



Aboriginal Peoples Survey 2006 (Children and Youth - aged 6 to 14)

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 to the parent or guardian of ___?

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	09
					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
					44	<input type="radio"/> Language barrier (not official language)
					36	<input type="radio"/> Unable to trace
					56	<input type="radio"/> Not eligible
					64	<input type="radio"/> Deceased
					80	<input type="radio"/> Refusal
					90	<input type="radio"/> Unusual/Special circumstances
PROV	CD	CU	HHNUM	PNUM	Completed by:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="radio"/> Telephone
					2	<input type="radio"/> Visit

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

Family Name

Given Name

Number and Street or lot and concession or exact location

R.R. No. P.O. Box No. City, Town, Village, Municipality, Indian Reserve

Province or Territory Postal code Area code Telephone Number

INFORMATION SOURCE

Language of Interview

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

Person responding for the child

1 Parent 2 Guardian 3 Other family member 4 Other 5 Child him/herself

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 ___'s ancestors belong to any of the following Aboriginal groups?

(INTERVIEWER: Read list and wait for a response after each question is read.

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. Is ___ an Aboriginal person, that is, North American Indian, Métis or Inuk?

- 1 Yes, North American Indian
- 2 Yes, Métis
- 3 Yes, Inuk
- 4 No
- 7 Don't know
- 8 Refused

3. Is ___ a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada?

- 1 Yes, Treaty Indian or Registered Indian
- 2 No
- 7 Don't know
- 8 Refused

4. Has an application ever been made to the Department of Indian Affairs and Northern Development for ___ to be registered as a status Indian under Bill C-31?

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

4a. Has ___ been registered as a Status Indian under Bill C-31?

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

5. Is ___ a member of an Indian Band or First Nation?

- 1 Yes, member of an Indian Band or First Nation
- 2 No
- 7 Don't know
- 8 Refused

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

6. Is ___ a boy or a girl?

- 1 Boy
- 2 Girl
- 8 Refused

7. What is ___'s date of birth?

Day Month Year
 / /

- 7 Don't know
- 8 Refused

If October 31, 1991 or before

1 ADULT →

ADMINISTER ADULT QUESTIONNAIRE

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

2 CHILD →

CONTINUE WITH THIS QUESTIONNAIRE

If after October 31, 2000

3 CHILD TOO YOUNG →

END INTERVIEW AND THANK RESPONDENT

PART 2 - CHILDREN AND YOUTH QUESTIONNAIRE

Section A - DEMOGRAPHICS

A1. What is your relationship to ____ ?

(INTERVIEWER: Mark one only.)

- 01 Mother/father (birth parent)
- 02 Step parent (including common-law step parent)
- 03 Adoptive parent (non-relative)
- 04 Aunt/Uncle
- 05 Sister/brother
- 06 Grandparent
- 07 Foster parent (non-relative)
- 08 Other relative – Specify _____
- 09 Other non relative – Specify _____
- 97 Don't know
- 98 Refused

A2. Which of the following people in ____ 's family have any Aboriginal origins?

(INTERVIEWER: Mark Yes, No, Don't Know or Refused to each. Reference is to biological family.)

	Yes	No	Don't know	Refused
a) His/her father	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) His/her mother	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Grandfather on father's side	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Grandmother on father's side	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Grandfather on mother's side	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Grandmother on mother's side	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

Section B - GENERAL HEALTH

**B1. In general, would you say
 ___'s health is...**

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

**B2. How tall is ___ without shoes on?
 (Best estimate)**

 OR

feet inches centimeters

- 7 Don't know
- 8 Refused

**B3. How much does ___ weigh?
 (Best estimate)**

 OR

pounds kilograms

- 7 Don't know
- 8 Refused

**B4. How much did ___ weigh at birth?
 (Best estimate)**

 OR

pounds ounces grams

- 7 Don't know
- 8 Refused

B5. Was ___ ever breast-fed?

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

B5a. For how long?

 OR

month(s) year(s)

- 1 Less than one month
- 7 Don't know
- 8 Refused

END OF SECTION

★ **Section C - HEALTH CARE UTILIZATION** ★

C1. In the past 12 months, have you seen or talked on the phone with a pediatrician, general practitioner or family physician about ___'s physical, emotional or mental health?

