



Aboriginal Peoples Survey – 2001

(Adults – 15 and over)

Collected under the authority of the *Statistics Act*, Statutes of Canada, 1985, Chapter S19.

INTRODUCTION

Statistics Canada, in partnership with Aboriginal organizations, is conducting the Aboriginal Peoples Survey to collect data on lifestyles and living conditions of Aboriginal people in Canada. This information will help Aboriginal organizations and communities along with various levels of government understand the needs of Aboriginal people in Canada. To reduce the number of questions on this survey, the Census information collected last May will be added to the data from this interview. All information will be kept confidential and used for statistical purposes only. While your participation is voluntary, your assistance is very important to ensure that the survey results depict an accurate picture.

CONFIDENTIAL WHEN COMPLETED

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	FINAL STATUS	
	01 <input type="radio"/> Complete	
	02 <input type="radio"/> Partial	
	03 <input type="radio"/> Part Refusal	
	04 <input type="radio"/> Out of Scope	
	05 <input type="radio"/> Void	
	06 <input type="radio"/> Refusal	
	07 <input type="radio"/> No Contact	
	08 <input type="radio"/> Tracing	

Prov.	FED	EA	VN	HNNUM	PERNUM
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FILL SECTION IN ONLY IF INFORMATION ON LABEL HAS CHANGED OR IS INCORRECT

Family Name

Given Name Initials

Number and Street or lot and concession or exact location

R.R. No. P.O. Box No.

City, Town, Village, Municipality, Indian Reserve

Province or Territory Postal Code - Area Code Telephone No. -

FOR INFORMATION ONLY
POUR INFORMATION SEULEMENT

INFORMATION SOURCE

01 <input type="radio"/> Non-proxy OR	}	Reason →	05 <input type="radio"/> Respondent unable to answer
02 <input type="radio"/> Proxy – parent or child			06 <input type="radio"/> Respondent absent
03 <input type="radio"/> Proxy – other family			
04 <input type="radio"/> Other			

Interviewer's Identification Number

Interviewer's Signature

Date



PART 1

IDENTIFICATION

PERSONAL INFORMATION

1. Do any of your ancestors belong to any of the following Aboriginal groups?

(Interviewer: Read list. Mark Yes, No or Don't Know to each.)

	Yes	No	Don't Know
North American Indian	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Métis	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Inuit	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>

2 a. Are you an Aboriginal person, that is, North American Indian, Métis or Inuit?

- 01 Yes, North American Indian
- 02 Yes, Métis
- 03 Yes, Inuit →
- 04 No

2 b. Are you a member or beneficiary of a land claim agreement?

- 01 Yes
- 02 No
- 03 Don't know

3. Are you a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada?

- 01 Yes, Treaty Indian or Registered Indian
- 02 No
- 03 Don't know

4. Are you a member of an Indian Band or First Nation?

- 01 Yes, member of an Indian Band or First Nation
- 02 No
- 03 Don't know

5. If Questions 1 to 4 were all answered "No" or "Don't know" ...



End interview. . . .

- 01

6. SEX

- 01 Male
- 02 Female

7. DATE OF BIRTH

01 Day Month Year

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- If May 15, 1986 or before 02 Adult
- If after May 15, 1986 03 Child

→ Continue with this questionnaire

→ Administer Children's Questionnaire



A

Section A – EDUCATION

Now I would like to ask you some questions about your formal education.

1. Excluding kindergarten, how many grades of elementary and high school have you successfully completed? (Interviewer: Include High School Equivalency program.)

01 No schooling → Go to Question 36

Grades

- 02 One to five
 03 Six
 04 Seven
 05 Eight
 06 Nine
 07 Ten
 08 Eleven
 09 Twelve
 10 Thirteen
 11 Don't know
 12 Refused
- Go to Question 3
 → Go to Question 2

2. Did you graduate from high school? Please do not include graduation through a High School Equivalency program (GED).

- 01 Yes → Go to Question 15
 02 No

3. Have you successfully completed a High School Equivalency program (GED)?

- 01 Yes → Go to Question 14
 02 No

4. Are you currently attending elementary or high school or a High School Equivalency program?

- 01 Yes
 02 No → Go to Question 14

5. Are you attending full time or part time?

- 01 Full time
 02 Part time, day or evening

6. Is the program you are currently taking a High School Equivalency program?

- 01 Yes → Go to Question 14
 02 No

7. Are any of your teachers or teachers' aides Aboriginal?

- 01 Yes
 02 No
 03 Don't know

8. Do any of your teachers or teachers' aides teach in an Aboriginal language?

- 01 Yes
 02 No
 03 Don't know

9. Are you being taught an Aboriginal language at elementary or high school?

- 01 Yes
 02 No
 03 Don't know



10. Are you being taught about Aboriginal people at elementary or high school?

- 01 Yes
 - 02 No
 - 03 Don't know
- } → Go to Question 12

11. Do you feel that what you are being taught about Aboriginal people is usually accurate, sometimes accurate, seldom accurate or never accurate?

- 01 Usually accurate
- 02 Sometimes accurate
- 03 Seldom accurate
- 04 Never accurate
- 05 Don't know

12. Where were the elementary schools you attended located? Were they all within the community where you lived, outside the community, or some within and some outside?

- 01 All within community
- 02 All outside community
- 03 Some within community and some outside community

13. Where were the high schools you attended located? Were they all within the community where you lived, outside the community, or some within and some outside?

