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

DK, RF

18. Who helps [the child] understand [his/her] culture?

Mark all that apply.

<input type="checkbox"/> Grandparents	<input type="checkbox"/> Community Elders
<input type="checkbox"/> Parents (mother/father/guardian)	<input type="checkbox"/> Other community members
<input type="checkbox"/> Aunts and uncles	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Other relatives (siblings, cousins, etc.)	<input type="checkbox"/> No one
<input type="checkbox"/> Friends	<input type="checkbox"/> Don't know
<input type="checkbox"/> School teachers/Day care providers/Early childhood educators	<input type="checkbox"/> Refused

19. How often does [the child] take part in your local community's cultural events?

- Always/almost always
- Sometimes
- Rarely
- Never

DK, RF

Section: General Health

The following questions ask about [the child]'s general health status.

20. In general, would you say that [the child]'s health is...?

- Excellent
- Very good
- Good

- O Fair
- O Poor
- O Don't know
- O Refused

21. Do you prefer to report [the child]'s height in...?

- O Feet/inches
- O Centimetres → if centimetres, go to question 23.
- DK, RF

22. To the best of your knowledge, how tall is [the child] without [his/her] shoes on?
Approximate if necessary.

Feet Inches

(MIN: 1 MAX: 7) (MIN: 0 MAX: 11)

Warning if < 2'0" or > 6'0"

DK, RF

If feet/inches for question 21, go to question 24.

23. To the best of your knowledge, how tall is [the child] without [his/her] shoes on?
Approximate if necessary.

Centimetres

(MIN: 25 MAX: 241)

Warning if < 61 cm or > 183 cm

DK, RF

24. Do you prefer to report [the child]'s weight in pounds or kilograms?

- O Pounds
- O Kilograms → if Kilograms, go to question 26.
- DK, RF

25. To the best of your knowledge, how much does [the child] weigh?
Approximate if necessary.

Pounds

(MIN: 1) (MAX: 575) (warning if < 10 or > 500)

DK, RF

If pounds for question 24, go to question 27.

26. To the best of your knowledge, how much does [the child] weigh?

Approximate if necessary.

Kilograms

(MIN: 1.0) (MAX: 261) (warning if < 4.5 or > 227)

DK, RF

The following few questions deal with the health of [the child]'s biological mother during her pregnancy with [him/her].

27. Was [the child]'s mother diagnosed with gestational diabetes during pregnancy for [him/her]?

- Yes
- No
- Don't know
- Refused

28. Did [the child]'s mother smoke during pregnancy for [him/her]?

<input type="radio"/> No, did not smoke at all → if no, go to question 30.	<input type="radio"/> Yes, but quit in the 3 rd trimester
<input type="radio"/> Yes, throughout the pregnancy	<input type="radio"/> Don't know
<input type="radio"/> Yes, but quit in the 1 st trimester	<input type="radio"/> Refused
<input type="radio"/> Yes, but quit in the 2 nd trimester	

29. If yes, how often did [the child]'s mother smoke?

- Daily
- Occasionally
- Don't know
- Refused

30. Did anyone else in the household smoke while [the child]'s mother was pregnant?

- Yes
- No
- Don't know
- Refused

31. Did [the child]'s mother drink any alcohol during the pregnancy for [him/her]?

- No
- Yes, Less than once a month
- Yes, Once a month
- Yes, 2 to 3 times a month
- Yes, Once a week
- Yes, 2 to 3 times a week
- Yes, 4 to 6 times a week
- Yes, Every day

- Don't know
- Refused

32. Did [the child]'s mother take a nutritional supplement containing folic acid during the pregnancy for [him/her]?

- Yes
- No
- Don't know
- Refused

33. Did [the child]'s mother take a nutritional supplement containing iron during the pregnancy for [him/her]?

- Yes
- No
- Don't know
- Refused

34. Do you prefer to report [the child]'s birth weight in kilograms and grams or pounds and ounces?

- Kilograms/grams
- Pounds/ounces → if pounds/ounces, go to question 36.
- DK, RF

35. What was [the child]'s birth weight?

Enter kilograms and grams by using a decimal. For example, 3500 grams equals 3.5 kilograms.

Kilograms
(MIN: 0.20) (MAX: 7.00)
DK, RF

If kilograms/grams for question 34, go to Health Conditions section.

36. What was [the child]'s birth weight?

Pounds
(MAX: 15)
DK, RF

37. Enter ounces

Ounces
(MIN: 0) (MAX: 15)
DK, RF

Section: Health Conditions

The next set of questions asks about some health conditions [the child] may have. You will need to answer 'yes' or 'no' for each condition. If yes, we will ask what age [the child] was diagnosed and if [he/she] is currently undergoing treatment. Note: Y= Yes, N=No, DK = Don't know, R= Refused.