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

C1a. Where did the most recent contact take place?

(INTERVIEWER: Mark one only.)

- 01 Doctor's office
- 02 Hospital emergency room
- 03 Hospital outpatient clinic
- 04 Walk-in clinic
- 05 Appointment clinic
- 06 Community health centre
- 07 At home
- 08 At school
- 09 Telephone consultation only
- 10 Other – Specify _____
- 97 Don't know
- 98 Refused

C1b. What was the type of care that was needed?

(INTERVIEWER: Mark all that apply.)

- 01 Treatment of a physical health problem
- 02 Treatment of an emotional or mental health problem
- 03 Regular check-up
- 04 Care of an injury
- 05 Immunizations/needles/vaccination/flu shot
- 06 Other – Specify _____
- 97 Don't know
- 98 Refused

C2. In the past 12 months, have you seen or talked on the phone with another medical specialist, such as an orthopedist, eye specialist, psychiatrist or chiropractor, about ___'s physical, emotional or mental health?

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

C2a. Where did the most recent contact take place?

(INTERVIEWER: Mark one only.)

- 01 Doctor's office
- 02 Hospital emergency room
- 03 Hospital outpatient clinic
- 04 Walk-in clinic
- 05 Appointment clinic
- 06 Community health centre
- 07 At home
- 08 At school
- 09 Telephone consultation only
- 10 Other – Specify _____
- 97 Don't know
- 98 Refused

C2b. What was the type of care that was needed?

(INTERVIEWER: Mark all that apply.)

- 01 Treatment of a physical health problem
- 02 Treatment of an emotional or mental health problem
- 03 Regular check-up
- 04 Care of an injury
- 05 Immunizations/needles/vaccination/flu shot
- 06 Other – Specify _____
- 97 Don't know
- 98 Refused

★

C3. In the past 12 months, have you seen or talked on the phone with a nurse, including community health nurse, a public health nurse or nurse practitioner about ___'s physical, emotional or mental health?

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

C3a. Where did the most recent contact take place?

(INTERVIEWER: Mark one only.)

- 01 Doctor's office
- 02 Hospital emergency room
- 03 Hospital outpatient clinic
- 04 Walk-in clinic
- 05 Appointment clinic
- 06 Community health centre
- 07 At home
- 08 At school
- 09 Telephone consultation only
- 10 Other – Specify
- 97 Don't know
- 98 Refused

C3b. What was the type of care that was needed?

(INTERVIEWER: Mark all that apply.)

- 01 Treatment of a physical health problem
- 02 Treatment of an emotional or mental health problem
- 03 Regular check-up
- 04 Care of an injury
- 05 Immunizations/needles/vaccination/flu shot
- 06 Other – Specify
- 97 Don't know
- 98 Refused

C4. In the past 12 months, have you seen or talked on the phone with a traditional Aboriginal healer about ___'s physical, emotional or mental health?

(INTERVIEWER: By Aboriginal, we are referring to First Nations, Métis or Inuit.)

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

Section D - ACTIVITIES OF DAILY LIVING AND MEDICAL CONDITIONS

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

D1. Does ___ 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

D2. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity ___ can do:

a) At home?

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

b) 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

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

D3. Which, if any, of the following long-term conditions or health problems does ___ have that have been diagnosed by a doctor, nurse or health professional?

(INTERVIEWER: Mark Yes, No or Don't know to each.)

	Yes	No	Don't know	Refused
a) Allergies	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Bronchitis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Tuberculosis (TB)	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Heart condition or problem	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Diabetes	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Cerebral Palsy	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Psychological or nervous difficulties	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Ear infections or ear problems	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Hearing impairment	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) Visual impairment	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Mental disability	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Learning disability	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) Fetal Alcohol Syndrome/Fetal Alcohol Effect or Fetal Alcohol Spectrum Disorder (FASD)	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) Lactose intolerance or trouble digesting milk	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o) Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
p) Autism	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q) Arthritis or rheumatism	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
r) Asthma	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D3 r a) Has ___ had an attack of asthma in the past 12 months?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
D3 r b) Does asthma prevent or limit ___ participation in school, at play or any other activity normal for someone his/her age?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D4. Does ___ take any of the following medications on a regular basis?

(INTERVIEWER: Mark Yes, No or Don't know to each.)