- 01 All within community
- 02 All outside community
- 03 Some within community and some outside community
- 04 Did not go to high school



14. Why did you not continue elementary or high school? (Interviewer: Do not read list. Mark all that apply.)

- 01 Wanted to work
- 02 Had to work
- 03 Bored with school
- 04 School courses too hard/bad results
- 05 Pregnancy/taking care of children
- 06 Problems at home
- 07 To help at home
- 08 No school available/accessible
- 09 Don't know
- 10 Refused
- 11 Other reasons

Specify 12

15. Were any of your teachers or teachers' aides in elementary or high school (including High School Equivalency program) Aboriginal?

- 01 Yes
- 02 No
- 03 Don't know

16. Did any of your teachers or teachers' aides teach in an Aboriginal language?

- 01 Yes
- 02 No
- 03 Don't know

17. Were you taught an Aboriginal language while you were attending elementary or high school (including High School Equivalency program)?

- 01 Yes
- 02 No
- 03 Don't know



18. Were you taught about Aboriginal people while attending elementary or high school (including High School Equivalency program)?

- 01 Yes
 02 No
 03 Don't know } → *Go to Question 20*

19. Do you feel that what you were taught about Aboriginal people was usually accurate, sometimes accurate, seldom accurate or never accurate?

- 01 Usually accurate
 02 Sometimes accurate
 03 Seldom accurate
 04 Never accurate
 05 Don't know or can't remember

20. Where were the elementary schools you attended located? Were they all within the community where you lived, outside the community, or some within and some outside?

- 01 All within community
 02 All outside community
 03 Some within community and some outside community

21. Where were the high schools you attended located? Were they all within the community where you lived, outside the community, or some within and some outside?

- 01 All within community
 02 All outside community
 03 Some within community and some outside community
 04 Did not go to high school

22a. Have you ever taken any schooling at a trade school, college, university or other postsecondary school?

- 01 Yes → *Go to Question 22b*
 02 No → *Go to Question 35*

22b. At what type of educational institution did you take this schooling?

(Interviewer: Read list. Mark Yes or No to each.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Trade school | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • Other non-university institution
(for example, Community college, CEGEP, or Technical Institute) | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • University | 05 <input type="radio"/> | 06 <input type="radio"/> |

22c. Have you completed or are you currently working towards completing any of this post-secondary schooling?

- 01 Yes I have completed it → *Go to Question 22d*
 02 I am currently working towards completing it → *Go to Question 24*
 03 No → *Go to Question 30a*

22d. What certificate(s), diploma(s) or degree(s) have you completed?

(Interviewer: Mark all that apply.)

- 01 Trades certificate or diploma
 02 Other non-university certificate or diploma (obtained at community college, CEGEP, Technical institute, etc.)
 03 University certificate or diploma below bachelor level
 04 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
 05 University certificate or diploma above bachelor level
 06 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 07 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 08 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

22e. In what year did you obtain your most recent certificate, diploma or degree?

- 01 Year



23. Are you currently attending a trade school, college, university or other post-secondary school?

- 01 Yes
- 02 No → Go to Question 31

24. Are you attending full time or part time?

- 01 Full time
- 02 Part time, day or evening

25a. At what type of educational institution are you taking this current schooling?

- 01 Trade school
 - 02 Other non-university institution (for example, Community college, CEGEP, or Technical Institute)
 - 03 University → Go to Question 25b
- } → Go to Question 26

25b. Towards what type of diploma are you currently working?

(Interviewer: Mark one circle only.)

- 01 University certificate or diploma below bachelor level
- 02 Bachelor's degree (e.g., B.A., B.Sc., LL.B.)
- 03 University certificate or diploma above bachelor level
- 04 Master's degree (e.g., M.A., M.Sc., M.Ed.)
- 05 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 06 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

26. Did you take any of your postsecondary courses by correspondence or through some other form of distance education? By "distance education" we mean education received via mail or electronic media such as television, CD-Rom or the Internet.

- 01 Yes
- 02 No

27. Did you apply for financial assistance to carry out any of your postsecondary schooling?

- 01 Yes
- 02 No → Go to Question 35

28. Did you receive any type of financial assistance towards your postsecondary schooling?

- 01 Yes
 - 02 No
 - 03 On waiting list
- } → Go to Question 35

29. What type of financial assistance did you receive?

(Interviewer: Do not read list. Mark all that apply.)

- 01 INAC or Band funding
- 02 Grant, bursary or scholarship
- 03 Student loan
- 04 Personal bank loan
- 05 Other

– Specify 06



30a. In what year did you last attend a post-secondary school?

01 Year

30b. Why did you not finish your post-secondary schooling?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Family responsibilities
- 02 Financial reasons
- 03 Lost interest / lack of motivation
- 04 Too old or too late now
- 05 Courses too hard / bad results
- 06 Too difficult to be away from home
- 07 Don't know
- 08 Other reasons

- Specify 09

31. Did you take any of your post-secondary courses by correspondence or through some other form of distance education? By "distance education" we mean education received via mail or electronic media such as television, CD-Rom or the Internet.

- 01 Yes
- 02 No

32. Did you apply for financial assistance to carry out your post-secondary schooling?

- 01 Yes
- 02 No → Go to Question 35

33. Did you receive any type of financial assistance towards your post-secondary schooling?

- 01 Yes
- 02 No
- 03 On waiting list } → Go to Question 35

34. What type of financial assistance did you receive?

(Interviewer: Do not read list. Mark all that apply.)

