



Aboriginal Peoples Survey 2006 and Arctic 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

					Form Type	07
					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:	
					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	

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

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

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

7. Date of birth

Day Month Year

/

 /

- 7 Don't know
- 8 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

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 CECOE	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 reason – *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

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

E6a. At what age were you first told?

years old

- 7 Don't know
- 8 Refused

E6b. 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

E7a. At what age were you first told?

years old

- 7 Don't know
- 8 Refused

E7b. 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... (INTERVIEWER: Read list. Complete all parts of question.)		At what age were you first told?	Do you take any treatment or medication for this condition?	
		Age	Yes	No
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?

0 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

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 hall ways?	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

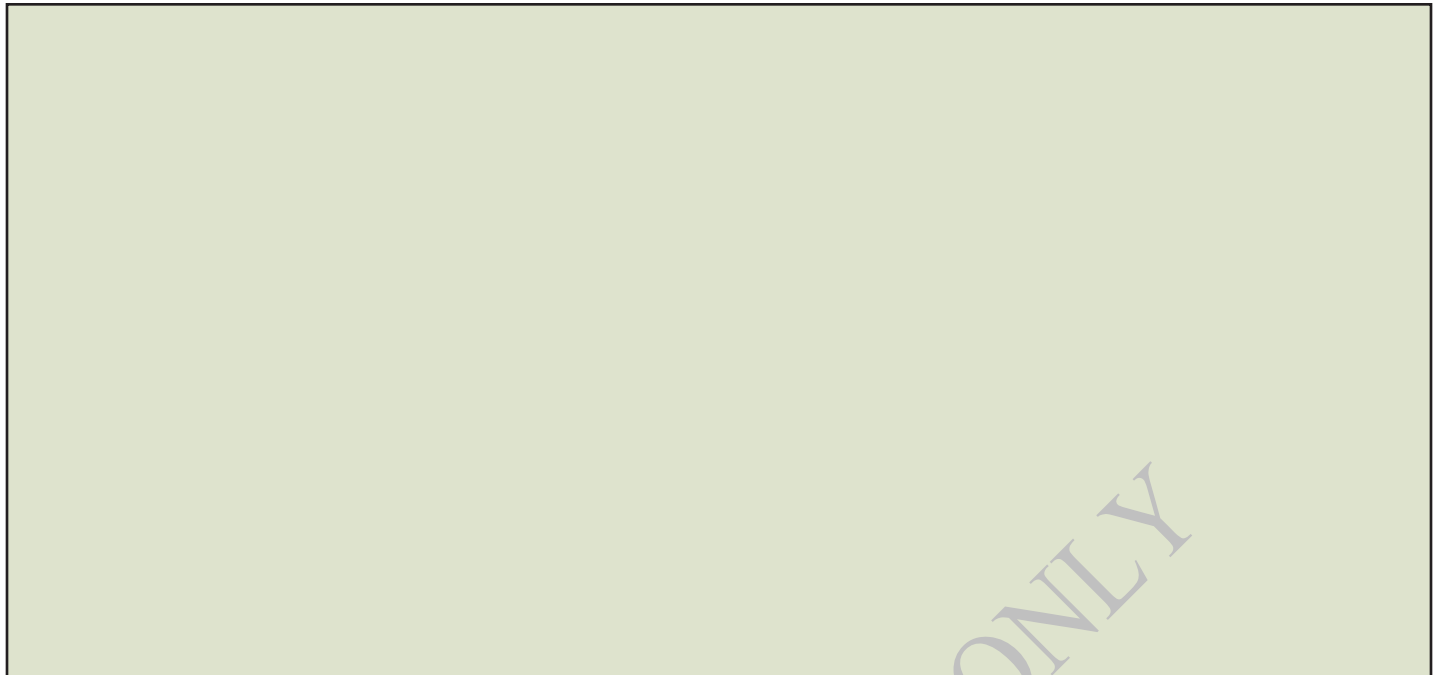
END OF PART 2

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

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

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

FOR INFORMATION ONLY



Person 3	Person 4	Person 5	Person 6
Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female
Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know

INTERVIEWER: If No or Don't know to questions I1 and I2 → Go to question I4
 (This check applies to each Person individually.)

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

The following questions are about activities that you and other people aged 15 and over in your household did without receiving pay. Again, these questions are for activities done during the year ending December 31st, 2005.