38. Have you been told by a health care professional that [the child] has any of the following health conditions? We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been **diagnosed by a health professional**.

39. If yes, what age was [the child] diagnosed?

40. If yes, is [the child] currently undergoing treatment(s) or taking medication(s) for these condition(s)?

Read through the entire list of conditions and answer 'yes' or 'no'.

Yes = Y
 No = N
 Don't know = DK
 Refused = R

Conditions	38. Told that [the child] has:				If Yes: →	39. Age when diagnosed	40. If yes, is [the child] undergoing treatment?			
	Yes	No	DK	R			Yes	No	DK	R
Allergies	Y	N	DK	R			Y	N	DK	R
Anemia (chronic)	Y	N	DK	R			Y	N	DK	R
Anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder	Y	N	DK	R			Y	N	DK	R
Arthritis (excluding fibromyalgia)	Y	N	DK	R			Y	N	DK	R
Asthma	Y	N	DK	R			Y	N	DK	R
→ Has [the child] had an asthma attack in the past 12 months?	Y	N	DK	R						
Attention Deficit Disorder / Attention Deficit-Hyperactivity Disorder (ADD/ADHD)	Y	N	DK	R			Y	N	DK	R
Autism Spectrum Disorder (ASD)	Y	N	DK	R			Y	N	DK	R
Blindness or serious vision problems (can't be corrected with glasses)	Y	N	DK	R			Y	N	DK	R
Cancer	Y	N	DK	R			Y	N	DK	R
Chronic ear infections	Y	N	DK	R			Y	N	DK	R
Dermatitis/ atopic eczema	Y	N	DK	R			Y	N	DK	R
Developmental disorder such as Cerebral Palsy, Down	Y	N	DK	R			Y	N	DK	R

Syndrome, Spina Bifida				
Diabetes	Y	N	DK	R
Emphysema, Chronic bronchitis, or Chronic Obstructive Pulmonary Disease (COPD)	Y	N	DK	R
Epilepsy	Y	N	DK	R
Fetal Alcohol Spectrum Disorder (FASD)	Y	N	DK	R
Hearing impairment	Y	N	DK	R
Heart condition	Y	N	DK	R
Hepatitis	Y	N	DK	R
→ If yes, what type of hepatitis does [the child] have? O Type A O Type B O Type C			DK	R
Kidney Problem	Y	N	DK	R
Learning Disorder	Y	N	DK	R
Mood disorder such as depression, bipolar disorder, mania or dysthymia	Y	N	DK	R
Speech or language difficulties	Y	N	DK	R
Stomach and intestinal problems	Y	N	DK	R
Thyroid problems	Y	N	DK	R
Tuberculosis	Y	N	DK	R
→ If yes, is [the child]'s tuberculosis active or inactive? O Active O Inactive			DK	R
Other (Specify):	Y	N	DK	R

	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R
	Y	N	DK	R

41. Since birth, has [the child] ever had an ear infection?

- Yes
- No → if no, go to question 43.
- Don't know
- Refused

42. How many ear infections has [the child] had in the past 12 months?

MIN: 0 MAX: 365

DK, RF

43. Does [the child] take any of the following?

Mark all that apply.

<input type="radio"/> Asthma drugs (inhalers, puffers, Ventolin)	<input type="radio"/> Vitamins
<input type="radio"/> Antibiotics	<input type="radio"/> Traditional medicine
<input type="radio"/> Antihistamines	<input type="radio"/> None of the above
<input type="radio"/> Ritalin (or other ADHD meds)	

DK, RF

If child does not take any medications for question 43, go to Injury section.

44. How often does [the child] take the following?

[Pipe in responses from question 43]

Medication Frequency	Asthma Drugs	Antibiotics	Antihistamines	Ritalin (or other ADHD meds)	Vitamins	Traditional Medicine
More than once a day						
Once a day						
More than once a week						
Once a week						
At least once per month						
At least once per year						
Less than once per year						
Don't know						
Refused						

45. Does [the child] have a physical or mental condition that causes [him/her] to be limited in the kinds or amount of activity [he/she] can do at home, school, or otherwise?

*Note: We are interested in long-term conditions or health problems that have **already lasted or are expected to last 6 months or more.***

Mark all that apply.

