



Aboriginal Peoples Survey 2006 and Métis Supplement (Adults - aged 15 and over)

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

Aussi disponible en français

INTRODUCTION

Hello/Bonjour, I'm... from Statistics Canada. May I speak with ___?

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 asked, information relating to your household collected during the 2006 Census, will be added to the information you provide in this survey. 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

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>					Form Type	0 5
					FINAL OUTCOME CODE	
					70	<input type="radio"/> Complete
					71	<input type="radio"/> Partial
					76	<input type="radio"/> Not Aboriginal
					10	<input type="radio"/> No contact
					20	<input type="radio"/> Absent for duration of survey
					22	<input type="radio"/> Language barrier (not official language)
					30	<input type="radio"/> Unable to trace
					46	<input type="radio"/> Not eligible
					64	<input type="radio"/> Deceased
					80	<input type="radio"/> Refusal
					81	<input type="radio"/> Part refusal
					90	<input type="radio"/> Unusual/Special circumstances
PROV	CD	CU	HHNUM	PNUM	Completed by:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="radio"/> Telephone
					2	<input type="radio"/> Visit

FILL SECTION IN ONLY IF INFORMATION ON LABEL HAS CHANGED OR IS INCORRECT

Family Name

Given Name

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 Number

INFORMATION SOURCE

Language of Interview

01 <input type="radio"/> Atikamekw - Manawan	06 <input type="radio"/> Dene	11 <input type="radio"/> Oji-Cree	16 <input type="radio"/> Inuktitut - Inuvialuktun
02 <input type="radio"/> Atikamekw - Opticivon	07 <input type="radio"/> Mi'kmaq	12 <input type="radio"/> Inuktitut - Labrador	17 <input type="radio"/> English
03 <input type="radio"/> Cree - Plains	08 <input type="radio"/> Michif	13 <input type="radio"/> Inuktitut - Nunavik	18 <input type="radio"/> French
04 <input type="radio"/> Cree - Quebec	09 <input type="radio"/> Montagnais	14 <input type="radio"/> Inuktitut - Nunavut	19 <input type="radio"/> Other - Specify
05 <input type="radio"/> Cree - Swampy	10 <input type="radio"/> Ojibwe	15 <input type="radio"/> Inuktitut - Inuinnaqtun	<input type="text"/>

Person responding

1 <input type="radio"/> Selected respondent	OR	2 <input type="radio"/> Proxy - parent or child	}	Reason
		3 <input type="radio"/> Proxy - other family		1 <input type="radio"/> Selected respondent unable to answer
		4 <input type="radio"/> Other		2 <input type="radio"/> Selected Respondent absent

Interviewer's Identification Number

Interviewer's Assignment Number

Interviewer's Signature

Batch Number

Day Month Year

PART 1

IDENTIFICATION

PERSONAL INFORMATION

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

*(INTERVIEWER: Read list and wait for a response after each question.
Mark Yes, No, Don't know or Refused to each.)*

	Yes	No	Don't know	Refused
North American Indian	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Métis	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Inuit	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

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

- | | |
|--|------------------------------------|
| 1 <input type="radio"/> Yes, North American Indian | 4 <input type="radio"/> No |
| 2 <input type="radio"/> Yes, Métis | 7 <input type="radio"/> Don't know |
| 3 <input type="radio"/> Yes, Inuk | 8 <input type="radio"/> Refused |

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

- | | |
|---|------------------------------------|
| 1 <input type="radio"/> Yes, Treaty Indian or Registered Indian | 2 <input type="radio"/> No |
| | 7 <input type="radio"/> Don't know |
| | 8 <input type="radio"/> Refused |

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

- | | |
|------------------------------------|--|
| 1 <input type="radio"/> Yes | |
| 2 <input type="radio"/> No | |
| 7 <input type="radio"/> Don't know | |
| 8 <input type="radio"/> Refused | |

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

- | | |
|------------------------------------|--|
| 1 <input type="radio"/> Yes | |
| 2 <input type="radio"/> No | |
| 7 <input type="radio"/> Don't know | |
| 8 <input type="radio"/> Refused | |

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

- | | |
|---|------------------------------------|
| 1 <input type="radio"/> Yes, member of an Indian Band or First Nation | 2 <input type="radio"/> No |
| | 7 <input type="radio"/> Don't know |
| | 8 <input type="radio"/> Refused |

INTERVIEWER: IF QUESTIONS 1, 2, 3 AND 5 WERE ALL ANSWERED NO, DON'T KNOW OR REFUSED → THANK RESPONDENT AND END INTERVIEW

6. Sex

- | | |
|---------------------------------|--|
| 1 <input type="radio"/> Male | |
| 2 <input type="radio"/> Female | |
| 8 <input type="radio"/> Refused | |

7. Date of birth

Day Month Year

/

 /

- | | |
|------------------------------------|--|
| 7 <input type="radio"/> Don't know | |
| 8 <input type="radio"/> Refused | |

If October 31, 1991 or before

- 1 ADULT →

CONTINUE WITH THIS QUESTIONNAIRE

If after October 31, 1991 but before November 1, 2000

- 2 CHILD →

ADMINISTER CHILDREN AND YOUTH QUESTIONNAIRE

If after October 31, 2000

- 3 CHILD TOO YOUNG →

END INTERVIEW AND THANK RESPONDENT

FOR MÉTIS RESPONDENTS (Ancestry and/or Identity) ONLY

If Question 1 cell 05 or Question 2 cell 2 are checked (i.e. the respondent identifies as Métis or indicates Métis ancestry) →

Administer PART 2 of the Adult Questionnaire and PART 3 (Métis Supplement)

PART 2

Section A - EDUCATION

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

A1. 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 A38
 - Grades:
 - 02 One to five
 - 03 Six
 - 04 Seven
 - 05 Eight
 - 06 Nine
 - 07 Ten
 - 08 Eleven
 - 09 Twelve
 - 10 Thirteen
 - 97 Don't know
 - 98 Refused
- GO TO QUESTION A3 (for 02-07)
- GO TO QUESTION A2 (for 08-10)

A2. Did you graduate from high school? Please do not include graduation through a High School Equivalency program (GED).

- 1 Yes → GO TO QUESTION A16
- 2 No
- 7 Don't know
- 8 Refused

A3. Have you successfully completed a High School Equivalency program (GED)?

- 1 Yes → GO TO QUESTION A14
- 2 No
- 7 Don't know
- 8 Refused

A4. Are you currently attending elementary or high school or a High School Equivalency program?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- GO TO QUESTION A14 (for 1-7)

A5. Are you a full-time student or a part-time student?

- 1 Full-time
- 2 Part-time, day or evening
- 7 Don't know
- 8 Refused

A6. Is the program you are currently taking a High School Equivalency program?

- 1 Yes → GO TO QUESTION A14
- 2 No
- 7 Don't know
- 8 Refused

A7. Are any of your teachers Aboriginal?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

A8. Are any of your teachers' aides Aboriginal?

- 1 Yes
- 2 No
- 3 Not applicable
- 7 Don't know
- 8 Refused

A9. Do any of your teachers teach in an Aboriginal language?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

A10. Do any of your teachers' aides teach in an Aboriginal language?

- 1 Yes
- 2 No
- 3 Not applicable
- 7 Don't know
- 8 Refused

A11. Are you being taught an Aboriginal language at elementary or high school?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

A12. Are you being taught about Aboriginal people at elementary or high school?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION A38

A13. Do you feel that what you are being taught about Aboriginal people is usually accurate, sometimes accurate, seldom accurate or never accurate?

- 1 Usually accurate
- 2 Sometimes accurate
- 3 Seldom accurate
- 4 Never accurate
- 7 Don't know
- 8 Refused

INTERVIEWER: GO TO QUESTION A38

A14. 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 Other – *Specify*
- 97 Don't know
- 98 Refused

A15. How old were you when you last took elementary or high school courses? Do not include courses taken later as part of a High School Equivalency Program.

- Years old*
- 7 Don't know
 - 8 Refused

A16. For the next questions, think only of your LAST YEAR in elementary or high school, including High School Equivalency program. Were any of your teachers in elementary or high school Aboriginal?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

A17. Were any of your teachers' aides Aboriginal?