	Yes	No	Don't know	Refused
a) Traditional First Nations, Métis or Inuit medicines	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Ventolin, inhalers or puffers for asthma	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Ritalin or other similar medications	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Anti-convulsants or anti-epileptic pills	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Insulin or other drugs for diabetes	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Other – Specify _____	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

Section E - PHYSICAL INJURIES

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

- E1. In the past 12 months, has _____ been injured seriously enough to require hospitalization or medical attention by a doctor, nurse or dentist?
- 1 Yes
 2 No
 7 Don't know
 8 Refused
- } GO TO NEXT SECTION

- E2. In the past 12 months, how many times was _____ injured and required medical attention?
- (INTERVIEWER: Accept respondent's best estimate.)
- Times
 7 Don't know
 8 Refused

- E3. For the most serious injury, what type of injury did he/she have?
 (INTERVIEWER: Mark one only.)
- 01 Broken or fractured bones
 02 Burns or scalds
 03 Dislocation
 04 Sprain or strain (major)
 05 Cuts, scrapes or bruises (major)
 06 Concussion
 07 Poisoning
 08 Internal injury
 09 Dental injury
 10 Other – Specify
 97 Multiple injuries
 98 Don't know
 99 Refused

- E4. What happened, for example, was _____'s injury the result of a fall, car accident, physical assault or something else?
 (INTERVIEWER: Mark one only.)
- 01 Motor vehicle accident - passenger/driver
 02 Motor vehicle accident - pedestrian
 03 Motor vehicle accident - riding bicycle
 04 Other bicycle accident
 05 Snowmobile/Boat/All terrain vehicle (ATV) accident
 06 Fall (excluding bicycle or sports)
 07 Sport (not including bicycle)
 08 Physical assault
 09 Scalded by hot liquid or food
 10 Food poisoning
 11 Accidental poisoning
 12 Self-inflicted injury
 13 Natural/environmental factors (animal bite, sting, frostbite)
 14 Fire or flames or resulting fumes
 15 Near drowning
 16 Other – Specify
 97 Don't know
 98 Refused

END OF SECTION

Section F - DENTAL CARE

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

F1. When was the last time ____ had any dental care?
(INTERVIEWER: Mark one only.)

- 1 Within the last 12 months
 - 2 More than 1 year ago but less than 3 years ago
 - 3 3 years or more ago but less than 5 years ago
 - 4 5 years or more ago
 - 5 Never
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION F3

F2. What type of dental care was required?
(INTERVIEWER: Mark all that apply.)

- 1 Check up
- 2 Cleaning
- 3 Filling
- 4 Tooth pulled
- 5 Orthodontal care, for example braces
- 6 Other – Specify _____
- 7 Don't know
- 8 Refused

F3. Does ____ need dental treatment at this time?

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

F4. Have arrangements been made for ____ to receive the needed treatment?

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

F5. Why have arrangements not been made?
(INTERVIEWER: Mark all that apply.)

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

END OF SECTION

Section G - NUTRITION

Now I will ask you some questions about the food ____ eats.

	Every day	5 or 6 days	3 or 4 days	1 or 2 days	Never	Don't know	Refused
G1. Last week, how often did ____ eat breakfast?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
G2. Last week, on how many days did ____ consume the following foods and beverages?							
a) Milk	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Cheese, yogurt and other milk products	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Eggs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) 100% fruit juices (such as orange, grapefruit or tomato. Do not include fruit drinks, kool-aid, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Fruit (Do not include juice)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Green salad	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) French fries, potato chips, pretzels, etc.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Potatoes (Do not include french fries or potato chips)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Other vegetables (Do not include potatoes or salad)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) Bread (such as bannock, bagels, bunce)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Cereal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Rice	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) Pasta	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) Candy, soft drinks, cakes, pies, etc.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o) Processed meat (such as bologna, hot dogs, spam, klik)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
p) Wild meat (such as moose, caribou, venison, walrus, muktuk)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q) Store bought meat (such as beef, pork, lamb, poultry)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
r) Fish and seafood	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

We know that the following questions may be sensitive, but would appreciate you answering them as well as you can. Your answers will help us to better understand if families can afford the food they need.

G3. Has ___ ever experienced being hungry because the family has run out of food or money to buy food?

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

G4. How often?

