

Aboriginal Children's Survey / Survey of Northern Children 2006 (Children - aged 0 to 5)

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 ____? I'm calling about the Northern and Aboriginal Children's Survey. Your participation is valuable and will help Aboriginal communities, organizations and governments understand the needs of Aboriginal children and other children living in the territories. The survey was developed by Statistics Canada and First Nations, Métis and Inuit advisors from across the country. 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 interview. Your participation is voluntary. All information will be kept confidential and used for statistical purposes only. The survey is being conducted in partnership with Human Resources and Social Development Canada.

CONFIDENTIAL WHEN COMPLETED	
	Form Type 0 3
	FINAL OUTCOME CODE 70 Complete 71 Partial 10 No connect 20 Comf for duration of survey 22 Language barrier (not official language) 36 Unable to trace Not eligible 34 Deceased 80 Refusal
	90 Unusual/Special circumstances
PROV CD CU HHNUM PNUM	Completed by: 1 Telephone 2 Visit
Given Name Number and Street or lot and concession ar exact location R.R. No. P.O. Box No. City, Town, Village, Municipality, Indian R Province or Territory Postal code Are	ea code Telephone Number
INFORMATION SCURCE	
01 Cree-Quebec-Coastal 08 English 1 02 Cree-Quebec-Inland 09 French 1 03 Inuktitut- Inuinnaqtun 2 04 Inuktitut-Inuvialuktun 10 Other - Specify: 3 05 Inuktitut-Labrador 4 06 Inuktitut-Nunavik 07	r the child 1 2 Child 1 2 Child 2 Chil
Interpreter 1 Household member used: 2 Interpreter Other	
Interviewer's Identification Number	Batch Number
Interviewer's Assignment Number Interviewer's Signature	Day Month Year

8-5300-510.1: 2006-07-31 STC/SSD-040-75408 Canadä

PA	RT 1: IDENTIFICATI	ON	
A -	·IDENTIFICATION		
A 1.	How old is? If respondent states: 0 to 11 months → record 0 12 to 23 months → record 1 24 to 35 months → record 2	Years	 Don't know Refused
A2.	What is's date of birth?	day month year	 Don't know Refused
	November 1, 2004 to October 31 November 1, 2003 to October 31 November 1, 2002 to October 31 November 1, 2001 to October 31 November 1, 2000 to October 31	1, 2006 → record 0 year at top of page 59. 1, 2005 → record 1 year at top of page 59. 1, 2004 → record 2 years at top of page 59. 1, 2003 → record 3 years at top of page 59. 1, 2002 → record 4 years at top of page 59. 1, 2001 → record 5 years at top of page 59. 1, k respondent and end interview	
	INTERVIEWER: IF QUESTION "REFUSED	ONS A1 AND A2 WERE BOTH ANSWER	
A3.		Don't Refused	
	a. North American Indian	Yes No Borry Received 1 2 7 7	
	b. Métis	1 2 7 8	
	c. Inuit	1 2 7 8	
A4.	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
A5.	Is a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada?	Yes, Treaty Indian or Registered Indian	No Don't know Refused
A6.	Is a member of an Indian Band or First Nation?	Yes, member of an Indian Band or First Nation	No Don't know Refused
	OR "RI IN THE TERRITORIES: IF Q	ESTIONS A3 TO A6 WERE ALL ANSWE EFUSED" → THANK RESPONDEN UESTIONS A3 TO A6 WERE ALL ANSW 'REFUSED" → CONTINUE INTERVIEN	T AND END INTERVIEW. VERED "NO", "DON'T KNOW"
A7.	Is still living in this home?	1 Yes 2 No → 2 7 Don't kn 8 Refused	Thank recoondant
A8.	How many times in's life has he/she moved, that is changed his/her usual place of residence?	Times Never	 Don't know Refused
A9.	Including yourself and how many people live in this home?	Number of persons	 Don't know Refused
	ND OF SECTION		