- Yes, physical condition
- Yes, mental condition
- No
- Don't know
- Refused

Section: Injury

Now some questions about injuries which occurred in the past 12 months and were serious enough to limit [the child]'s normal activities the day after the injury occurred. For example, a broken bone, a bad cut, a burn or a sprain.

46. Has [the child] been injured in the past 12 months?

- Yes, once
- Yes, more than once
- No → if no, go to Health Care Access.
- Don't know
- Refused

If "Yes, more than once" for question 46, then please note: For the following injury questions, please think about [the child]'s most serious injury only.

47. What type of injury did [the child] have?

<input type="radio"/> Broken or fractured bones	<input type="radio"/> Poisoning
<input type="radio"/> Burns or scalds	<input type="radio"/> Injury to internal organ
<input type="radio"/> Dislocation	<input type="radio"/> Dental injury
<input type="radio"/> Major sprain or strain	<input type="radio"/> Hypothermia, frost bite
<input type="radio"/> Scrape(s), bruise(s), blister(s) (including multiple minor injuries)	<input type="radio"/> Repetitive strain
<input type="radio"/> Major cut, puncture, animal bite (open wound)	<input type="radio"/> Multiple serious injuries at the same time
<input type="radio"/> Electrocutation	<input type="radio"/> Other (Specify):
<input type="radio"/> Concussion or other brain injury	

DK, RF

48. What month did it happen?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- Don't know
- Refused

49. What part of [the child]'s body was injured?

<input type="radio"/> Hand	<input type="radio"/> Torso (collarbone, chest, abdomen, pelvis)
<input type="radio"/> Wrist	<input type="radio"/> Eye(s)
<input type="radio"/> Elbow, lower arm	<input type="radio"/> Head (includes face, teeth and mouth)

<input type="radio"/> Shoulder, upper arm	<input type="radio"/> Back or spine
<input type="radio"/> Neck	<input type="radio"/> Multiple sites
<input type="radio"/> Foot	<input type="radio"/> Other (Specify):
<input type="radio"/> Ankle	<input type="radio"/> Don't know
<input type="radio"/> Knee, lower leg	<input type="radio"/> Refused
<input type="radio"/> Hip, upper thigh	

50. Where did the injury occur?

<input type="radio"/> Home or in someone else's home	<input type="radio"/> Industrial or construction area
<input type="radio"/> School or Daycare (non-sport related)	<input type="radio"/> Playground
<input type="radio"/> Sports fields/facilities	<input type="radio"/> Countryside, forest, woodlot
<input type="radio"/> Street, highway, sidewalk	<input type="radio"/> Lake, river, ocean
<input type="radio"/> Commercial area (e.g., store, restaurant)	<input type="radio"/> Other (Specify):
<input type="radio"/> Community buildings (community centre, band office)	

DK, RF

51. What was [the child] doing when the injury occurred?

<input type="radio"/> Sports or physical exercise	<input type="radio"/> Riding a bicycle
<input type="radio"/> Leisure or hobby	<input type="radio"/> Passenger in/on road motor vehicle (including motorcycles, trucks)
<input type="radio"/> Sleeping, eating, personal care	<input type="radio"/> Walking
<input type="radio"/> Passenger in/on off-road motor vehicle (including boat, ATV, snowmobile)	<input type="radio"/> Running
<input type="radio"/> Unpaid work/ chores around the house	<input type="radio"/> Other (Specify):
<input type="radio"/> Playing	

DK, RF

52. What caused the injury?

<input type="radio"/> Motor vehicle accident → Was [the child] wearing a seat belt? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Contact with a machine, tool, etc.
<input type="radio"/> ATV accident → Was [the child] wearing a helmet? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Smoke, fire, flames
<input type="radio"/> Snowmobile accident → Was [the child] wearing a helmet? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Contact with HOT liquid, object, etc.
<input type="radio"/> Hunting accident	<input type="radio"/> Extreme weather or natural disaster (e.g., flood)
<input type="radio"/> Boating accident → Was [the child] wearing a life jacket? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Falling through thin ice

<input type="checkbox"/> Accidental contact with another person or animal	<input type="checkbox"/> Overexertion or strenuous movement
<input type="checkbox"/> Fall	<input type="checkbox"/> Suicide attempt or other self-inflicted injury
<input type="checkbox"/> Domestic/ Family violence	<input type="checkbox"/> Bicycle accident
	→ Was [the child] wearing a helmet?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<input type="checkbox"/> Accidentally struck or crushed by object(s)	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Other physical assault	

DK, RF

If injury was not the result of a fall, please proceed to question 54.

