



# Aboriginal Peoples Survey – 2001 (Nunavut)

(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

					<b>FORM TYPE</b>	09
					<b>FINAL STATUS</b>	
					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	HNUM	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 <b>OR</b>	}	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

8-4500-114.1 2001-06-12 STC/PCS-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

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If May 15, 1986 or before . . . . . 02  Adult

→ Continue with this questionnaire

If after May 15, 1986 . . . . . 03  Child

→ 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

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<br>(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<br>(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) 1<sup>st</sup> activity 01
- 2) 2<sup>nd</sup> activity 02
- 3) 3<sup>rd</sup> 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
- 08  - Specify .....



**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) 1<sup>st</sup> activity 01
- 2) 2<sup>nd</sup> activity 02
- 3) 3<sup>rd</sup> 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) 1<sup>st</sup> activity 01

2) 2<sup>nd</sup> activity 02

3) 3<sup>rd</sup> 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) 1<sup>st</sup> activity 01

2) 2<sup>nd</sup> activity 02

3) 3<sup>rd</sup> 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)
• <b>Hunting?</b> .....	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"/>
• <b>Fishing?</b> .....	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"/>
• <b>Gathering wild plants such as berries, sweet grass, etc.?</b> .....	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"/>
• <b>Trapping?</b> .....	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"/>

For information only



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



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.)

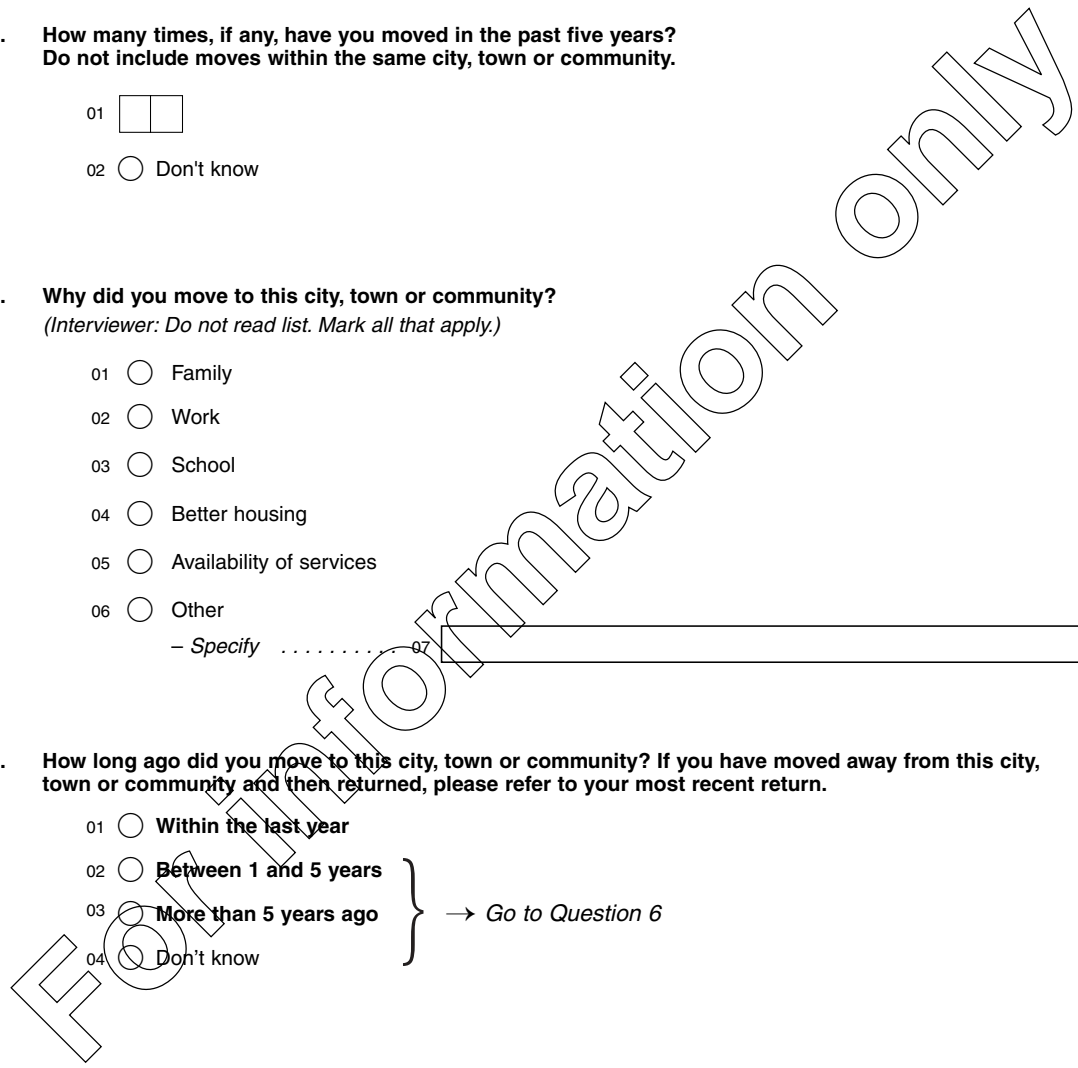
- 01  Lived in a **different** city, town or community as now, in Canada (specify below)

