



Aboriginal Peoples Survey – 2001 (Nunavut)

Children and Youth (under 15)

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

11

FINAL STATUS

- 01 Complete
- 02 Partial
- 03 Part Refusal
- 04 Out of Scope
- 05 Void
- 06 Refusal
- 07 No Contact
- 08 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 Non-proxy **OR**
- 02 Proxy – parent
- 03 Proxy – other family
- 04 Proxy – other

Interviewer's Identification Number

Interviewer's Signature

Date



PART 1

IDENTIFICATION

Thank you for agreeing to participate in this survey. The following questions are to be answered by the person most knowledgeable about on behalf of him/her.

PERSONAL INFORMATION

1. Do any of's 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. Is 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 a. Is a member or beneficiary of a land claim agreement?

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

3. Is 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. Is 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. Is a ...

- 01 Boy?
- 02 Girl?

7. What is's date of birth?

	Day	Month	Year
01	<input type="text"/>	<input type="text"/>	<input type="text"/>



If May 15, 1986 or before 02 Adult → Administer Adult Questionnaire

If after May 15, 1986 03 Child → Continue with this questionnaire





PART 2 CHILDREN AND YOUTH QUESTIONNAIRE



A Section A – Demographics

1. What is your relationship to?

(Interviewer: Show list. Mark one only.)

- 01 Mother/father (Birth parent)
- 02 Step parent (including common-law step parent)
- 03 Adoptive parent (non-relative)
- 04 Aunt/Uncle
- 05 Sister/brother
- 06 Grandparent
- 07 Foster parent (non-relative)
- 08 Other related
– Specify ... 09
- 10 Other unrelated
– Specify ... 11

2. Which of the following people in's family have any Aboriginal origins?

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

	Yes	No	Don't Know
• His/her father	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
• His/her mother	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
• Grandfather on father's side	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
• Grandmother on father's side	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
• Grandfather on mother's side	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
• Grandmother on mother's side	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>



B

Section B – GENERAL HEALTH

Now, I would like to ask some questions about the current general well-being of

1. In general, would you say's health is ...

- 01 Excellent
 02 Very Good
 03 Good
 04 Fair
 05 Poor
 06 Don't know

2. How tall is without shoes on? (Best estimate)

01 Feet Inches

OR

02 Centimetres

03 Don't know

3. How much does weigh? (Best estimate)

01 Pounds

OR

02 Kilograms

03 Don't know

Interviewer: If child was born after May 15, 1999, go to Question 5.

4. In your opinion, how physically active is compared to other children the same age and sex?
 Would that be

- 01 Much more
 02 Moderately more
 03 Equally
 04 Moderately less
 05 Much less

Now, I would like to ask some questions about when was a baby.

5. How much did weigh at birth? (Best estimate)

01 Pounds Ounces

OR

02 Grams

03 Don't know




Interviewer: If child was born before May 16, 1997, go to Question 8.

6. Is currently being breast-fed?

- 01 Yes → *Go to Question 7*
02 No → *Go to Question 8*

7. For how many months has he/she been breast-fed?

01 Months

Interviewer: Go to next section 

8. Was ever breast-fed?

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

9. For how many months was breast-fed?

- 01 Months
02 Don't know

The next few questions ask about contacts with health professionals during the past twelve months.

1. In the past 12 months, have you seen or talked on the phone with a pediatrician about ...'s physical, emotional or mental health? (Interviewer: Please exclude at time of birth for babies.)

- 01 Yes
- 02 No



1 a. Where did the most recent contact take place?

(Interviewer: Read list. Mark one only.)

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

10

1 b. What was the type of care that was needed?

(Interviewer: Mark all that apply.)

- 01 Treatment of a physical health problem
- 02 Treatment of an emotional or mental health problem
- 03 Regular check-up
- 04 Care of an injury
- 05 Other
— Specify

06

2. In the past 12 months, have you seen or talked on the phone with a general practitioner or family physician about ...'s physical, emotional or mental health?

(Interviewer: Please exclude at time of birth for babies.)

