



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

	FORM TYPE 03
	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 HHNUM PERNUM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

8-4500-109.1 2001-06-12 STC/HFS-122-04461



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

- If May 15, 1986 or before 02 Adult → Continue with this questionnaire
- If after May 15, 1986 03 Child → Administer Children's Questionnaire

FOR MÉTIS RESPONDENTS (Ancestry and/or identity) ONLY

8. If Question 1 cell 04 or Question 2 cell 02 are checked (i.e. the respondent identifies as Métis or indicates Métis ancestry) ...

→ Administer Part 2 of the Adult Questionnaire and Part 3 (Métis Supplement). 01



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

Go to Question 35



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.)

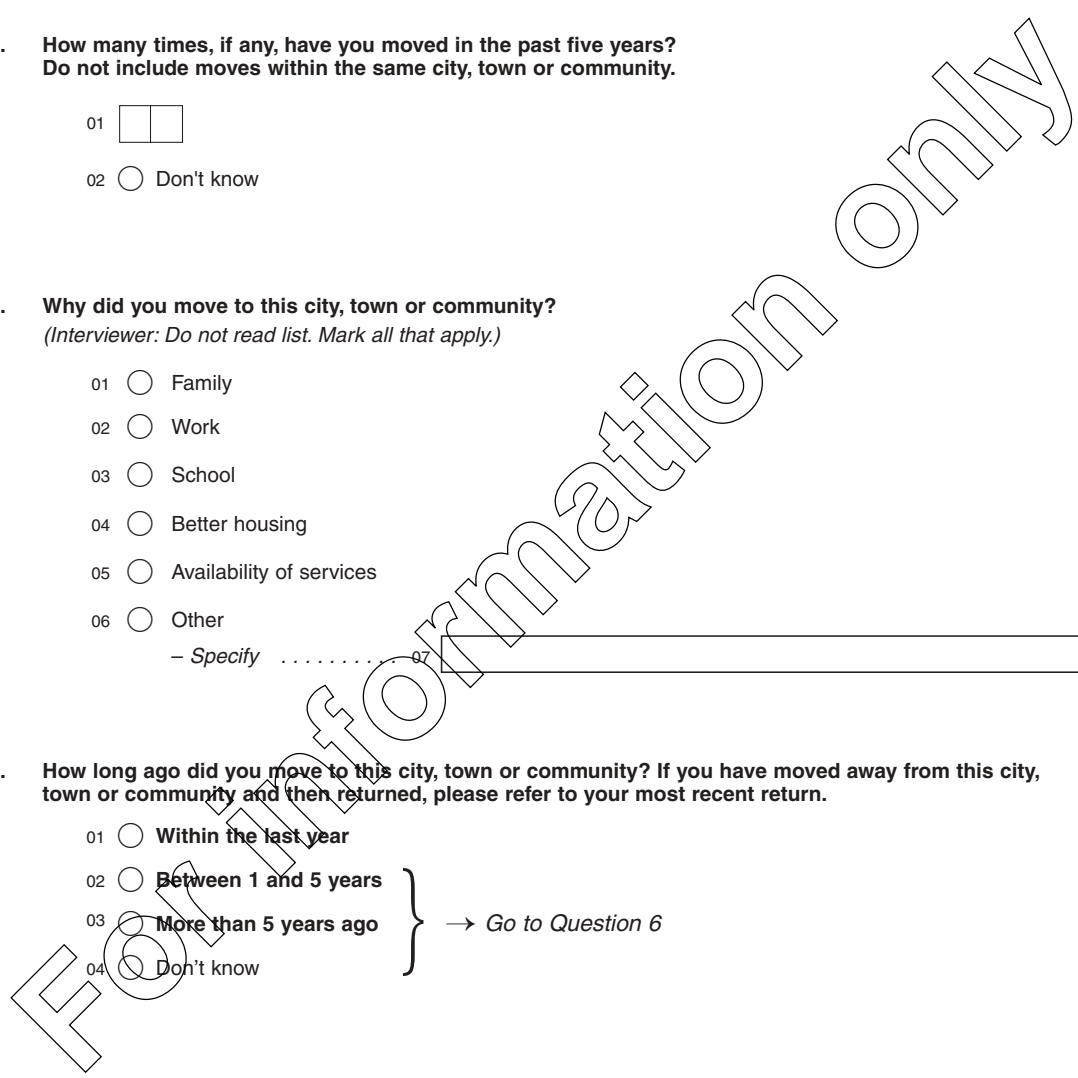
- 01 Lived in a **different** city, town or community as now, in Canada (specify below)

City, town or community 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 PART 2

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 PART 2
- 02 No
- 03 Don't know → End of PART 2

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 PART 2

Interviewer: If the Métis supplement (Part 3 of this questionnaire) is not to be administered:

- Thank the respondent
- End the survey

: Otherwise continue with PART 3





For information only



This part of the survey applies to Métis people. It is being asked of all persons, 15 years of age and older, who identify as Métis and/or who have Métis ancestry.

This supplementary questionnaire was developed by Métis organizations in co-operation with Statistics Canada.

As with the other sections of this survey, Statistics Canada is required by law to keep your responses strictly confidential.

Topics include family background, language, culture and health.

For information only

I Section I – FAMILY BACKGROUND

This section deals with your family background.

1. To begin with, a few questions about the community of your birth. By community of your birth, we mean the community, village, town, city or settlement where your family lived at the time of your birth, not the location of the hospital where you were born. What is the name of the community where you were born?