City, town or community  Province or territory

02  03

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<br>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



## H

## Section H – HOUSING

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





For information only



**This section of the questionnaire is being asked to people living in Canada's arctic regions.**

**It was developed through a joint effort by the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated, Makivik Corporation, the Labrador Inuit Association, Inuit Tapirisat of Canada, Statistics Canada and Laval University.**

**The questions focus on household and harvesting activities, personal and community wellness and social participation.**

For information only

## I Section I – HOUSEHOLD AND HARVESTING ACTIVITIES

*Interviewer: The questions in section I are to be answered by one respondent per household only. If more than one person 15 years of age or older in this household has been selected to participate in the survey, then the most knowledgeable of these adults should answer the questions.*

**The first questions are about the work that you and other members of your household do. Please answer only for members of your household who are 15 years of age or older. These questions are for activities done for the year ending December 31st, 2000.**

**To begin, please give me the first names of everyone who is 15 years of age or older starting with yourself. Please also provide their sex and year of birth.**

*Interviewer: Record names at the top of each column in the grid.*

Ask QUESTION 1 for all persons 15 years of age and older listed in the household. Then follow the same procedure for QUESTION 2, QUESTION 3, etc. until you reach QUESTION 8.

	PERSON 1	PERSON 2
	First name	First name
	01 <input type="radio"/> Male 02 <input type="radio"/> Female	03 <input type="radio"/> Male 04 <input type="radio"/> Female
	Year of birth 01 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of birth 02 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1. During the year ending December 31st, 2000, did ..... have a paid full-time job (30 hours a week or more)? Do not include self-employment.	01 <input type="radio"/> Yes 02 <input type="radio"/> No	03 <input type="radio"/> Yes 04 <input type="radio"/> No 05 <input type="radio"/> Don't know
2. During the year ending December 31st, 2000, did ..... have a paid part-time job (less than 30 hours a week)? Do not include self-employment.  <i>Interviewer: If "No" or "Don't know" to both question 1 and 2, go to 4.</i>	01 <input type="radio"/> Yes 02 <input type="radio"/> No	03 <input type="radio"/> Yes 04 <input type="radio"/> No 05 <input type="radio"/> Don't know
3. Were any of ..... 's jobs (or job) seasonal that is, lasting only part of the year?	01 <input type="radio"/> Yes 02 <input type="radio"/> No	03 <input type="radio"/> Yes 04 <input type="radio"/> No 05 <input type="radio"/> Don't know
4. During the year ending December 31st, 2000, did ..... receive any income from self-employment, contract work or compensation for attending meetings or sitting on committees?	01 <input type="radio"/> Yes 02 <input type="radio"/> No	03 <input type="radio"/> Yes 04 <input type="radio"/> No 05 <input type="radio"/> Don't know
5. During the year ending December 31st, 2000, did ..... sell fish, meat, carvings, skin clothing, furs, crafts, ivory or any other similar goods?	01 <input type="radio"/> Yes 02 <input type="radio"/> No	03 <input type="radio"/> Yes 04 <input type="radio"/> No 05 <input type="radio"/> Don't know