- 1 Yes
- 2 No
- 3 Not applicable
- 7 Don't know
- 8 Refused

A18. During your last year in elementary or high school, including High School Equivalency program, did any of your teachers teach in an Aboriginal language?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

A19. Did any of your teachers' aides teach in an Aboriginal language?

- 1 Yes
- 2 No
- 3 Not applicable
- 7 Don't know
- 8 Refused

A20. During your last year in elementary or high school, including High School Equivalency program, were you taught an Aboriginal language?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

A21. During your last year in elementary or high school (including High School Equivalency program), were you taught about Aboriginal people?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION A23

A22. Do you feel that what you were taught about Aboriginal people was usually accurate, sometimes accurate, seldom accurate or never accurate?

- 1 Usually accurate
- 2 Sometimes accurate
- 3 Seldom accurate
- 4 Never accurate
- 7 Don't know or can't remember
- 8 Refused

A23. Now, think about any education or training ABOVE the high school level. Have you ever taken some education towards a DIPLOMA, CERTIFICATE or DEGREE above the high school level?

(INTERVIEWER: Include even if not completed.)

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION A38

A24. At what type of educational institution did you take this education?

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

	Yes	No	Don't know	Refused
a) A University	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) A Community college or CEC/EP	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) A publicly-funded technical institute, or a trade/vocational school	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) A private business school or private training institute	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Another school above high school	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

A25. Have you completed the requirements for ANY diploma, certificate or degree for your education or training above the high school level?

- 1 Yes → GO TO QUESTION A29
- 2 No
- 7 Don't know
- 8 Refused

A26. Are you currently taking education towards a DIPLOMA, CERTIFICATE or DEGREE above the high school level?

- 1 Yes → GO TO QUESTION A32
- 2 No
- 7 Don't know
- 8 Refused

A27. In what year did you last take post-secondary education?

Year

- 7 Don't know
8 Refused

A28. Why did you not finish your post-secondary education?

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

- 01 Pregnant/Caring for own child(ren)
02 Other family responsibilities
03 Own illness/disability
04 Financial reasons (not enough money)
05 Lost interest/lack of motivation
06 Got a job/wanted to work
07 Too old or too late now
08 Courses too hard/bad results
09 Too difficult to be away from home
10 Other – Specify

97 Don't know
98 Refused

INTERVIEWER: GO TO QUESTION A34

A29. What certificate(s), diploma(s) or degree(s) have you completed?

(INTERVIEWER: Read or show list if needed; mark all that apply.)

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

97 Don't know
98 Refused

A30. In what year did you obtain your most recent certificate, diploma or degree?

Year

- 7 Don't know
8 Refused

A31. Are you currently taking education towards a DIPLOMA, CERTIFICATE or DEGREE above the high school level?

- 1 Yes
2 No
7 Don't know
8 Refused
- } GO TO QUESTION A34

A32. Are you a full-time student or a part-time student?

- 1 Full-time
2 Part-time, day or evening
7 Don't know
8 Refused

A33. Towards what type of certificate, diploma or degree are you currently working?

(INTERVIEWER: Mark one only.
Read or show list if needed.)

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

97 Don't know
98 Refused

A34. 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.

- 1 Yes
2 No
7 Don't know
8 Refused

A35. Did you apply for financial assistance to carry out any of your post-secondary education?

- 1 Yes
2 No
7 Don't know
8 Refused
- } GO TO QUESTION A38

A36. Did you receive any type of financial assistance towards your post-secondary education?

- 1 Yes
2 No
3 On waiting list
7 Don't know
8 Refused
- } GO TO QUESTION A38

A37. What type of financial assistance did you receive?

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

- 1 Indian and Northern Affairs Canada (INAC) or Band funding
- 2 Grant, bursary or scholarship
- 3 Student loan
- 4 Personal bank loan
- 5 Other – *Specify*
- 7 Don't know
- 8 Refused

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

A38. Were you ever a student at a federal residential school, or a federal industrial school?

(INTERVIEWER: In some regions these are referred to as hostels or dormitories.)

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } **GO TO NEXT SECTION**

A39. Were any of the following members of your family ever a student at a federal residential school or a federal industrial school?

(INTERVIEWER: Read list. In some regions these are referred to as hostels or dormitories.)

	Not applicable	Yes	No	Don't know	Refused
a) Your grandmothers		01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Your grandfathers		05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Your mother		09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Your father		13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Your current spouse or partner	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
f) Your brothers or sisters	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
g) Your aunts or uncles	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>
h) Your cousins	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
i) Other relatives	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>

END OF SECTION

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, Michif, etc.

B1. Do you speak an Aboriginal language?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION B5

B2. What Aboriginal language or languages do you speak?

01

02

03

IF ONLY ONE LANGUAGE REPORTED
→ GO TO QUESTION B4

- 97 Don't know
- 98 Refused

**B3. Amongst those Aboriginal languages, which Aboriginal language is your primary Aboriginal language?
By “primary” we mean the language that you use most often or that you are most comfortable using.**

01

- 97 Don't know
- 98 Refused

**B4. How would you rate your ability to speak this aboriginal language?
Would you say you can...**

- 1 Speak very well?
- 2 Speak relatively well?
- 3 Speak with effort?
- 4 Speak a few words?
- 7 Don't know
- 8 Refused

INTERVIEWER: GO TO QUESTION B8

B5. Do you understand an Aboriginal language even if only a few words?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION B13

B6. What Aboriginal language or languages do you understand?

01

02

03

IF ONLY ONE LANGUAGE REPORTED
→ GO TO QUESTION B8

- 97 Don't know
- 98 Refused

B7. Amongst those Aboriginal languages, which Aboriginal language is your primary Aboriginal language?
 By “primary” we mean the language that you understand the best.

01

97 Don't know

98 Refused

B8. How would you rate your ability to understand this Aboriginal language?
 Would you say you can...

- 1 Understand very well?
- 2 Understand relatively well?
- 3 Understand with effort?
- 4 Understand a few words?
- 7 Don't know
- 8 Refused

B9. How would you rate your ability to read this Aboriginal language?
 Would you say you can...

- 1 Read very well?
 - 2 Read relatively well?
 - 3 Read with effort?
 - 4 Read a few words?
 - 5 Not read in your primary Aboriginal language?
 - 6 Not applicable (it is not a written language)
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION B11

B10. How would you rate your ability to write this Aboriginal language?
 Would you say you can...

- 1 Write very well?
- 2 Write relatively well?
- 3 Write with effort?
- 4 Write a few words?
- 5 Not write in your primary Aboriginal language?
- 7 Don't know
- 8 Refused

B11. How often do you currently use this Aboriginal language...

	All the time	Most of the time	Some of the time	Very seldom	Not at all	Not applicable	Don't know	Refused
a) In your household?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At work	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) At school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Elsewhere?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

B12. Are any of the following services within your city, town, village available in this Aboriginal language?

	Yes	No	Don't know	Refused
a) Health Services	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Justice, legal, policing services	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Education services	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Employment, career counselling services	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Social services, for example housing, social assistance	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Financial services, for example banking	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Other community services	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: GO TO QUESTION B16

B13. Did you ever understand an Aboriginal language?

- 1 Yes
 2 No
 7 Don't know
 8 Refused
- } **GO TO QUESTION B16**

B14. What Aboriginal language did you understand?

(INTERVIEWER: If this person understood more than one language, indicate the language he/she used to understand the best.)

- 01
- 97 Don't know
 98 Refused

B15. Did you ever speak this Aboriginal language?

- 1 Yes
 2 No
 7 Don't know
 8 Refused

B16. How important is it that you keep, learn or re-learn your Aboriginal language? Is it...

- 1 **Very important?**
 2 **Somewhat important?**
 3 **Not very important?**
 4 **Not important?**
 5 No opinion
 7 Don't know
 8 Refused

END OF SECTION

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.

C1. Last week, did you work for pay or in self-employment?

(INTERVIEWER: If respondent worked, mark "Yes" regardless of the number of hours worked.)

- 1 Yes → GO TO QUESTION C8
 2 No
 7 Don't know } GO TO QUESTION C10
 8 Refused }

C2. Last week, were you on temporary lay-off or absent from your job or business?