- 01 INAC or Band funding
- 02 Grant, bursary or scholarship
- 03 Student loan
- 04 Personal bank loan
- 05 Other

- Specify 06

35. These next two questions may be personal. I can skip them if you prefer not to answer. Were you ever a student at a federal residential school or industrial school?

- 01 Yes
- 02 No
- 03 Refused

36. Were any of the following members of your family ever a student at a federal residential school or industrial school?

(Interviewer: Read categories)

	Not applicable	Yes	No	Don't know	Refused
• Grandmothers	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
• Grandfathers	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
• Mother	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
• Father	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
• Brothers or sisters	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
• Aunts or uncles	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
• Cousins	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
• Other relatives	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>



B

Section B – LANGUAGE

I would like to ask you some questions about languages you use and your ability to speak, understand, read and write an Aboriginal language. By "Aboriginal language", I mean, for example Cree, Ojibway, Inuktitut, etc.

1. Do you understand or speak an Aboriginal language?

- 01 Yes
02 No → Go to Question 9

2. What **Aboriginal** language or languages do you understand or speak?

- 01
02
03

3. How would you rate your ability to **understand** your primary Aboriginal language? By "primary" we mean the language that you use most often or that you are most comfortable using. Would you say you can ...

- 01 Understand very well?
02 Understand relatively well?
03 Understand with effort?
04 Understand a few words?

4. How would you rate your ability to **speak** your primary Aboriginal language? Would you say you can ...

- 01 Speak very well?
02 Speak relatively well?
03 Speak with effort?
04 Speak a few words?

5. How would you rate your ability to **read** in your primary Aboriginal language? Would you say you can ...

- 01 Read very well?
02 Read relatively well?
03 Read with effort?
04 Read a few words?
05 Not read in your primary Aboriginal language?
06 Not applicable (it is not a written language)? } → Go to Question 7

6. How would you rate your ability to **write** in your primary Aboriginal language? Would you say you can ...

- 01 Write very well?
02 Write relatively well?
03 Write with effort?
04 Write a few words?
05 Not write in your primary Aboriginal language?

7. How much of the time do you **currently** use your primary Aboriginal language ...

	All the time	Most of the time	Some of the time	Very seldom	Not at all	Not applicable
• In your household?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
• At work?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
• At school?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
• At other places?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>



8. Are any of the following services within your community available in your primary Aboriginal language?

- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| • Health services | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| • Justice/legal/policing services | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • Education services | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| • Employment/career counselling services | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| • Social services
(for example housing, social assistance) | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| • Financial services (for example banking) | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> |
| • Other community services | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |



9. Did you ever understand or speak an Aboriginal language?

- 01 Yes
 02 No → Go to Question 11

10. What Aboriginal language did you understand or speak?

01

11. How important is it that you keep, learn or re-learn your Aboriginal language?
Is it ...

- 01 Very important?
 02 Somewhat important?
 03 Not very important?
 04 Not important?
 05 No opinion

12. What is the language that you first learned at home in childhood and still understand?

01

(Interviewer: If this person no longer understands the first language learned, indicate the second language learned.)



C

Section C – LABOUR ACTIVITY

The following questions are about labour activities that you may have participated in. Some questions may not apply to you but remember that many different people across the country will be taking part in this survey. I will start with a few questions on paid work.

1. Last week, did you work for pay or in self-employment?

- 01 Yes → Go to Question 2
02 No → Go to Question 3

2. Last week, how many hours (to the nearest hour) did you spend working for pay or in self-employment?

- 01 Hours → Go to Question 10

3. Last week, were you on temporary lay-off or absent from your job or business?

- 01 Yes
02 No → Go to Question 5

4. Were you:

(Interviewer: Mark only one circle.)

- 01 On temporary lay-off from a job to which you expect to return?
02 On vacation, ill, on strike or locked out, or absent for other reasons? → Go to Question 10

5. Last week, did you have definite arrangements to start a new job within the next four weeks?

- 01 Yes
02 No

6a. Did you look for paid work during the past four weeks? For example: did you contact an employment centre, check with employers, place or answer newspaper ads?

- 01 Yes
02 No → Go to Question 9

6b. Did you look for full-time or part-time work?

(Interviewer: Mark all that apply.)

- 01 Full-time
02 Part-time

7. Could you have started a job last week had one been available?

- 01 Yes → Go to Question 9
02 No

8. Were there any particular reasons why you could not start a job last week?

- | | Yes | No |
|--|--------------------------|--------------------------|
| • You had a temporary illness or disability? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • You had personal or family responsibilities? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • You were going to school? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • You already had a job? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| • Other reasons? | 09 <input type="radio"/> | 10 <input type="radio"/> |

– Specify 11



9. When did you last work for pay or in self-employment, even for a few days?

(Interviewer: Do not read list. Mark only one circle.)

- 01 From January 1st 2000, to present → Go to Question 23
 - 02 Before January 1st 2000
 - 03 Never / Not Applicable
- } → Go to Question 33

10. The next series of questions I am about to ask refer to your job or business last week. If you held more than one job last week, answer for the job that you worked the most hours.

What kind of business, industry or service was this? Please be specific.