53. How did [the child] fall?

- While skating, skiing or snowboarding
- While engaged in other sport or physical exercise (including school activities and running)
- Going up or down stairs / steps (icy or not)
- Slip, trip, stumble or loss of balance while walking on ice or snow
- Slip, trip, stumble or loss of balance while walking on any other surface
- From furniture or while rising from furniture (e.g., bed, chair)
- From elevated position (e.g., ladder, tree, scaffolding)
- Due to health problems (e.g., faint, weakness, dizziness, hip/knee gave out, seizure)
- Other (**Specify**):
- Don't know
- Refused

54. Where did [the child] get medical treatment for [his/her] injury?

Mark all that apply.

<input type="checkbox"/> Doctor's office	<input type="checkbox"/> At school/daycare
<input type="checkbox"/> Physiotherapist or massage therapist's office	<input type="checkbox"/> At home
<input type="checkbox"/> Chiropractor's office	<input type="checkbox"/> By Internet/telephone/e-health
<input type="checkbox"/> Hospital emergency room	<input type="checkbox"/> Traditional healer
<input type="checkbox"/> Walk-in clinic	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Community health centre/nursing station	<input type="checkbox"/> Didn't receive any medical treatment
<input type="checkbox"/> Dental practitioner	

DK, RF

Section: Health Care Access

The next section concerns [the child]'s access to health and well-being services.

55. During the past 12 months, did [the child] require any health care (e.g., from a doctor, nurse, or other health professional)?

- Yes, and [he/she] received all the health care [he/she] needed

- Yes, but [he/she] did not receive all the health care [he/she] needed
- No → If no, please go to Immunization section
- Don't know
- Refused

56. During the past 12 months, have you experienced any of the following barriers to receiving health care for [the child]?
Please read each item and mark your answer.

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

Access Barriers	Yes	No	Don't know	Refused
Doctor or nurse not available in my area				
Health facility not available in my area (e.g., community health centre/nursing station or hospital)				
Service was not available in my area				
Unable to arrange transportation				
Difficulty in getting traditional care (e.g., healer, medicine person, or Elder)				
Not covered by Non-Insured Health Benefits (NIHB)				
Did not know if it was covered by NIHB				
Prior approval of Non-Insured Health Benefits was denied				
Could not afford direct cost of care/services				
Could not afford transportation costs				
Could not afford child care costs				
Felt health care provided was inadequate				
Felt service was not culturally appropriate				
Chose not to see health care professional				
Waiting list is too long				
Other (Specify):				

DK, RF

Section: Immunization

57. Has [the child] received [his/her] routine (regular) vaccinations/immunizations?

- Yes → if yes, go to Dental Care Section.
- No
- Don't know
- Refused

58. Why hasn't [the child] received [his/her] immunizations/vaccinations?

Mark all that apply.

<input type="checkbox"/> Doctor or nurse not available in my area	<input type="checkbox"/> Too many immunizations required
<input type="checkbox"/> Immunization service not available in my area	<input type="checkbox"/> Didn't want to immunize child for cultural reasons
<input type="checkbox"/> Difficulty scheduling/clinic waiting list is too long	<input type="checkbox"/> Don't think vaccines are safe
<input type="checkbox"/> Forgot/failed to remember	<input type="checkbox"/> Think local vaccine services are inadequate (e.g., poor refrigeration, out of date medications)
<input type="checkbox"/> Causes too much pain/discomfort	<input type="checkbox"/> Other (Specify):

DK, RF

Section: Dental Care

The next section asks questions about **[the child]**'s dental health.

59. In general, would you say the health of **[the child]**'s teeth and mouth is...?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

60. Approximately when was the last time **[the child]** had any dental care?

<input type="checkbox"/> Less than six months ago	<input type="checkbox"/> More than five years ago
<input type="checkbox"/> Between six months and one year ago	<input type="checkbox"/> Never → if never, go to question 62.
<input type="checkbox"/> Between one and two years ago	<input type="checkbox"/> Don't know
<input type="checkbox"/> Between two and five years ago	<input type="checkbox"/> Refused

61. Where did **[the child]** receive **[his/her]** most recent dental care?

- Dental professional stationed in the community
- Dental professional visiting the community
- Dental professional situated within 90 km of the community
- Dental professional situated more than 90 km from the community
- Don't know
- Refused

62. Does **[the child]** currently need any of the following dental treatments?

Mark all that apply.