(INTERVIEWER: Mark one only.)

- 1 More often than end of each month
- 2 Regularly, end of the month
- 3 Every few months
- 4 Occasionally, not a regular occurrence
- 7 Don't know
- 8 Refused

G5. How do you cope with feeding ___ when this happens?

(INTERVIEWER: Mark all that apply.)

- 01 Parent/guardian skips meals or eats less
- 02 Children skip meals or eat less
- 03 Cut down on variety of food family usually eats
- 04 Seek help from relatives
- 05 Seek help from friends
- 06 Seek help from social worker/government office
- 07 Seek help from food bank (emergency food program)
- 08 Use school meal program
- 09 Other
- 97 Don't know
- 98 Refused

END OF SECTION

★ **Section H - EDUCATION** ★

The next section is about ___'s experiences at school.

H1. Did ___ attend an early childhood development or preschool program?

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

H1a. Was this program specifically designed for Aboriginal children? For example, Head Start.

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

H2. Is ___ currently attending school?

(INTERVIEWER: Kindergarten is to be included.)

- 1 Yes → GO TO QUESTION H8
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION H13

H3. Why is ___ not attending school?

(INTERVIEWER: Mark one only.)

- 01 Too young
 - 02 Is home schooled
 - 03 Wanted to work
 - 04 Bored with school
 - 05 Problems at home
 - 06 To help at home
 - 07 No school available/accessible
 - 08 Other – Specify
 - 97 Don't know
 - 98 Refused
- } GO TO QUESTION H13

H4. What grade was ___ in when he/she left school?

Grade/level

- 1 Child never attended a school → GO TO QUESTION H13
- 7 Don't know
- 8 Refused

H5. The following questions are about the school ____ last attended.

How do you feel about the following statements about ____'s school?
Tell me if you: Strongly agree, Agree, Disagree OR Strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Refused
a) This school provided enough information about ____'s academic progress.	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) This school provided enough information about ____'s attendance.	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) This school provided enough information about ____'s behaviour at school.	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) I was satisfied with the level of discipline at this school.	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) I felt the presence of drugs and alcohol was a problem at this school.	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) I felt violence was a problem at this school.	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) I was satisfied with the quality of teaching at this school.	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) At this school ____ was challenged to work at his/her full potential.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) I was satisfied with how this school was preparing ____ to make choices about his/her future.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) This school had high academic standards.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) I was satisfied with the availability of extracurricular activities at this school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Overall, ____ was happy at this school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

H6. Based on your knowledge of ____'s school work, including report cards, overall, how well was ____ going at school? Would that be ...

- 1 Very well?
- 2 Well?
- 3 Average?
- 4 Poorly?
- 5 Very Poorly?
- 7 Don't know
- 8 Refused

H7. During ____'s last school year, before leaving school had he/she been absent or missed school for a period of 2 or more weeks in a row?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION H13

H7 a. The last time ___ was absent for 2 or more weeks, for how long was it?

- 1 2 to 4 weeks
- 2 5 to 7 weeks
- 3 About 2 months
- 4 About 3 months
- 5 About 4 months or more
- 7 Don't know
- 8 Refused

H7 b. The last time ___ was absent for 2 or more weeks, why was he/she away?
(*INTERVIEWER: Mark all that apply.*)

- 01 Child was sick or injured
- 02 Family trip
- 03 School trip or exchange
- 04 School was closed (such as strike, bad weather)
- 05 To help with traditional activities (such as harvesting, hunting, fishing, gathering wood)
- 06 To help out at home
- 07 Bored at school
- 08 Problems with school work
- 09 Had problems with teachers or other students
- 10 Suspended from school or kicked out
- 11 Wanted to work instead
- 12 Other – Specify
- 97 Don't know
- 98 Refused

INTERVIEWER: GO TO QUESTION 413

H8. What grade/level is ___ in?

- Grade/level*
- 1 Kindergarten
 - 7 Don't know
 - 8 Refused

H9. Does ___ currently attend a before or after school child care program?