PERSON 3		PERSON 4		PERSON 5		PERSON 6	
First name		First name		First name		First name	
05 <input type="radio"/> Male 06 <input type="radio"/> Female		07 <input type="radio"/> Male 08 <input type="radio"/> Female		09 <input type="radio"/> Male 10 <input type="radio"/> Female		11 <input type="radio"/> Male 12 <input type="radio"/> Female	
Year of birth 03 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Year of birth 04 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Year of birth 05 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Year of birth 06 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know		09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know		12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know		15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know	
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know		09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know		12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know		15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know	
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know		09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know		12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know		15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know	
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know		09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know		12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know		15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know	
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know		09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know		12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know		15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know	



The following questions are about activities that you and other 15 years old and over in your household did without receiving pay. Again, these questions are for activities done during the year ending December 31st, 2000.

6. Did .....

a) take care of children?

01  Yes

02  No

03  Yes

04  No

05  Don't know

6. b) take care of seniors or elders?

01  Yes

02  No

03  Yes

04  No

05  Don't know

6. c) clean your home?

01  Yes

02  No

03  Yes

04  No

05  Don't know

6. d) process or prepare animals for food or skins, or cook meals?

01  Yes

02  No

03  Yes

04  No

05  Don't know

6. e) sew?

01  Yes

02  No

03  Yes

04  No

05  Don't know

6. f) repair hunting equipment, machinery, appliances or do home repairs?

01  Yes

02  No

03  Yes

04  No

05  Don't know

6. g) prepare or pack for any hunting, fishing, trapping or camping trips?

01  Yes

02  No

03  Yes

04  No

05  Don't know

7. During the year ending December 31st, 2000, did .... gather firewood?

01  Yes

02  No

03  Yes

04  No

05  Don't know

The next few questions are about harvesting country food. Some examples include hunting caribou, fishing for arctic char and gathering wild berries and shellfish.

8. Did .... harvest country food during the year ending December 31st, 2000?

01  Yes

02  No

03  Yes

04  No

05  Don't know







PERSON 3	PERSON 4	PERSON 5	PERSON 6
First name	First name	First name	First name
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know
06 <input type="radio"/> Yes 07 <input type="radio"/> No 08 <input type="radio"/> Don't know	09 <input type="radio"/> Yes 10 <input type="radio"/> No 11 <input type="radio"/> Don't know	12 <input type="radio"/> Yes 13 <input type="radio"/> No 14 <input type="radio"/> Don't know	15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Don't know





9. During the year ending December 31st, 2000 did you or other members of your household use the following items for harvesting country food, gathering firewood or for unpaid household work?