- 01 Yes
- 02 No



2 a. Where did the most recent contact take place?

(Interviewer: Mark one only.)

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

10

2 b. What was the type of care that was needed?

(Interviewer: Mark all that apply.)

- 01 Treatment of a physical health problem
- 02 Treatment of an emotional or mental health problem
- 03 Regular check-up
- 04 Care of an injury
- 05 Other
— Specify

06



- 3. In the past 12 months, have you seen or talked on the phone with another medical specialist (such as an orthopedist, eye specialist or psychiatrist) about's physical, emotional or mental health?**
(Interviewer: Please exclude at time of birth for babies.)

- 01 Yes
02 No

3 a. Where did the most recent contact take place?

(Interviewer : Mark one only.)

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

10

3 b. What was the type of care that was needed?

(Interviewer : Mark all that apply.)

- 01 Treatment of a physical health problem
02 Treatment of an emotional or mental health problem
03 Regular check-up
04 Care of an injury
05 Other
— Specify

06

- 4. In the past 12 months, have you seen or talked on the phone with a public health nurse or nurse practitioner about's physical, emotional or mental health?**
(Interviewer: Please exclude at time of birth for babies.)

- 01 Yes
02 No

4 a. Where did the most recent contact take place?

(Interviewer : Mark one only.)

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

10

4 b. What was the type of care that was needed?

(Interviewer : Mark all that apply.)

- 01 Treatment of a physical health problem
02 Treatment of an emotional or mental health problem
03 Regular check-up
04 Care of an injury
05 Other
— Specify

06





5. In the past 12 months, have you seen or talked on the phone with any of the following other health professionals about's physical, emotional or mental health?

(Interviewer: Please exclude at time of birth for babies. Read list. Mark yes or no to each.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| • A Traditional healer | 01 <input type="radio"/> | 02 <input type="radio"/> |
| • A psychologist | 03 <input type="radio"/> | 04 <input type="radio"/> |
| • A child welfare worker or children's aid worker | 05 <input type="radio"/> | 06 <input type="radio"/> |
| • Any other person trained to provide treatment or counsel for example a speech therapist, a social worker | 07 <input type="radio"/> | 08 <input type="radio"/> |

6 a. In the past 12 months, has been an overnight patient in a hospital?

(Interviewer: Please exclude at time of birth for babies.)

01 Yes

02 No

→ **6 b. How many times?** 01 Times

For information only



D**Section D – ACTIVITIES OF DAILY LIVING AND MEDICAL CONDITIONS**

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

1. Does have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing any similar activities?
- 01 Yes, sometimes
- 02 Yes, often
- 03 No
2. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity can do:
- a) At home?
- 01 Yes, sometimes
- 02 Yes, often
- 03 No
- b) At school?
- 01 Yes, sometimes
- 02 Yes, often
- 03 No
- 04 Not applicable
- c) In other activities, for example, transportation or leisure?
- 01 Yes, sometimes
- 02 Yes, often
- 03 No



Now I'd like to ask about certain chronic health conditions that may currently have. We are interested in long-term conditions that have lasted or are expected to last 6 months or more and that have been diagnosed by a doctor, nurse or health professional.

3. Which, if any, of the following long-term conditions or health problems does have that have been diagnosed by a doctor, nurse or health professional?

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

- Allergies 01 Yes 02 No
- Bronchitis 03 Yes 04 No
- Tuberculosis (TB) 05 Yes 06 No
- Heart condition or problem 07 Yes 08 No
- Diabetes 09 Yes 10 No
- Cerebral Palsy 11 Yes 12 No
- Psychological or nervous difficulties 13 Yes 14 No
- Ear infections or ear problems 15 Yes 16 No
- Hearing impairment 17 Yes 18 No
- Visual impairment 19 Yes 20 No
- Mental disability 21 Yes 22 No
- Learning disability 23 Yes 24 No
- Fetal Alcohol Syndrome/
Fetal Alcohol Effect 25 Yes 26 No
- Asthma 27 Yes 28 No
- • Has had an attack of asthma in the past 12 months? → 29 Yes 30 No
- Does asthma prevent or limit's participation in school, at play or any other activity normal for someone his/her age? → 31 Yes 32 No
- Does have any other long-term conditions or health problems? 33 Yes 34 No
- Specify 35
- Specify 36
- Specify 37