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

H10. How do you feel about the following statements about the school ___ is attending?
Tell me if you: Strongly agree, Agree, Disagree OR Strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Refused
a) This school provides enough information about ___'s academic progress.	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) This school provides enough information about ___'s attendance.	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) This school provides enough information about ___'s behaviour at school.	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) I am satisfied with the level of discipline at this school.	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) I feel the presence of drugs and alcohol is a problem at this school.	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) I feel violence is a problem at this school.	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) I am satisfied with the quality of teaching at this school.	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) At this school ___ is challenged to work at his/her full potential.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) I am satisfied with how this school is preparing ___ to make choices about his/her future.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) This school has high academic standards.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) I am satisfied with the availability of extracurricular activities at this school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Overall, ___ is happy at this school.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

H11. Based on your knowledge of ___'s school work, including report cards, overall, how well is ___ doing at school this year? Would that be ...

- 1 Very well?
- 2 Well?
- 3 Average?
- 4 Poorly?
- 5 Very Poorly?
- 7 Don't know
- 8 Refused

H12. During this school year, has ___ been absent or missed school for a period of 2 or more weeks in a row?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION H13

H12 a. The last time ___ was absent for 2 or more weeks, for how long was it?

- 1 2 to 4 weeks
- 2 5 to 7 weeks
- 3 About 2 months
- 4 About 3 months
- 5 About 4 months or more
- 7 Don't know
- 8 Refused

H12 b. The last time ___ was absent for 2 or more weeks, why was he/she away?
(INTERVIEWER: Mark all that apply.)

- 01 Child was sick or injured
- 02 Family trip
- 03 School trip or exchange
- 04 School was closed (such as strike, bad weather)
- 05 To help with traditional activities (such as harvesting, hunting, fishing, gathering wood)
- 06 To help out at home
- 07 Bored at school
- 08 Problems with school work
- 09 Had problems with teachers or other students
- 10 Suspended from school or kicked out
- 11 Wanted to work instead
- 12 Other – Specify
- 97 Don't know
- 98 Refused

H13. For the next questions, please answer using:

Not important at all, Slightly important, Fairly important, OR Very important.

a) How important is it to you that ___ graduates from high school?

- 1 Not important at all
- 2 Slightly important
- 3 Fairly important
- 4 Very important
- 7 Don't know
- 8 Refused

b) How important is it to you that ___ gets more education after high school?

- 1 Not important at all
- 2 Slightly important
- 3 Fairly important
- 4 Very important
- 7 Don't know
- 8 Refused

END OF SECTION

Section I - SOCIAL ACTIVITIES AND RELATIONSHIPS

I1. Now, I will read you a list of activities. Please tell me how often ____ carries out each one. Include only time spent doing these activities outside of school hours.

How often does _____ ...

(INTERVIEWER: Mark one response for each activity.)

	Never	Less than once per week	1-3 times per week	4 or more times per week	Don't know	Refused
a) Play sports, including taking lessons?	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) Take part in art or music, groups or lessons?	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) Take part in clubs or groups, such as youth groups, drum groups, dance groups?	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) Help without pay in the community or school?	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) Participate in culturally related activities?	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) Spend time with Elders?	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) Have supper with his/her family?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

(INTERVIEWER: Ask only if child was born before October 31, 1994.)

	Never	Less than once per week	1-3 times per week	4 or more times per week	Don't know	Refused
h) Work at a job such as baby-sitting, at a store, or tutoring?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

I2. On average, about how many hours per day, if any, does ____ ...

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

a) Watch T.V., videos or DVDs?

Hours

- 1 None
7 Don't know
8 Refused

b) Spend time on a computer?

Hours

- 1 None
7 Don't know
8 Refused

c) Play video games such as Play Stations, Xboxes, Nintendo and Gameboy, excluding computer games?

Hours

- 1 None
7 Don't know
8 Refused

I3. How often does ___ read or have books read to him/her? Please do not include reading that is required for school. (INTERVIEWER: Mark one only.)

- 1 Every day
- 2 A few times a week
- 3 Once a week
- 4 A few times a month
- 5 Less than once a month
- 6 Never
- 7 Don't know
- 8 Refused

I4. During the past 6 months, how well has ___ gotten along with other kids, such as friends or classmates, excluding brothers and sisters? (INTERVIEWER: Mark one only.)

- 1 Very well, no problems
- 2 Quite well, hardly any problems
- 3 Pretty well, occasional problems
- 4 Not too well, frequent problems
- 5 Not well at all, constant problems
- 7 Don't know
- 8 Refused

I5. Since starting school in the fall, how well has ___ gotten along with his/her teachers? (INTERVIEWER: Mark one only.)