01

11. What was your work or occupation?

01

12. In this work, what were your most important duties or activities? Please name up to three.

1) 1st activity 01

2) 2nd activity 02

3) 3rd activity 03

13. In this job or business, were you mainly:

- 01 Self-employed, with or without paid help (alone or in partnership)?
- 02 Working for pay (including wages, salary, tips or commissions)?
- 03 Working without pay in a family farm or business?

14. Was this job full-time (30 hours or more per week)?

- 01 Yes → Go to Question 16
- 02 No

15. What are the reasons that have kept you from working a full-time job?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Going to school
 - 02 No full-time jobs available in the area where I live
 - 03 Health problems
 - 04 Family responsibilities
 - 05 Not qualified for available jobs
 - 06 Retired
 - 07 Other reason
- Specify 08



16. Are you currently working at more than one paid job?

- 01 Yes → **Including the job we just talked about, how many jobs do you have?**
02 Jobs
- 03 No

17. Other than the job(s) you currently have, have you worked at other paid jobs since January 1st 2000?

- 01 Yes → **How many?**
02 Jobs
- 03 No

Interviewer: If both questions 16 and 17 are answered NO → Go to Question 34

The next few questions are about this additional paid job. If you had more than one additional job, please answer for the one that you worked the most hours.

18. What was the kind of business, industry or service at this other job? Please be specific.

01

19. What was your work or occupation?

01

20. In this work, what were your most important duties or activities? Please name up to three.

- 1) 1st activity 01
- 2) 2nd activity 02
- 3) 3rd activity 03

21. In this job or business, were you mainly:

- 01 **Self-employed, with or without paid help** (alone or in partnership)?
- 02 **Working for pay** (including wages, salary, tips or commissions)?
- 03 **Working without pay in a family farm or business?**

22. What are the reasons why you have had more than one job since January 1st, 2000?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Needed additional income
- 02 Personal or family reasons
- 03 School or training
- 04 End of temporary, term, contract or seasonal job
- 05 Other reason
– Specify 06

Interviewer: Go to Question 34 



Now I would like to ask you some questions about the job you worked at for the most hours since January 1st, 2000.

23. What kind of business, industry or service was this? Please be specific.

01

24. What was your work or occupation?

01

25. In this work, what were your most important duties or activities?
Please name up to three.

1) 1st activity 01

2) 2nd activity 02

3) 3rd activity 03

26. In this job or business, were you mainly:

01 Self-employed, with or without paid help (alone or in partnership)?

02 Working for pay (including wages, salary, tips or commissions)?

03 Working without pay in a family farm or business?

27. Including the job we just talked about, how many paid jobs have you had since January 1st, 2000?

01 One → Go to Question 32

02 Total number of jobs

The next few questions are about this paid additional job. If you had more than one additional job, please answer for the one that you worked the most hours.

28. What was the kind of business, industry or service at this other job? Please be specific.

01

29. What was your work or occupation?

01

30. In this work, what were your most important duties or activities?
Please name up to three.

1) 1st activity 01

2) 2nd activity 02

3) 3rd activity 03

31. In this job or business, were you mainly:

01 Self-employed, with or without paid help (alone or in partnership)?

02 Working for pay (including wages, salary, tips or commissions)?

03 Working without pay in a family farm or business?



32. What are the reasons that keep you from working at a job currently?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Going to school
- 02 No full-time jobs available in the area where I live
- 03 Health problems
- 04 Family responsibilities
- 05 Not qualified for available jobs
- 06 Retired
- 07 Other reason
 – Specify 08

Interviewer: Go to Question 34

33. What do you feel keeps you from working at a job?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Going to school
- 02 No full-time jobs available in the area where I live
- 03 Health problems
- 04 Family responsibilities
- 05 Not qualified for available jobs
- 06 Retired
- 07 Other reason
 – Specify 08

34. In the past 12 months, have you done any of the following activities?

(Interviewer: Mark all that apply.)

	Yes		For Food	For Pleasure	For Commercial Use	For other use (medicinal, ceremonial)
• Hunting?	01 <input type="radio"/> Yes 02 <input type="radio"/> No	→	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
• Fishing?	07 <input type="radio"/> Yes 08 <input type="radio"/> No	→	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
• Gathering wild plants such as berries, sweet grass, etc.?	13 <input type="radio"/> Yes 14 <input type="radio"/> No	→	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
• Trapping?	19 <input type="radio"/> Yes 20 <input type="radio"/> No	→	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>



The next question is about the sources of your personal income.

1. During the year ending December 31, 2000, did you yourself receive any income from the following sources:
(Interviewer: Read list. Mark Yes, No or Don't Know to each.)

	Yes	No	Don't know
• Paid employment or self-employment?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
• Employment insurance?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
• Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
• Canada or Quebec Pension Plan?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
• Social assistance?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
• Other sources (for example, other government income, child support, alimony, education allowances, scholarships, Northern Allowance, interest, etc)?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>



E

Section E – HEALTH

Now I would like to ask you some questions about your health and lifestyle.

1. In general, would you say your health is ...

- 01 Excellent?
 02 Very Good?
 03 Good?
 04 Fair?
 05 Poor?

2. In the past 12 months, have you seen or talked on the telephone with the following health professionals about your physical, emotional or mental health?

(Interviewer: Read list. Mark Yes or No to each.)