	Person 1	Person 2
I6. Did		
a) take care of children?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
b) take care of seniors or elders?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
c) clean your home?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
d) process or prepare animals for food or skins, or cook meals?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
e) sew?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
f) repair hunting equipment, machinery, appliances or do home repairs?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
g) prepare or pack for any hunting, fishing, trapping or camping trips?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
I7. During the year ending December 31st, 2005, did ... gather firewood?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
The next few questions are about harvesting country food. Some examples include hunting caribou, fishing for arctic char and gathering wild berries and shellfish.		
I8. Did ... harvest country food during the year ending December 31st, 2005?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know

I9 a. During the year ending December 31, 2005 did you or other members of your household use the following items for harvesting country food, gathering firewood or for unpaid household work?

I9 b. Is it owned by you or a member of your household?

I9 c. Was it bought during the year ending December 31st, 2005?

Trucks	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Snowmobiles	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
4-wheelers or ATV's	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Sleds or toboggans	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Freighters or other canoes	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Other boats	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Outboard motors	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Ice augers	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Fishnets	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Sewing machines	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Firearms	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Generators	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Chainsaws	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
GPS units (Global Positioning System units)	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Floater suits or life jackets	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Mobile Radios (including VHF)	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Camping tent	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No

INTERVIEWER: If respondent answered "yes" to question I8 for any of the household members → GO TO QUESTION I10. Otherwise GO TO QUESTION I11.

I10. What was done with the country food harvested by you and other members of this household during the year ending December 31st, 2005? Was it...

(INTERVIEWER:

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

	Yes	No	Don't know
a) eaten in this household?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
b) shared with others or given away to persons outside the household?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
c) given away in exchange for gas, other supplies, or help?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
d) sold?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>

I11. Of the total amount of meat and fish eaten in your household during the year ending December 31st, 2005, how much of this total was country food?

- 1 None → GO TO QUESTION I13
 2 Less than half
 3 About half
 4 More than half
 7 Don't know

I12. Was any of this country food...

(INTERVIEWER:

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

	Yes	No	Don't know
a) received for free, including from other people, from a local hunter and trappers organisation, municipal freezer, or other?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
b) received in exchange for gas, other supplies, or help?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
c) bought?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>

I13. Now we would like to ask a question about your income and the income of the other members of your household in order to better understand living conditions in the North.

For the year ending December 31st, 2005 please think of the total amount earned by all members of your household from the sales of fish, meat, carvings, skin clothing, furs, crafts, ivory and other similar goods. Which of these ranges does this amount fall into?

(INTERVIEWER: Read list. Mark one only.)

- | | |
|---|--|
| 01 <input type="radio"/> No income or income loss | 09 <input type="radio"/> \$30,000 - 39,999 |
| 02 <input type="radio"/> \$1 - 2,499 | 10 <input type="radio"/> \$40,000 - 49,999 |
| 03 <input type="radio"/> \$2,500 - 4,999 | 11 <input type="radio"/> \$50,000 - 59,999 |
| 04 <input type="radio"/> \$5,000 - 9,999 | 12 <input type="radio"/> \$60,000 - 69,999 |
| 05 <input type="radio"/> \$10,000 - 14,999 | 13 <input type="radio"/> \$70,000 - 79,999 |
| 06 <input type="radio"/> \$15,000 - 19,999 | 14 <input type="radio"/> \$80,000 and over |
| 07 <input type="radio"/> \$20,000 - 24,999 | 97 <input type="radio"/> Don't know |
| 08 <input type="radio"/> \$25,000 - 29,999 | 98 <input type="radio"/> Refused |

END OF SECTION

Section J - PERSONAL WELLNESS

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

J1. On a scale of 1 to 6, with 1 being never and 6 being always, how much of the time, during the last month, have you... (*INTERVIEWER: Read list; and mark one only for each category.*)

	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always	Refused
a) been a very nervous person?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	8 <input type="radio"/>
b) felt calm and peaceful?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	8 <input type="radio"/>
c) felt downhearted and blue?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	8 <input type="radio"/>
d) been a happy person?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	8 <input type="radio"/>
e) felt so down that nothing could cheer you up?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	8 <input type="radio"/>

J2. The next questions are about support available to you. Who would you turn to for support in times of need?

(*INTERVIEWER: Mark all that apply.*)

- 01 No one
- 02 Husband/wife/spouse/common-law partner
- 03 Son or daughter [15 years or older]
- 04 Father or mother
- 05 Brother or sister
- 06 Grandfather or grandmother
- 07 Other relative
- 08 Friends, neighbours, co-workers
- 09 Employer
- 10 Elders
- 11 Other non-relative – *Specify*
- 97 Don't know

J3. Who would you turn to for advice when making an important decision?