4. Does take any of the following medications on a regular basis?

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

- Traditional medicines 01 Yes 02 No
- Ventolin, inhalers or puffers for asthma 03 Yes 04 No
- Ritalin or other similar medications 05 Yes 06 No
- Anti-convulsants or anti-epileptic pills 07 Yes 08 No
- Insulin or other drugs for diabetes 09 Yes 10 No
- Other 11 Yes 12 No
- Specify 13



The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months, and were serious enough to require medical attention, by a doctor, nurse, dentist or traditional healer.

1. In the past 12 months, was injured?

- 01 Yes
 02 No
 03 Don't know } → Go to next section

2 a. For the most serious injury, what type of injury did he/she have?

(Interviewer: Mark one only.)

- 01 Broken or fractured bones
 02 Burns or scalds
 03 Dislocation
 04 Sprain or strain (major)
 05 Cuts, scrapes or bruises (major)
 06 Concussion
 07 Poisoning
 08 Internal injury
 09 Dental injury
 10 Other
 – Specify 11
 12 Multiple injuries
 13 Don't know

2 b. What happened, for example, was's injury the result of a fall, car accident, physical assault or something else? (Interviewer: Mark one only.)

- 01 Motor vehicle accident - passenger/driver
 02 Motor vehicle accident - pedestrian
 03 Motor vehicle accident - riding bicycle
 04 Other bicycle accident
 05 Snowmobile/Boat/All terrain vehicle (ATV) accident
 06 Fall
 07 Sport (not including bicycle)
 08 Physical assault
 09 Scalded by hot liquid or food
 10 Accidental poisoning
 11 Self-inflicted injury
 12 Natural/environmental factors (animal bite, sting, frostbite)
 13 Fire or flames or resulting fumes
 14 Near drowning
 15 Other
 – Specify 16
 17 Don't know



F

Section F – DENTAL CARE

Interviewer: If child was born after May 15, 1999, go to next section.

The next few questions that I'd like to ask deal with dental health.

1. When was the last time had any dental care?

(Interviewer: Mark one only.)

- 01 Within the last 12 months
 - 02 More than 1 year ago but less than 3 years ago
 - 03 3 years or more ago but less than 5 years ago
 - 04 5 years or more ago
 - 05 Never
 - 06 Don't know
- } → *Go to Question 3*

2. What type of dental care was required?

(Interviewer: Mark all that apply.)

- 01 Check up
- 02 Cleaning
- 03 Filling
- 04 Tooth pulled
- 05 Orthodontal care (braces)
- 06 Other

– *Specify* 07

3. Does need dental treatment at this time?

- 01 Yes
 - 02 No
 - 03 Don't know
- } → *Go to next section*

4. Have arrangements been made for to receive the needed treatment?

- 01 Yes → *Go to next section*
- 02 No
- 03 Don't know → *Go to next section*

5. Why have arrangements not been made?

(Interviewer: Mark all that apply.)

- 01 Not available - in the area
- 02 Not available - at time required (e.g. Dentist on holidays, inconvenient hours)
- 03 Waiting time too long
- 04 Felt 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 dentists/Afraid
- 13 Decided not to seek care
- 14 Other

– *Specify* 15

FOR INFORMATION ONLY



Interviewer: If child was born after May 15, 1999, go to next section.

Now I would like to ask some questions about the food eats.

1. Last week, how often did eat breakfast?

(Interviewer: Mark one only.)