•	B - HOUSEHOLD ROSTER		
		who currently live in your home. Star and marital status of all the people in	
	Person One	Person Two	Person Three
а	First Name	First Name	First Name
b	Date of birth	Date of birth	Date of birth
С	Age 1 Months	Age ¹ Months	Age 1 Months
	² Years	² Years	² Years
d	Sex	Sex	Sex
	¹ Male	¹ Male	1 Male
	² Female	² Female	² Female
е	Marital Status	Marital Status	Marital Status
	¹ Married	1 Married	1 Ma, ried
	² Common-law/lives with partner	² Common-law/lives with partner	2mon-law/lives with partner
	³ Widowed	³ Widowed	3 Widowed
	Separated, but still legally married	4 Separated, but still legally married	Separated, but still legally married
	5 Divorced	5 Divorced	5 Divorced
	6 Single (never married)	6 Single (never married)	6 Single (never married)
f	Relationship to (Child 1)	Relationship to (Chi.11)	Relationship to (Child 1)
	O1 Selected child 1	Selected child 1	O1 Selected child 1
	02 Birth mother/father	Birth mother/latine,	02 Birth mother/father
	O3 Adoptive mother/father	Adoptive muther/father	O3 Adoptive mother/father
	O4 Step mother/father	⁰⁴ Sເກັກother/father	O4 Step mother/father
	⁰⁵ Foster parent-related	⁰⁵ Fuster parent-related	⁰⁵ Foster parent-related
	⁰⁶ Foster parent-unrelated	⁰⁶ F ster parent-unrelated	⁰⁶ Foster parent-unrelated
	O7 Brother/sister	0) Brother/sister	Drother/sister
	O8 Grandparent	0b Grandparent	⁰⁸ Grandparent
	09 Aunt/uncle	09 Aunt/uncle	09 Aunt/uncle
	10 Cousin	10 Cousin	10 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
g	Relationship to (Child 2)	Relationship to (Child 2)	Relationship to (Child 2)
	Not applicable	Not applicable	Not applicable
	02 Selected child 2	02 Selected child 2	02 Selected child 2
	03 Birth mother/father	03 Birth mother/father	03 Birth mother/father
	O4 Adoptive mother/father	O4 Adoptive mother/father	O4 Adoptive mother/father
	O5 Step mother/father	O5 Step mother/father	O5 Step mother/father
	otep motifernative Foster parent-related	of Foster parent-related	of Foster parent-related
	Poster parent-unrelated Foster parent-unrelated	Poster parent-unrelated	Poster parent-unrelated Foster parent-unrelated
	O8 Brother/sister	oser parent-unrelated Brother/sister	oser parent-unrelated Brother/sister
	09 Grandparent	09 Grandparent	09 Grandparent
	10 Aunt/uncle	10 Aunt/uncle	10 Aunt/uncle
	11 Cousin	11 Cousin	11 Cousin
	Cousiii	Cousin	Cousin
	Other relative	Officer relative	Other relative
	Other Hon-relative	Other Horr-relative	Other Horr-relative
h	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2
i	Child ¹ Selected Child 1	Child ¹ Selected Child 1	Child ¹ Selected Child 1
	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)

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	Person Four	Person Five	Person Six
а	First Name	First Name	First Name
b	Date of birth	Date of birth	Date of birth
	/ /	/ /	/ /
	D D M M Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y
С	Age ¹ Months	Age ¹ Months	Age ¹ Months
	² Years	² Years	² Years
d	Sex 1 Mala	Sex 1 Mala	Sex
	iviale	iviale	Male 2 Famala
	remale	remale	remale
е	Marital Status	Marital Status	Marital Status
	Married	Married	Wall d
	Common-law/lives with partner	Common-law/lives with partner	2 Common-law/lives with partner
	Widowed	Widowed	Widowed
	Separated, but still legally married Divorced	Separated, but still legally married Divorced	Separated, but still legally married
	Divolced	Divorced	Divorced 6 Single (never married)
	Single (never married)	Single (never married)	Single (never married)
f	Relationship to (Child 1)	Relationship to Chila 1)	Relationship to (Child 1)
	O1 Selected child 1	O1 Selected child 1	O1 Selected child 1
	Birth mother/father	Birth mother/father	Birth mother/father
	Adoptive mother/father	Adoptive mot, er tather	Adoptive mother/father
	Step mother/lattier	S.e. mower/lather	Step mother/lattier
	1 Oster parent-related	os el parent-related	roster parent-related
	Foster parent - unrelated Brother/sister	Fo; ter parent - unrelated Prother/sister	Foster parent - unrelated Brother/sister
	08 Grandparent	O8 Grandparent	O8 Grandparent
	09 Aunt/uncle	09 Aunt/uncle	O9 Aunt/uncle
	10 Cousin	10 Cousin	10 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
g	Relationship to (Child 2)	Relationship to (Child 2)	Relationship to (Child 2)
3	O1 Not applicable	O1 Not applicable	O1 Not applicable
	O2 Selected child 2	O2 Selected child 2	O2 Selected child 2
	03 Birth mother/father	03 Birth mother/father	03 Birth mother/father
	O4 Adoptive mother/father	O4 Adoptive mother/father	O4 Adoptive mother/father
	O5 Step mother/father	O5 Step mother/father	O5 Step mother/father
	Of Foster parent-related	Of Foster parent-related	of Foster parent-related
	07 Foster parent-unrelated	07 Foster parent-unrelated	07 Foster parent-unrelated
	08 Brother/sister	08 Brother/sister	08 Brother/sister
	09 Grandparent	09 Grandparent	09 Grandparent
	10 Aunt/uncle	10 Aunt/uncle	10 Aunt/uncle
	11 Cousin	11 Cousin	11 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
h	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2
i	Child ¹ Selected Child 1	Child ¹ Selected Child 1	Child ¹ Selected Child 1
	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)