<input type="checkbox"/> Cavities filled or other restorative work (e.g., fillings, crowns, bridge)	<input type="checkbox"/> Orthodontics (e.g., braces)
<input type="checkbox"/> Maintenance (e.g., checkups or teeth cleaning)	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Extractions (taking teeth out)	<input type="checkbox"/> None
<input type="checkbox"/> Fluoride treatment	<input type="checkbox"/> Don't know
<input type="checkbox"/> Periodontal (gum) work	<input type="checkbox"/> Refused
<input type="checkbox"/> Prosthetics (e.g., denture, including repair and maintenance)	

63. Have **[the child]**'s teeth been affected by Baby Bottle Tooth Decay (Early Childhood Caries)?

Note: Baby Bottle Tooth Decay, or Early Childhood Caries, is a form of tooth decay that occurs in children aged 5 years and under. It involves decay in so many teeth that children usually need dental surgery in hospital.

- Yes
- No → if no go to Breastfeeding section
- Not applicable (child does not have teeth) → if Not applicable, go to Breastfeeding section
- Don't know
- Refused

64. Has **[the child]** been treated for Baby Bottle Tooth Decay (Early Childhood Caries)?

- Yes
- No
- Don't know
- Refused

Section: Breastfeeding

65. Was **[the child]** ever breast-fed?

- Yes
- No → if no, go to question 67.
- Don't know
- Refused

66. How many months was **[the child]** breast-fed?

If less than one month, enter 0.

Months

DK, RF

MIN: 0 MAX: 60

67. Was **[the child]** ever fed any of the following in **[his/her]** bottle?

Mark all that apply.

<input type="radio"/> Child was never bottle-fed	<input type="radio"/> Kool-Aid and other powdered drinks
<input type="radio"/> Breast milk	<input type="radio"/> Fruit juices/drinks
<input type="radio"/> Formula	<input type="radio"/> Tea
<input type="radio"/> Milk	<input type="radio"/> Herbal mixtures
<input type="radio"/> Milk alternative (soy, almond, rice, potato, oat, coconut milk, etc.)	<input type="radio"/> Soft drinks
<input type="radio"/> Canned milk	<input type="radio"/> Coffee whitener
<input type="radio"/> Powdered milk (other than formula)	<input type="radio"/> Other (Specify):
<input type="radio"/> Water	

DK, RF

If yes to question 65 or marked “Breast milk” for question 67, please proceed to question 68. Otherwise, please proceed to Food and Nutrition Section.

68. For how many months was [the child] fed **only** breast milk (i.e., **exclusively** breast-fed)?

Note: Exclusive breastfeeding means that the infant is fed only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

If [the child] was never fed only breast milk or was fed only breast milk for less than one month, please enter “0”.

Months

DK, RF

MIN: 0 MAX: 24

Section: Food and Nutrition

The following questions ask about [the child]’s eating habits.

69. On average, how often does [the child] eat or drink the following foods?

Choose the answer that best describes the way [he/she] normally eats/drinks.

	Two or more times a day	Once a Day	A few times a week	About once a week	Never/hardly ever
Milk, yogurt, cheese or fortified soy beverage.					
Meat and alternatives (e.g., beef, chicken, pork, fish, seafood, deer, moose, eggs, beans, tofu)					
Vegetables (fresh, frozen, or canned)					
Fruit (excluding fruit juice)					
Bread, pasta, rice and other grains					
Water					
100% fruit juice (e.g., orange, grapefruit, tomato)					
Soft drinks/pop/artificially					

flavoured juice					
Fast food (e.g., burgers, pizza, hotdogs, French fries)					
Sweets (e.g., candy, cookies, cake)					
Energy drinks (e.g., Red Bull, Monster, RockStar)					

DK, RF

70. In the past 12 months, how often has [the child] eaten the following traditional foods? *Please note that some of these foods may not be considered traditional for all individuals or regions.*

Traditional Foods	Not Applicable (not a local traditional food)	Not at all	A few times	Often
Land-based animals (moose, caribou, bear, deer, bison, etc.)				
Fresh water fish				
Salt water fish				
Other water-based foods (shellfish, eels, clams, seaweed, etc.)				
Sea-based animals (whale, seal, etc.)				
Game birds (goose, duck, etc.)				
Small game (rabbit, muskrat, etc.)				
Berries or other wild vegetation				
Bannock or Fry bread				
Wild rice				
Corn soup				
Meat, fish, or vegetable broth				
Other (Specify):				

DK, RF

71. In the past 12 months, how often did [the child] eat nutritious balanced meals?

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

- | | |
|---|----------------------------------|
| <input type="radio"/> Always/ almost always | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | <input type="radio"/> Don't know |
| <input type="radio"/> Rarely | <input type="radio"/> Refused |

72. In the past 12 months, how often did someone share traditional food with [the child]'s household?

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

73. In the past 12 months, how often did [the child] eat breakfast?

- Always
- Almost always
- Sometimes
- Rarely
- Never
- Don't know
- Refused

Section: Physical Activity

Next are some questions about [the child]'s physical activities, beginning with physical activities NOT related to school; that is, leisure time activities.