- 1 Very well, no problems
- 2 Quite well, hardly any problems
- 3 Pretty well, occasional problems
- 4 Not too well, frequent problems
- 5 Not well at all, constant problems
- 6 Not applicable
- 7 Don't know
- 8 Refused

I6. During the past 6 months, how well has ___ gotten along with his/her parent(s)? (INTERVIEWER: Mark one only. If child does not live with parents, please indicate how well he/she has gotten along with his/her primary care givers.)

- 1 Very well, no problems
- 2 Quite well, hardly any problems
- 3 Pretty well, occasional problems
- 4 Not too well, frequent problems
- 5 Not well at all, constant problems
- 7 Don't know
- 8 Refused

I7. During the past 6 months, how well has ___ gotten along with his/her brothers and sisters? (INTERVIEWER: Mark one only.)

- 1 Very well, no problems
- 2 Quite well, hardly any problems
- 3 Pretty well, occasional problems
- 4 Not too well, frequent problems
- 5 Not well at all, constant problems
- 6 Not applicable
- 7 Don't know
- 8 Refused

END OF SECTION

Section J - LANGUAGE

The next questions are about the languages _____ knows.

J1. Does _____ speak an Aboriginal language?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION J5

J2. What Aboriginal language or languages does _____ speak?

01 _____

02 _____

03 _____

IF ONLY ONE LANGUAGE REPORTED
→ GO TO QUESTION J4

- 97 Don't know
- 98 Refused

J3. Amongst those Aboriginal languages, which Aboriginal language is _____'s primary Aboriginal language?
By "primary" we mean the language that _____ uses most often or that he/she is most comfortable using.

01 _____

97 Don't know

98 Refused

J4. How would you rate _____'s ability to speak this Aboriginal language?
Would you say he/she 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 J8

J5. Does _____ understand an Aboriginal language even if only a few words?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION J13

J6. What Aboriginal language or languages does _____ understand?

01 _____

02 _____

03 _____

IF ONLY ONE LANGUAGE REPORTED
→ GO TO QUESTION J8

- 97 Don't know
- 98 Refused

J7. Amongst those Aboriginal languages, which Aboriginal language is _____'s primary Aboriginal language?
By "primary" we mean the language that he/she understands the best.

01 _____

97 Don't know

98 Refused

J8. How would you rate ___'s ability to understand this Aboriginal language?
Would you say he/she can...

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

J9. How would you rate ___'s ability to read this Aboriginal language?
Would you say he/she can...

- 1 Read very well?
 - 2 Read relatively well?
 - 3 Read with effort?
 - 4 Read a few words?
 - 5 Not read in his/her primary Aboriginal language?
 - 6 Not applicable (it is not a written language)
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION J11

J10. How would you rate ___'s ability to write this Aboriginal language?
Would you say he/she can...

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

J11. How often does ___ 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 his/her 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 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"/>
c) 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"/>

J12. Who helps ___ in learning his/her Aboriginal language?
(INTERVIEWER: Mark all that apply.)

- 01 His/her grandparents
- 02 His/her parents
- 03 His/her aunts and uncles
- 04 His/her other relatives
- 05 His/her friends
- 06 His/her school teachers
- 07 Community Elders
- 08 Community
- 09 Other – Specify _____
- 97 Don't know
- 98 Refused

INTERVIEWER: GO TO QUESTION J16

J13. Did ___ ever understand an Aboriginal language?

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

} GO TO QUESTION J16

J14. What Aboriginal language did ___ understand?

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

- 01
- 97 Don't know
- 98 Refused

J15. Did ___ ever speak this Aboriginal language?

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

J16. How important is it to you that ___ keep, learn or re-learn his/her 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 K - HOUSEHOLD DATA

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

K1. What is your date of birth?

Day Month Year

/ /

7 Don't know

8 Refused

K2. INTERVIEWER:

Please note gender of respondent.

1 Male

2 Female

8 Refused

K3. Have you completed the requirements for a high school diploma or its equivalent?

1 Yes → GO TO QUESTION K5

2 No

7 Don't know

8 Refused

K4. What is the HIGHEST GRADE of elementary or high school you have ever COMPLETED?