Name of Community (Canada only)

01 [input box]

Province or Territory (Canada only)

02 [input box]

03 Outside of Canada

04 Don't know

2. Do you still reside in the community where you were born?

01 Yes

02 No



2 a. How long has it been since you left the community where you were born?

01 Less than 1 year ago

02 From 1 to 5 years ago

03 From 6 to 9 years ago

04 From 10 to 19 years ago

05 20 or more years ago

2 b. Do you still have parents, family or relatives in the community where you were born?

01 Yes

02 No

03 Don't know

2 c. How often do you return to visit the community where you were born: often, rarely or never?

01 Often

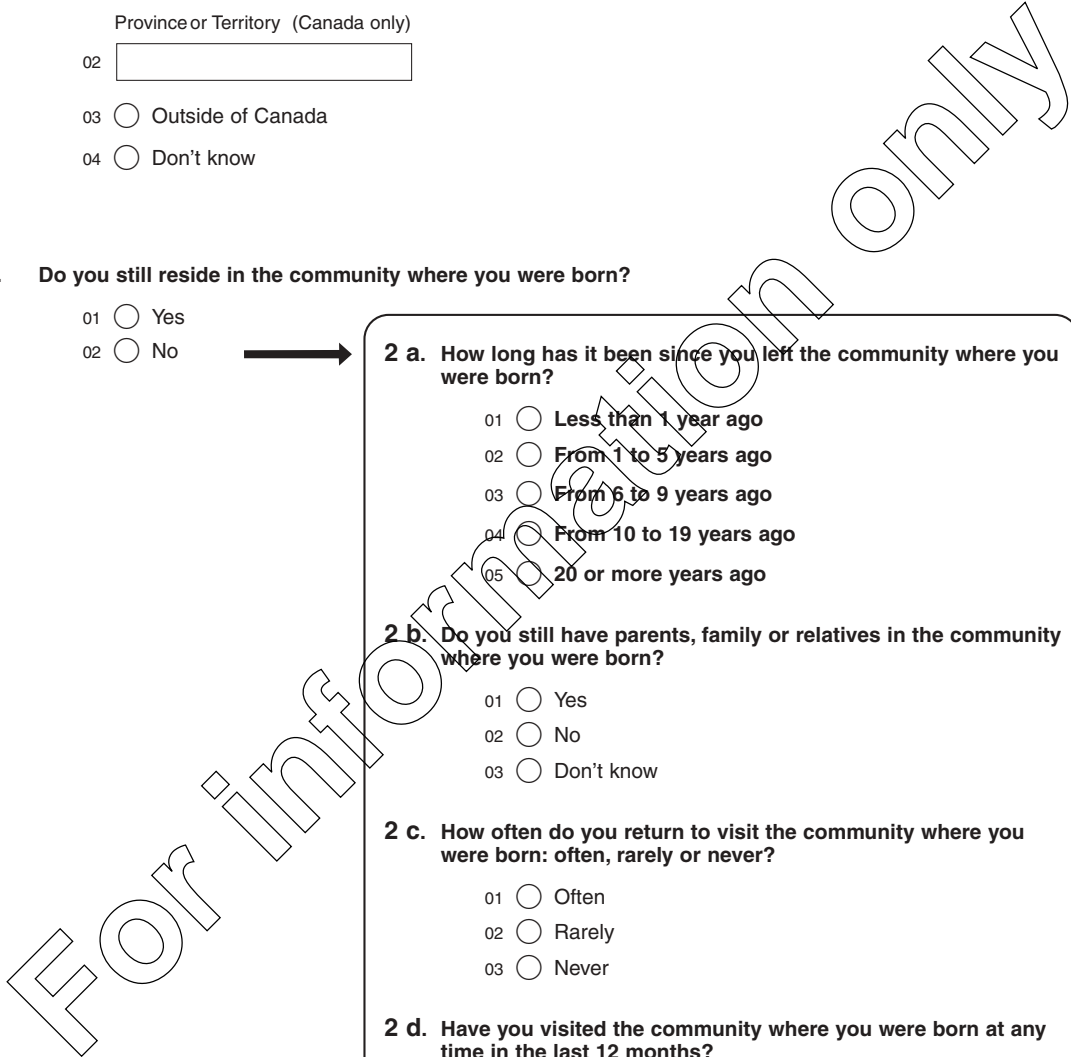
02 Rarely

03 Never

2 d. Have you visited the community where you were born at any time in the last 12 months?

01 Yes

02 No





**3. Is the community where you were born, the community where your father was born?
By father, I mean your biological father.**

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

3 a. In which community was your father born?

Name of Community (Canada only)

01

Province or Territory (Canada only)

02

- 03 Outside of Canada
- 04 Don't know

**4. Is the community where you were born, the community where your mother was born?
By mother, I mean your biological mother.**

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

4 a. In which community was your mother born?

Name of Community (Canada only)

01

Province or Territory (Canada only)

02

- 03 Outside of Canada
- 04 Don't know

5. Were you in the care of one or the other of your biological parents for all or most of your childhood?

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

5 a. By whom were you raised?

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

- 01 Grandparents
- 02 Other relatives (aunts, uncles, sister, brother)
- 03 Foster parents (non-relative)
- 04 Adopted parents (non-relative)
- 05 Other
— Specify 06
- 07 Refused

6. Was French ever spoken at home when you were a child?

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

6 a. Was the French spoken at home mixed with an Aboriginal language such as Cree, Ojibway or Saulteaux?

