



Aboriginal Children's Survey 2006

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

Aussi disponible en français

INTRODUCTION

Hello, I'm ... from Statistics Canada. May I speak to the parent or guardian of ___ ?

Statistics Canada, in partnership with Social Development Canada, is conducting the Aboriginal Children's Survey to collect information on the early development of Aboriginal children. This survey was developed in close collaboration with experts in Aboriginal early childhood development. The information from this pilot survey will be used to assess the survey procedures. The goal of the survey is to help Aboriginal organizations and communities and various levels of government understand the needs of Aboriginal children.

All information will be kept confidential and will be used for statistical purposes only.

While your participation is voluntary, your assistance is important to ensure the survey results give an accurate picture.

CONFIDENTIAL WHEN COMPLETED

	Form Type 0 6	
	FINAL STATUS	
	70 <input type="radio"/> Complete	
	71 <input type="radio"/> Partial	
	10 <input type="radio"/> No contact	
	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	
	29 <input type="radio"/> Request for personal interview	
PROV CD CU HHNUM PNUM	Completed by:	Transferred to:
<input type="text"/>	<input type="radio"/> Telephone	<input type="radio"/> Field
<input type="text"/>	<input type="radio"/> Visit	<input type="radio"/> RO

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

Person responding for the child		Language of interview	
1 <input type="radio"/> Parent		01 <input type="radio"/> Cree-Quebec	08 <input type="radio"/> Inuktitut-Nunavut
2 <input type="radio"/> Guardian		02 <input type="radio"/> Cree-Swampy	09 <input type="radio"/> Innu/Montagnais
3 <input type="radio"/> Other family member		03 <input type="radio"/> Cree-Plains	10 <input type="radio"/> Naskapi
4 <input type="radio"/> Other		04 <input type="radio"/> Dogrib Dene	11 <input type="radio"/> English
		05 <input type="radio"/> Inuktitut-Inuvialuktun	12 <input type="radio"/> French
		06 <input type="radio"/> Inuktitut-Labrador	13 <input type="radio"/> Other - Specify:
		07 <input type="radio"/> Inuktitut-Nunavik	<input type="text"/>
Name of respondent <input type="text"/>	Person No. <input type="text"/>		

Interviewer's Identification Number

Interviewer's Assignment Number

Interviewer's Signature

Batch Number

Day Month Year 2006

PART 1: IDENTIFICATION

A - IDENTIFICATION

A1. How old is ___?

. Years

OR

Months

INTERVIEWER: If child is 7 years and older thank respondent and end interview.

97 Don't know

98 Refused

A2. 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
a. North American Indian	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Métis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Inuit	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

A3. 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

A4. 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

A5. 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 2 TO 5 WERE ALL ANSWERED "NO", "DON'T KNOW" OR "REFUSED" → THANK RESPONDENT AND END INTERVIEW

A6. Is ___ still living in this home?

- 1 Yes
 2 No → **INTERVIEWER:** Trace respondent.
 7 Don't know
 8 Refused

INTERVIEWER: Thank respondent and end interview.

A7. Including yourself and how many individuals live in this home?

Number of persons

97 Don't know

98 Refused

END OF SECTION

B - HOUSEHOLD ROSTER

The next section is about the people who currently live in your home.

Starting with you, could you give me the first name, date of birth, age, sex and marital status of all the people in your home and their relationship to ___?

	Person 1	Person 2	Person 3	Person 4
a	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2
b	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2
c	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
d	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y
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f	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
g	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)
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	Person 5	Person 6	Person 7	Person 8
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b	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2
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	Person 9	Person 10	Person 11	Person 12
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f	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
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					Person 13					Person 14					Person 15					Person 16				
a	Survey Respondent	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1		
		2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2		
b	Selected Child	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1	1	<input type="radio"/>	1		
		2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2	2	<input type="radio"/>	2		
c	First Name																							
d	Date of birth																							
e	Age	1	<input type="radio"/>	Months	1	<input type="radio"/>	Months	1	<input type="radio"/>	Months	1	<input type="radio"/>	Months	1	<input type="radio"/>	Months	1	<input type="radio"/>	Months	1	<input type="radio"/>	Months		
		2	<input type="radio"/>	Years	2	<input type="radio"/>	Years	2	<input type="radio"/>	Years	2	<input type="radio"/>	Years	2	<input type="radio"/>	Years	2	<input type="radio"/>	Years	2	<input type="radio"/>	Years		
f	Sex	1	<input type="radio"/>	Male	1	<input type="radio"/>	Male	1	<input type="radio"/>	Male	1	<input type="radio"/>	Male	1	<input type="radio"/>	Male	1	<input type="radio"/>	Male	1	<input type="radio"/>	Male		
		2	<input type="radio"/>	Female	2	<input type="radio"/>	Female	2	<input type="radio"/>	Female	2	<input type="radio"/>	Female	2	<input type="radio"/>	Female	2	<input type="radio"/>	Female	2	<input type="radio"/>	Female		
g	Marital Status	01	<input type="radio"/>	Married	01	<input type="radio"/>	Married	01	<input type="radio"/>	Married	01	<input type="radio"/>	Married	01	<input type="radio"/>	Married	01	<input type="radio"/>	Married	01	<input type="radio"/>	Married		
		02	<input type="radio"/>	Common-law / lives with partner	02	<input type="radio"/>	Common-law / lives with partner	02	<input type="radio"/>	Common-law / lives with partner	02	<input type="radio"/>	Common-law / lives with partner	02	<input type="radio"/>	Common-law / lives with partner	02	<input type="radio"/>	Common-law / lives with partner	02	<input type="radio"/>	Common-law / lives with partner		
h	Relationship to Selected Child 1	01	<input type="radio"/>	Selected child 1	01	<input type="radio"/>	Selected child 1	01	<input type="radio"/>	Selected child 1	01	<input type="radio"/>	Selected child 1	01	<input type="radio"/>	Selected child 1	01	<input type="radio"/>	Selected child 1	01	<input type="radio"/>	Selected child 1		
		02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father		
i	Relationship to Selected Child 2 (if applicable)	01	<input type="radio"/>	Selected child 2	01	<input type="radio"/>	Selected child 2	01	<input type="radio"/>	Selected child 2	01	<input type="radio"/>	Selected child 2	01	<input type="radio"/>	Selected child 2	01	<input type="radio"/>	Selected child 2	01	<input type="radio"/>	Selected child 2		
		02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father	02	<input type="radio"/>	Birth mother/father		