74. Has [the child] done any of the following activities in the past 3 months?

Mark all that apply.

<input type="checkbox"/> Aerobics/Fitness classes	<input type="checkbox"/> Running or jogging
<input type="checkbox"/> Berry picking or other food gathering	<input type="checkbox"/> Skateboarding
<input type="checkbox"/> Bicycle riding/Mountain biking	<input type="checkbox"/> Skating
<input type="checkbox"/> Bowling	<input type="checkbox"/> Skiing/Snowboarding
<input type="checkbox"/> Boxing	<input type="checkbox"/> Snowshoeing
<input type="checkbox"/> Canoeing/Kayaking	<input type="checkbox"/> Swimming
<input type="checkbox"/> Competitive or team sports (e.g., hockey, basketball, baseball, lacrosse, tennis)	<input type="checkbox"/> Traditional dancing
<input type="checkbox"/> Dancing (aerobic, modern, etc.)	<input type="checkbox"/> Trapping
<input type="checkbox"/> Fishing	<input type="checkbox"/> Walking for exercise
<input type="checkbox"/> Outdoor gardening, yard work	<input type="checkbox"/> Weights, exercise equipment
<input type="checkbox"/> Golf	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Hiking	<input type="checkbox"/> None → If none, go to question 77
<input type="checkbox"/> Hunting	<input type="checkbox"/> Don't know
<input type="checkbox"/> Martial arts	<input type="checkbox"/> Refused

75. How many times did [the child] participate in each activity in the past 3 months?

Note: If you need help calculating the number of times, please ask the Field Worker.

Some examples of 3 month estimates:

Daily= 90 times

Three times a week = 39 times

Twice a month = 6 times

Activity (insert all checked above)	Number of times participated

DK, RF

MIN: 1 MAX: 300

76. How many **minutes** does [the child] generally spend doing each activity in the average session?

Note: Some examples of time estimates:

½ hour = 30 minutes 1 hour = 60 minutes 1 ½ hours = 90 minutes 2 hours = 120 minutes

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

DK, RF

MIN: 1 MAX: 480 (8 hrs) Warning if < 10 or > (4 hrs)

If the child is less than 5 years old, please proceed to question 78.

77. Thinking of a **typical week**, which best describes [the child]'s amount of physical activity?

Note: Please include only physical activity that is **at least moderate-intensity**; that is, activity that makes [him/her] sweat a little and breathe harder than normal.

This may **include any activities [the child] does as part of [his/her] everyday life** - at daycare/school, helping out around the house, to get from place to place, and for recreation, exercise or sport.

Some examples of time estimates:

1 hour = 60 minutes 1 ½ hours = 90 minutes 2 hours = 120 minutes 2 ½ hours = 150 minutes

<input type="radio"/> [The child] spends at least 60 minutes on physical activity every day .	<input type="radio"/> In total, [the child] spends between 60 and 149 minutes on physical activity during the week .
<input type="radio"/> [The child] spends 30-59 minutes on physical activity every day .	<input type="radio"/> In total, [the child] spends 0 to 59 minutes on physical activity during the week .
<input type="radio"/> In total, [the child] spends at least 150 minutes on physical activity during the week (but less than 30 minutes every day).	

DK, RF

78. During the past week, how much time in an **average day** did [the child] spend watching TV, sitting at a computer, using the Internet including social media, reading, or playing seated video games? (Do not include time spent at school or daycare.)

____ hours

____ minutes

Hours: MIN 0 MAX 24 (warning after 16) Minutes: MIN 0 MAX 59 DK, RF

Section: Education

The following group of questions is about education.

79. Is [the child] currently attending school?

Note: "School" also includes Aboriginal Head Start, Pre-Kindergarten, and Kindergarten.

- Yes
- No → if no, go to question 81.
- Don't know
- Refused

80. What grade is [the child] in?

<input type="radio"/> Aboriginal Head Start	<input type="radio"/> Grade 5
<input type="radio"/> Pre-Kindergarten	<input type="radio"/> Grade 6
<input type="radio"/> Kindergarten	<input type="radio"/> Grade 7 (Secondary I)
<input type="radio"/> Grade 1	<input type="radio"/> Grade 8 (Secondary II)
<input type="radio"/> Grade 2	<input type="radio"/> Don't know
<input type="radio"/> Grade 3	<input type="radio"/> Refused
<input type="radio"/> Grade 4	

If [the child] selected "Aboriginal Head Start" for question 80, please proceed to question 82.