- 1 Yes
 2 No
 7 Don't know } GO TO QUESTION C4
 8 Refused }

C3. Were you:

(INTERVIEWER: Mark one only.)

- 1 On temporary lay-off from a job to which you expect to return?
 2 On vacation, ill, on strike or locked out, or absent for other reasons? → GO TO QUESTION C8
 7 Don't know
 8 Refused

C4. 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?

- 1 Yes → GO TO QUESTION C6
 2 No
 7 Don't know } GO TO QUESTION C10
 8 Refused }

C5. What was the main reason you did not look for work during this period?

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

- 01 Illness or disability
 02 Caring for own children
 03 Caring for elder relative(s)
 04 Other personal or family responsibilities
 05 Going to school
 06 Waiting for recall (to former job)
 07 Waiting for replies from employers
 08 Believe no work available
 09 Waiting to start new job
 10 Not qualified for available jobs
 11 No jobs available in the field in which I was educated or trained
 12 Retired
 13 No transportation
 14 Seasonal employee/Hunting/Fishing/Trapping in the bush/Waiting for freeze-up
 15 Other – Specify

 97 Don't know
 98 Refused

INTERVIEWER: GO TO QUESTION C10

C6. How did you go about looking for work?

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

- 01 Contacted potential employer(s) directly
- 02 Through friend(s)/relative(s)
- 03 Through co-worker(s)
- 04 Placed or answered newspaper ad(s)
- 05 Contacted public employment agency
(Service Canada Centre/Canada Employment
Centre, provincial employment centre)
- 06 Contacted private employment agency/
placement agency
- 07 Contacted Aboriginal organization or
Aboriginal employment agency
- 08 Was referred by another employer
- 09 Searched the Internet
- 10 Was referred by a union
- 11 Other – *Specify*
- 97 Don't know
- 98 Refused

C7. Have any of the following caused you difficulty in finding work?

	Yes	No	Don't know	Refused
a) Not knowing where to look for work	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Not knowing the type of job you wanted	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Not having the work experience required for available jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Not having enough education or training for available jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Not having the means of transportation to get to available jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) A shortage of jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Anything else – <i>Specify</i> <input style="width: 100%;" type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: GO TO QUESTION C10

C8. The next question refers to the job or business you had last week. If you held more than one job last week, answer for the job that you worked the most hours.

Was this job full-time, that is 30 hours or more per week?

- 1 Yes → GO TO QUESTION C10
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION C10

C9. What are the reasons that have kept you from working at 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 No full-time jobs available in the field in which I was educated or trained
 - 04 Health problems
 - 05 Caring for own children
 - 06 Caring for elder relative(s)
 - 07 Other personal or family responsibilities
 - 08 Not qualified for available jobs
 - 09 Retired
 - 10 Don't want to work full-time/Own choice
 - 11 Seasonal work
 - 12 Other – Specify
-
- 97 Don't know
 - 98 Refused

C10. Have you ever hunted?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C10a. Have you done this activity in the past 12 months?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C10b. In the past 12 months, did you hunt for...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C11. Have you ever fished?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C11a. Have you done this activity in the past 12 months?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C11b. In the past 12 months, did you fish for...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C12. Have you ever trapped?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C12a. Have you done this activity in the past 12 months?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C12b. In the past 12 months, did you trap for...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C13. Have you ever gathered wild plants such as berries, rice or sweet grass?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C13a. Have you done this activity in the past 12 months?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

C13b. In the past 12 months, did you gather wild plants for ...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END OF SECTION

FOR INFORMATION ONLY

Section D - INCOME

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

D1. During the year ending December 31, 2005, did you yourself receive any income from the following sources:

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

	Yes	No	Don't know	Refused
a) Paid employment or self-employment?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Employment insurance?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Old Age Security pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Canada or Quebec Pension Plans?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Social assistance or welfare benefits?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Other sources, for example, other government income, child support, alimony, education allowances, scholarships, Northern Allowance, interest, or other?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

FOR INFORMATION ONLY

Section E - HEALTH

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

E1. In general, would you say your health is...

- 1 Excellent?
- 2 Very Good?
- 3 Good?
- 4 Fair?
- 5 Poor?
- 7 Don't know
- 8 Refused

E2. 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	Don't know	Refused
a) Family doctor or general practitioner	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Eye doctor, such as an ophthalmologist or optometrist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Other medical doctor, such as surgeon, allergist or orthopedist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) First Nation, Métis or Inuit Traditional healer	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Nurse	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Dentist or orthodontist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Chiropractor	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Physiotherapist or occupational therapist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Social worker, counselor or psychologist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E3. Are First Nations, Métis or Inuit traditional medicines, healing or wellness practices available in the city, town or community where you currently live?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

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

E4. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No
- 7 Don't know
- 8 Refused

E5. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do...

a) at home?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No
- 7 Don't know
- 8 Refused

b) at work or at school?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No
- 4 Not applicable
- 7 Don't know
- 8 Refused

c) in other activities, for example, transportation or leisure?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No
- 7 Don't know
- 8 Refused

FOR INFORMATION ONLY

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.

E6. Have you been told by a doctor, nurse or other health professional that you have diabetes?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

E6 a. At what age were you first told?

years old

- 7 Don't know
- 8 Refused

E6 b. Which type(s) of diabetes have you been diagnosed with?

(INTERVIEWER:

Mark all that apply.)

- 1 Type 1
- 2 Type 2
- 3 Pre-diabetic state/
Borderline diabetes
- 7 Don't know
- 8 Refused

INTERVIEWER:

If female → Go to Question E8

If male → Go to Question E10

E7. Have you been told by a doctor, nurse or other health professional that you are pre-diabetic or borderline diabetic?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

INTERVIEWER:

Go to Question E14

E7 a. At what age were you first told?

years old

- 7 Don't know
- 8 Refused

E7 b. Has being pre-diabetic or borderline diabetic prompted you to adopt a healthier lifestyle which includes diet and exercise?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

INTERVIEWER:

Go to Question E14

E8. Were you pregnant when you were first diagnosed with diabetes?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION E10

E9. Other than during pregnancy, has a doctor, nurse or other health professional ever told you that you have diabetes?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION E14

E10. Do you currently take insulin for your diabetes?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

E11. Do you take any other treatment or medication for your diabetes?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION E13

E12. What other treatment or medication do you take?

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

- 1 Drug
 - 2 Diet
 - 3 Exercise / Physiotherapy
 - 4 Traditional remedies
 - 5 Other – Specify
-
- 7 Don't know
 - 8 Refused

E13. Has your diabetes ...

	Yes	No	Don't know	Refused
a) Prompted you to adopt a healthier lifestyle which includes diet and exercise?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Affected your vision (for example, retinopathy)?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Affected your kidney function?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Affected your heart?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Affected your circulation other than your heart?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Affected the feeling in your hands or feet (for example, neuropathy)?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Affected your lower limbs?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Resulted in infections?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Resulted in amputation?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E14. Have you been told by a doctor, nurse or other health professional that you have... <i>(INTERVIEWER: Read list. Complete all parts of question.)</i>		At what age were you first told?	Do you take any treatment or medication for this condition?	
		Age	Yes	No
E14 a) Arthritis or rheumatism?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E15 a) Asthma?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E16 a) Chronic bronchitis?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E17 a) Emphysema?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E18 a) Cancer?	1 <input type="radio"/> Yes ↓ What type or types? <input type="text"/> → <input type="text"/> → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 1 <input type="radio"/>	2 <input type="radio"/> 2 <input type="radio"/>
E19 a) Effects of a stroke?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E20 a) High blood pressure?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E21 a) Heart problems?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E22 a) Stomach problems or intestinal ulcers?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E23 a) Hepatitis?	1 <input type="radio"/> Yes ↓ What type or types? <input type="text"/> → <input type="text"/> → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 1 <input type="radio"/>	2 <input type="radio"/> 2 <input type="radio"/>
E24 a) Kidney disease?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E25 a) Tuberculosis?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E26 a) HIV?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No → GO TO QUESTION E28 a	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E27 a) AIDS?	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/>	2 <input type="radio"/>
E28 a) Any other long term condition?	1 <input type="radio"/> Yes ↓ Specify <input type="text"/> → <input type="text"/> → 2 <input type="radio"/> No	b) <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 1 <input type="radio"/>	2 <input type="radio"/> 2 <input type="radio"/>

INTERVIEWER: IF RESPONDENT IS MALE → GO TO QUESTION E31

E29. 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.)