- 01 Everyday
 02 5 or 6 days
 03 3 or 4 days
 04 1 or 2 days
 05 Never

2. Last week, on how many days did consume the following foods and beverages?

	Everyday	5 or 6 days	3 or 4 days	1 or 2 days	Never
• Milk	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
• Cheese, yogurt and other milk products	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
• Eggs	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
• 100% fruit juices (such as orange, grapefruit or tomato. Do not include fruit drinks, kool-aid, etc.)	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
• Fruit (Do not include juice)	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
• Green salad	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
• French fries, potato chips, pretzels, etc.	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
• Potatoes (Do not include french fries or potato chips)	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
• Other vegetables (Do not include potatoes or salad)	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
• Bread (such as bannock, bagels, buns)	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
• Cereal	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
• Rice	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
• Pasta	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
• Candy, soft drinks, cakes, pies, etc.	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>
• Processed meat (such as bologna, hot dogs, spam, klick)	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>
• Wild meat (such as moose, caribou, venison, walrus, muktuk)	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
• Store bought meat (such as beef, pork, lamb, poultry)	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>
• Fish and seafood	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>	89 <input type="radio"/>	90 <input type="radio"/>



H

Section H – EDUCATION

The next section is about's experiences at school.

1. Is currently attending school?

(Interviewer: Kindergarten is to be included.)

- 01 Yes → Go to Question 8
02 No

2. Why is not attending school?

- 01 Too young → Go to Section J – Language
02 Wanted to work
03 Bored with school
04 Problems at home
05 To help at home
06 No school available/accessible
07 Other
– Specify 08

3 a. Did attend an early childhood development or preschool program?

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

3 b. Was this program specifically designed for Aboriginal children?

- 01 Yes
02 No
03 Don't know

4. Has ever ...

- | | Yes | No | Don't know |
|--------------------------|--------------------------|--------------------------|--------------------------|
| • Advanced a grade | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| • Repeated a grade | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |

5. Has ever received ...

- | | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| • An award because of his/her good marks or hard work | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| • An award for any other reason (for example attendance, participation in sports or other activities) | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |

6. Has ever been ...

- | | Yes | No | Don't know |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| • Suspended from school | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| • Expelled from school | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |

7 a. Were there factors that limited the kind, amount or level of school work that could do?

- 01 Yes
02 No → Go to next section

7 b. Did receive special help because of this?

- 01 Yes
02 No

Interviewer: Go to next section



8. What grade/level is in?

01 Grade

02 Kindergarten

9 a. Did attend an early childhood development or preschool program?

01 Yes

02 No

03 Don't know

} → Go to Question 10

9 b. Was this program specifically designed for Aboriginal children?

01 Yes

02 No

03 Don't know

10. With regard to how feels about school, how often does he/she look forward to going to school? Would that be

01 Almost never

02 Rarely

03 Sometimes

04 Often

05 Almost always

11. Based on your knowledge of's school work, including report cards, overall, how is doing at school this year? Would that be

01 Very well

02 Well

03 Average

04 Poorly

05 Very poorly

12. Has ever ...

Yes No Don't know

• Advanced a grade 01 02 03

• Repeated a grade 04 05 06

13. Has ever received ...

Yes No Don't know

• An award because of his/her good marks or hard work 01 02 03

• An award for any other reason (for example attendance, participation in sports or other activities) 04 05 06

14. Has ever been ...

Yes No Don't know

• Suspended from school 01 02 03

• Expelled from school 04 05 06

15 a. Are there factors that limit the kind, amount or level of school work that can do?

01 Yes

02 No → Go to next section

15 b. Does receive special help because of this?

01 Yes

02 No



I Section I – SOCIAL ACTIVITIES AND RELATIONSHIPS

Now I would like to ask some questions about's social activities and relationships.

1. To start, I will read you a list of activities. Please tell me how often carries out each one. Include only time spent doing these activities outside of school hours. How often does

(Interviewer: Mark one response for each activity.)

Activities	Never	Less than once per week	1-3 times per week	4 or more times per week
a) Play sports (including taking lessons)?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Take part in art or music, groups or lessons?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Take part in clubs or groups, such as youth groups, drum groups, dance groups?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Help without pay in the community or school? ...	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Participate in culturally related activities?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) Spend time with Elders?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) Have supper with his/her family?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

(Ask only if child was born before May 16, 1989.)

h) Work at a job such as baby-sitting, at a store, or tutoring?	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

2. On average, about how many hours per day, if any, does

(Interviewer: Please round up response to the nearest hour.)