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

7. Was any Aboriginal language, such as Michif, Cree, Saulteaux or Dene ever spoken at home when you were a child?

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

7 a. What Aboriginal languages were spoken at home when you were a child? *(Interviewer: Do not read list. Mark all that apply.)*

- 01 Michif
- 02 Cree
- 03 Saulteaux/Ojibway/Chippewa
- 04 Dene/Chipewyan/Sarcee/Dogrib
- 05 Iroquois/Mohawk/Huron
- 06 Sioux/Dakota/Lakota
- 07 Mi'kmaq
- 08 Montagnais/Naskapi/Innu
- 09 Algonquin/Odawa
- 10 Other
— Specify 11
- 12 Don't know



8. Is or was your father Aboriginal by ancestry, that is, Indian/First Nation, Métis or Inuit?

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

8 a. By ancestry, is/was he ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
- 02 Métis?
- 03 Inuit?
- 04 Don't know

8 b. Is or was his father - your paternal grandfather - Aboriginal by ancestry?

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

8 b.1 By ancestry, is/was he ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
- 02 Métis?
- 03 Inuit?
- 04 Don't know

8 c. Is or was his mother - your paternal grandmother - Aboriginal by ancestry?

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

8 c.1 By ancestry, is/was she ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
- 02 Métis?
- 03 Inuit?
- 04 Don't know

9. Is or was your mother Aboriginal by ancestry, that is, Indian/First Nation, Métis, or Inuit?

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

9 a. By ancestry, is/was she ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
- 02 Métis?
- 03 Inuit?
- 04 Don't know

9 b. Is or was her father - your maternal grandfather - Aboriginal by ancestry?

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

9 b.1 By ancestry, is/was he ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
- 02 Métis?
- 03 Inuit?
- 04 Don't know

9 c. Is or was her mother - your maternal grandmother - Aboriginal by ancestry?

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

9 c.1 By ancestry, is/was she ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
- 02 Métis?
- 03 Inuit?
- 04 Don't know

For information only



10. Is your biological father now living?

- 01 Yes
 02 No
 03 Don't know

**10 a. At what age did he die?**01 Years old02 Don't know**10 b. What was the cause of death?** (Interviewer: Mark only one.)

- 01 Heart disease
 02 Stroke
 03 Cancer
 04 Pneumonia/influenza
 05 Accident
 06 Liver disease
 07 Diabetes
 08 Ulcers
 09 Kidney failure
 10 Alzheimer's disease
 11 Old age
 12 Other
 — Specify 13
 14 Don't know

11. Is your biological mother now living?

- 01 Yes
 02 No
 03 Don't know

**11 a. At what age did she die?**01 Years old02 Don't know**11 b. What was the cause of death?** (Interviewer: Mark only one.)

- 01 Heart disease
 02 Stroke
 03 Cancer
 04 Pneumonia/influenza
 05 Accident
 06 Liver disease
 07 Diabetes
 08 Ulcers
 09 Kidney failure
 10 Alzheimer's disease
 11 Old age
 12 Other
 — Specify 13
 14 Don't know

12. Including yourself, how many children were there in your family?

(Interviewer: Please include half-brothers and sisters, stepbrothers and sisters, and adopted brothers and sisters, as well as biological siblings.)

- 01 One → Go to Question 14
 02 More than one → 03 (Number of Children)
 04 Don't know → Go to Question 14



13. Did any of your brothers or sisters die before they were two years old?

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

13 a. How many of your brothers and sisters died before 2 years of age?

01 Children

14. Did you spend all or most of your childhood in a two-parent or single-parent family?

- 01 Two-parent
- 02 Single-parent
- 03 Other

– Specify 04

- 05 Refused

15. Have you ever applied to the Department of Indian Affairs and Northern Development to be registered as a Status Indian under Bill C-31?

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

15 a. Have you been registered as a Status Indian under Bill C-31?

- 01 Yes
- 02 No → Go to Question 16
- 03 Don't know

15 b. Since obtaining your Status, has the Department of Indian Affairs ever notified you that it was removing your name from the Indian Register?

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

15 c. Since obtaining your Status, have you received any Treaty payments or annuity payments from the Indian Band to which you belong?

- 01 Yes
- 02 No
- 03 Not applicable

16. In the past some Métis children were taken away from their parents. Some were adopted, others were placed in foster homes. The next series of questions seeks to find out how many Métis may have experienced this sort of separation in their childhood.

As a child, were you ever removed or separated from your family, for any length of time, by child welfare agencies, church or government officials?

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

17. Were you ever placed in a foster home or in foster care at any time under the age of 18?

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

17 a. Thinking of the foster home where you stayed the longest, were your foster parents Aboriginal by ancestry, that is Indian/First Nation, Métis or Inuit?

(Interviewer: Read list. Mark only one.)

- 01 Yes, both
- 02 Yes, Mother only
- 03 Yes, Father only
- 04 Neither parent
- 05 Don't know



18. Were you ever placed in a reform school at any time under the age of 18?

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

19. Were you ever a boarder in a residential school or boarding school at any time under the age of 18?

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

20. Were you ever placed in an orphanage at any time under the age of 18?

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

21. Were you ever officially adopted?

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

21 a. Were the parents who adopted you Aboriginal by ancestry, that is Indian/First Nation, Métis or Inuit?

(Interviewer: Read list. Mark only one.)

- 01 Yes, both
 02 Yes, Mother only
 03 Yes, Father only
 04 Neither parent
 05 Don't know

Now I would like to ask you a few questions about your own home, your children and current family circumstances.