(INTERVIEWER: Mark one only.)

01 No schooling

02 Grade 5 or less

03 Grade 6

04 Grade 7 OR
Secondary 1 (Quebec)

05 Grade 8 OR
Secondary 2 (Quebec)

06 Grade 9 OR
Secondary 3 (Quebec) OR
Senior 1 (Manitoba)

07 Grade 10 OR
Secondary 4 (Quebec) OR
Senior 2 (Manitoba) OR
Level I (Newfoundland)

08 Grade 11 OR
Secondary 5 (Quebec) OR
Senior 3 (Manitoba) OR
Level II (Newfoundland)

09 Grade 12 OR
Senior 4 (Manitoba) OR
Level III (Newfoundland)

10 Grade 13/OAC (Ontario Academic Credits)

11 GED (High school equivalency certificate)

97 Don't know

98 Refused

K5. What is the HIGHEST LEVEL of education you have ever COMPLETED?

(INTERVIEWER: Mark one only.)

- 01 No schooling
- 02 Some elementary school
- 03 Elementary school
- 04 Some high school
- 05 High school diploma or equivalent
- 06 Some College, CEGEP or University level courses (NO Certificate, Diploma or Degree)
- 07 Private business school or training institute Certificate or Diploma
- 08 College, CEGEP, Trade/Vocational, Apprenticeship, Teacher's College, or Nursing diploma or Certificate
- 09 University certificate or diploma BELOW a Bachelor's Degree
- 10 University Bachelor's Degree (e.g., B.A., B.Sc., B.A.Sc., B.Ed.)
- 11 University first professional Degree in Medicine (M.D.), Dentistry (D.D.S., D.M.D.), Veterinary Medicine (D.V.M.), Law (LL.B.), Optometry (O.D.) or Divinity (M.Div.)
- 12 Master's Degree (e.g., M.A., M.Sc., M.Ed., M.B.A.)
- 13 Doctorate Degree (e.g., Ph.D., D.Sc., D.Ed.)
- 14 Other – Specify
- 97 Don't know
- 98 Refused

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

K6. 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 QUESTION K8

K7. 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"/>

K8. Including yourself and _____, how many individuals live in this household?

Persons

7 Don't know

8 Refused

K9. Does _____ have any brothers or sisters?

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

1 Yes **—————>**

2 No

7 Don't know } **GO TO QUESTION K10**

8 Refused

K9a. How many?

Brothers/Sisters

7 Don't know

8 Refused

K9b. How many of _____'s brothers or sisters live in this household?

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

Brothers/Sisters

1 None

7 Don't know

8 Refused

K10. Is this a one or two parent household?

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

1 One

2 Two

7 Don't know

8 Refused

K11. During the year ending December 31, 2005, did any members of your household receive any income from the following sources:

a) Paid employment or self-employment?
Please include wages, salaries, commissions, tips and honorariums

	Yes	No	Don't know	Refused
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 Plan?

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, scholarships and education allowances, Northern allowance, interest, etc)?

1	<input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
---	-----------------------	-------------------------	-------------------------	-------------------------

K12. What was your household's main source of income for the year ending December 31, 2005?

(INTERVIEWER: Mark one only.)

- 1 Paid employment or self-employment
- 2 Employment insurance
- 3 Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government
- 4 Canada or Quebec Pension Plan
- 5 Social assistance or welfare benefits
- 6 Other – *Specify*
- 7 Don't know
- 8 Refused

K13. How many adult household members, including yourself, received income from any source, for the year ending December 31, 2005?

Number

- 7 Don't know
- 8 Refused

INTERVIEWER:

If respondent lives in the Inuvialuit region of the Northwest Territories



GO TO QUESTION K14a

If respondent lives in the territory of Nunavut



GO TO QUESTION K15a

If respondent lives in the Nunavik region of northern Québec



GO TO QUESTION K16a

If respondent lives in the Nunatsiavut region of Labrador



GO TO QUESTION K17a

OTHERWISE END SURVEY AND THANK RESPONDENT

For the Inuvialuit region of the Northwest Territories only

K14a. Is _____ a member or beneficiary of a land claim agreement?

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

K14b. 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

K15a. Is ____ a member or beneficiary of a land claim agreement?

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

K15b. 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

K16a. Is ____ a member or beneficiary of a land claim agreement?