- a) Watch T.V.?

01 Hours

02 None

03 Don't know

- b) Play computer or video games?

01 Hours

02 None

03 Don't know

3. How often does read or have books read to him/her? Please do not include reading that is required for school.

(Interviewer: Mark one only.)

01 Every day

02 A few times a week

03 Once a week

04 A few times a month

05 Less than once a month

06 Never

4. During the past 6 months, how well has gotten along with other kids, such as friends or classmates (excluding brothers and sisters)?

(Interviewer: Mark one only.)

01 Very well, no problems

02 Quite well, hardly any problems

03 Pretty well, occasional problems

04 Not too well, frequent problems

05 Not well at all, constant problems



5. Since starting school in the fall, how well has gotten along with his/her teachers?

(Interviewer: Mark one only.)

- 01 **Very well, no problems**
- 02 **Quite well, hardly any problems**
- 03 **Pretty well, occasional problems**
- 04 **Not too well, frequent problems**
- 05 **Not well at all, constant problems**
- 06 Not applicable

6. During the past 6 months, how well has gotten along with his/her parent(s)?

(Interviewer: Mark one only. If child does not live with parents, please indicate how well he/she has gotten along with his/her primary care givers.)

- 01 **Very well, no problems**
- 02 **Quite well, hardly any problems**
- 03 **Pretty well, occasional problems**
- 04 **Not too well, frequent problems**
- 05 **Not well at all, constant problems**

7. During the past 6 months, how well has gotten along with his/her brothers and sisters?

(Interviewer: Mark one only.)

- 01 **Very well, no problems**
- 02 **Quite well, hardly any problems**
- 03 **Pretty well, occasional problems**
- 04 **Not too well, frequent problems**
- 05 **Not well at all, constant problems**
- 06 Not applicable

8 a. Has ever experienced any event or situation that has caused him/her a great amount of worry or unhappiness?

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

8 b. What was this?

(Interviewer: Mark all that apply.)

- 01 Death of parents
- 02 Death in family (other than parents)
- 03 Divorce/separation of parents
- 04 Move
- 05 Stay in hospital
- 06 Stay in foster home
- 07 Other separation from parents
- 08 Illness/injury of child
- 09 Illness/injury of a family member
- 10 Abuse/Fear of abuse
- 11 Change in household members
- 12 Alcoholism or mental health disorder in family
- 13 Conflict between parents
- 14 Other

– Specify 15



The next section deals with ...'s knowledge and understanding of an Aboriginal language.

1. How important is it to you that ... speak and understand an Aboriginal language? Would you say ...
- 01 Very important
- 02 Somewhat important
- 03 Not very important
- 04 Not important
2. Does speak or understand an Aboriginal language?
- 01 Yes
- 02 No
- 03 Not applicable (too young) } → Go to next section
3. How well does understand his/her primary Aboriginal language? By "primary" we mean the language that he/she uses most often or that he/she is most comfortable using. Would you say he/she can ...
- 01 Understand very well
- 02 Understand relatively well
- 03 Understand with effort
- 04 Understand a few words
- 05 Not well at all
4. How well does speak his/her primary Aboriginal language? Would you say he/she can ...
- 01 Speak very well
- 02 Speak relatively well
- 03 Speak with effort
- 04 Speak a few words
- 05 Not well at all
5. Who helps ... in learning his/her Aboriginal language?
(Interviewer: Mark all that apply.)
- 01 His/her grandparents
- 02 His/her parents
- 03 His/her aunts and uncles
- 04 His/her other relatives
- 05 His/her friends
- 06 His/her school teachers
- 07 Community Elders
- 08 Community
- 09 Other
- Specify 10



Now, I'd like to ask you some questions about your child care arrangements for

1. Do you currently use childcare such as daycare, babysitter, or care by a relative or other care giver while you (and your spouse/partner) are at work or studying?