	Person 17	Person 18	Person 19	Person 20
a	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Survey Respondent 1 <input type="radio"/> 1 2 <input type="radio"/> 2
b	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2	Selected Child 1 <input type="radio"/> 1 2 <input type="radio"/> 2
c	First Name [][][][][][][][][][][]	First Name [][][][][][][][][][][]	First Name [][][][][][][][][][][]	First Name [][][][][][][][][][][]
d	Date of birth [][] / [][] / [][][][][] M M D D Y Y Y Y	Date of birth [][] / [][] / [][][][][] M M D D Y Y Y Y	Date of birth [][] / [][] / [][][][][] M M D D Y Y Y Y	Date of birth [][] / [][] / [][][][][] M M D D Y Y Y Y
e	Age [][] <input type="radio"/> Months [][] <input type="radio"/> Years	Age [][] <input type="radio"/> Months [][] <input type="radio"/> Years	Age [][] <input type="radio"/> Months [][] <input type="radio"/> Years	Age [][] <input type="radio"/> Months [][] <input type="radio"/> Years
f	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
g	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)	Marital Status 01 <input type="radio"/> Married 02 <input type="radio"/> Common-law / lives with partner 03 <input type="radio"/> Widowed 04 <input type="radio"/> Separated 05 <input type="radio"/> Divorced 06 <input type="radio"/> Single (never married)
h	Relationship to Selected Child 1 01 <input type="radio"/> Selected child 1 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative	Relationship to Selected Child 1 01 <input type="radio"/> Selected child 1 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative	Relationship to Selected Child 1 01 <input type="radio"/> Selected child 1 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative	Relationship to Selected Child 1 01 <input type="radio"/> Selected child 1 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative
i	Relationship to Selected Child 2 (if applicable) 01 <input type="radio"/> Selected child 2 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative	Relationship to Selected Child 2 (if applicable) 01 <input type="radio"/> Selected child 2 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative	Relationship to Selected Child 2 (if applicable) 01 <input type="radio"/> Selected child 2 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative	Relationship to Selected Child 2 (if applicable) 01 <input type="radio"/> Selected child 2 02 <input type="radio"/> Birth mother/father 03 <input type="radio"/> Adoptive mother/father 04 <input type="radio"/> Step mother/father 05 <input type="radio"/> Foster parent - related 06 <input type="radio"/> Foster parent - unrelated 07 <input type="radio"/> Brother/sister 08 <input type="radio"/> Grandparent 09 <input type="radio"/> Aunt/uncle 10 <input type="radio"/> Cousin 11 <input type="radio"/> Other relative 12 <input type="radio"/> Other non-relative

PART 2: CHILD QUESTIONNAIRE

C - CHILD'S HEALTH - For 0 to 5 year olds

The following are questions about ___'s health.

- C1. 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

- C2. How much did ___ weigh at birth?
INTERVIEWER: Accept respondent's best estimate.

OR

Pounds Ounces Grams

- 97 Don't know
- 98 Refused

- C3. In the past 12 months, has ___ seen any of the following:

a. a nurse or nurse practitioner separate from doctors visits?

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

How many times in the past 12 months?

Times

- 97 Don't know
- 98 Refused

b. a family doctor or general practitioner?

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

Times

- 97 Don't know
- 98 Refused

c. a pediatrician?

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

Times

- 97 Don't know
- 98 Refused

d. an eye doctor or optometrist?

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

Times

- 97 Don't know
- 98 Refused

e. a dentist or orthodontist?

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

Times

- 97 Don't know
- 98 Refused

<p>f. any other medical doctor or specialist such as a surgeon, allergist or orthopaedist?</p>	<p>How many times in the past 12 months?</p> <p><input type="checkbox"/> <input type="checkbox"/> Times</p> <p>97 <input type="checkbox"/> Don't know</p> <p>98 <input type="checkbox"/> Refused</p>
<p>g. a traditional Aboriginal healer?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Times</p> <p>97 <input type="checkbox"/> Don't know</p> <p>98 <input type="checkbox"/> Refused</p>
<p>h. any other person trained to provide treatment or counsel, for example a speech therapist, social worker or dietician?</p> <p><i>Specify:</i></p> <p><input type="text"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> Times</p> <p>97 <input type="checkbox"/> Don't know</p> <p>98 <input type="checkbox"/> Refused</p>
<p>C4. During the past 12 months, was there ever a time when you felt that ___ needed health care but didn't receive it?</p> <p>1 <input type="radio"/> Yes →</p> <p>2 <input type="radio"/> No</p> <p>7 <input type="radio"/> Don't know</p> <p>8 <input type="radio"/> Refused</p> <p>} <i>Go to question C6</i></p>	
<p>C5. Thinking of the most recent time, why didn't ___ get care?</p> <p><i>INTERVIEWER: Mark all that apply.</i></p> <p>01 <input type="radio"/> Not available – in the area</p> <p>02 <input type="radio"/> Not available – at time required (for example, doctor on holidays, inconvenient hours)</p> <p>03 <input type="radio"/> Waiting time / waiting list too long</p> <p>04 <input type="radio"/> Felt it would be inadequate</p> <p>05 <input type="radio"/> Cost</p> <p>06 <input type="radio"/> Too busy / didn't get around to it</p> <p>07 <input type="radio"/> Didn't bother or didn't know where to go</p> <p>08 <input type="radio"/> Transportation problems</p> <p>09 <input type="radio"/> Personal or family responsibilities</p> <p>10 <input type="radio"/> Dislikes doctors / afraid</p> <p>11 <input type="radio"/> Decided not to seek care</p> <p>12 <input type="radio"/> Difficulty getting traditional care (for example, healer, medicine person or elder)</p> <p>13 <input type="radio"/> Felt service was not culturally appropriate</p> <p>14 <input type="radio"/> Not covered by <i>Non-Insured Health Benefits</i> (for example, service medication, equipment)</p> <p>15 <input type="radio"/> Other – Specify:</p> <p><input type="text"/></p> <p>97 <input type="radio"/> Don't know</p> <p>98 <input type="radio"/> Refused</p>	