(*INTERVIEWER: Mark all that apply.*)

- 01 No one
- 02 Husband/wife/spouse/common-law partner
- 03 Son or daughter [15 years or older]
- 04 Father or mother
- 05 Brother or sister
- 06 Grandfather or grandmother
- 07 Other relative
- 08 Friends, neighbours, co-workers
- 09 Employer
- 10 Elders
- 11 Other non-relative – *Specify*
- 97 Don't know

J4. What if you had to borrow \$200, who would you ask?
(INTERVIEWER: Mark all that apply.)

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

J5. On a scale of 1 to 5, with 1 being very weak and 5 being very strong, how strong are the ties among members of your family living in your community but in another household?

Very weak									Very Strong
1	2	3	4	5					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

J6. During your lifetime, have you ever seen, or talked on the telephone to any of the following professionals about your emotions, mental health or use of alcohol or drugs?
(INTERVIEWER: Mark all that apply.)



- 1 Psychiatrist
- 2 Family doctor or general practitioner
- 3 Psychologist
- 4 Nurse or Community Health Representative (CHR)
- 5 Social worker, counselor or addictions support worker
- 6 Religious or spiritual advisor such as a priest, pastor, minister or other church leader
- 7 Teacher or school staff
- 8 Other professional – Specify

END OF SECTION

Section K - COMMUNITY WELLNESS AND SOCIAL PARTICIPATION

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

K1. Are you satisfied or dissatisfied with job opportunities in the community?

- 1 Satisfied 
- 2 Dissatisfied 
- 7 Don't know

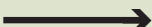

K1 a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K2. Are you satisfied or dissatisfied with your most recent job in the community?

- 1 Satisfied 
- 2 Dissatisfied 
- 7 Don't know
- 9 Not Applicable



K2 a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K3. Are you satisfied or dissatisfied with the quality of education in your community?

- 1 Satisfied 
- 2 Dissatisfied 
- 7 Don't know

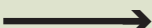

K3 a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K4. Are you satisfied or dissatisfied with the availability of health services, for example, nursing station or hospital in your community?

- 1 Satisfied 
- 2 Dissatisfied 
- 7 Don't know
- 9 Not Applicable



K4 a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K5. Are you satisfied or dissatisfied with the quality of your housing?

- 1 Satisfied 
- 2 Dissatisfied 
- 7 Don't know


K5 a. Is that somewhat or very?


Somewhat Very

1 2

1 2

K6. Are you satisfied or dissatisfied with your rent or house payments?

1 Satisfied 

2 Dissatisfied 

7 Don't know


K6 a. Is that somewhat or very?


Somewhat Very

1 2

1 2

K7. Are you satisfied or dissatisfied with recreational facilities, such as ice rinks or gyms, in your community?

1 Satisfied 

2 Dissatisfied 

7 Don't know

9 Not Applicable

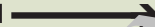
K7 a. Is that somewhat or very?


Somewhat Very

1 2

1 2

K8. Are you satisfied or dissatisfied with the freshness of foods in local stores?

1 Satisfied 

2 Dissatisfied 

7 Don't know


K8 a. Is that somewhat or very?


Somewhat Very

1 2

1 2

K9. Are you satisfied or dissatisfied with the availability of country food to your household, for example through sharing, hunting, or other?

1 Satisfied 

2 Dissatisfied 

7 Don't know


K9 a. Is that somewhat or very?


Somewhat Very

1 2

1 2

K10. Are you satisfied or dissatisfied with how well the provincial or territorial government is dealing with needs in your community, for example, needs related to job creation, education and health?

1 Satisfied 

2 Dissatisfied 

7 Don't know


K10 a. Is that somewhat or very?


Somewhat Very

1 2

1 2

K11. Are you satisfied or dissatisfied with the work of your local police force, or by-law officer, in keeping your community safe from crime?

1 Satisfied 

2 Dissatisfied 

7 Don't know

K11 a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K12. Are you satisfied or dissatisfied with how the territorial or provincial court deals with people who break the law?

1 Satisfied \longrightarrow

2 Dissatisfied \longrightarrow

7 Don't know

K12a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K13. Are you satisfied or dissatisfied with the degree of influence Inuit people have on management of natural resources like fish and caribou?

1 Satisfied \longrightarrow

2 Dissatisfied \longrightarrow

7 Don't know

K13a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K14. Are you satisfied or dissatisfied with the degree of influence that Inuit people have on management of natural resources like oil, gas, and minerals?

1 Satisfied \longrightarrow

2 Dissatisfied \longrightarrow

7 Don't know

K14a. Is that somewhat or very?