81. Has [the child] ever attended an Aboriginal Head Start program?

- Yes
- No → if no, go to question 83.
- Don't know
- Refused

82. How long has/was** [the child] been** in Aboriginal Head Start?

Years Months

(MIN: 0 MAX: 6) (MIN: 0 MAX: 11)

DK, RF

If [the child] is less than 6 years of age, please proceed to Personal Wellness section.

83. Has [the child] ever skipped or advanced a grade, as a result of academic performance?

- Yes
- No
- Don't know
- Refused

84. Has [the child] ever repeated a grade?

- Yes
- No
- Don't know
- Refused

Section: Personal Wellness

The next section asks questions on [the child]'s personal wellness.

85. Outside of school hours, how often does [the child]...?

	Never	Less than once per week	1-3 times per week	4 times or more a week
Take part in sport teams or lessons				
Take part in art or music groups or lessons				
Take part in traditional activities (e.g., singing, drumming, or dancing groups or lessons)				

DK, RF

86. How often does [the child] read for fun (not for school or homework) or is read to?

- Every day
- A few times a week
- Once a week
- A few times a month
- Less than once a month
- Almost never

DK, RF

87. On average, how many hours does [the child] sleep per day? (Please include both naps and nighttime sleep.)

Hours

DK, RF

MIN: 0 MAX: 24 (warning if < 5 or > 15)

88. During the past six months, how well has [the child] gotten along with the rest of the family?

- Very well, no difficulties
- Quite well, hardly any difficulties
- Not too well, lots of difficulties
- Not at all well, constant difficulties
- Don't know
- Refused

89. During the past six months, do you think [the child] has had more emotional or behavioural problems than other boys or girls of [his/her] age?

- Yes
- No
- Don't know

Refused

If [the child] is under 5 years old, please proceed to Household and Living Environment section.

90. Has [the child] been bullied in the past 12 months?

Note: Bullying is an act that is done on purpose. Bullies use their power (physical size, age, social status, etc.) to threaten, harass, or hurt others. Bullying happens over and over to one person or to a group of people.

Bullying happens in four basic ways: physical (hitting, kicking, stealing, etc.); verbal (teasing, name-calling, etc.); indirect (spreading rumours, excluding people, mean gestures, etc.); and cyber-bullying (covered in next question).

Yes

No

Don't know

Refused

91. Has [the child] experienced any cyber-bullying towards [him/her] in the past 12 months?

Note: "Cyber-bullying" refers to the use of a computer or other electronic device to engage in bullying.

Yes

No

Don't know

Refused

If answered "No" to bullying questions (90 & 91), please proceed to Household and Living Environment section

92. Did [the child] seek help in dealing with the bullying that [he/she] experienced?

Yes, and [he/she] received all the help that [he/she] needed

Yes, but [he/she] did not receive all the help that [he/she] needed

No

Don't know

Refused

Section: Household and Living Environment

This set of questions is about [the child]'s household and living environment.

93. Including [the child], how many children or youth under the age of 18 live in [the child]'s household the majority of the time?

If none, please enter "0".

0-5 years old	
6-11 years old	
12-17 years old	

MIN: 0 MAX: 25

DK, RF

94. How many adults 18 years and over currently live in [the child]'s household the majority of the time? Make sure you count yourself if you live in [the child]'s household.

If none, please enter '0'.

MIN: 0 MAX: 25

DK, RF

95. How many rooms are there in [the child]'s home?

Include kitchen, bedrooms, living rooms and finished basement rooms.

Do not count bathrooms, halls, laundry rooms and attached sheds.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13 or more
- Don't know
- Refused

96. Who does [the child] live with most of the time?

Read list and mark all that apply.

<input type="radio"/> Biological mother (birth mother)	<input type="radio"/> Step-brother(s)/step-sister(s)
<input type="radio"/> Biological father	<input type="radio"/> The mother that adopted [him/her]
<input type="radio"/> Brother(s)/sister(s)	<input type="radio"/> The father that adopted [him/her]
<input type="radio"/> Other relatives (e.g., aunt, uncle, cousin, niece, nephew)	<input type="radio"/> Unrelated person(s) (e.g., friends, foster family)
<input type="radio"/> Grandparent(s) (e.g., grandmother/grandfather)	<input type="radio"/> Other (Specify):
<input type="radio"/> Stepmother	<input type="radio"/> Don't know
<input type="radio"/> Stepfather	<input type="radio"/> Refused

97. Including both household members and regular visitors, does anyone smoke inside [the child]'s home, every day or almost every day? (Include cigarettes, cigars and pipes)

- Yes
- No
- Don't know
- Refused

98. In the past month, was [the child] exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle? (Include cigarettes, cigars and pipes).