C6. Has your child ever received any immunizations?

INTERVIEWER: Immunizations are also known as "shots", "baby shots", "vaccinations" or "baby needles".

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

C7. Does a health condition reduce the amount or the kind of physical activity ___ can do?

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

C8. Does ___ have any of the following long term conditions?

a. Lactose intolerance or trouble digesting milk?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

Did ___ get a diagnosis from a doctor, nurse or health professional?

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

Has ___ received treatment?

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

b. Food or digestive allergies?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

c. Respiratory allergies such as hay fever?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

d. Any other allergies?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

e. Autism?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

f. Asthma?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

g. Bronchitis?

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

- 05 Yes →
- 06 No
- 97 Don't know
- 98 Refused

- 09 Yes
- 10 No
- 87 Don't know
- 88 Refused

		Did ___ get a diagnosis from a doctor, nurse or health professional?	Has ___ received treatment?
h. Tuberculosis?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
i. Heart condition or disease?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
j. Epilepsy?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
k. Diabetes?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
l. Cerebral Palsy?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
m. Kidney condition or disease?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
n. Attention deficit disorder with or without hyperactivity?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
o. FASD including Fetal Alcohol Syndrome or Fetal Alcohol Effect?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
p. Hearing impairment?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused

		Did ___ get a diagnosis from a doctor, nurse or health professional?	Has ___ received treatment?
q. Visual impairment?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
r. Mental disability?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
s. Learning disability?	01 <input type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused
t. Any other long term condition or disease? - Specify: <input type="text"/>		05 <input type="radio"/> Yes → 06 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	09 <input type="radio"/> Yes 10 <input type="radio"/> No 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused

C9. a. Since his/her birth, has ___ had an ear infection or otitis?

1 Yes →

2 No

7 Don't know

8 Refused

b. How many times?

Times

97 Don't know

98 Refused

The following questions refer to injuries, such as a broken bone, sprained ankle, bad cut or burn, head injury or poisoning.

C10. In the past 12 months, has ___ ever 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 question C14

C11. In the past 12 months, how many times was ___ injured and required medical attention?

INTERVIEWER: Accept respondent's best estimate.

- Times
- 97 Don't know
 - 98 Refused

C12. For the most serious injury, what type of injury did he/she have?

- 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 by substance or liquid
- 08 Internal injury
- 09 Dental injury
- 10 Other – Specify:
- 11 Multiple injuries
- 97 Don't know
- 98 Refused

C13. How did it happen? For example was the injury the result of a fall, a motor vehicle collision or a physical assault?

- 01 Motor vehicle collision – passenger
- 02 Motor vehicle collision – pedestrian
- 03 Motor vehicle collision – riding bicycle
- 04 Other bicycle accident
- 05 Snowmobile / boat / dirt bike / all terrain vehicle (ATV) / Honda accident
- 06 Fall (excluding bicycle or sports)
- 07 Sports (excluding bicycle)
- 08 Physical assault
- 09 Scalded by hot liquids or food
- 10 Accidental poisoning
- 11 Self-inflicted poisoning
- 12 Other intentionally self-inflicted injuries
- 13 Natural/environmental factors (for example, animal bite, sting, frostbite)
- 14 Fire/flames or resulting fumes
- 15 Near drowning
- 16 Other – Specify:
- 97 Don't know
- 98 Refused

C14. Does ___ take any of the following medication(s) on a regular basis:

How often?

		At least once a day	At least once a week	At least once a month	At least once a year	Don't know	Refused
a. Ventolin, inhalers or puffers for asthma?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
b. Ritalin or other similar medications?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
c. Tranquilizers or nerve pills?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
d. Anti-convulsants or anti-epileptic pills?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
e. Traditional Aboriginal medicines?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
f. Iron supplements?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
g. Vitamin D?	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
h. Other medications? <i>Specify:</i> <input type="text"/>	01 <input checked="" type="radio"/> Yes → 02 <input type="radio"/> No 07 <input type="radio"/> Don't know 08 <input type="radio"/> Refused	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>

END OF SECTION

D - FOOD & NUTRITION - For 0 to 5 year olds

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

D1. a. Was ___ ever breastfed?

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

b. For how many months was ___ breastfed?

Months

- 95 Less than one month
- 97 Don't know
- 98 Refused

D2. a. Was ___ ever bottle-fed?

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

b. Was ___ fed any of the following in his/her bottle?

INTERVIEWER: Read list. Mark all that apply.

01 Breastmilk?

02 Milk?

03 Formula?

04 Water?

05 Tea?

06 Juices?

07 Herbal mixtures?

08 Soft drinks?

09 Other – Specify:

97 Don't know

98 Refused

INTERVIEWER: IF CHILD IS 2 YEARS OLD AND OLDER → GO TO QUESTION D5

D3. a. Has ___ ever eaten solid or pre-chewed food?