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

K16b. 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

★

K17a. Is ____ a member or beneficiary of a land claim agreement?

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

K17b. 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.

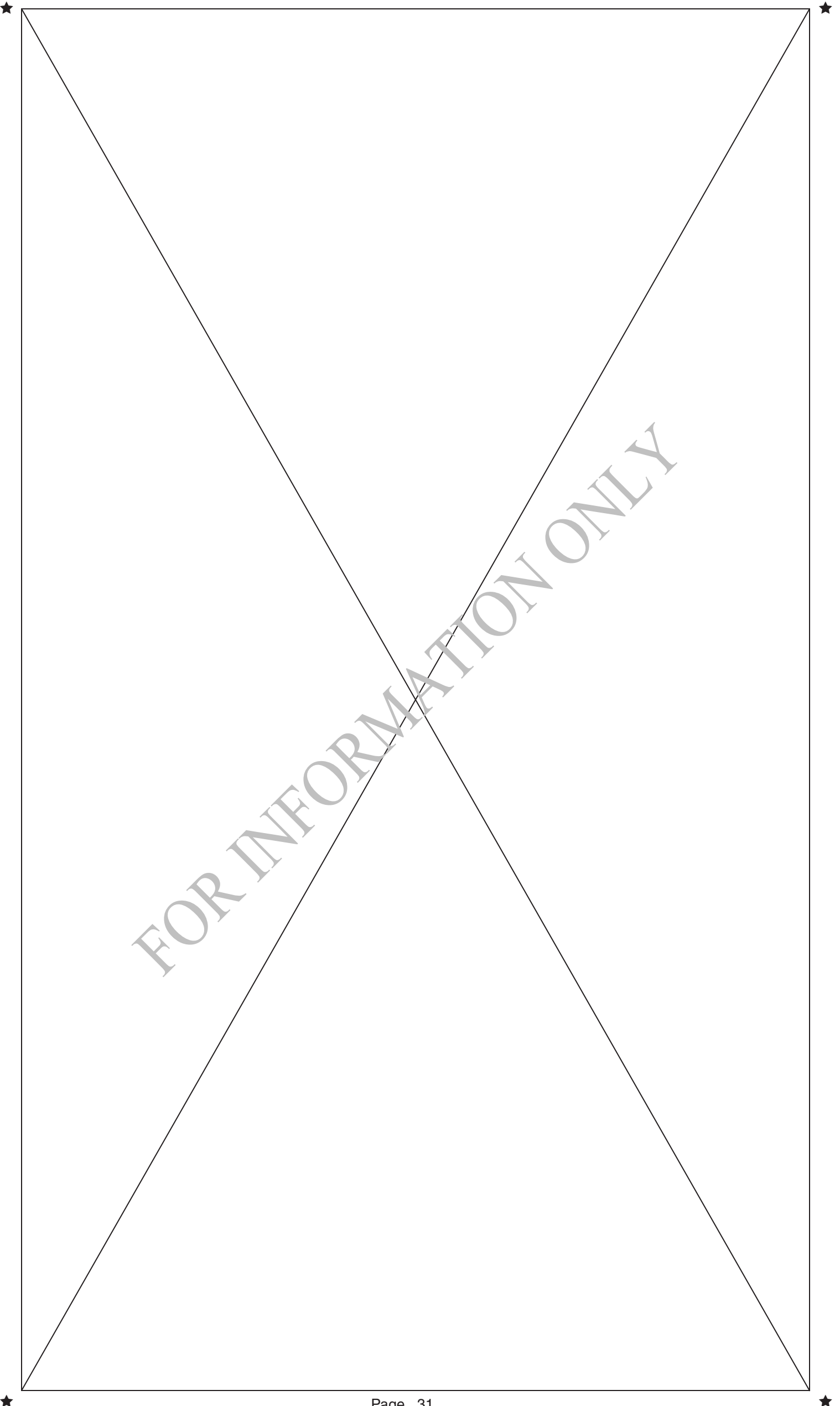
Do you agree to have your information shared with the Nunatsiavut Government?

- 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.**

FOR INFORMATION ONLY

FOR INFORMATION ONLY



Record of contact

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

Contact Type

T = Telephone
V = Visit

Outcome Codes

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

Comments