Children

7 Don't know

8 Refused

E30. 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?

1 Yes

2 No

7 Don't know

8 Refused

E31. How tall are you without shoes on?

feet inches OR centimeters

7 Don't know

8 Refused

E32. How much do you weigh?

pounds OR kilograms

7 Don't know

8 Refused

The next questions are about smoking.

E33. At the present time do you smoke cigarettes daily, occasionally or not at all?

(INTERVIEWER: Do not read list. Mark one only.)

1 Daily

2 Occasionally → GO TO QUESTION E37

7 Not at all → GO TO QUESTION E36

8 Refused → GO TO QUESTION E42

E34. At what age did you begin to smoke cigarettes daily?

Years old

7 Don't know

8 Refused

E35. How many cigarettes do you smoke each day now?

(INTERVIEWER: If respondent gives more than one number, enter the highest.)

Cigarettes → GO TO QUESTION E42

7 Don't know

8 Refused

E36. Over your lifetime, have you smoked a total of 100 or more cigarettes, that is about 4 packs?

1 Yes → GO TO QUESTION E38

2 No

7 Don't know } GO TO QUESTION E42

8 Refused }

E37. 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.)

Cigarettes

7 Don't know

8 Refused

E38. Have you ever smoked cigarettes daily?

1 Yes

2 No

7 Don't know

8 Refused

} GO TO QUESTION E42

E39. At what age did you begin to smoke cigarettes daily?

Years old

7 Don't know

8 Refused

E40. How many cigarettes did you usually smoke each day?

(INTERVIEWER: If respondent gives more than one number, enter the highest.)

Cigarettes

7 Don't know

8 Refused

E41. At what age did you stop smoking cigarettes daily?

Years old

7 Don't know

8 Refused

FOR INFORMATION ONLY

E42. 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 1/2 ounces of liquor.

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

- 1 Yes
2 No
7 Don't know
8 Refused
- } GO TO QUESTION E46

E43. During the past 12 months, how often did you drink alcoholic beverages?

(INTERVIEWER: Do not read list.
Mark one only.)

- 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
97 Don't know
98 Refused

E44. On the days that you had a drink, how many drinks did you usually have?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Drinks

- 7 Don't know
8 Refused

E45. How often in the past 12 months have you had 5 or more drinks on one occasion?

(INTERVIEWER: Do not read list.
Mark one only.)

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

Now a few questions about your use of various health care services.

E46. Have you ever had a flu shot?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION E48

E47. When did you have your last flu shot?
Was it...

(INTERVIEWER:
Read categories to respondent.)

- 1 Less than a year ago?
- 2 1 year to less than 2 years?
- 3 2 years ago or more?
- 7 Don't know
- 8 Refused

E48. In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home, health centre or nursing station?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION E50

E49. For how many nights in the past 12 months?

- Night(s)
- 7 Don't know
- 8 Refused

E50. In the past 12 months, was there ever a time when you felt you needed health care but didn't receive it?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION E52

E51. Thinking of the most recent time, why didn't you get care?

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

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

E52. 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.*)

How often is this available to you?	All of the time	Most of the time	Some of the time	Almost none of the time	Don't know	Refused
a) Someone you can count on to listen to you when you need to talk.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Someone you can count on when you need advice.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Someone to take you to the doctor or a nurse if you need it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Someone who shows you love and affection.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Someone to have a good time with.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Someone to confide in or talk about yourself or your problems.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Someone to get together with for relaxation.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Someone to do something enjoyable with.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E53. The final question in this section asks for your opinion about social problems facing Aboriginal people in this community or neighbourhood.

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
a) Suicide?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Unemployment?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Family violence?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Sexual abuse?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Drug abuse?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Alcohol abuse?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Other? <i>Specify</i>				
<input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

Section F - Communication Technology

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

F1. In the past 12 months, did you use a computer?

- 1 Yes → GO TO QUESTION F4
 2 No
 7 Don't know
 8 Refused

F2. Are you interested in starting to use a computer?

- 1 Yes
 2 No
 7 Don't know
 8 Refused
- } GO TO QUESTION F5

F3. What is the greatest barrier that keeps you from using a computer?

- 01 Cost
 02 Lack of access to computer
 03 Lack of skills or training
 04 Fear of technology
 05 No need
 06 Not enough time
 07 Disability
 08 Other – Specify

 97 Don't know
 98 Refused

INTERVIEWER: GO TO QUESTION F5

F4. Where have you used a computer in the past 12 months? Was it...

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

	Yes	No	Don't know	Refused
a) At home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) At a friend's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) At a relative's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) At a community centre or friendship centre?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) At a public library?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) At school, college or university?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) At another location? Specify _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

F5. In the past 12 months, did you use the Internet?

- 1 Yes → GO TO QUESTION F8
- 2 No
- 7 Don't know
- 8 Refused

F6. Are you interested in starting to use the Internet?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO NEXT SECTION

F7. What is the greatest barrier that keeps you from using the Internet?

- 01 Cost
- 02 Lack of access to computer or Internet
- 03 Lack of skills or training
- 04 Fear of technology
- 05 No need
- 06 Not enough time
- 07 Disability
- 08 Other – Specify
-
- 97 Don't know
- 98 Refused

INTERVIEWER: GO TO NEXT SECTION

F8. Where have you used the Internet in the past 12 months?

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

	Yes	No	Don't know	Refused
a) At home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) At a friend's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) At a relative's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) At a community centre or friendship centre?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) At a public library?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) At school, college or university?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) At another location? Specify				
<input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

F9. In the last month, have you ever used the Internet ...

	Yes	No	Don't know	Refused
a) for personal (non-business) use?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) for E-mail/Hotmail?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) for electronic banking?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) to purchase goods and services?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) to search for medical or health related information?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) to search for government related information?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) to search for employment?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) for information about local community services or activities?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) to play games?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) to participate in chat groups?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) to obtain and save music?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) to listen to the radio?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) to find sports related information?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) for financial information?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o) to view the news?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
p) for formal education, training or school work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q) to search for information about education or training?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

F10. In the last month, how often did you use the Internet? Was it...

- 1 Every day?
- 2 Several times a week?
- 3 A few times a month?
- 4 Not in the last month?
- 7 Don't know
- 8 Refused

END OF SECTION

Section G - Mobility

I would like to ask you some questions about where you live and moves that you may have made.

G1. Have you lived in this city, town or community all your life?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

G2. How many times, if any, have you moved in the past five years?

(INTERVIEWER: Include all moves from one residence to another, even moves within the same city, town or community.)

- Times
- 7 Don't know
 - 8 Refused

INTERVIEWER:

IF RESPONDENT ANSWERED "YES" TO QUESTION G1 → GO TO QUESTION G5
OTHERWISE → GO TO QUESTION G3

G3. Why did you move to this city, town or community?

(INTERVIEWER: Mark all that apply. If respondent moved away from the city, town or community and then returned, collect reason for most recent return.)

- 01 Family
- 02 Work/to find a job
- 03 School
- 04 Better housing
- 05 Housing less expensive
- 06 More housing available
- 07 Availability of services
- 08 Better health care/health reasons
- 09 Relocation/flood/government forced residents to move
- 10 Other – Specify
- 97 Don't know
- 98 Refused

G4. 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.

- 1 Within the last year?
- 2 Between 1 and 5 years?
- 3 More than 5 years ago?
- 7 Don't know
- 8 Refused

G5. The next two questions ask about temporary absences from your home. Include 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	Don't know	Refused
a) Because of work? _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) To go to school? _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Because of illness? _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) To be out on the land? _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) To go hunting, fishing, trapping or gathering wild plant food? _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Because of family? _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) For some other reason? <i>Specify</i> _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

G6. 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.