- 1 Yes **—————→**
- 2 No
- 7 Don't know
- 8 Refused
- } *Go to question D8*

b. At what age in months did he/she first start eating solid or pre-chewed food?

Months

97 Don't know

98 Refused

D4. Has ___ ever fed himself/herself by picking up small pieces of food with his/her fingers and putting them in his/her mouth?

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

D5. On average, how many meals does ___ have in a day?

Number of meals

97 Don't know

98 Refused

D6. On average, how often does ___ usually have the following foods and beverages?
 Please note that some of the foods listed are regional and may not be available where you live.

	<i>Number of times</i>	<i>Reporting Period</i>
a. Milk and milk products such as yoghurt, cheese or soy milk	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
b. Meat such as beef and poultry (including chicken and turkey)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
c. Fish	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
d. Eggs	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
e. Fruit including fruit juice	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
f. Vegetables including wild greens and vegetable juice	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
g. Beans including seeds and nuts	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
h. Grain products such as bannock, bread, cereal, pasta or rice	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
i. Water	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
j. Soft drinks including regular and diet pop	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused </div>	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year

	Number of times	Reporting Period
k. Salty snacks such as potato chips, pretzels and cheesies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
l. Fast food excluding prepared frozen foods	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
m. Sweets and desserts such as candy, cakes, pies, cookies or chocolate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year

D7. On average, how often does ____ usually have the following traditional foods?

	Number of times	Reporting Period
a. Berries such as blueberries and blackberries	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
b. Homemade soup including corn soup, stew, and macaroni soup	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
c. Bannock or fry bread	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
d. Large game animals such as deer, moose, caribou or bear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
e. Small game animals such as rabbit or muskrat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
f. Game birds such as goose, duck, partridge or ptarmigan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year
g. Sea-based animals such as whale, seal or walrus	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 95 <input type="radio"/> Never 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused	03 <input type="radio"/> Per day 04 <input type="radio"/> Per week 05 <input type="radio"/> Per month 06 <input type="radio"/> Per year

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

D8. 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 section E

D9. How often?

- 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

D10. 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

E - SLEEP - For 0 to 5 year olds

The next few questions are about ___'s sleeping habits.

E1. How many hours a day does ___ sleep on average? Please include both daytime naps and sleep at night.

Hours

97 Don't know

98 Refused

E2. How many hours in a row does ___ usually sleep at night?

Hours

97 Don't know

98 Refused

E3. a. In some cultures, children sleep with their parents. Has ___ ever slept in the same bed as you (or your spouse/partner) on a regular basis?

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

b. For how long?

Years

OR

Months

95 Less than 1 month

97 Don't know

98 Refused

END OF SECTION

FOR INFORMATION ONLY

F - DEVELOPMENTAL MILESTONES – For 0 to 23 months only

INTERVIEWER: IF CHILD IS 2 YEARS OLD AND OLDER → GO TO QUESTION F23

The next questions ask when your child started to do certain things.
If you do not know the exact age, your best estimate is fine.

F1. a. Has ___ been carried on a regular basis, using a snugli, an amautii, a cradle board, a moss bag or a swaddling technique?

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

b. For how many months or years?

Months
OR
 Years
97 Don't know
98 Refused

F2. a. Has ___ ever looked for someone or something that was lost or out of sight?

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

b. At what age in months did he/she first start looking for someone or something that was lost or out of sight?

Months
97 Don't know
98 Refused

F3. a. Has ___ sat up by himself/herself?

- 1 Yes →
 - 2 No
 - 7 Don't know
 - 8 Refused
- } Go to question F12

b. At what age in months did he/she first sit himself/herself up?

Months
97 Don't know
98 Refused

F4. a. Has ___ started walking on his/her own?

- 1 Yes →
 - 2 No
 - 7 Don't know
 - 8 Refused
- } Go to question F7

b. At what age in months did he/she start walking on his/her own?

Months
97 Don't know
98 Refused

F5. Has ___ ever run?

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

F6. Has ___ ever used the toilet?

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

F7. Has ___ ever made a line with a crayon, stick or other object?

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

F8. Does ___ wait his/her turn when asked or reminded, for example at the table or being handed something?

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

F9. Does ___ offer or give toys, food or other items to you, a sibling or a playmate?

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

F10. Does ___ sort objects, clothes, food or any other items by groups, for example, by colour, things to eat or animals?

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

F11. Does ___ find needed items with or without prompting for example, he/she has one shoe and needs to find the other one; needs a Kleenex to blow his/her nose?

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

The next set of questions is about how ___ communicates.

F12. How often does ___ express his/her needs using gesture, including facial expressions?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 8 Refused

F13. Has ___ ever copied or imitated someone else's actions or sounds?

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

F14. a. Has ___ ever expressed his/her needs using sounds?

- 1 Yes **—————→**
2 No
7 Don't know
8 Refused
- } *Go to question F20*

b. How often does he/she do this?

- 1 All the time
2 Most of the time
3 Sometimes
4 Rarely
5 Never
7 Don't know
8 Refused

c. At what age in months did he/she first start expressing his/her needs using sounds?

Months

97 Don't know

98 Refused

F15. a. Has ___ ever expressed his/her needs using a single word?

- 1 Yes **—————→**
2 No
7 Don't know
8 Refused
- } *Go to question F20*

b. How often does he/she do this?

- 1 All the time
2 Most of the time
3 Sometimes
4 Rarely
5 Never
7 Don't know
8 Refused

c. At what age in months did he/she first start expressing his/her needs using a single word?

Months

97 Don't know

98 Refused

F16. Has ___ ever said the name of a familiar object, such as a ball?

- 1 Yes
2 No
7 Don't know
8 Refused
- } *Go to question F20*

F17. a. Has ___ ever expressed his/her needs using 2 to 3 words?