Somewhat Very

1 2

1 2

K15. All things considered, are you satisfied or dissatisfied with your life at present in this community?

1 Satisfied \longrightarrow

2 Dissatisfied \longrightarrow

7 Don't know

K15a. Is that somewhat or very?

Somewhat Very

1 2

1 2

FOR INFORMATION ONLY

K16. Thinking of yourself and your household five years in the future, do you think your hunting, fishing, trapping and gathering activities will increase, decrease, or remain about the same?

- 1 Increase → GO TO QUESTION K17
- 2 Decrease → GO TO QUESTION K18
- 3 Remain the same → GO TO QUESTION K19
- 7 Don't know → GO TO QUESTION K19

K17. Why do you think these activities will increase?

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

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

INTERVIEWER: GO TO QUESTION K19

K18. Why do you think these activities will decrease?

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

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

K19. Now I'm going to ask you about some everyday situations and I would like you to tell me how safe you feel from crime in each situation.

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

- 1 very safe?
- 2 reasonably safe?
- 3 somewhat unsafe?
- 4 very unsafe?
- 5 Does not walk alone → GO TO QUESTION K21
- 7 Don't know
- 8 Refused → GO TO QUESTION K20

K20. How often do you walk ALONE in your neighbourhood in the evening?

- 1 Daily → GO TO QUESTION K22
- 2 At least once a week
- 3 At least once a month
- 4 Never
- 8 Refused → GO TO QUESTION K22

K21. If you felt safer from crime, would you do this more often?

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

K22. When ALONE in your home in the evening, do you feel...

- 1 very worried?
- 2 somewhat worried?
- 3 not at all worried about your safety from crime?
- 4 Never alone
- 7 Don't know
- 8 Refused

K23. In general, are you satisfied or dissatisfied with your personal safety from crime?

- | | | K23. Is that somewhat or very? | |
|---|--------------------------------------|--------------------------------|-------------------------|
| | | Somewhat | Very |
| 1 | <input type="radio"/> Satisfied → | 1 <input type="radio"/> | 2 <input type="radio"/> |
| 2 | <input type="radio"/> Dissatisfied → | 1 <input type="radio"/> | 2 <input type="radio"/> |
| 7 | <input type="radio"/> Don't know | | |
| 8 | <input type="radio"/> Refused | | |

K24. In the last five years, have you ever considered moving out of this community?

- 1 Yes
 - 2 No
 - 7 Don't know/ can't remember
- } GO TO QUESTION K26

K25. What were your reasons for wanting to move away?

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

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

K26. Thinking of your present situation, what are the most important reasons keeping you in this community?

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

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

K27. The next set of questions are about your participation in the community.

Thinking of the last 12 months...

	Yes	No	Don't know
a) did you volunteer for a community organization or group, for example, for a radio station, a search and rescue team, a church group, a youth group or other?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
b) did you work at a community event including fairs, festivals, food distribution, or spring clean-up?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
c) did you attend a local committee or board meeting?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
d) did you attend a public meeting held in the community?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
e) did you attend or participate in a local sports event?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>

K28. Did you vote in the most recent municipal election?

- 1 Yes
- 2 No
- 3 Too young to vote
- 7 Don't know

K29. Did you vote in the most recent provincial or territorial election?

- 1 Yes
- 2 No
- 3 Too young to vote
- 7 Don't know

K30. Did you vote in the most recent election of your land claims organization?

- 1 Yes
- 2 No
- 3 Too young to vote
- 7 Don't know

K31. What, if anything, could be done to make life in your community better?

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

- 01 More jobs available
- 02 Better housing
- 03 More schooling available in the community
- 04 Better police services available in the community / reduction in crime and violence
- 05 More support for community-wide events and activities
- 06 More support for harvesting activities
- 07 Other – Specify
- 97 Don't know

K32. Are you a member or beneficiary of a land claim agreement?


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

INTERVIEWER:

If respondent lives in the Inuvialuit region of the Northwest Territories  **GO TO QUESTION K33**

If respondent lives in the territory of Nunavut  **GO TO QUESTION K34**

If respondent lives in the Nunavik region of northern Québec  **GO TO QUESTION K35**

If respondent lives in the Nunatsiavut region of Labrador  **GO TO QUESTION K36**

OTHERWISE END SURVEY AND THANK RESPONDENT

For the Inuvialuit region of the Northwest Territories only

K33. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with the Inuvialuit Regional Corporation to share the responses from this survey. The Inuvialuit Regional Corporation would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

Do you agree to have your information shared with the Inuvialuit Regional Corporation?