1 times
 2 times
 3 times
 4 times
 5 times
 6 times
 7 times
 8 times
 Don't know
 Refused

END OF SECTION

★ **Section H - HOUSING** ★

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

H1. Is your home rented or owned by you or another member of this household?

- 1 **Rented by you or another member of this household**
(INTERVIEWER: Check "Rented" even if no cash rent is paid; also include rent-to-own.)
- 2 **Owned by you or another member of this household**
(INTERVIEWER: Check "Owned" even if it is still being paid for.)
- 7 Don't know
- 8 Refused

} **GO TO QUESTION H7**

H2. The next question is about subsidized housing, also known as "rent geared to income" housing. It can include social housing, public housing, government-assisted housing and non-profit housing.

Is your home subsidized?

- 1 Yes → **GO TO QUESTION H5**
- 2 No
- 7 Don't know
- 8 Refused

} **GO TO QUESTION H5**

H3. Are you on a waiting list for subsidized housing?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

} **GO TO QUESTION H5**

H4. How long have you been waiting for subsidized housing?

OR
Months *Years*

- 7 Don't know
- 8 Refused

H5. Would you like to own a home?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

H6. What are the reasons you do not own a home or do not want to own a home?
(INTERVIEWER: Do not read list. Mark all that apply.)

- 01 The overall costs of home ownership would be too high
- 02 Difficult to finance a home purchase (credit)
- 03 Owning a home requires too much maintenance
- 04 Respondent can't find a home in a desired neighbourhood (close to family, school, friends)
- 05 No housing available in community
- 06 Respondent lives rent-free
- 07 Other – *Specify*
- 97 Don't know
- 98 Refused

H7. Is your home covered by insurance?

- 1 Yes → *GO TO QUESTION H9*
 - 2 No
 - 7 Don't know
 - 8 Refused
- } *GO TO QUESTION H9*

H8. Why is your home not covered by insurance? Is it because...

- 1 **Insurance is too expensive?**
- 2 **You can't find an insurance company that will insure you?**
- 3 **Some other reason? *Specify***
- 7 Don't know
- 8 Refused

H9. Do you consider the water available to your home safe for drinking?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

H10. Are there times of the year that your water is contaminated?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

H11. Next, I'm 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.

Does your home have...	Yes	No	Don't know	Refused
a) Cable or satellite television?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) A smoke detector?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) A carbon monoxide detector?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) A home security (alarm) system?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) A fire extinguisher?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) An obstacle-free fire exit?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) A telephone?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) A stove for cooking?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Electricity?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) A generator?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Cold running water?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Hot running water?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) A flush toilet?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) A septic tank or sewage system?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

The next questions are about any special features that your home has or needs to assist anyone in your household with health conditions or health problems.

H12. Does your home now have...

H13. Does your home need...

	Yes	No	Don't know	Refused		Yes	No	Don't know	Refused
a) Modifications to doors or hallway?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Ramps?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Modifications to the bathroom?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Modifications to the kitchen?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Alerting devices?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Any other special features?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
	↓ Specify					↓ Specify			
	<input type="text"/>					<input type="text"/>			

END OF PART 2

INTERVIEWER: If Métis supplements (PART 3 of this questionnaire) is not to be administered:

- Thank the respondent and end the survey.
- Otherwise continue with PART 3 (Métis supplément).

★ **PART 3**

Métis Supplement ★

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

This supplementary questionnaire was developed by Métis organizations in cooperation with Statistics Canada.

FOR INFORMATION ONLY

Section I - FAMILY BACKGROUND

I1. To begin with, a few questions about the community of your birth. By community of your birth we mean the community, village, town, city or settlement where your family lived at the time of your birth, not the location of the hospital where you were born. What is the name of the community where you were born?

Name of Community (Canada only)

Province or Territory (Canada Only)

- 1 Outside of Canada
- 7 Don't know

I2. Do you still reside in the community where you were born?

- 1 Yes
- 2 No →

I2a. How long has it been since you left the community where you were born?

- 1 Less than 1 year ago
- 2 From 1 to 5 years ago
- 3 From 6 to 9 years ago
- 4 From 10 to 19 years ago
- 5 20 or more years ago

I3. Did you spend all or most of your childhood in a two-parent or single parent family?

- 1 Two-parent
- 2 Single-parent
- 3 Other *Specify*
- 8 Refused

I4. Is your biological father now living?

- 1 Yes
- 2 No →
- 7 Don't know

I4a. At what age did he die?

Years old

- 7 Don't know

I4b. What was the cause of death?
(*INTERVIEWER: Do not read.*)

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

I5. Is (or was) your father Aboriginal by ancestry, that is, Indian/First Nation, Métis or Inuk?

- 1 Yes →
2 No
7 Don't know

I5 a. By ancestry, is/was he...
(INTERVIEWER: Mark all that apply.)

- 1 Indian/First Nation
2 Métis
3 Inuk
7 Don't know

I6. Is your biological mother now living?

- 1 Yes
2 No →
7 Don't know

I6 a. At what age did she die?

Years old

- 7 Don't know

I6 b. What was the cause of death?
(INTERVIEWER: Do not read.)

- 01 Heart disease
02 Stroke
03 Cancer
04 Pneumonia/influenza
05 Accident
06 Liver disease
07 Diabetes
08 Ulcers
09 Kidney failure
10 Alzheimer's disease
11 Old age
12 Other – Specify

97 Don't know

I7. Is (or was) your mother Aboriginal by ancestry, that is, Indian/First Nation, Métis or Inuk?

- 1 Yes →
2 No
7 Don't know

I7 a. By ancestry, is/was she...
(INTERVIEWER: Mark all that apply.)

- 1 Indian/First Nation
2 Métis
3 Inuk
7 Don't know

I8. Including yourself, how many children were there in your family? Include biological siblings, half-brother & sisters, step-brothers & sisters as well as adopted brothers & sisters.

- 1 One → GO TO QUESTION I10
2 More than one → Number of Children
7 Don't know → GO TO QUESTION I10

I9. Did any of your brothers or sisters die before they were two years old?

- 1 Yes
- 2 No
- 7 Don't know

I10. Was any Aboriginal language, such as Michif, Cree, Sauteaux or Dene ever spoken at home when you were a child?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

I10a. What Aboriginal language or languages were spoken at home when you were a child?
(INTERVIEWER: Do not read.)

- 01 Michif
- 02 Cree
- 03 Sauteaux/Ojibway/Chippewa
- 04 Dene/Chinewyan/Sarcee/Dogrib
- 05 Iroquois/Mohawk/Huron
- 06 Sioux/Dakota/Lakota
- 07 Mi'kmaq
- 08 Montagnais/Naskapi/Innu
- 09 Algonquin/Odawa
- 10 Other – *Specify*
- 97 Don't know
- 98 Refused

I11. Was French ever spoken at home when you were a child?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

I11a. Was the French spoken at home mixed with an Aboriginal language such as Cree, Ojibway or Sauteaux?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

END OF SECTION

Section J - CHILD WELFARE

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

J1. As a child, were you ever removed or separated from your family, for any length of time, by child welfare agencies, church or government officials?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J2. Were you ever placed in a foster home or in foster care at any time under the age of 18?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J2a. Thinking of the foster home where you stayed the longest, were your foster parents Aboriginal by ancestry, that is, Indian/First Nation, Métis or Inuit?

- 1 Yes, both
- 2 Yes, Mother only
- 3 Yes, Father only
- 4 Neither parent
- 7 Don't know
- 8 Refused

J3. Were you ever a boarder in a residential school or boarding school at any time under the age of 18?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J4. Were you ever officially adopted?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

The next series of questions are about your own home, your children and current family circumstances.

J5. Have you ever had any children of your own, either biological or adopted?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION J 10

J6. How many children have you had in all, both biological and adopted?

of Children

- 7 Don't know
- 8 Refused

J7. Were any of your children ever removed or separated from your care, for any length of time, by child welfare agencies, church or government officials?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J8. Were any of your children ever placed in a foster home?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J9. Were any of your children ever placed for adoption?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J10. Have you ever raised other children, other than your own, such as foster children or a grandchild?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J11. At the present time, how many children under 15 years of age normally reside in this household? Please include any children who normally live with you, whether or not they are your own.

of Children

- 1 None
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION J 14

J12. In the past 12 months, have difficulties in finding safe and affordable childcare ever kept you from...