22. Have you ever had any children of your own, either biological or adopted?

- 01 Yes
 02 No → Go to Question 29c

23. How many children have you had in all, both biological and adopted?

01 Children

24. How many are still living?

01 Children



Once again, we have to ask a few questions to discover how many Métis children were ever separated from their families, this time about your own children.

25. Were any of your children ever removed or separated from your care, for any length of time, by child welfare agencies, church or government officials?

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

26. Were any of your children ever placed in a foster home?

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

27. Were any of your children ever placed for adoption?

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

28 a. What is the sex and age of each of your children living today who are 15 years of age and older?

	Male	Female	Age		Yes	No
• Child # 1	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="text"/> <input type="text"/>	→	04 <input type="radio"/>	05 <input type="radio"/>
• Child # 2	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="text"/> <input type="text"/>	→	09 <input type="radio"/>	10 <input type="radio"/>
• Child # 3	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="text"/> <input type="text"/>	→	14 <input type="radio"/>	15 <input type="radio"/>
• Child # 4	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="text"/> <input type="text"/>	→	19 <input type="radio"/>	20 <input type="radio"/>
• Child # 5	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="text"/> <input type="text"/>	→	24 <input type="radio"/>	25 <input type="radio"/>
• Child # 6	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="text"/> <input type="text"/>	→	29 <input type="radio"/>	30 <input type="radio"/>
• Child # 7	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="text"/> <input type="text"/>	→	34 <input type="radio"/>	35 <input type="radio"/>
• Child # 8	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="text"/> <input type="text"/>	→	39 <input type="radio"/>	40 <input type="radio"/>
• None	41 <input type="radio"/>	→ Go to Question 28b				

28 b. What is the sex and age of each of your children living today who are less than 15 years of age?

	Male	Female	Age		Yes	No
• Child # 1	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="text"/> <input type="text"/>	→	04 <input type="radio"/>	05 <input type="radio"/>
• Child # 2	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="text"/> <input type="text"/>	→	09 <input type="radio"/>	10 <input type="radio"/>
• Child # 3	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="text"/> <input type="text"/>	→	14 <input type="radio"/>	15 <input type="radio"/>
• Child # 4	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="text"/> <input type="text"/>	→	19 <input type="radio"/>	20 <input type="radio"/>
• Child # 5	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="text"/> <input type="text"/>	→	24 <input type="radio"/>	25 <input type="radio"/>
• Child # 6	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="text"/> <input type="text"/>	→	29 <input type="radio"/>	30 <input type="radio"/>
• Child # 7	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="text"/> <input type="text"/>	→	34 <input type="radio"/>	35 <input type="radio"/>
• Child # 8	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="text"/> <input type="text"/>	→	39 <input type="radio"/>	40 <input type="radio"/>
• None	41 <input type="radio"/>	→ Go to Question 29c				





29 a. Are there any other children under 15 years of age who normally reside in this household?
Please include any children you have not identified as your own but who normally live with you.

- 01 Yes **→**
02 No → Go to Question 30

29 b. Are you the legal guardian or custodian of this child or children?

- 01 Yes } → Go to Question 30
02 No }

29 c. Are there any children under 15 years of age, not of your own, who normally reside in this household?

- 01 Yes **→**
02 No → Go to Question 37

29 d. Are you the legal guardian or custodian of this child or children?

- 01 Yes → Go to Question 30
02 No → Go to Question 37

30. Now, I would like to ask you a few questions about childcare arrangements for these children.

Are you currently working or attending school on a full or part-time basis?

- 01 Yes
02 No → Go to Question 36

31. Do you currently use childcare such as day-care, babysitter, or care by a relative or other caregiver while you are at work or studying?

- 01 Yes
02 No

32. Who normally takes care of these children when you are at work or studying?

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

- 01 Spouse
02 Older Siblings
03 Child's Grandparent(s)
04 Babysitter/Nanny
05 Friend/Neighbour
06 Other relatives (aunt, uncle, cousin)
07 Childcare provider
08 Day care centre
09 Kindergarden
10 School
11 Children take care of themselves
12 Other

– Please specify 13



33. When you are at work or studying, are any children being cared for by a person of Aboriginal ancestry, that is, of Indian/First Nation, Métis or Inuit?

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

34. Do you pay for these childcare arrangements?

- 01 Yes
- 02 No

34 a. About how much do you pay per month?

01 \$.00

- 02 Refused
- 03 Don't know

35. Do you receive any subsidy or financial assistance from a government program specifically to help you with the expenses of providing childcare for these children while you are at work or studying?

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

36. In the past 12 months, have difficulties in finding safe and affordable childcare ever kept you from ...

	Yes	No
• Looking for work?	01 <input type="radio"/>	02 <input type="radio"/>
• Taking a job?	03 <input type="radio"/>	04 <input type="radio"/>
• Pursuing your education?	05 <input type="radio"/>	06 <input type="radio"/>
• Taking a training course?	07 <input type="radio"/>	08 <input type="radio"/>

37. How difficult is it to find safe and affordable childcare for children in this community? Would you say it is ...

- 01 Very difficult?
- 02 Somewhat difficult?
- 03 Not too difficult?
- 04 Not difficult at all?
- 05 Don't know

38. In the past 12 months, did you or anyone else in your household not have enough food to eat because of lack of money?

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

39. In the past 12 months, have you or anyone else in your household obtained food from a food bank or other charitable source?

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



1. Have you ever ...

(Interviewer: Mark all that apply.)