				Is it owned by you or a member of your household?		Was it bought during the year ending December 31st, 2000?		
	Yes	No	If "Yes"	Yes	No	If "Yes"	Yes	No
			→			→		
Trucks .....	001 <input type="radio"/>	002 <input type="radio"/>	→	003 <input type="radio"/>	004 <input type="radio"/>	→	005 <input type="radio"/>	006 <input type="radio"/>
Snowmobiles .....	007 <input type="radio"/>	008 <input type="radio"/>	→	009 <input type="radio"/>	010 <input type="radio"/>	→	011 <input type="radio"/>	012 <input type="radio"/>
4-wheelers or ATV's .....	013 <input type="radio"/>	014 <input type="radio"/>	→	015 <input type="radio"/>	016 <input type="radio"/>	→	017 <input type="radio"/>	018 <input type="radio"/>
Sleds/toboggans .....	019 <input type="radio"/>	020 <input type="radio"/>	→	021 <input type="radio"/>	022 <input type="radio"/>	→	023 <input type="radio"/>	024 <input type="radio"/>
Freighter or other canoes ...	025 <input type="radio"/>	026 <input type="radio"/>	→	027 <input type="radio"/>	028 <input type="radio"/>	→	029 <input type="radio"/>	030 <input type="radio"/>
Other boats .....	031 <input type="radio"/>	032 <input type="radio"/>	→	033 <input type="radio"/>	034 <input type="radio"/>	→	035 <input type="radio"/>	036 <input type="radio"/>
Outboard motors .....	037 <input type="radio"/>	038 <input type="radio"/>	→	039 <input type="radio"/>	040 <input type="radio"/>	→	041 <input type="radio"/>	042 <input type="radio"/>
Ice auger .....	043 <input type="radio"/>	044 <input type="radio"/>	→	045 <input type="radio"/>	046 <input type="radio"/>	→	047 <input type="radio"/>	048 <input type="radio"/>
Fishnets .....	049 <input type="radio"/>	050 <input type="radio"/>	→	051 <input type="radio"/>	052 <input type="radio"/>	→	053 <input type="radio"/>	054 <input type="radio"/>
Sewing machines .....	055 <input type="radio"/>	056 <input type="radio"/>	→	057 <input type="radio"/>	058 <input type="radio"/>	→	059 <input type="radio"/>	060 <input type="radio"/>
Firearms .....	061 <input type="radio"/>	062 <input type="radio"/>	→	063 <input type="radio"/>	064 <input type="radio"/>	→	065 <input type="radio"/>	066 <input type="radio"/>
Generators .....	067 <input type="radio"/>	068 <input type="radio"/>	→	069 <input type="radio"/>	070 <input type="radio"/>	→	071 <input type="radio"/>	072 <input type="radio"/>
Chainsaws .....	073 <input type="radio"/>	074 <input type="radio"/>	→	075 <input type="radio"/>	076 <input type="radio"/>	→	077 <input type="radio"/>	078 <input type="radio"/>
GPS units (Global Positioning System units) ...	079 <input type="radio"/>	080 <input type="radio"/>	→	081 <input type="radio"/>	082 <input type="radio"/>	→	083 <input type="radio"/>	084 <input type="radio"/>
Floater suits or life jackets .....	085 <input type="radio"/>	086 <input type="radio"/>	→	087 <input type="radio"/>	088 <input type="radio"/>	→	089 <input type="radio"/>	090 <input type="radio"/>
Mobile Radios (including VHF) .....	091 <input type="radio"/>	092 <input type="radio"/>	→	093 <input type="radio"/>	094 <input type="radio"/>	→	095 <input type="radio"/>	096 <input type="radio"/>
Camping tent .....	097 <input type="radio"/>	098 <input type="radio"/>	→	099 <input type="radio"/>	100 <input type="radio"/>	→	101 <input type="radio"/>	102 <input type="radio"/>

Interviewer: If respondent answered "yes" to question 8 for any of the household members, go to Question 10. Otherwise go to Question 11.

10. What was done with the country food harvested by you and other members of this household during the year ending December 31st, 2000? Was it ...

(Interviewer: Mark yes, no or don't know to each.)

	Yes	No	Don't know
• Eaten in this household? .....	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
• Shared with others or given away to persons outside the household? .....	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
• Given away in exchange for gas, other supplies, or help? .....	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
• Sold .....	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>



11. Of the total amount of meat and fish eaten in your household during the year ending December 31st, 2000, how much of this total was country food?

- 01  None → Go to Question 13  
 02  Less than half  
 03  About half  
 04  More than half  
 05  Don't know

12. Was any of this country food . . .

(Interviewer: Mark yes, no or don't know to each.)