	Yes	No	Don't know	Refused
a) Looking for work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Taking a job?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Pursuing your education?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Taking a training course?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

J13. How difficult is it to find safe and affordable childcare for children in this community? Would you say it is...

- 1 Very difficult?
- 2 Somewhat difficult?
- 3 Not too difficult?
- 4 Not difficult at all?
- 7 Don't know
- 8 Refused

J14. In the past 12 months, did you or anyone else in your household not have enough food to eat because of lack of money?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

J15. In the past 12 months, have you or anyone else in your household obtained food from a food bank or other charitable source?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

END OF SECTION

Section K - SOCIAL INTERACTION

K1. Are you currently living with a spouse/partner?

- 1 Yes
 - 2 No
 - 8 Refused
- } GO TO QUESTION K3

K2. Is your spouse/partner Aboriginal by ancestry, that is, Indian/First Nation, Métis or Inuk?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

K2 a. By ancestry, is he/she...

(INTERVIEWER: Mark all that apply.)

- 1 Indian/First Nation?
- 2 Métis?
- 3 Inuk?
- 7 Don't know
- 8 Refused

K3. Is any Aboriginal language, such as Michif, Cree, Saulteaux or Dene, ever spoken in your home?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

K3 a. What Aboriginal language or languages are spoken at home?

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

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

K4. Do you own a sash, a traditional Métis shirt or other articles traditionally associated with Métis culture?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

K5. When is the last time you attended a Métis cultural event, festival, pilgrimage, or seen Métis artists perform?

- 1 Less than 1 year ago
- 2 From 1 year to less than 2 years ago
- 3 From 2 years to less than 3 years ago
- 4 From 3 years to less than 5 years ago
- 5 5 or more years ago
- 6 Never
- 7 Don't know
- 8 Refused

K6. Do you do any art or craftwork in traditional Métis or Aboriginal styles or motifs?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

K6a. What type of traditional art or craftwork do you do?

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

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

K7. Are you a member of any voluntary organizations or associations such as school groups, church groups, community centres, ethnic associations or social, civic or fraternal clubs?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

K7a. How often did you participate in meetings or activities of these groups in the past 12 months? If you belong to many, just think of the one in which you are most active.

(INTERVIEWER: Read list. Mark one only.)

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 or 4 times a year
- 4 At least once a year
- 5 Not at all
- 7 Don't know
- 8 Refused

K8. Are you a member of any Métis cultural, social or political organizations or associations, such as a Métis dance group, Métis local or Métis Nation organization?

- 1 Yes **—————>**
- 2 No
- 7 Don't know
- 8 Refused

K8a. How often did you participate in meetings or activities of these Métis groups in the past 12 months? If you belong to more than one group, just think of the one in which you are the most active.

(INTERVIEWER: Read list. Mark one only.)

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 or 4 times a year**
- 4 **At least once a year**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

K9. How important is it, or would it be to you, for your children to learn a First Nation, Inuit or Métis language? Is it...

- 1 **very important?**
- 2 **fairly important?**
- 3 **not too important?**
- 4 **not important at all?**
- 7 Don't know
- 8 Refused

K9a. Which language would that be?

- 7 Don't know
- 8 Refused

K10. How important is it, or would it be to you, for your children to learn about Métis culture and history? Is it...

- 1 **very important?**
- 2 **fairly important?**
- 3 **not too important?**
- 4 **not important at all?**
- 7 Don't know
- 8 Refused

END OF SECTION

Section L - HEALTH

Now I would like to ask you some questions about your personal health status, physical activities and experiences with the health care system.

L1. Do you have a regular medical doctor or family doctor?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

L2. When was the last time you saw a medical doctor or other health professional about your physical, emotional or mental health?

- 1 Less than a year ago
 - 2 1 year to less than 2 years ago
 - 3 2 years to less than 3 years ago
 - 4 3 years to less than 4 years ago
 - 5 4 years to less than 5 years ago
 - 6 5 or more years ago
 - 7 Never
 - 8 Don't know
- } GO TO QUESTION L7

L3. Where did you see the doctor or other health professional?

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic
- 4 Hospital stay
- 5 Walk-in clinic
- 6 Appointment clinic
- 7 Community health centre
- 8 At home
- 9 Other – *Specify*

L4. How would you rate the quality of the care you received from the doctor or other health professional at that time? Would you say it was...

- 1 excellent?
- 2 good?
- 3 fair?
- 4 poor?
- 7 Don't know
- 8 Refused

L5. How satisfied were you with the way physician care was provided? Were you...

- 1 very satisfied?
- 2 somewhat satisfied?
- 3 neither satisfied or dissatisfied?
- 4 somewhat dissatisfied?
- 5 very dissatisfied?
- 7 Don't know
- 8 Refused

L6. Overall, how would you rate the availability of doctor's or physician care services in your community? Would you say it is ...

- 1 excellent?
- 2 good?
- 3 fair?
- 4 poor?
- 7 Don't know
- 8 Refused

L7. Have you ever seen an Aboriginal Healer?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION L9

L8. When was the last time you saw an Aboriginal Healer?

- 1 Less than a year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 4 years ago
- 5 4 years to less than 5 years ago
- 6 5 or more years
- 7 Don't know
- 8 Refused

L9. Is there a history of diabetes in your family?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

L10. Have you ever been tested to check for diabetes by a medical doctor or other health professional?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION L12

L11. When was the last time you were tested for diabetes?

- 1 Less than a year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 4 years ago
- 5 4 years to less than 5 years ago
- 6 5 or more years ago
- 7 Don't know
- 8 Refused

L 12. When was the last time you had your blood pressure taken?

- 1 Less than 6 months ago
- 2 6 months to less than a 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- 6 Never
- 7 Don't know
- 8 Refused

INTERVIEWER: IF RESPONDENT IS MALE GO TO QUESTION L19.

L 13. Have you ever had a PAP smear test?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

L 14. When was the last time?

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- 7 Don't know
- 8 Refused

L 15. Have you ever had a mammogram, that is, a breast x-ray?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

L 16. When was the last time?

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- 7 Don't know
- 8 Refused

L 17. Other than a mammogram, have you ever had your breasts examined for lumps, tumors or cysts, by a medical doctor or other health professional?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

L 18. When was the last time?

- 1 Less than 6 months ago
- 2 6 months to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- 7 Don't know
- 8 Refused

L 19. Is there a history of cancer in your family?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

L 20. What type or types of cancer has there been in your family?
(INTERVIEWER: Mark all that apply.)

- 01 Lung cancer
- 02 Breast cancer
- 03 Leukemia
- 04 Liver cancer
- 05 Brain tumor/cancer
- 06 Prostate cancer
- 07 Other – Specify
- 97 Don't know
- 98 Refused

INTERVIEWER: IF RESPONDENT IS FEMALE GO TO QUESTION L23.

L 21. Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

L 22. When was the last time?

- 1 Less than 6 months ago
- 2 6 months to less than a year ago
- 3 1 year to less than 2 years ago
- 4 2 years to less than 5 years ago
- 5 5 or more years ago
- 7 Don't know
- 8 Refused

L 23. People may also use alternative or complementary medicine. In the past 12 months, excluding an Aboriginal Healer, have you seen or talked to an alternative health care provider, such as an acupuncturist or homeopath about your physical, emotional or mental health?

- 1 Yes →
- 2 No
- 7 Don't know
- 8 Refused

L 24. Who did you see or talk to?
(INTERVIEWER: Mark all that apply.)

- 1 Massage therapist
- 2 Acupuncturist
- 3 Herbalist
- 4 Homeopath or Naturopath
- 5 Spiritual/Religious healer
- 6 Other – Specify

L25. When was the last time that you went to a dentist?

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

INJURIES

L26. Now some questions about injuries you may have suffered in the last 12 months such as broken bones, bad cuts, sprains or poisoning.

In the last 12 months, have you ever been injured seriously enough to require hospitalization or emergency medical attention by a doctor, nurse or dentist?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION L31

L27. For the most serious injury, what type of injury did you have?
(INTERVIEWER: Mark one only.)