- 1 Yes
- 2 No

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

★

For the territory of Nunavut only

K34. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with Nunavut Tunngavik Incorporated to share the responses from this survey. Nunavut Tunngavik Incorporated would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

Do you agree to have your information shared with Nunavut Tunngavik Incorporated?

- 1 Yes
2 No

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

For the Nunavik region of northern Québec only

K35. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with Makivik Corporation to share the responses from this survey. Makivik Corporation would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

Do you agree to have your information shared with Makivik Corporation?

- 1 Yes
2 No

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

For the Nunatsiavut region of Labrador only

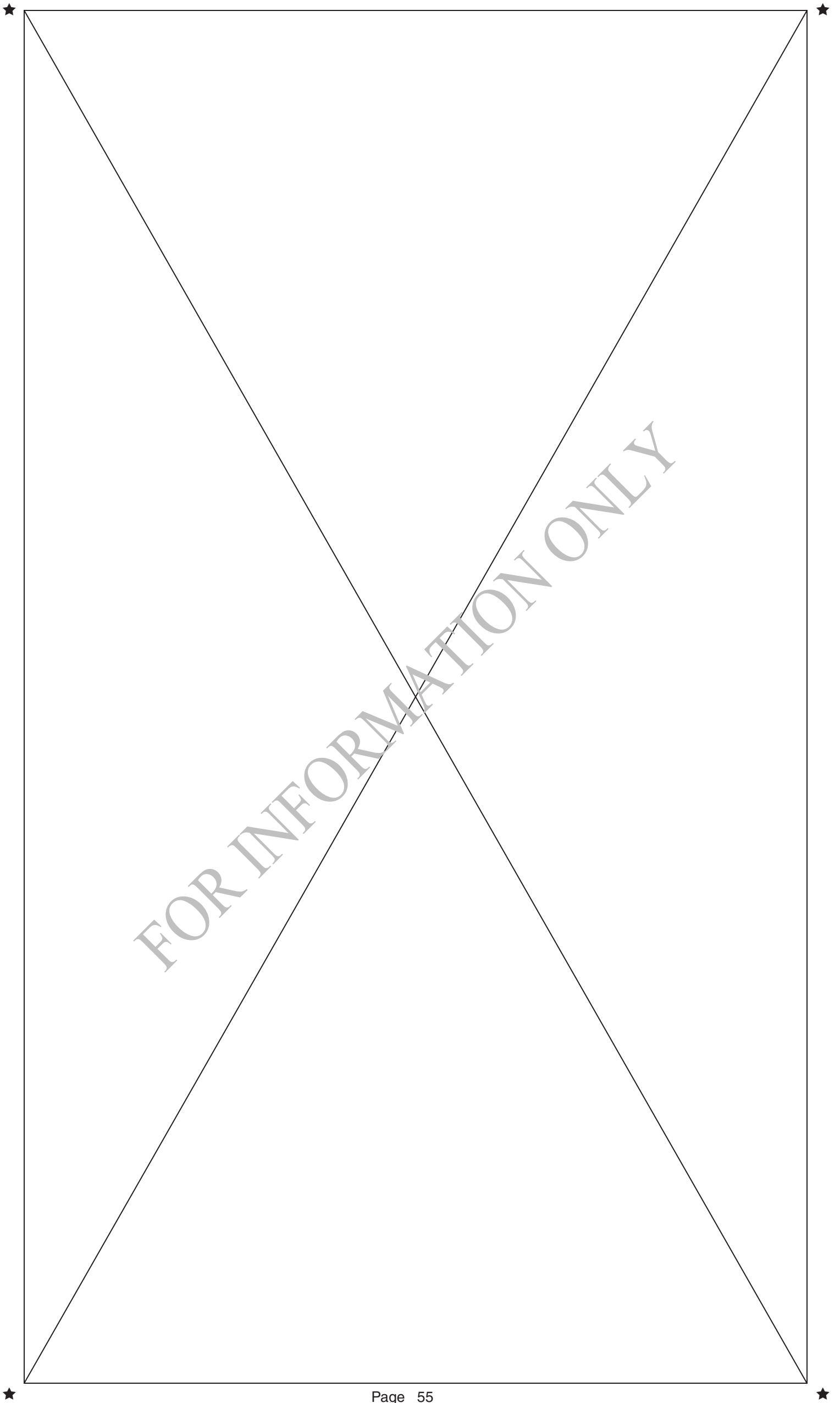
K36. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with the Nunatsiavut Government to share the responses from this survey. The Nunatsiavut Government would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

Do you agree to have your information shared with the Nunatsiavut Government?

- 1 Yes
2 No

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

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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