- Yes
- No
- Don't know

O Refused

99. For the [previous year (ending December 31, 2014)], please think of the **total income from all sources for [the child]'s household**, before deductions. We are asking for the total sum of all the money the earners in [the child]'s household made in the past year. Please include income from social assistance, child tax benefits, disability benefits, workers' compensation, etc.

Which income range does it fall into?

<input type="radio"/> No income	<input type="radio"/> \$15,000-\$19,999	<input type="radio"/> \$40,000-\$49,999	<input type="radio"/> \$80,000-\$89,999	<input type="radio"/> Don't know
<input type="radio"/> \$1-\$4,999	<input type="radio"/> \$20,000-\$24,999	<input type="radio"/> \$50,000-\$59,999	<input type="radio"/> \$90,000-\$99,999	<input type="radio"/> Refused
<input type="radio"/> \$5,000-\$9,999	<input type="radio"/> \$25,000-\$29,999	<input type="radio"/> \$60,000-\$69,999	<input type="radio"/> \$100,000 and over	
<input type="radio"/> \$10,000-\$14,999	<input type="radio"/> \$30,000-\$39,999	<input type="radio"/> \$70,000-\$79,999		

100. What is the highest level of formal schooling that [the child]'s parents have completed?
Please choose one answer from the list.

Parent's Education	Mother (or female guardian)	Father (or male guardian)
No formal education		
Some elementary school		
Elementary school		
Some high school		
High school diploma or high school equivalency certificate (Québec: general secondary school diploma only, not secondary vocational diploma)		
Some postsecondary education		
Diploma/certificate from trade or vocational school (Québec: include secondary vocational diploma)		
Diploma/certificate from community college, CEGEP		
University Degree		
Graduate Certificate (Québec)		
Professional (e.g., medical, law, teaching, pharmacy, accounting, etc.) degree		
Master's Degree		
Earned Doctorate (PhD)		
Other (Specify) :		
Not applicable (parent unknown)		

DK, RF

101. Are the following family members of [the child] currently working for pay?

Parent Working	Yes	No	Not applicable	Don't know	Refused
Mother (or female					

guardian)					
Father (or male guardian)					

Section: Child Care Arrangements

This set of questions focuses on child care arrangements. Please note that these should be regular arrangements that are used consistently, not sporadic babysitting used by the primary caregiver when he/she has other plans. Child care includes daycare, nursery or preschool, Head Start, before and/or after school programs, care by a relative or other caregiver.

102. What is [the child]'s main child care arrangement?

<input type="radio"/> Not in child care → Proceed to Residential Schools section	<input type="radio"/> Daycare centre
<input type="radio"/> Care in someone else's home by a family member/relative	<input type="radio"/> Nursery school/Preschool
<input type="radio"/> Care in child's home by a relative (other than brother/sister)	<input type="radio"/> Private home daycare
<input type="radio"/> Care in child's home by child's brother/sister	<input type="radio"/> Before- and After-school programs
<input type="radio"/> Care in someone else's home by a non-relative	<input type="radio"/> Aboriginal Head Start
<input type="radio"/> Care in child's home by a non-relative	<input type="radio"/> Other (Specify):

DK, RF

103. How many hours a week does [the child] spend in child care?

DK, RF

MIN: 1 MAX: 168

Section: Residential Schools

The following question is about Residential Schools.

Note: For the purpose of the survey, the term "residential schools" refers to the residential school systems attended by Aboriginal students. This includes residential schools run by religious orders, industrial schools, boarding schools, student residences, hostels and billets.

The last residential school shut down in 1996.

104. Were any of the following family members of [the child] ever a student at residential school?

Child's family member	Yes	No	Don't know	Refused
Mother or female guardian				
Father or male guardian				
At least one grandparent				

Other family member/s				
-----------------------	--	--	--	--

Section: Ending

Did someone interpret/translate the questions of this survey?
(in whole or in part)

- Yes
- No
- Don't know
- Refused

The questionnaire is now complete. Are there other issues affecting the well-being of children in this community that should be asked about in the next survey? Are there any questions that should not be asked?

Thank you for participating in the RHS!