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| • Received for free (including from other people, from a local hunter and trappers organisation, municipal freezer, etc.) . . . . . | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| • Received in exchange for gas, other supplies, or help . . . . .   | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • Bought . . . . .  | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |

Now we would like to ask a question about your income and the income of the other members of your household in order to better understand living conditions in the North.

13. For the year ending December 31st, 2000 please think of the total amount earned by all members of your household from the sales of fish, meat, carvings, skin clothing, furs, crafts, ivory and other similar goods. Which of these ranges does this amount fall into?

(Interviewer: Read list. Mark only one circle.)

- 01  No income or income loss  
 02  \$1 - 2,499  
 03  \$2,500 - 4,999  
 04  \$5,000 - 9,999  
 05  \$10,000 - 14,999  
 06  \$15,000 - 19,999  
 07  \$20,000 - 24,999  
 08  \$25,000 - 29,999  
 09  \$30,000 - 39,999  
 10  \$40,000 - 49,999  
 11  \$50,000 - 59,999  
 12  \$60,000 - 69,999  
 13  \$70,000 - 79,999  
 14  \$80,000 and over  
 15  Don't know  
 16  Refused



## J

## Section J – PERSONAL WELLNESS

The next questions are about your personal wellness. If any of these questions make you uncomfortable, please let me know.

1. On a scale of 1 to 6, with 1 being never and 6 being always, how much of the time, during the last month, have you . . .

(Interviewer: Read list; and mark one only for each category.)

	Never						Always	Refused
• been a very nervous person? . . .	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	
• felt calm and peaceful? . . . . .	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	
• felt downhearted and blue? . . . .	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	
• been a happy person? . . . . .	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	
• felt so down that nothing could cheer you up? . . . . .	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	

The next questions are about support available to you.

2. Who would you turn to for support in times of need?

(Interviewer: Mark all that apply.)

- 01  No one
- 02  Husband/wife/spouse/common-law partner
- 03  Son or daughter (15 years or older)
- 04  Father or mother
- 05  Brother or sister
- 06  Grandfather or grandmother
- 07  Other relative
- 08  Friends, neighbors, co-workers
- 09  Employer
- 10  Elders
- 11  Other non-relative
- Specify . . . . . 12
- 13  Don't know





**3. Who would you turn to for advice when making an important decision?**

*(Interviewer: Mark all that apply.)*

- 01  No one
- 02  Husband/wife/spouse/common-law partner
- 03  Son or daughter (15 years or older)
- 04  Father or mother
- 05  Brother or sister
- 06  Grandfather or grandmother
- 07  Other relative
- 08  Friends, neighbors, co-workers
- 09  Employer
- 10  Elders
- 11  Other non-relative
- Specify . . . . . 12
- 13  Don't know

**4. What if you had to borrow \$200, who would you ask?**

*(Interviewer: Mark all that apply.)*

- 01  No one
- 02  Husband/wife/spouse/common-law partner
- 03  Son or daughter (15 years or older)
- 04  Father or mother
- 05  Brother or sister
- 06  Grandfather or grandmother
- 07  Other relative
- 08  Friends, neighbors, co-workers
- 09  Employer
- 10  Elders
- 11  Other non-relative
- Specify . . . . . 12
- 13  Don't know

**5. On a scale of 1 to 5, with 1 being very weak and 5 being very strong, how strong are your ties with members of your family living in your community but in another household?**

- Very weak Very strong
- 01  02  03  04  05



**K**

**Section K – COMMUNITY WELLNESS AND SOCIAL PARTICIPATION**

Thinking of the last 12 months, we want to know if you are satisfied or dissatisfied with different conditions in your community.

1. Are you satisfied or dissatisfied with job opportunities in the community?

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

2. Are you satisfied or dissatisfied with your most recent job in the community?

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07
- Not applicable ..... 08

3. Are you satisfied or dissatisfied with the quality of education in your community?

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

4. Are you satisfied or dissatisfied with the availability of health services (e.g. nursing station, hospital) in your community?