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Family doctor or general practitioner | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • Eye doctor (such as an ophthalmologist or optometrist) | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • Other medical doctor (such as surgeon, allergist or orthopedist) | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • A Traditional healer | 07 <input type="radio"/> | 08 <input type="radio"/> |
| • A nurse | 09 <input type="radio"/> | 10 <input type="radio"/> |
| • Dentist or orthodontist | 11 <input type="radio"/> | 12 <input type="radio"/> |
| • Chiropractor | 13 <input type="radio"/> | 14 <input type="radio"/> |
| • Physiotherapist or occupational therapist | 15 <input type="radio"/> | 16 <input type="radio"/> |
| • Social worker, counselor or psychologist | 17 <input type="radio"/> | 18 <input type="radio"/> |

3. Are First Nations, Métis or Inuit traditional medicines, healing or wellness practices available in the city, town or community where you currently live?

- 01 Yes
 02 No
 03 Don't know
 04 Refused

The next few questions are about difficulties you might have with various activities.

4. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- 01 Yes, sometimes
 02 Yes, often
 03 No

5. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do:

• At home?

- 01 Yes, sometimes
 02 Yes, often
 03 No

• At work or at school?

- 01 Yes, sometimes
 02 Yes, often
 03 No
 04 Not applicable

• In other activities, for example, transportation or leisure?

- 01 Yes, sometimes
 02 Yes, often
 03 No



The next questions ask about long-term health conditions that you may have now. Long term health conditions are conditions that have lasted or are expected to last six months or more.

6. Have you been told by a doctor, nurse or other health professional that you have diabetes:

- 01 Yes → At what age were you first told? 02
- 03 No → Go to Question 12

INTERVIEWER: If respondent is male, go to Question 9

7. Were you pregnant when you were first diagnosed with diabetes?

- 01 Yes
- 02 No → Go to Question 9

8. Other than during pregnancy, has a doctor, nurse or other health professional ever told you that you have diabetes?

- 01 Yes
- 02 No → Go to Question 12

9. Do you currently take insulin for your diabetes?

- 01 Yes
- 02 No

10. Do you take any other treatment or medication for your diabetes?

- 01 Yes
- 02 No → Go to Question 12

11. What other treatment or medication do you take?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Drug
- 02 Diet
- 03 Exercise/Physiotherapy
- 04 Traditional remedies
- 05 Other

– Specify 06



12. Have you been told by a doctor, nurse or other health professional that you have:

(Interviewer: Read list. Complete all parts of question.)

At what age were you first told?

Do you take any treatment or medication for this condition?

		Age	Yes	No
• Arthritis or rheumatism?	Yes 01 <input type="radio"/>	→ 03 <input type="text"/>	→ 04 <input type="radio"/>	05 <input type="radio"/>
	No 02 <input type="radio"/>			
• Asthma?	Yes 06 <input type="radio"/>	→ 08 <input type="text"/>	→ 09 <input type="radio"/>	10 <input type="radio"/>
	No 07 <input type="radio"/>			
• Chronic bronchitis?	Yes 11 <input type="radio"/>	→ 13 <input type="text"/>	→ 14 <input type="radio"/>	15 <input type="radio"/>
	No 12 <input type="radio"/>			
• Emphysema or shortness of breath?	Yes 16 <input type="radio"/>	→ 18 <input type="text"/>	→ 19 <input type="radio"/>	20 <input type="radio"/>
	No 17 <input type="radio"/>			
• Cancer?	Yes 21 <input type="radio"/>			
	No 22 <input type="radio"/>			
– What type or types? 23 <input type="text"/>		→ 24 <input type="text"/>	→ 25 <input type="radio"/>	26 <input type="radio"/>
	27 <input type="text"/>	→ 28 <input type="text"/>	→ 29 <input type="radio"/>	30 <input type="radio"/>
• Effects of a stroke?	Yes 31 <input type="radio"/>	→ 33 <input type="text"/>	→ 34 <input type="radio"/>	35 <input type="radio"/>
	No 32 <input type="radio"/>			
• High blood pressure?	Yes 36 <input type="radio"/>	→ 38 <input type="text"/>	→ 39 <input type="radio"/>	40 <input type="radio"/>
	No 37 <input type="radio"/>			
• Heart problems?	Yes 41 <input type="radio"/>	→ 43 <input type="text"/>	→ 44 <input type="radio"/>	45 <input type="radio"/>
	No 42 <input type="radio"/>			
• Stomach problems or intestinal ulcers?	Yes 46 <input type="radio"/>	→ 48 <input type="text"/>	→ 49 <input type="radio"/>	50 <input type="radio"/>
	No 47 <input type="radio"/>			
• Hepatitis?	Yes 51 <input type="radio"/>			
	No 52 <input type="radio"/>			
– What type or types? 53 <input type="text"/>		→ 54 <input type="text"/>	→ 55 <input type="radio"/>	56 <input type="radio"/>
	57 <input type="text"/>	→ 58 <input type="text"/>	→ 59 <input type="radio"/>	60 <input type="radio"/>
• Kidney disease?	Yes 61 <input type="radio"/>	→ 63 <input type="text"/>	→ 64 <input type="radio"/>	65 <input type="radio"/>
	No 62 <input type="radio"/>			
• Tuberculosis?	Yes 66 <input type="radio"/>	→ 68 <input type="text"/>	→ 69 <input type="radio"/>	70 <input type="radio"/>
	No 67 <input type="radio"/>			
• Any other long term condition? (excluding HIV/AIDS)	Yes 71 <input type="radio"/>			
	No 72 <input type="radio"/>			
– Specify	73 <input type="text"/>	→ 74 <input type="text"/>	→ 75 <input type="radio"/>	76 <input type="radio"/>
	77 <input type="text"/>	→ 78 <input type="text"/>	→ 79 <input type="radio"/>	80 <input type="radio"/>

The next few questions are about HIV/AIDS and they may raise some sensitive issues. You do not have to answer these questions if you do not wish to do so. However, it would be of great help to others if you did. Your responses will be kept strictly confidential, as is the rest of this questionnaire.