- 1 Yes **—————→**
2 No
7 Don't know
8 Refused
- } *Go to question F20*

b. How often does he/she do this?

- 1 All the time
2 Most of the time
3 Sometimes
4 Rarely
5 Never
7 Don't know
8 Refused

F18. a. Has ___ ever expressed his/her needs using full sentences?

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

b. How often does he/she do this?

- 1 All the time
2 Most of the time
3 Sometimes
4 Rarely
5 Never
7 Don't know
8 Refused

F19. Has ___ ever counted 3 objects correctly?

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

F20. Does ___ stop making sounds or look at you when you speak to him/her?

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

	All of the time	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
F21. a. How often can you understand what ___ is saying?	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. How often can other people understand what ___ is saying?	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. How often does ___ understand you when you speak to him/her?	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"/>

F22. Does ___ show by his/her action that he/she understands the names of common objects?

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

INTERVIEWER: IF CHILD IS 0 TO 23 MONTHS → GO TO SECTION G

F - DEVELOPMENTAL MILESTONES - For 2 to 5 year olds only

The next questions ask if your child started to do certain things.

F23. Has ___ ever dressed himself/herself without any help except for tying shoes and buttoning the backs of outfits?

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

F24. Has ___ ever used the toilet?

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

F25. Does ___ wait his/her turn when asked or reminded, for example at the table or being handed something?

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

F26. Does ___ take turns when playing games or talking to you or others?

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

F27. Does ___ offer or give toys, food or other items to you, a sibling or a playmate?

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

F28. Does ___ sort objects, clothes, food or any other items by groups, for example, by colour, things to eat or animals?

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

F29. Does ___ find needed items with or without prompting for example, he/she has one shoe and needs to find the other one; needs a Kleenex to blow his/her nose?

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

The next set of questions is about how ___ communicates.

F30. How often does ___ express his/her needs using gestures, including facial expressions?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 8 Refused

F31. a. Has ___ ever expressed his/her needs using full sentences?

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

b. How often does he/she do this?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 8 Refused

Go to question F33c

F32. a. Has ___ ever expressed his/her needs using 2 to 3 words?

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

b. How often does he/she do this?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 8 Refused

Go to question F33c

F33. a. Has ___ ever expressed his/her needs using a single word?

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

b. How often does he/she do this?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 8 Refused

c. At what age in months did he/she first start expressing his/her needs using a single word?

Months

- 97 Don't know
- 98 Refused

Go to question F35

F34. a. Has ___ ever expressed his/her needs using sounds?

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

Go to question F40

b. How often does he/she do this?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 8 Refused

F35. Has ___ ever told or retold a story using his/her own words? This could include explaining an event or activity that the child participated in.

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

Go to question F37

F36. Has ___ ever drawn a picture and then told a story about what he/she drew?

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

F37. Has ___ ever counted out loud up to 5?

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

F38. Has ___ ever counted 3 objects correctly?

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

F39. Can ___ show that he/she understands how many is 3?

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

	All of the time	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
F40. a. How often can you understand what ___ is saying?	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. How often can other people understand what ___ is saying?	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. How often does ___ understand you when you speak to him/her?	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"/>

END OF SECTION

G - NURTURING - For 0 to 5 year olds

The following are questions about the people involved in raising ____ .

G1. Other than you, are there other people involved in raising ____?

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

Go to question G3 OR
if child is 0 to 23 months go to Section H

G2. Who are they?

INTERVIEWER:

Mark all that apply.

Please do not include respondent.

- 01 Mother →
- 02 Birth mother
03 Step mother
(including common-law step parent)
04 Adoptive mother
05 Foster mother
- 06 Father →
- 07 Birth father
08 Step father
(including common-law step parent)
09 Adoptive father
10 Foster father
- 11 Grandparent
12 Aunt/uncle
13 Sister/brother
14 Other related – Specify _____
15 Other unrelated – Specify _____
97 Don't know
98 Refused

INTERVIEWER: IF CHILD IS 0 TO 23 MONTHS → GO TO SECTION H

Now I'm going to ask some questions about ____'s behaviour.

G3. When ____ shows positive behaviour, how often ...	Always	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
a. is he/she praised with words?	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. is he/she shown physical affection?	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. is he/she rewarded with things, such as a toy or a treat?	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. is he/she rewarded with privileges, such as being able to stay up later than usual?	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. is the behaviour acknowledged with gestures or body language, such as being given the thumbs up?	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. does he/she receive no feedback?	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"/>

G4. When ____ shows negative behaviour, how often ...	Always	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
a. is he/she disciplined with words, such as being told to stop?	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. is he/she told why his/her behaviour is not acceptable?	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. does he/she receive physical discipline, such as a spanking?	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. are privileges taken away?	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. is he/she given a "Time out" or sent to his/her room?	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. is he/she shown disapproval through gestures or body language?	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. is he/she sent to someone for guidance?	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. does he/she receive no feedback?	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"/>

END OF SECTION

H - EARLY CHILDHOOD LEARNING AND CARE - For 0 to 5 year olds

These next questions will be about ___'s childcare and school including babysitting, day care, Head Start, preschool, elementary school and before and after school programs.

H1. Is ___ currently receiving childcare or being babysat?