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07
- Not applicable ..... 08

5. Are you satisfied or dissatisfied with the quality of housing in your community?

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07





**6. Are you satisfied or dissatisfied with your rent or house payments?**

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

**7. Are you satisfied or dissatisfied with recreational facilities (e.g. ice rinks, gyms) in your community?**

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07
- Not applicable ..... 08

**8. Are you satisfied or dissatisfied with the freshness of foods in local stores?**

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

**9. Are you satisfied or dissatisfied with the availability of country food to your household (through sharing, hunting, etc.)?**

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

**10. Are you satisfied or dissatisfied with how well the provincial or territorial government is dealing with needs in your community (for example, needs related to job creation, education and health)?**

Is that somewhat or very?

Somewhat      Very

- Satisfied ..... 01  → 02  03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07



11. Are you satisfied or dissatisfied with the work of your local police force (or by-law officer) in keeping your community safe from crime?

Is that somewhat or very?

- Satisfied ..... 01  → Somewhat 02  Very 03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

12. Are you satisfied or dissatisfied with how the territorial or provincial court deals with people who break the law?

Is that somewhat or very?

- Satisfied ..... 01  → Somewhat 02  Very 03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

13. All things considered, are you satisfied or dissatisfied with your life at present in this community?

Is that somewhat or very?

- Satisfied ..... 01  → Somewhat 02  Very 03
- Dissatisfied ..... 04  → 05  06
- Don't know ..... 07

14. Thinking of yourself and your household five years in the future, do you think your hunting, fishing, trapping and gathering activities will increase, decrease, or remain about the same?

- 01  Increase → Go to Question 15
- 02  Decrease → Go to Question 16
- 03  Remain the same → Go to Question 17
- 04  Don't know → Go to Question 17

15. Why do you think these activities will increase?

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

- 01  There will be more hunters, fishers, trappers and gatherers in the household
- 02  More mouths to feed (increased household demand for country food)
- 03  Storebought food will get more expensive/will increase reliance on country food
- 04  People in the household will get better at these activities
- 05  People in the household will have better equipment to do these activities
- 06  People in the household will have more time to do these activities
- 07  Other  
- Specify ..... 08
- 09  Don't know

Go to Question 17





**16. Why do you think these activities will decrease?***(Interviewer: Do not read list. Mark all that apply.)*

- 01  There will be fewer people in the household to do these activities
- 02  Less mouths to feed/decreased demand for country food
- 03  There will be less time to do these things
- 04  Household members will consume less country food (more storebought food)
- 05  Fewer resources to harvest/ fish and game becoming more scarce locally
- 06  If storebought food becomes cheaper
- 07  Other  
– Specify . . . . . 08
- 09  Don't know

**Now I'm going to ask you about some everyday situations and I would like you to tell me how safe you feel from crime in each situation.**

**17. How safe do you feel from crime walking ALONE in your neighbourhood in the evening? Do you feel . . .**

- 01  very safe?
- 02  reasonably safe?
- 03  somewhat unsafe?
- 04  very unsafe?
- 05  Does not walk alone → *Go to Question 19*
- 06  Don't know
- 07  Refused → *Go to Question 18*

**18. How often do you walk ALONE in your neighbourhood in the evening?**

- 01  Daily? → *Go to Question 20*
- 02  At least once a week?
- 03  At least once a month?
- 04  Never
- 05  Refused → *Go to Question 20*

**19. If you felt safer from crime, would you do this more often?**

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

**20. When ALONE in your home in the evening, do you feel . . .**

- 01  very worried?
- 02  somewhat worried?
- 03  not at all worried about your safety from crime?
- 04  Never alone
- 05  Don't know
- 06  Refused



21. In general, are you satisfied or dissatisfied with your personal safety from crime?

Is that somewhat or very?