- 01 Been Married?
 02 Lived Common Law?
 03 Been Widowed?
 04 Been Separated?
 05 Been Divorced?
 06 None of the above
 07 Refused

2. Are you currently living with a spouse/partner?

- 01 Yes
 02 No → Go to Question 4

3. Is your spouse/partner Aboriginal by ancestry, that is, Indian/First Nation, Métis or Inuit?

- 01 Yes →
 02 No
 03 Don't know

3 a. By ancestry, is he/she ...

(Interviewer: Mark all that apply.)

- 01 Indian/First Nation?
 02 Métis?
 03 Inuit?
 04 Don't know

4. Is any Aboriginal language, such as Michif, Cree, Saulteaux or Dene, ever spoken in your family home?

- 01 Yes →
 02 No

4 a. What Aboriginal languages are spoken at home?

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

- 01 Michif
 02 Cree
 03 Saulteaux/Ojibway/Chippewa
 04 Dene/Chipewyan/Sarcee/Dogrib
 05 Iroquois/Mohawk/Huron
 06 Sioux/Dakota/Lakota
 07 Mi'kmaq
 08 Montagnais/Naskapi/Innu
 09 Algonquin/Odawa
 10 Other
 — Specify 11
 12 Don't know



1. When is the last time you attended a Métis cultural event, festival, pilgrimage, or seen Métis artists perform?

- 01 Less than 1 year ago
- 02 From 1 year to less than 2 years ago
- 03 From 2 years to less than 3 years ago
- 04 From 3 years to less than 5 years ago
- 05 5 or more years ago
- 06 Never
- 07 Don't know

2. Do you own a sash, a traditional Métis shirt or other articles traditionally associated with Métis culture?

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

3. At the present time, how many of your friends and acquaintances are Aboriginal ...

- 01 All?
- 02 Most?
- 03 A few?
- 04 None?
- 05 Don't know

4. Have you ever spoken in an Aboriginal language with any of your friends or relatives?

- 01 Yes
 - 02 No
 - 03 Don't know
- Go to Question 6

5. What Aboriginal language did you usually use on such occasions?

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

- 01 Michif (mix of French with an Aboriginal Language)
- 02 Cree
- 03 Saulteaux/Ojibway/Chippewa
- 04 Dene
- 05 Other

– Specify 06



6. How important is it, or would it be to you, for your children to learn an Aboriginal language? Is it ...

- 01 Very Important?
 02 Fairly Important?
 03 Not too Important?
 04 Not Important at all?
 05 Don't know

7. How important is it, or would it be to you, for your children to learn about Métis culture and history? Is it ...

- 01 Very Important?
 02 Fairly Important?
 03 Not too Important?
 04 Not Important at all?
 05 Don't know

8. Have you ever done any of the following activities?

8a. Hunting?

- 01 Yes →
 02 No

8 a.1 Have you done any hunting in the last 12 months?

- 01 Yes →
 02 No

8 a.2 Have you made any income from hunting in the last 12 months?

- 01 Yes
 02 No → Go to Question 8b

8 a.3 Would you say the income you make from hunting is very important, fairly important, not very important, not important at all, to making ends meet in your household?

- 01 Very important
 02 Fairly important
 03 Not very important
 04 Not important at all
 05 Don't know

8b. Have you ever done any fishing?

- 01 Yes →
 02 No

8 b.1 Have you done any fishing in the last 12 months?

- 01 Yes →
 02 No

8 b.2 Have you made any income from fishing in the last 12 months?

- 01 Yes
 02 No → Go to Question 8c

8 b.3 Would you say the income you make from fishing is very important, fairly important, not very important, not important at all, to making ends meet in your household?

- 01 Very important
 02 Fairly important
 03 Not very important
 04 Not important at all
 05 Don't know



★ 8c. Have you ever gathered wild plants, for example berries, wild rice or sweet grass? ★

- 01 Yes →
02 No

8 c.1 Have you done any gathering of wild plants in the last 12 months?

- 01 Yes →
02 No

8 c.2 Have you made any income from this in the last 12 months?

- 01 Yes
02 No → Go to Question 8d

8 c.3 Would you say the income you make from this source is very important, fairly important, not very important, not important at all, to making ends meet in your household?

- 01 Very important
02 Fairly important
03 Not very important
04 Not important at all
05 Don't know

8d. Have you ever acted as a guide or outfitter?

- 01 Yes →
02 No

8 d.1 Have you done any guiding or outfitting in the last 12 months?

- 01 Yes →
02 No

8 d.2 Have you made any income from this in the last 12 months?

- 01 Yes
02 No → Go to Question 8e

8 d.3 Would you say the income you make from this source is very important, fairly important, not very important, not important at all, to making ends meet in your household?

- 01 Very important
02 Fairly important
03 Not very important
04 Not important at all
05 Don't know

8e. Have you ever done any trapping?

- 01 Yes →
02 No

8 e.1 Have you done any trapping in the last 12 months?

- 01 Yes →
02 No

8 e.2 Have you made any income from trapping in the last 12 months?

- 01 Yes
02 No → Go to Question 9

8 e.3 Would you say the income you make from trapping is very important, fairly important, not very important, not important at all, to making ends meet in your household?

- 01 Very important
02 Fairly important
03 Not very important
04 Not important at all
05 Don't know



9. Do you do any art or craftwork, such as leatherwork, beadwork, weaving, tanning, carving or painting, in traditional Métis or Aboriginal style or motifs?

- 01 Yes **➔**
- 02 No

9 a. What type of traditional art or craftwork do you do?