- 1 Yes
 2 No → Go to question H4 OR if child is 0 to 23 months go to question H7
 7 Don't know
 8 Refused } Go to question H4 OR if child is 0 to 23 months go to question H9

H2. Which of the following kinds of childcare do you use for ___ ?

a. Daycare or childcare centre including at a workplace

- 01 Yes →
 02 No
 07 Don't know
 08 Refused
- For how many hours per week?**
 Hours
 95 Occasionally or irregularly
 97 Don't know
 98 Refused

b. Licensed home childcare

- 01 Yes →
 02 No
 07 Don't know
 08 Refused
- For how many hours per week?**
 Hours
 95 Occasionally or irregularly
 97 Don't know
 98 Refused

c. Care provided in someone else's home by a non-relative

- 01 Yes →
 02 No
 07 Don't know
 08 Refused
- For how many hours per week?**
 Hours
 95 Occasionally or irregularly
 97 Don't know
 98 Refused

d. Care provided in someone else's home by a relative

- 01 Yes →
 02 No
 07 Don't know
 08 Refused
- For how many hours per week?**
 Hours
 95 Occasionally or irregularly
 97 Don't know
 98 Refused

e. Care provided in your home by a relative other than a brother or sister of the child

- 01 Yes →
 02 No
 07 Don't know
 08 Refused
- For how many hours per week?**
 Hours
 95 Occasionally or irregularly
 97 Don't know
 98 Refused

f. Care provided in your home by a brother or sister of the child

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

For how many hours per week?

Hours

- 95 Occasionally or irregularly
- 97 Don't know
- 98 Refused

g. Care provided in your home by a non-relative

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

For how many hours per week?

Hours

- 95 Occasionally or irregularly
- 97 Don't know
- 98 Refused

h. Care in a before or after school program

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

For how many hours per week?

Hours

- 95 Occasionally or irregularly
- 97 Don't know
- 98 Refused

i. Respite care

- 01 Yes →
- 02 No
- 07 Don't know
- 08 Refused

For how many hours per month?

Hours

- 95 Occasionally or irregularly
- 97 Don't know
- 98 Refused

H3. What language is primarily used when _____ is receiving childcare?

INTERVIEWER:
Mark all that apply.

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify:
- 97 Don't know
- 98 Refused

- Specify:

- Specify:

- Specify:

INTERVIEWER: IF CHILD IS 0 TO 23 MONTHS → GO TO QUESTION H9

H4. Is your child currently attending preschool, nursery school, a Head Start program, kindergarten or elementary school?

- 1 Yes
 - 2 No → Go to question H8
 - 7 Don't know
 - 8 Refused
- } Go to question H9

H5. Which of the following does ___ attend?

a. A Head Start program

- 01 Yes →
 - 02 No
 - 07 Don't know
 - 08 Refused
- | | |
|--|---|
| <p>Is this an Aboriginal Head Start?</p> <ul style="list-style-type: none"> 03 <input type="radio"/> Yes 04 <input type="radio"/> No 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused | <p>For how many hours per week?</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours</p> <ul style="list-style-type: none"> 87 <input type="radio"/> Don't know 88 <input type="radio"/> Refused |
|--|---|

b. A preschool or nursery school

- 01 Yes →
 - 02 No
 - 07 Don't know
 - 08 Refused
- | | |
|---|--|
| <p>For how many hours per week?</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours</p> <ul style="list-style-type: none"> 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused | |
|---|--|

INTERVIEWER: IF CHILD IS 0 TO 3 YEARS → GO TO QUESTION H6

c. Kindergarten K-4 or K-5

- 01 Yes →
 - 02 No
 - 07 Don't know
 - 08 Refused
- | | |
|---|----------------------------|
| <p>For how many hours per week?</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours</p> <ul style="list-style-type: none"> 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused | <p>} Go to question H6</p> |
|---|----------------------------|

d. Elementary school (Grade 1 or higher)

- 01 Yes →
 - 02 No
 - 07 Don't know
 - 08 Refused
- | | |
|---|--|
| <p>For how many hours per week?</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours</p> <ul style="list-style-type: none"> 97 <input type="radio"/> Don't know 98 <input type="radio"/> Refused | |
|---|--|

H6. What language is primarily used at ___'s school?

INTERVIEWER: Mark all that apply. Include head start, preschool, nursery school, kindergarten and elementary school.

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify: _____
- Specify: _____
- Specify: _____
- 97 Don't know
- 98 Refused

INTERVIEWER: GO TO QUESTION H9

H7. Why is ___ not receiving childcare?

INTERVIEWER: Mark all that apply.

- 01 Stay at home parent (homemaker)
- 02 Parent currently unemployed
- 03 Not needed
- 04 Too young
- 05 No school available/accessible
- 06 Inadequate facilities (unsafe, substandard)
- 07 Lack of open spaces/seats
- 08 Shortage of personnel
- 09 Transportation issues
- 10 Residency requirements
- 11 Money/cost concerns
- 12 Child was expelled/suspended
- 13 Child is ill
- 14 Problems at home
- 15 Other – Specify: _____
- 97 Don't know
- 98 Refused

INTERVIEWER: GO TO QUESTION H9

H8. Why is ___ not attending school?
INTERVIEWER: Mark all that apply.

- 01 Stay at home parent (homemaker)
- 02 Parent currently unemployed
- 03 Not needed
- 04 Too young
- 05 No school available/accessible
- 06 Inadequate facilities (unsafe, substandard)
- 07 Lack of open spaces/seats
- 08 Shortage of personnel
- 09 Transportation issues
- 10 Residency requirements
- 11 Money/cost concerns
- 12 Child was expelled/suspended
- 13 Child is ill
- 14 Problems at home
- 15 Other – Specify:
- 97 Don't know
- 98 Refused

H9. How many times in ___'s life has he/she moved, that is changed his/her usual place of residence?

- Times
- 97 Don't know
 - 98 Refused

The next questions about child welfare agencies may be personal and I can skip them if you prefer not to answer.

H10. a. Was ___ ever removed or separated from his/her family by child welfare agencies?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } Go to section I

b. How many times was ___ removed or separated from his/her family by child welfare agencies?

- Times
- 97 Don't know
 - 98 Refused

c. What is the longest period of time that he/she has been removed or separated from his/her family by child welfare agencies?