- |                      |    |                       |          |   |
|----------------------|----|-----------------------|----------|---|
|                      |    |                       | Somewhat | Very  |
| • Satisfied .....    | 01 | <input type="radio"/> | →        | 02 <input type="radio"/> 03 <input type="radio"/> |
| • Dissatisfied ..... | 04 | <input type="radio"/> | →        | 05 <input type="radio"/> 06 <input type="radio"/> |
| • Don't know .....   | 07 | <input type="radio"/> |          |   |
| • Refused .....      | 08 | <input type="radio"/> |          |   |

22. In the last five years have you ever considered moving out of this community?

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

23. What were your reasons for wanting to move away?

(Interviewer: Do not read list. Mark up to 3 reasons. If more than 3 are given, ask for the 3 most important.)

- 01  School/education opportunities
- 02  Job opportunities/better job offer
- 03  Family moved/to be close to family
- 04  Family pressure/gossip
- 05  Wanted a change/to travel/see other places
- 06  Community not growing/stopped growing
- 07  Too much alcohol and/or drugs in the community
- 08  Too much violence
- 09  Want better health service
- 10  Too expensive in the community/cheaper to live elsewhere
- 11  Need to live in an elder's residence
- 12  Better housing
- 13  Other
- Specify ..... 14
- 15  Don't know

For information only



**24. Thinking of your present situation, what are the most important reasons keeping you in this community?**

*(Interviewer: Do not read list. Mark up to 3 reasons. If more than 3 are given, ask for the 3 most important.)*

- 01  School/education opportunities
- 02  Job
- 03  Family is here/wants to be close to family
- 04  Friends
- 05  Good hunting, fishing, trapping and harvesting opportunities
- 06  It is my home town
- 07  Good place to raise children/good place to teach traditional activities
- 08  More activities for adults and children
- 09  Less expensive to live here
- 10  Medical facilities available in the community
- 11  Community is calm, quiet/prefer small town life
- 12  Better housing
- 13  Other
- Specify ..... 14
- 15  Don't know

**25. The next set of questions are about your participation in the community. Thinking of the last 12 months...**

	Yes	No	Don't know
a) did you volunteer for a community organization or group (for example, a radio station, a search and rescue team, a church group, a youth group, etc)?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) did you work at a community event (including feasts, festivals, food distribution, or spring clean-up)?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) did you attend a local community or board meeting?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) did you attend a public meeting held in the community?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) did you attend or participate in a local sports event?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>

**26. Did you vote in the most recent municipal elections?**

- 01  Yes
- 02  No
- 03  Too young to vote
- 04  Don't know

**27. Did you vote in the most recent provincial or territorial election?**

- 01  Yes
- 02  No
- 03  Too young to vote
- 04  Don't know



**28. Did you vote in the most recent election of your land claims organization?**

- 01  Yes
- 02  No
- 03  Too young to vote
- 04  Don't know

**29. What, if anything, could be done to make life in your community better?**

*(Interviewer: Do not read list. Mark up to 3 categories. If more than 3 are given, ask for the 3 most important.)*

- 01  More jobs available
- 02  Better housing
- 03  More schooling available in the community
- 04  Better police services available in the community/reduction in crime and violence
- 05  More support for community-wide events and activities
- 06  More support for harvesting activities
- 07  Other

– Specify . . . . . 08

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- 09  Don't know

For information only





## FOR THE NUNAVUT TERRITORY ONLY

Statistics Canada has entered into an agreement with Nunavut Tunngavik Inc. to share the information collected by this survey. Your information such as name, address and telephone number will not be shared. Nunavut Tunngavik has undertaken to keep your information confidential and will use these data for statistical purposes only.

You have the right to object to the sharing of your information. Do you agree to share your information?

- 01  Yes  
02  No

**Thank you for participating in this survey.**

For information only





For information only







### RECORD OF CALLS

Call Number	Date DD/MM	Time HH : MM	Comments	Appointment Date and Time
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### RECORD OF INTERVIEWS

Inter- view Number	Date DD/MM	Time Began HH : MM	Time Ended HH : MM	Total Time HH : MM	Parts Completed
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2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### COMMENTS