- 01 Broken or fractured bones
- 02 Multiple injuries
- 03 Burn, scald, chemical burn
- 04 Dislocation
- 05 Sprain or strain
- 06 Cuts, puncture
- 07 Animal bite
- 08 Scrape, bruise, blister
- 09 Concussion or other brain injury
- 10 Poisoning
- 11 Injury to internal organs
- 12 Other – *Specify*
- 97 Don't know
- 98 Refused

L28. What happened, for example, was your 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 (excluding bicycle or sports)
- 07 Sport (not including bicycle)
- 08 Physical assault
- 09 Scalded by hot liquid or food
- 10 Food poisoning
- 11 Other accidental poisoning
- 12 Self-inflicted injury
- 13 Natural/environmental factors (animal bite, sting, frostbite)
- 14 Fire or flames or resulting fumes
- 15 Near drowning
- 16 Equipment hazard (e.g. saw, hammer, nail, jack, door slam)
- 17 Other – Specify
- 97 Don't know
- 98 Refused

L29. How would you rate the quality of the medical care you received at that time? Would you say it was ...

- 1 excellent?
- 2 good?
- 3 fair?
- 4 poor?
- 7 Don't know
- 8 Refused

L30. How satisfied were you with the way medical care was provided? Were you ...

- 1 very satisfied?
- 2 somewhat satisfied?
- 3 neither satisfied or dissatisfied?
- 4 somewhat dissatisfied?
- 5 very dissatisfied?
- 7 Don't know
- 8 Refused

L31. Overall, how would you rate the availability of emergency medical care services in your community? Would you say it is ...

- 1 excellent?
- 2 good?
- 3 fair?
- 4 poor?
- 7 Don't know
- 8 Refused

L32. The next few questions are about health care use.

Have you spent one night or more as a patient in a hospital at any time in the past 5 years?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION L35

L33. Thinking of your most recent hospital stay, how would you rate the quality of the hospital care you received at that time? Would you say it was ...

- 1 excellent?
- 2 good?
- 3 fair?
- 4 poor?
- 7 Don't know
- 8 Refused

L34. How satisfied were you with the way hospital care was provided? Were you ...

- 1 very satisfied?
- 2 somewhat satisfied?
- 3 neither satisfied or dissatisfied?
- 4 somewhat dissatisfied?
- 5 very dissatisfied?
- 7 Don't know
- 8 Refused

L35. Overall, how would you rate the availability of hospital care services in your community? Would you say it is ...

- 1 excellent?
- 2 good?
- 3 fair?
- 4 poor?
- 7 Don't know
- 8 Refused

L36. In the past 12 months, how often have you had to acquire drugs or medications from a hospital, drug store or pharmacy with a prescription from a medical doctor or dentist? Was it ...

- 1 never? → GO TO QUESTION L38
- 2 one to two times?
- 3 from 3 to 5 times?
- 4 from 6 to 10 times?
- 5 more than 10 times?

L37. In the past 12 months, have you ever had a prescription that you could not fill because of lack of money?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

L38. PHYSICAL ACTIVITIES

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

Have you done any of the following during the past 12 months?

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

	Yes	No	Don't know	Refused
a) Hunting or trapping	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Fishing	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Bicycle riding	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Walk for exercise	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Aerobics/Fitness class	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Jogging or Running	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Hiking	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Skating	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Rollerblading/Inline skating/Roller-skating	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) Snow-shoeing	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Berry-picking or other food gathering	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Competitive or group sports (e.g. hockey, basketball, baseball, lacrosse, volleyball)	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) Weights, exercise equipment	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) Golf	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o) Bowling	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
p) Canoeing	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q) Martial Arts	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
r) Snowboarding	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
s) Skiing	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
t) Swimming	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
u) Skateboarding	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
v) Curling	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
w) Other – Specify <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L39. In a typical week, how many times do you do any physical activity outside of work that results in an increase in your heart rate and breathing?

Number of times per week

L40. In a typical week, how much time do you do spend doing physical activities outside of work that result in an increase in your heart rate and breathing?

- 1 None
- 2 1-2 hours
- 3 3-4 hours
- 4 5-6 hours
- 5 7-10 hours
- 6 11 or more hours
- 7 Don't know
- 8 Refused

L41. Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.

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

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours

L42. Thinking back over the past 3 months, in a typical week, which of the following best describes your usual daily activities or work habits?

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

FOOD AND NUTRITION

L43. Last week, on how many days did you consume the following foods and beverages?

	Every day	2 or 3 days	3 or 4 days	1 or 2 days	Never	Don't know	Refused
a) Milk	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Cheese, yogurt and other milk products	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Eggs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) 100% fruit juices (such as orange, grapefruit or tomato)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Fruit (Do not include juice)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Green salad	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Potatoes (Do not include french fries or potato chips)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Other vegetables (Do not include potatoes or salad)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Bread	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) Cereal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Rice	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Pasta	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) Processed meat (such as bologna, hot dogs, spam, klik)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) Store bought meat (such as beef, pork, lamb, poultry)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o) Fish and seafood	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L44. On average, how often do you eat or drink the following foods:

	Never/ Hardly ever	Less than once a week	A few times a week	Once a day	Several times a day	Don't know	Refused
a) Coffee or Tea	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Soft Drinks or Pop	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Fast food, such as burgers, Pizza, hotdogs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Cakes, Pies, Cookies, Candy, Chocolate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) French Fries, Potato Chips, Pretzels, Fry Bread	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Added salt, such as from a Salt shaker	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Added sugar, such as on Cereal, coffee or tea	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L45. In the past 12 months, how often have you eaten the following traditional foods?

	Not at all	A few times	Often	Don't know	Refused
a) Land based animals such as moose, caribou, bear, deer, buffalo etc..	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Fresh water Fish	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Salt water fish	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Game birds	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Small game such as rabbit, muskrat, etc.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Berries or other wild vegetation, such as wild rice	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Bannock or Fry Bread	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L46. Do you think there is anything you could do to improve your physical health?

- 1 Yes **—————>**
- 2 No
- 7 Don't know
- 8 Refused

L47. What is the most important thing you could do to improve your physical health?

(INTERVIEWER: Do not read. Mark one only.)

- 1 Increase exercise
- 2 Lose weight
- 3 Improve eating habits
- 4 Quit smoking
- 5 Take vitamins
- 6 Other – Specify

L48. Do you think you are overweight, underweight or that your weight is just about right?

- 1 Overweight
- 2 Underweight
- 3 Just about right
- 7 Don't know
- 8 Refused

L49. NON-PHYSICAL ACTIVITIES

Now, a few questions about your non-physical activities in your leisure time, that is, outside of school or work.

In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web? Do not include time spent at work or at school.

- 01 None
- 02 Less than 1 hour
- 03 From 1 to 2 hours
- 04 From 3 to 5 hours
- 05 From 6 to 10 hours
- 06 From 11 to 14 hours
- 07 From 15 to 20 hours
- 08 More than 20 hours
- 97 Don't know
- 98 Refused

L50. In a typical week in the past 3 months, how much time did you usually spend playing video games, such as XBOX, Nintendo, and Playstation?

- 01 None
- 02 Less than 1 hour
- 03 From 1 to 2 hours
- 04 From 3 to 5 hours
- 05 From 6 to 10 hours
- 06 From 11 to 14 hours
- 07 From 15 to 20 hours
- 08 More than 20 hours
- 97 Don't know
- 98 Refused

L51. In a typical week in the past 3 months, how much time did you usually spend watching television?

- 01 None
- 02 Less than 1 hour
- 03 From 1 to 2 hours
- 04 From 3 to 5 hours
- 05 From 6 to 10 hours
- 06 From 11 to 14 hours
- 07 From 15 to 20 hours
- 08 More than 20 hours
- 97 Don't know
- 98 Refused

L52. In a typical week in the past 3 months, how much time did you usually spend reading, not counting at work or school?

- 01 None
- 02 Less than 1 hour
- 03 From 1 to 2 hours
- 04 From 3 to 5 hours
- 05 From 6 to 10 hours
- 06 From 11 to 14 hours
- 07 From 15 to 20 hours
- 08 More than 20 hours
- 97 Don't know
- 98 Refused

L53. Thinking over the past 3 months, how often have you bet or spent money on slot machines, card games, bingo or other games of chance at a casino? Was it...