- Years
- OR
- Months
- 95 Less than 1 month
 - 97 Don't know
 - 98 Refused

END OF SECTION

I - LANGUAGE - For 0 to 5 year olds

The next set of questions are about the languages ___ knows.

I1. What language or languages does ___ speak or understand even if he/she only knows a few words?

*INTERVIEWER:
Mark all that apply.*

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify: _____
- Specify: _____
- Specify: _____
- 15 None
- 97 Don't know
- 98 Refused

I2. In what language or languages can ___ express his/her needs?

*INTERVIEWER:
Mark all that apply.*

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify: _____
- Specify: _____
- Specify: _____
- 15 None
- 97 Don't know
- 98 Refused

I3. What language or languages can ___ understand when someone speaks to him/her in that language?

*INTERVIEWER:
Mark all that apply.*

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify: _____
- Specify: _____
- Specify: _____
- 15 None
- 97 Don't know
- 98 Refused

I4. What language is primarily spoken to ___ at home?

*INTERVIEWER:
Mark all that apply.*

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify: _____
- Specify: _____
- Specify: _____
- 15 None
- 97 Don't know
- 98 Refused

I5. How often is ___ exposed to an Aboriginal language:

	All of the time	Most the time	Some of the time	Very seldom	Never	Not applicable	Don't know	Refused
a. At home?	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 the home of other relatives?	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. In your community?	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. Through media such as TV, DVDs, radio or books?	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"/>

END OF SECTION

J - STRENGTHS AND DIFFICULTIES QUESTIONNAIRE - For 2 to 5 year olds

INTERVIEWER: CHILD IS 0 TO 23 MONTHS → GO TO SECTION L

Now I'd like to ask you questions about how ___ seems to feel or act?

J1. Please tell us if you feel the following are Not True, Somewhat True or Certainly True. It would help us if you answered all the items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months.

Is he/she ... ?	Not True	Somewhat True	Certainly True	Don't know	Refused
a. Considerate of other people's feelings	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Restless, overactive, cannot stay still for long	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Often complains of headaches, stomach-aches or sickness	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d. Shares readily with other children, for example toys, treats, pencils	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. Often loses temper	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f. Rather solitary, prefers to play alone	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. Generally well-behaved, usually does what adults request	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h. Many worries or often seems worried	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. Helpful if someone is hurt, upset or feeling ill	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j. Constantly fidgeting or squirming	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. Has at least one good friend	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l. Often fights with other children or bullies them	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. Often unhappy, depressed or tearful	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n. Generally liked by other children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. Easily distracted, concentration wanders	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
p. Nervous or shy in new situations, easily loses confidence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q. Kind to younger children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
r. Often argumentative with adults	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
s. Picked on or bullied by other children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
t. Often offers to help others including parents, teachers, other children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
u. Can stop and think things out before acting	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
v. Can be spiteful to others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
w. Gets along better with adults than with other children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
x. Many fears, easily scared	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
y. Good attention span, sees work through to the end	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

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K - LEARNING AND ACTIVITIES - For 2 to 5 year olds

Children all over Canada have different opportunities, develop at different rates, and are interested in different things.

The following are some questions about activities your child may do.

K1. How often does ____ :

a. play outside?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

b. hear stories?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

c. do arts and crafts?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

d. read or look at books?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

e. participate in or attend traditional Aboriginal activities such as singing, drum dancing, fiddling, gatherings and ceremonies?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

f. gather goose eggs or wild plants for example, berries, sweet grass, roots or wild rice?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

g. take part in hunting, fishing, trapping or camping?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

h. sing songs?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

i. role play for example play house and superhero?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

j. count?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

k. tell stories?

- 1 At least once per day
- 2 At least once per week
- 3 At least once per month
- 4 At least once per year
- 5 Never
- 7 Don't know
- 8 Refused

K2. About how many days a week does ___ do things with...?	6 – 7 days a week	4 – 5 days a week	2 – 3 days a week	1 day a week	Less than weekly	Never	Not applicable	Don't Know	Refused
a. his/her mother	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
b. his/her father	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
c. his/her brothers and sisters	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
d. his/her grandparents	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
e. elders	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
f. friends	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
g. other - Specify: _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>

K3. Does ___ have anyone in his/her life who helps him/her to understand Aboriginal culture and history?

1 Yes
2 No
7 Don't know
8 Refused

} Go to question K5

K4. Who are they?
INTERVIEWER: Mark all that apply.

01 A grandparent?
02 A parent?
03 An aunt or uncle?
04 A brother or sister?
05 An Elder?
06 A teacher or childcare provider?
07 Someone else? – Specify

97 Don't know
98 Refused

K5. On average, how many hours a day does ___ :

a. ... watch TV, videos or DVD's? Hours
97 Don't know
98 Refused

b. ... play video games? Hours
97 Don't know
98 Refused

c. ... spend time on a computer excluding video games, including educational games? Hours
97 Don't know
98 Refused

K6. How many days a week does ___ participate in physical activities?

Days
95 Never
97 Don't know
98 Refused

END OF SECTION

PART 3: ADULT QUESTIONNAIRE

L - PARENT PROFILE - For parents of 0 to 5 year olds

The next few questions are about your activities and experiences.

L1. a. During the past 12 months, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work or something else?

*Interviewer:
Mark only one.*

01 Working at a paid job or business →

b. Were you working full-time or part-time?

- 1 Full-time
2 Part-time
7 Don't know
8 Refused

02 Going to school →

c. Were you studying full-time or part-time?

- 1 Full-time
2 Part-time
7 Don't know
8 Refused

03 Vacation (from paid work)

04 Looking for paid work

05 Caring for children

06 Household work

07 Retired

08 Maternity/paternity leave

09 Long term illness

10 Hunting, fishing or gathering food

11 Other – Specify:

97 Don't know

98 Refused

L2. What is the highest level of formal schooling that you have completed?