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

- 01 Leatherwork
- 02 Beadwork
- 03 Pottery
- 04 Tanning hides/preparing furs
- 05 Weaving
- 06 Sewing
- 07 Carving in stone, wood or bone
- 08 Sculpting
- 09 Woodwork
- 10 Painting
- 11 Other

- Specify 12

9 b. Have you made any income from your traditional art or craftwork in the past 12 months?

- 01 Yes
- 02 No → *Go to next section*

9 c. Would you say the income you make from this source is very important, fairly important, not very important, not important at all, to making ends meet in your household?

- 01 Very important
- 02 Fairly important
- 03 Not very important
- 04 Not important at all
- 05 Don't know



Now, I would like to ask you a few questions about your own personal health status, physical condition and activities.

1. Have you ever had a physical check-up without having a specific health problem?

- 01 Yes → *Go to Question 3*
 02 No
 03 Don't know
 04 Refused

2. Have you ever had one during a visit for a health problem?

- 01 Yes
 02 No
 03 Don't know } → *Go to Question 4*
 04 Refused }

3. When was the last time you had a physical check-up?

- 01 Less than a year ago
 02 1 year to less than 2 years ago
 03 2 years to less than 3 years ago
 04 3 years to less than 4 years ago
 05 4 years to less than 5 years ago
 06 5 or more years ago
 07 Don't know

4. Do you have a regular medical doctor or family doctor?

- 01 Yes
 02 No
 03 Don't know

5. When was the last time you saw a medical doctor or other health professional about your physical, emotional or mental health?

- 01 Less than a year ago
 02 1 year to less than 2 years ago
 03 2 years to less than 3 years ago
 04 3 years to less than 4 years ago
 05 4 years to less than 5 years ago
 06 5 or more years ago
 07 Never } → *Go to Question 7*
 08 Don't know }

6. Where did you see the doctor or other health professional?

- 01 Doctor's office
 02 Hospital emergency room
 03 Hospital outpatient clinic
 04 Hospital stay
 05 Walk-in clinic
 06 Appointment clinic
 07 Community health centre
 08 At home
 09 Other

– Specify 10



7. Have you ever seen an Aboriginal Healer?

- 01 Yes
02 No
03 Don't know } → Go to Question 9

8. When was the last time you saw an Aboriginal Healer?

- 01 Less than a year ago
02 1 year to less than 2 years ago
03 2 years to less than 3 years ago
04 3 years to less than 4 years ago
05 4 years to less than 5 years ago
06 5 or more years ago
07 Never
08 Don't know

9. Is there a history of diabetes in your family?

- 01 Yes
02 No
03 Don't know

10. Have you ever been checked for diabetes by a medical doctor or other health professional?

- 01 Yes
02 No
03 Don't know } → Go to Question 13

11. When was the last time you were tested for diabetes?

- 01 Less than a year ago
02 1 year to less than 2 years ago
03 2 years to less than 3 years ago
04 3 years to less than 4 years ago
05 4 years to less than 5 years ago
06 5 or more years ago

12. Were you ever given a blood sugar test for diabetes?

- 01 Yes
02 No
03 Don't know

13. When was the last time you had your blood pressure taken?

- 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 Never
07 Don't know



14. Have you ever had a PAP smear test?

- 01 Yes
 - 02 No
 - 03 Don't know
- } → *Go to Question 16*

15. When was the last time?

- 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 Don't know
- 07 Refused

16. Have you ever had a mammogram, that is, a breast x-ray?

- 01 Yes
 - 02 No
 - 03 Don't know
- } → *Go to Question 18*

17. When was the last time?

- 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 Don't know
- 07 Refused

18. Other than a mammogram, have you ever had your breasts examined for lumps (tumors, cysts) by a medical doctor or other health professional?

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

19. When was the last time?

- 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 Don't know
- 07 Refused

20. Is there a history of cancer in your family?

- 01 Yes
 - 02 No
 - 03 Don't know
 - 04 Refused
- } → *Go to Question 22*



21. What type or types of cancer has there been in your family?

- 01 Lung cancer
- 02 Breast cancer
- 03 Leukemia
- 04 Liver cancer
- 05 Bone cancer
- 06 Brain tumor/cancer
- 07 Other
- Specify 08
- 09 Don't know

22. People may also use alternative or complementary medicine. In the past 12 months, excluding an Aboriginal healer, have you seen or talked to an alternative health care provider, such as an acupuncturist or homeopath about your physical, emotional or mental health?

- 01 Yes
 - 02 No
 - 03 Don't know
- } → Go to Question 24

23. Who did you see or talk to?

(Interviewer: Mark all that apply.)

- 01 Massage therapist
- 02 Acupuncturist
- 03 Herbalist
- 04 Homeopath or Naturopath
- 05 Spiritual/Religious healer
- 06 Other
- Specify 07

24. When was the last time that you went to a dentist?

- 01 Less than a year ago
- 02 1 year to less than 2 years ago
- 03 2 years to less than 3 years ago
- 04 3 years to less than 4 years ago
- 05 4 years to less than 5 years ago
- 06 5 or more years ago
- 07 Never
- 08 Don't know
- 09 Refused



Now, I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.