- 01 daily?
- 02 between 2 to 6 times a week?
- 03 about once a week?
- 04 between 2 or 3 times a month?
- 05 about once a month?
- 06 once or twice over the past three months?
- 07 never?
- 97 Don't know
- 98 Refused

L54. Thinking over the past 3 months, how often have you bet or spent money on VLTs (Video Lottery Terminals) or other slot machines at a place other than a casino? Was it...

- 01 daily?
- 02 between 2 to 6 times a week?
- 03 about once a week?
- 04 between 2 or 3 times a month?
- 05 about once a month?
- 06 once or twice over the past three months?
- 07 never?
- 97 Don't know
- 98 Refused

FOR INFORMATION ONLY

MENTAL, SPIRITUAL AND EMOTIONAL HEALTH

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

First, I will read you a series of statements. Please tell me if you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with these statements as I read them to you.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
L55. You feel you have a number of good qualities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
L56. You feel that you're a person of worth at least equal to others.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
L57. You are able to do things as well as most other people.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
L58. You take a positive attitude toward yourself.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
L59. On the whole, you are satisfied with yourself.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
L60. All in all, you are inclined to feel you're a failure.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

Now, I'd like to turn to your emotional state over the past 12 months.

L61. During the past 12 months, was there ever a time when you felt sad, blue or depressed for 2 weeks or more in a row?

1 Yes
 2 No
 7 Don't know
 8 Refused

} GO TO QUESTION L64

L62. Please think of the 2-week period during the past 12 months when those feelings were the worst. How often did you feel this way during those two weeks? Was it...

1 every day?
 2 almost every day?
 3 less often?
 7 Don't know
 8 Refused

L63. What would you say was the main cause of your sadness or depression? Was it ...

(INTERVIEWER:
 Read list. Mark one only.)

1 family problems?
 2 relationship with spouse, boyfriend/girlfriend?
 3 medical condition?
 4 personal finances?
 5 employment or work situation?
 6 other?
 7 Don't know
 8 Refused

L64. Have you ever seriously considered committing suicide or taking your own life?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION L67

L65. Have you ever attempted to commit suicide?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION L67

L66. Has this occurred in the last 12 months?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Refused

L67. In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is...

- 1 excellent?
- 2 very good?
- 3 good?
- 4 fair?
- 5 poor?
- 7 Don't know
- 8 Refused

L68. In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities. Would you say your ability is...

- 1 excellent?
- 2 very good?
- 3 good?
- 4 fair?
- 5 poor?
- 7 Don't know
- 8 Refused

The next questions are about spirituality.

L69. How religious or spiritual a person do you consider yourself to be?
Would you say...

- 1 very?
- 2 moderately?
- 3 not very?
- 4 not at all?
- 8 Refused

END INTERVIEW

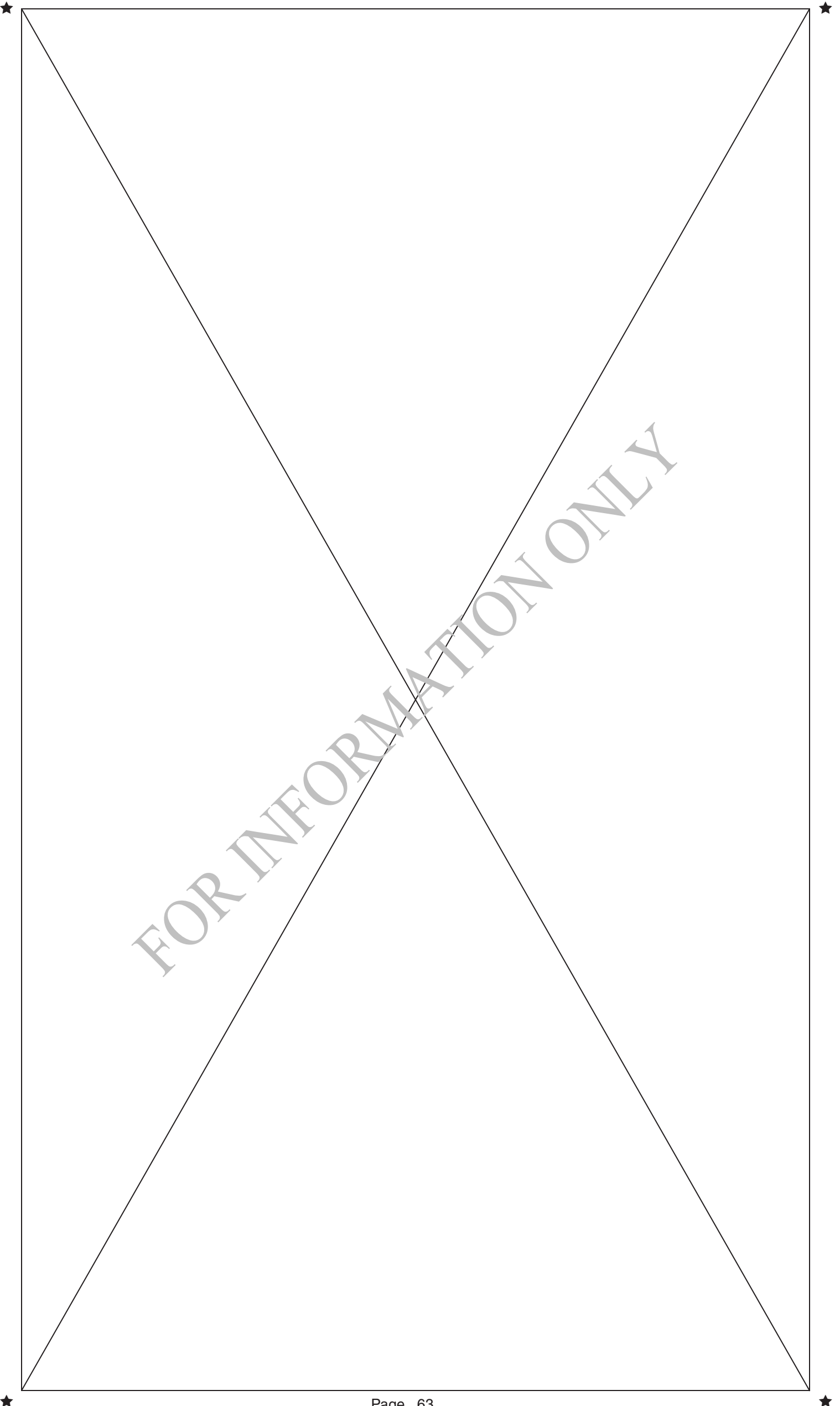
L70. How do you maintain your religious/spiritual well-being?

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

- 1 Attend church
- 2 Pilgrimages/festivals
- 3 Sweat lodges
- 4 Prayer
- 5 Meditation
- 6 Talk with elders
- 7 Other – Specify

This concludes our questionnaire.
Thank you for participating in the Aboriginal Peoples Survey.
We ensure all information will be kept strictly confidential.

FOR INFORMATION ONLY



Record of contact

Contact Number	Date		Time		Contact		Notes
	Day	Month	Started	Ended	Type	Outcome Code	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Contact Type

T = Telephone
V = Visit

Outcome Codes

- | | |
|---|------------------------------------|
| 10 = No contact | 30 = Tracing required |
| 11 = No one home/no answer | 36 = Unable to trace |
| 12 = Regular busy signal | 37 = Obtained phone number/address |
| 13 = Answering machine or service – no message left | 56 = Not eligible |
| 14 = Answering machine or service – message left | 64 = Deceased |
| 15 = Call screened/blocked/forwarded | 70 = Complete |
| 20 = Absent for the duration of survey | 71 = Partial |
| 21 = Interview requested in the other official language | 76 = Not Aboriginal |
| 22 = Language barrier (not official language) | 80 = Refusal |
| 24 = Soft appointment; call back required | 81 = Part refusal |
| 25 = Hard appointment; call back required | 90 = Unusual/special circumstances |
| 29 = Request for personal interview | |

Comments