13. Have you ever been tested for HIV or AIDS?

01 Yes
 02 No
 03 Don't know
 04 Refused

} → Go to Question 20



14. When was the last time you had an HIV test?

- 01 Less than 6 months ago
 02 6 months to less than 1 year ago
 03 1 year to less than 2 years ago
 04 2 years to less than 5 years ago
 05 5 or more years ago
 06 Refused

15. Did you test positive for HIV?

- 01 Yes
 02 No
 03 Don't know
 04 Refused
- } → *Go to Question 20*

16. How old were you when you were first told by a medical doctor or other health professional that you were HIV positive?

- 01 Years old
 02 Refused

17. Do you now have AIDS?

- 01 Yes
 02 No
 03 Don't know
 04 Refused
- } → *Go to Question 20*

18. How long have you had AIDS?

- 01 Years
 02 Refused

19. Do you take any treatment or medication for this condition?

- 01 Yes
 02 No

INTERVIEWER: *If respondent is male, Go to Question 22*

20. How many children have you given birth to?

(Interviewer: All children including those who may have died since birth or who may be living elsewhere are to be included. Do not include stillbirths.)

- 01 Children

21. Since it is important to know when analyzing health whether or not a person is pregnant, the following question is being asked to all women in the survey. Are you currently pregnant?

- 01 Yes
 02 No
 03 Don't know
 04 Refused

22. How tall are you without shoes on?

- 01 Feet Inches

OR

- 02 Centimetres

- 03 Don't know
 04 Refused



23. How much do you weigh?01 Pounds

OR

02 Kilograms03 Don't know04 Refused

The next questions are about smoking.

24. At the present time do you smoke cigarettes daily, occasionally or not at all?*(Interviewer: Do not read list. Mark only one circle.)*01 Daily02 Occasionally → Go to Question 2803 Not at all → Go to Question 2704 Refused → Go to Question 33**25. At what age did you begin to smoke cigarettes daily?**01 Years old**26. How many cigarettes do you smoke each day now?***(Interviewer: If respondent gives more than one number, enter the highest.)*01 Cigarettes → Go to Question 33**27. Over your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)?**01 Yes → Go to Question 2902 No } → Go to Question 3303 Refused }**28. On the days that you smoke, about how many cigarettes do you usually have?***(Interviewer: If respondent gives more than one number, enter the highest.)*01 Cigarettes**29. Have you ever smoked cigarettes daily?**01 Yes02 No } → Go to Question 3303 Refused }**30. At what age did you begin to smoke cigarettes daily?**01 Years old**31. How many cigarettes did you usually smoke each day?***(Interviewer: If respondent gives more than one number, enter the highest.)*01 Cigarettes**32. At what age did you stop smoking cigarettes daily?**01 Years old

33. Now, some questions about alcohol consumption. When we use the word "drink" it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

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

- 01 Yes
 02 No
 03 Refused } → Go to Question 37

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

(Interviewer: Do not read list. Mark only one circle.)

- 01 Less than once a month
 02 Once a month
 03 2 to 3 times a month
 04 Once a week
 05 2 to 3 times a week
 06 4 to 6 times a week
 07 Every day
 08 Don't know
 09 Refused

35. On the days that you had a drink, how many drinks did you usually have?

- 01 Drinks
 02 Don't know
 03 Refused

36. How often in the past 12 months have you had 5 or more drinks on one occasion?

(Interviewer: Do not read list. Mark only one circle.)

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



37. Next are some questions about social supports that are available to you.

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 it: (Interviewer: Ask about each item. Mark one response for each.)

	All of the time	Most of the time	Some of the time	Almost none of the time	Refused
• Someone you can count on to listen to you 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 advice	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 need 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 to have a good time with	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
• Someone to confide in or talk about yourself or your problems	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
• Someone to get together with for relaxation	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"/>

The final question in this section asks for your opinion about social problems facing Aboriginal people in this community or neighbourhood.

38. Are any of the following a problem for Aboriginal people in the community or neighbourhood where you are living now?

	Yes	No	Don't Know	Refused
• Suicide?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
• Unemployment?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
• Family violence?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
• Sexual abuse?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
• Drug abuse?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
• Alcohol abuse?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
• Other?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

Specify 29



F Section F – COMMUNICATION TECHNOLOGY

The next questions relate to your personal use of modern communication technology, whether it be at home, at work or somewhere else.