25. Have you done any of the following in the past 12 months?

	Yes	No	Don't know	Refused
• Walk for exercise	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
• Gardening	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
• Swimming	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
• Bicycling	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
• Popular or social dance	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
• Home exercises	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
• Ice hockey	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
• Ice skating	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
• In-line skating or rollerblading	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
• Jogging or running	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
• Golfing	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
• Exercise class or aerobics	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
• Downhill skiing	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
• Hunting	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
• Soccer	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
• Bowling	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
• Baseball or softball	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
• Tennis	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
• Weight-training	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
• Fishing	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
• Volleyball	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>
• Basketball	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
• Any other physical activity	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>

– Specify 93

The next questions ask about the amount of time spent in the past three months on physical activity at work or while doing daily chores around the house, but not leisure time activity.

26. In a typical week in the past three months, how many hours did you usually spend walking to work or to school or while doing errands?

- 01 None
 02 Less than 1 hour
 03 From 1 to 5 hours
 04 From 6 to 10 hours
 05 From 11 to 20 hours
 06 More than 20 hours

27. In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?

- 01 None
 02 Less than 1 hour
 03 From 1 to 5 hours
 04 From 6 to 10 hours
 05 From 11 to 20 hours
 06 More than 20 hours



28. Thinking back over the past 3 months in a typical week, which of the following best describes your usual daily activities or work habits?

- 01 Usually sit during the day and don't walk around very much
 02 Stand or walk quite a lot during the day but don't have to carry or lift things very often
 03 Usually lift or carry light loads, or have to climb stairs or hills often
 04 Do heavy work or carry very heavy loads

29. Do you think there is anything you could do to improve your physical health?

- 01 Yes
 02 No → Go to Question 31

30. What is the most important thing you could do to improve your physical health?

(Interviewer: Mark only one.)

- 01 Increase exercise
 02 Lose weight
 03 Improve eating habits
 04 Quit smoking
 05 Take vitamins
 06 Other
 – Specify 07

31. Do you think you are overweight, underweight or that your weight is just about right?

- 01 Overweight
 02 Underweight
 03 Just about right
 04 Don't Know

Now, a few questions about non-physical activities that you do.

32. In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web?

- 01 None
 02 Less than 1 hour
 03 From 1 to 2 hours
 04 From 3 to 5 hours
 05 From 6 to 10 hours
 06 From 11 to 14 hours
 07 From 15 to 20 hours
 08 More than 20 hours

33. In a typical week in the last 3 months, how much time did you usually spend playing video games, such as SEGA, Nintendo and Playstation?

- 01 None
 02 Less than 1 hour
 03 From 1 to 2 hours
 04 From 3 to 5 hours
 05 From 6 to 10 hours
 06 From 11 to 14 hours
 07 From 15 to 20 hours
 08 More than 20 hours



34. In a **typical week** in the past 3 months, how much time did you usually spend watching television or videos?

- 01 None
- 02 Less than 1 hour
- 03 From 1 to 2 hours
- 04 From 3 to 5 hours
- 05 From 6 to 10 hours
- 06 From 11 to 14 hours
- 07 From 15 to 20 hours
- 08 More than 20 hours

35. In a **typical week** in the past 3 months, how much time did you usually spend reading?

- 01 None
- 02 Less than 1 hour
- 03 From 1 to 2 hours
- 04 From 3 to 5 hours
- 05 From 6 to 10 hours
- 06 From 11 to 14 hours
- 07 From 15 to 20 hours
- 08 More than 20 hours

36. In a **typical week** in the past 3 months, how often have you engaged in recreational gambling, such as Bingo, Casino, Video Lottery Terminal, Lotto 6/49, etc.?

- 01 None
- 02 Less than once a month
- 03 Once 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

Health is defined not only as physical health but as mental or emotional health and well-being. The following questions concern your mental or emotional health and may raise sensitive issues. You can choose not to answer them if you want.

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

- 01 Yes
 - 02 No
 - 03 Don't know
 - 04 Refused
- } → Go to Question 40

38. Please think of the 2-week period during the past 12 months when those feelings were the worst. How often did you feel this way during those two weeks?

- 01 Every day
- 02 Almost every day
- 03 Less often



39. What would you say was the main cause of your sadness or depression?

(Interviewer: Mark only one.)

- 01 Family problems
- 02 Relationship with spouse, boyfriend/girlfriend
- 03 Medical condition
- 04 Personal finances
- 05 Employment or work situation
- 06 Other
- 07 Refused

40. Have you ever seriously considered committing suicide or taking your own life?

- 01 Yes
 - 02 No
 - 03 Don't know
 - 04 Refused
- } → Go to Question 43

41. Have you ever attempted to commit suicide?

- 01 Yes
 - 02 No
 - 03 Don't know
 - 04 Refused
- } → Go to Question 43

42. Has this occurred in the last 12 months?

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

43. The next questions are about spirituality.

How religious or spiritual a person do you consider yourself to be?

- 01 Very
 - 02 Moderately
 - 03 Not very
 - 04 Not at all
 - 05 Refused
- } → Go to Question 45

44. How do you maintain your religious/spiritual well-being?

(Interviewer: Mark all that apply.)

- 01 Attend church
- 02 Pilgrimages/festivals
- 03 Sweat lodges
- 04 Prayer
- 05 Meditation
- 06 Talk with elders
- 07 Other
- 08
- 09 None



45. The last few questions are about health care use.

In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?