- 01 Yes
- 02 No → Go to next section

2. What is your **main** child care arrangement?

(Interviewer: Show the respondent the list, mark one only.)

- 01 Care in someone else's home by a non-relative
- 02 Care in someone else's home by a relative
- 03 Care in child's home by a non-relative
- 04 Care in child's home by a relative other than a sister or brother of the child
- 05 Daycare centre (including at workplace)
- 06 Before and after school program
- 07 Nursery school/preschool
- 08 Other

– Specify 09

3. For how many hours a week is in this type of care?

(Interviewer: Main childcare arrangement only.)

- 01 Hours per week

4. Do you use any other child care arrangement?

- 01 Yes
- 02 No → Go to next section

5. For how many hours a week is in **other** child care?

(Interviewer: Do not include time in main childcare arrangement as reported in question 3.)

- 01 Hours per week



L Section L – HOUSEHOLD DATA

In this last section, I would like to ask some questions about the family environment in which lives, and about you, the person most knowledgeable about

1. What is your date of birth?

Day	Month	Year
01 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

2. Interviewer please note gender of respondent

- 01 Male
02 Female

3. What is the highest level of schooling you have **completed**? (Interviewer: Mark one only.)

- 01 No schooling → Go to Question 5
02 Some elementary
03 Elementary school
04 Some high school
05 High school diploma
06 Trade certificate or diploma
07 Other non-university certificate or diploma
(obtained at community college, CEGEP, technical institute, etc.)
08 University certificate or diploma below Bachelor's level
09 Bachelor's degree (e.g., B.A., B.Sc., L.L.B.)
10 University certificate or diploma above Bachelor's level
11 Master's degree (e.g., M.A., M.Sc., M.Ed.)
12 Degree in medicine, dentistry, veterinary medicine or optometry
(e.g., M.D., D.D.S., D.M.D., D.V.M., O.D.)
13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

The next two questions may be personal. I can skip them if you prefer not to answer.

4. Were you ever a student at a federal residential school or industrial school?

- 01 Yes
02 No
03 Refused → Go to Question 6

5. Were any of the following members of your family ever a student at a federal residential school or industrial school? (Interviewer: Read list. Mark yes, no, don't know, refused or not applicable to each.)

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



6. Including yourself and, how many individuals live in this household?

01 Persons

7 a. Does have any brothers or sisters?

(Interviewer: Include step- and half-brothers and sisters.)

01 Yes → **How many?** 02
 03 No → Go to Question 8

7 b. How many of's brothers or sisters live in this household?

(Interviewer: Include step- and half-brothers and sisters.)

01
 02 None

8. Is this a one or two parent household?

(Interviewer: Include step parents, adoptive parents, foster parents, legal guardians, etc.)

01 One
 02 Two

9. During the year ending December 31, 2000, did your household receive any income from the following sources:

	Yes	No	Don't know	Refused
a) Paid employment or self-employment? Please include wages, salaries, commissions, tips and honorariums	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Employment insurance?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Canada or Quebec Pension Plan?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Social assistance?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) Other sources (for example, other government income, child support, alimony, scholarships and education allowances, Northern allowance, interest, etc.)?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

Interviewer: If only one "yes" is marked, Go to Question 11

10. What was your household's main source of income for the year ending December 31, 2000?

- 01 Paid employment or self-employment
 02 Employment insurance
 03 Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government
 04 Canada or Quebec Pension Plan
 05 Social assistance
 06 Other
 - Specify 07

11. How many household members (including yourself) received income from any source, for the year ending December 31, 2000?

01 Number



FOR THE NUNAVUT TERRITORY ONLY

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

You have the right to object to the sharing of information. Do you agree to have the information collected through this survey shared under the terms of this agreement?

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	/	:		
2	/	:		
3	/	:		
4	/	:		
5	/	:		
6	/	:		
7	/	:		
8	/	:		
9	/	:		
10	/	:		

RECORD OF INTERVIEWS

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

COMMENTS

Blank lined area for writing comments, overlaid with a large diagonal watermark that reads "For information only".