01 No schooling

02 Some elementary school

03 Elementary school

04 Some high school

05 High school diploma

06 Trade certificate or diploma

07 Other non-university certificate or diploma (community college, CEGEP, Technical institute, etc.)

08 University certificate or diploma below Bachelor's level

09 Bachelor's degree (e.g., B.A., B.Sc., LL.B.)

10 University certificate or diploma above Bachelor's level

11 Master's degree (e.g., M.A., M.Sc., M.Ed.)

12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)

13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

14 Other education or training – Specify:

97 Don't know

98 Refused

The next few questions are about your background and ancestry.

L3. Do any of your 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
a. North American Indian	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Métis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Inuit	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L4. Are you 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

L5. Are you 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

L6. Are you 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

The next question may be sensitive and I can skip it if you prefer not to answer.

L7. Were you ever ...

	Yes	No	Don't know	Refused
a. A student at a federal residential school or industrial school?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Removed or separated from your family by child welfare agencies, church or government officials?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: IF RESPONDENT DOESN'T HAVE A SPOUSE/PARTNER → GO TO QUESTION L15

The next few questions are about your spouse/partner's activities and experiences.

L8. a. During the past 12 months, was your spouse/partner's main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work or something else?

01 Working at a paid job or business →

b. Was he/she working full-time or part-time?

- 1 Full-time
- 2 Part-time
- 7 Don't know
- 8 Refused

02 Going to school →

c. Was he/she studying full-time or part-time?

- 1 Full-time
- 2 Part-time
- 7 Don't know
- 8 Refused

03 Vacation (from paid work)

04 Looking for paid work

05 Caring for children

06 Household work

07 Retired

08 Maternity/paternity leave

09 Long term illness

10 Hunting, fishing or gathering food

11 Other – Specify: _____

97 Don't know

98 Refused

L9. What is the highest level of formal schooling that your spouse/partner has completed?

01 No schooling

02 Some elementary school

03 Elementary school

04 Some high school

05 High school diploma

06 Trade certificate or diploma

07 Other non-university certificate or diploma (community college, CEGEP, Technical institute, etc.)

08 University certificate or diploma below Bachelor's level

09 Bachelor's degree (e.g., B.A., B.Sc., LL.B.)

10 University certificate or diploma above Bachelor's level

11 Master's degree (e.g., M.A., M.Sc., M.Ed.)

12 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)

13 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

14 Other education or training – Specify: _____

97 Don't know

98 Refused

The next few questions are about your spouse's/partner's background and ancestry.

L10. Do any of his/her 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
a. North American Indian	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Métis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Inuit	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L11. Is he/she 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

L12. Is he/she 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

L13. Is he/she 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

L14. Was your spouse/partner ever ...

	Yes	No	Don't know	Refused
a. A student at a federal residential school or industrial school?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Removed or separated from your family by child welfare agencies, church or government officials?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

Now I'd like to ask you a few more questions about yourself.

L15. What is the language that you first learned at home in childhood and still understand?

- 01 Atikamekw
- 02 Blackfoot
- 03 Cree
- 04 Dakota/Sioux
- 05 Dene
- 06 Innu/Montagnais
- 07 Inuktitut
- 08 Micmac/Mi'kmaq
- 09 Michif
- 10 Ojibway
- 11 Oji-Cree
- 12 English
- 13 French
- 14 Other(s) - Specify:
- 97 Don't know
- 98 Refused

L16. 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

L17. Including both household members and regular visitors, does anyone smoke inside your home every day or almost every day?

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

Now I am going to ask you to rate certain areas in your life.

For each of the following please tell me which response best describes your feelings: Very satisfied, Satisfied, Dissatisfied or Very dissatisfied.

L18. How would you rate your feelings about:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Don't know	Refused
a. ... your living conditions?	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. ... your support network, support from family, friends, or others?	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. ... your main job or activity?	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. ... the way you spend your free time?	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. ... your finances?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

L19. How important is traditional Aboriginal spirituality in your life?

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

The next few questions are about your neighbourhood (or community).

L20. How do you feel about your neighbourhood or community as a place to bring up children in terms of the following.

Please indicate whether you think it is Excellent, Very Good, Good, Fair, or Poor:

	Excellent	Very Good	Good	Fair	Poor	Don't know	Refused
a. ... as a place with good schools, nursery schools, early childhood education programs for example, Head Start, Brighter Futures?	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. ... as a place with adequate facilities for children for example, community centres, rinks, gyms, parks?	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. ... as a safe and clean community?	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. ... as a place with health facilities, healing centres?	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. ... as a place with actively involved members of the community?	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. ... as a place where it is safe to walk alone in the neighbourhood (or community) after dark?	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. ... as a place where it is safe for children to play outside during the day?	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"/>

THANK YOU FOR PARTICIPATING IN THE ABORIGINAL CHILDREN'S SURVEY. WE ENSURE ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

FOR INFORMATION ONLY

Child's Name <input type="text"/>	Child's Age <input type="text"/> <input type="text"/>	<input type="radio"/> Months <input type="radio"/> Years	Spouse/Partner <input type="radio"/> Yes <input type="radio"/> No
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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			:	:			

Contact Type

T = Telephone
V = Visit

Outcome Codes

10 = No contact

21 = Interview requested in the other official language

22 = Language barrier

24 = Soft appointment; call back required

25 = Hard appointment; call back required

28 = Requested for interview by another interviewer

29 = Request for personal interview

30 = Tracing required

36 = Unable to trace

56 = Not eligible

64 = Deceased

70 = Complete

71 = Partial

80 = Refusal

90 = Unusual/special circumstances

Shaded codes are final codes. Some of them can also be used as in progress codes: 10, 36, 71, 80 and 90.

Comments