- 01 Yes
 02 No
 03 Don't know
 04 Refused
- } → *Go to Question 47*

46. For how many nights in the past 12 months?

01 Nights

47. In the past 12 months, was there ever a time when you felt you needed health care but didn't receive it?

- 01 Yes
 02 No
 03 Don't know
 04 Refused
- } → *Go to Question 49*

48. Thinking of the most recent time, why didn't you get care?

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

- 01 Not available - in the area
 02 Not available - at the time required (e.g. doctor on holidays, inconvenient hours)
 03 Waiting time too long
 04 Felt it would be inadequate
 05 Cost
 06 Too busy
 07 Didn't get around to it/Didn't bother
 08 Didn't know where to go
 09 Transportation problems
 10 Language problems
 11 Personal or family responsibilities
 12 Dislikes doctors/afraid
 13 Decided not to seek care
 14 Other

Specify 15

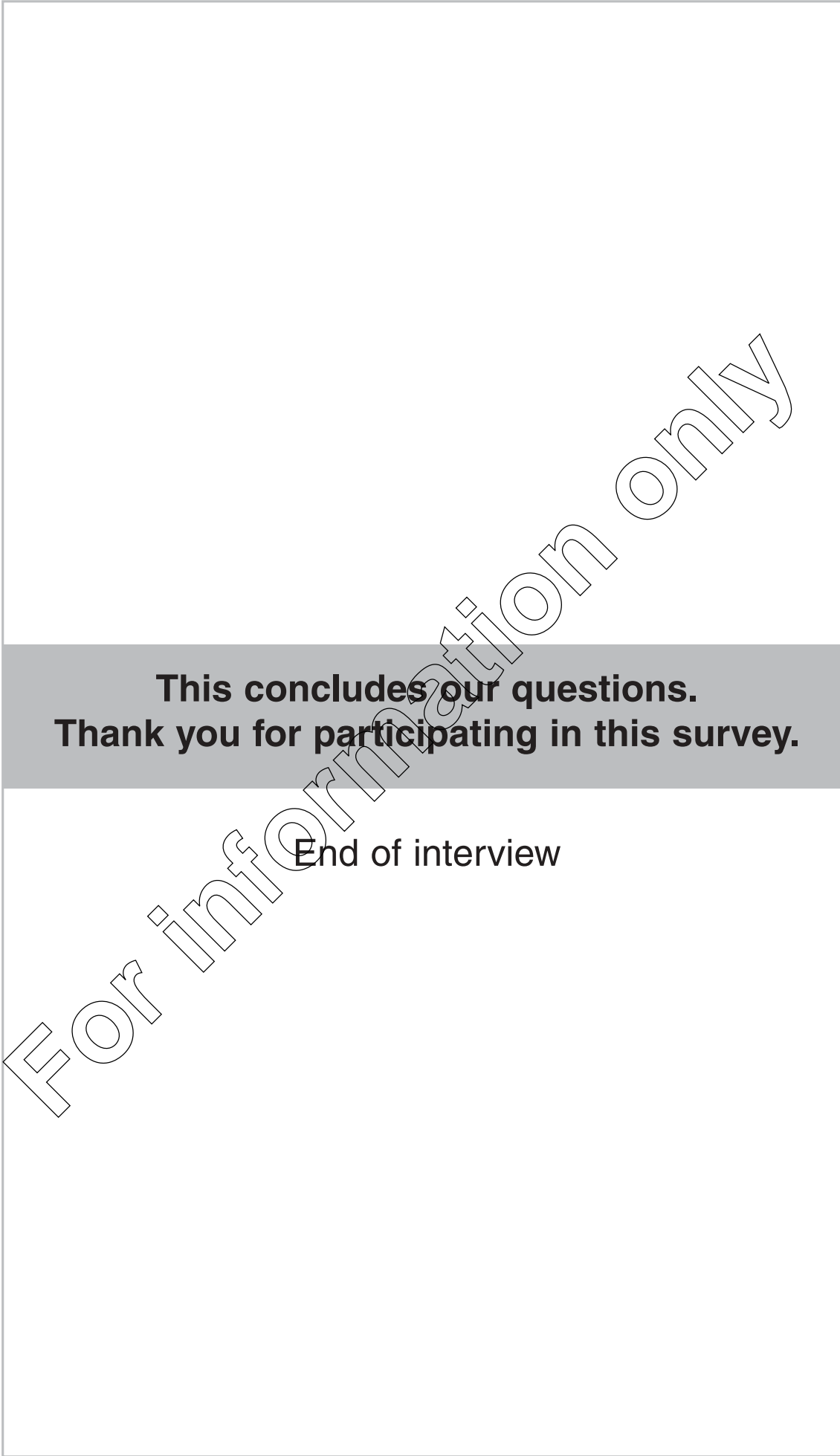
49. In the past 12 months, how often have you had to acquire drugs or medications from a hospital, drug store or pharmacy with a prescription from a medical doctor or dentist?

- 01 **Never** → *End interview*
 02 **One or two times**
 03 **From 3 to 5 times**
 04 **From 6 to 10 times**
 05 **More than 10 times**

50. In the past 12 months, have you ever had a prescription that you could not fill because of lack of money?

- 01 Yes
 02 No
 03 Don't know





**This concludes our questions.
Thank you for participating in this survey.**

End of interview





For information only





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RECORD OF CALLS

Call Number	Date DD/MM	Time HH : MM	Comments	Appointment Date and Time
1	/	:		
2	/	:		
3	/	:		
4	/	:		
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10	/	:		

RECORD OF INTERVIEWS

Interview Number	Date DD/MM	Time Began HH : MM	Time Ended HH : MM	Total Time HH : MM	Parts Completed
1	/	:	:	:	
2	/	:	:	:	
3	/	:	:	:	
4	/	:	:	:	
5	/	:	:	:	

COMMENTS

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