1. In the past twelve months, did you use any of the following?

(Interviewer: Read list. Mark Yes or No to each.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Satellite dish | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • Cable television | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • Cellular phone | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • Bank Machine/Automated Teller Machine (ATM) | 07 <input type="radio"/> | 08 <input type="radio"/> |
| • Debit card | 09 <input type="radio"/> | 10 <input type="radio"/> |

2. In the past twelve months, did you use a computer?

- 01 Yes
 02 No → Go to next section

3. Where have you used a computer in the past twelve months? Was it ...

(Interviewer: Read list. Mark Yes or No to each.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| • At home? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • At work? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • At a friend's home? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • At a relative's home? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| • At a community centre (or friendship centre)? | 09 <input type="radio"/> | 10 <input type="radio"/> |
| • At a public library? | 11 <input type="radio"/> | 12 <input type="radio"/> |
| • At school, college or university? | 13 <input type="radio"/> | 14 <input type="radio"/> |
| • At another location? | 15 <input type="radio"/> | 16 <input type="radio"/> |

– Specify 17

4. In the past twelve months, did you use the Internet?

- 01 Yes
 02 No → Go to next section

5. Where have you used the Internet in the past twelve months?

(Interviewer: Do not read list. Mark all that apply.)

- 01 At home
 02 At work
 03 At a friend's home
 04 At a relative's home
 05 At a community centre (or friendship centre)
 06 At a public library
 07 At school, college or university
 08 At another location

– Specify 09



G

Section G – MOBILITY

I would now like to ask you a few questions about where you have lived in the past and about moves that you have made. By "move", I mean a change of your city, town or community of residence. Do not include moves within the same city, town or community.

1. Have you lived in this city, town or community all your life?

- 01 Yes → Go to Question 6
- 02 No

2. How many times, if any, have you moved in the past five years? Do not include moves within the same city, town or community.

- 01
- 02 Don't know

3. Why did you move to this city, town or community?

(Interviewer: Do not read list. Mark all that apply.)

- 01 Family
- 02 Work
- 03 School
- 04 Better housing
- 05 Availability of services
- 06 Other

– Specify 07

4. How long ago did you move to this city, town or community? If you have moved away from this city, town or community and then returned, please refer to your most recent return.

- 01 Within the last year
 - 02 Between 1 and 5 years
 - 03 More than 5 years ago
 - 04 Don't know
- } → Go to Question 6

5. Where did you live 1 year ago, that is, September, 2000? (Interviewer: Mark only one circle.)

01 Lived in a **different** city, town or community as now, in Canada (specify below)

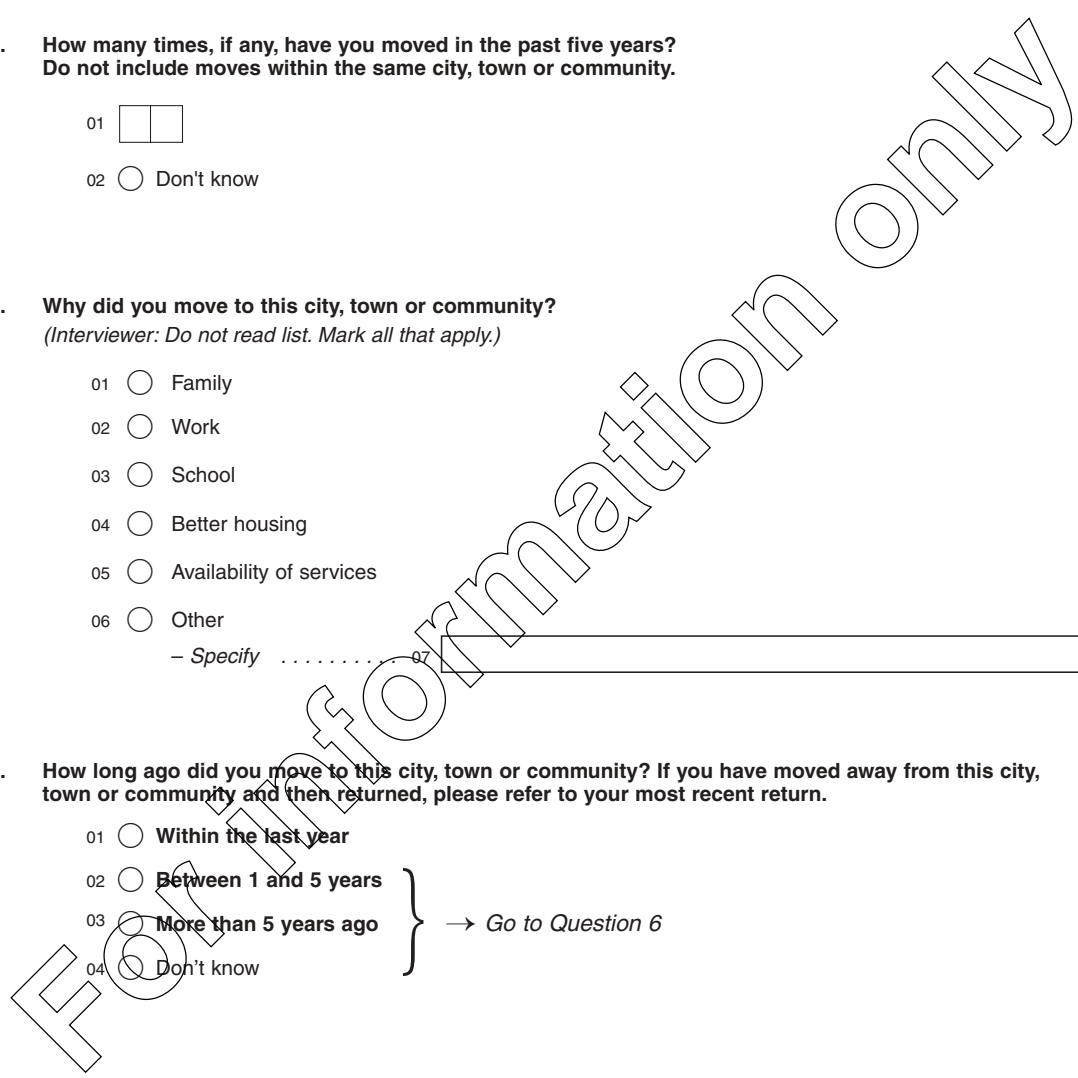
02 City, town or community

03 Province or territory

OR

04 Lived **outside Canada**

– Specify name of county 05



6. The next two questions ask about temporary absences from your home. Include only absences that lasted one month or more. Excluding moves and going back and forth between two homes, have you been temporarily away in the last twelve months ...

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Because of work? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • To go to school? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • Because of illness? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • To be out on the land? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| • To go hunting, fishing, trapping
or gathering wild plant food? | 09 <input type="radio"/> | 10 <input type="radio"/> |
| • Because of family? | 11 <input type="radio"/> | 12 <input type="radio"/> |
| • For some other reason? | 13 <input type="radio"/> | 14 <input type="radio"/> |

If No to all →
Go to next section

– Specify 15

7. How many times have you been temporarily away in the past twelve months?
By temporary absence we mean absences that have lasted one month or more.

01

02 Don't know

For information only



Interviewer : This section should only be completed one time for each household.

The following questions are related to housing.

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

01 Rooms

2. How many of these rooms are bedrooms?

01 Bedrooms

I'm now going to ask you about various features of your home. Some might not seem appropriate to you but remember that living conditions vary across the country and that this survey is being conducted nation wide.

3. Does your home have :
- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| • A smoke detector? | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| • A carbon monoxide detector? | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • A telephone? | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| • A stove for cooking? | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| • Electricity? | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| • A generator? | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> |
| • Cold running water? | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |
| • Hot running water? | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| • A flush toilet? | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> |
| • A septic tank or sewage system? | 28 <input type="radio"/> | 29 <input type="radio"/> | 30 <input type="radio"/> |

4. Do you or anyone in your household need any special features in your home to assist with health conditions or health problems?

01 Yes
02 No → Go to Question 6

5. Does your home now have:
- | | Yes | | No | | Does your home need... ? | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • Modifications to doors or hallways? | 01 <input type="radio"/> | 02 <input type="radio"/> | If No → | 03 <input type="radio"/> | 04 <input type="radio"/> | |
| • Ramps? | 05 <input type="radio"/> | 06 <input type="radio"/> | If No → | 07 <input type="radio"/> | 08 <input type="radio"/> | |
| • Modifications to the bathroom? | 09 <input type="radio"/> | 10 <input type="radio"/> | If No → | 11 <input type="radio"/> | 12 <input type="radio"/> | |
| • Modifications to the kitchen? | 13 <input type="radio"/> | 14 <input type="radio"/> | If No → | 15 <input type="radio"/> | 16 <input type="radio"/> | |
| • Alerting devices? | 17 <input type="radio"/> | 18 <input type="radio"/> | If No → | 19 <input type="radio"/> | 20 <input type="radio"/> | |
| • Any other special features? | 21 <input type="radio"/> | 23 <input type="radio"/> | If No → | 24 <input type="radio"/> | 26 <input type="radio"/> | |

→ Specify 22

– Specify 25

6. What are the sources of heat in your home? (Interviewer: Do not read list. Mark all that apply.)

- 01 Oil furnace
02 Natural gas or propane furnace
03 Other furnace
04 Electric heat (baseboard, space heaters)
05 Wood stove
06 Cooking stove
07 Hot water radiators
08 Other
– Specify 09
10 Do not have heat
11 Don't know



7. Do you consider the water available to your home safe for drinking?

- 01 Yes
- 02 No
- 03 Don't know
- 04 Not applicable

8. Are there times of the year that your water is contaminated?

- 01 Yes
- 02 No
- 03 Don't know
- 04 Not applicable

9. Is your home in need of major repairs (for example: a new roof, plumbing repairs, structural repairs)?

- 01 Yes
- 02 No
- 03 Don't know

10. Is your home rented or owned by you or another member of this household?

- 01 **Rented by you or another member of this household** → Go to Question 11
(Interviewer : Check "Rented" even if no cash rent is paid; also include rent-to-own.)
- 02 **Owned by you or another member of this household** → Go to Question 14
(Interviewer : Check "Owned" even if it is still being paid for.)
- 03 Don't know → END OF SURVEY

11. Is your home subsidized?

- 01 Yes → Go to Question 14
- 02 No

12. Are you on a waiting list for social housing?

- 01 Yes
- 02 No → Go to Question 14

13. How long have you been waiting for social housing?

01 Months

OR

02 Years

14. Is your home covered by insurance?

- 01 Yes → END OF SURVEY
- 02 No
- 03 Don't know → END OF SURVEY

15. Why is your home not covered by insurance? Is it because...

(Interviewer: Read list. Mark all that apply.)

- 01 Insurance is too expensive?
- 02 You can't find an insurance company that will insure you?
- 03 Some other reason?

– Specify 04

END OF SURVEY

Thank you for participating in the Aboriginal Peoples Survey!