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	Person Seven	Person Eight	Person Nine
а	First Name	First Name	First Name
b	Date of birth	Date of birth	Date of birth
	/ /	/ /	/ /
	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
С	Age 1 Months 2 Years	Age 1 Months 2 Years	Age 1 Months 2 Years
d	Sex	Sex	Sex
	¹ Male	¹ Male	¹ Male
	² Female	² Female	² Female
е	Marital Status	Marital Status	Marital Status
	¹ Married	¹ Married	¹ Ma, ied
	² Common-law/lives with partner	² Common-law/lives with partner	² common-law/lives with partner
	³ Widowed	³ Widowed	³ Widowed
	4 Separated, but still legally married	4 Separated, but still legally married	Separated, but still legally married
	5 Divorced	5 Divorced	5 Divorced
	⁶ Single (never married)	⁶ Single (never married)	⁶ Single (never married)
f	Relationship to (Child 1)	Relationship to(Chi. 1 1)	Relationship to (Child 1)
	O1 Selected child 1	O1 Selected child 1	O1 Selected child 1
	02 Birth mother/father	Dirth mother/tathe	Dirth mother/father
	O3 Adoptive mother/father	O3 Adoptive muther/father	O3 Adoptive mother/father
	O4 Step mother/father	04 Sup mother/father	O4 Step mother/father
	os Foster parent-related	os Fuster parent-related	os Foster parent - related
	of Foster parent - unrelated	06 Foster parent - unrelated	of Foster parent - unrelated
	07 Brother/sister	0 Brother/sister	O7 Brother/sister
	08 Grandparent	08 Grandparent	O8 Grandparent
	09 Aunt/uncle	09 Aunt/uncle	09 Aunt/uncle
	10 Cousin	10 Cousin	10 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
g	Relationship to (Child 2)	Relationship to (Child 2)	Relationship to (Child 2)
9	O1 Not applicable	O1 Not applicable	O1 Not applicable
	Selected child 2 Birth mother/father	Selected child 2 Birth mother/father	Selected child 2 Birth mother/father
	O4 Adoptive mother/father	O4 Adoptive mother/father	O4 Adoptive mother/father
	O5 Step mother/father	O5 Step mother/father	O5 Step mother/father
	of Foster parent-related	of Foster parent-related	of Foster parent-related
	Poster parent-inrelated Foster parent-unrelated	Poster parent-unrelated Foster parent-unrelated	Poster parent-unrelated Foster parent-unrelated
	O8 Brother/sister	O8 Brother/sister	O8 Brother/sister
	09 Grandparent	09 Grandparent	09 Grandparent
	10 Aunt/uncle	10 Aunt/uncle	10 Aunt/uncle
	11 Cousin	11 Cousin	11 Cousin
	12 Other relative	12 Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
h			
h	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2
i	Child ¹ Selected Child 1	Child ¹ Selected Child 1	Child ¹ Selected Child 1
	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)

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	Person Ten	Person Eleven	Person Twelve
а	First Name	First Name	First Name
b	Date of birth	Date of birth	Date of birth
	/ /	/ /	/ /
	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
С	Age ¹ Months	Age ¹ Months	Age 1 Months
	² Years	² Years	² Years
d	Sex	Sex	Sex
	1 Male	1 Male	1 Male
	² Female	² Female	² Female
е	Marital Status	Marital Status	Marital Status
	¹ Married	¹ Married	1 Married
	Common-law/lives with partner	Common-law/lives with partner	2 Common-law/lives with partner
	3 Widowed	3 Widowed	3 Widowed
	Separated, but still legally married	Separated, but still legally married	Separated, but still legally married
	5 Divorced	5 Divorced	5 Divorced
	⁶ Single (never married)	6 Single (never married)	⁶ Single (never married)
f	Relationship to (Child 1)	Relationship to Chila 1)	Relationship to (Child 1)
	01 Selected child 1	01 Selected child 1	01 Selected child 1
	02 Birth mother/father	Birth mother/father	02 Birth mother/father
	O3 Adoptive mother/father	Adoptive mou er/tather	O3 Adoptive mother/father
	O4 Step mother/father	04 Step mother/father	O4 Step mother/father
	⁰⁵ Foster parent-related	⁰⁵ Fos er parent-related	⁰⁵ Foster parent-related
	⁰⁶ Foster parent - unrelated	⁰⁶ For ter parent - unrelated	⁰⁶ Foster parent-unrelated
	O7 Brother/sister	⁷⁷ Brother/sister	⁰⁷ Brother/sister
	O8 Grandparent	O8 Grandparent	O8 Grandparent
	09 Aunt/uncle	O9 Aunt/uncle	09 Aunt/uncle
	10 Cousin	10 Cousin	10 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
g	Relationship to(Child 2)	Relationship to (Child 2)	Relationship to (Child 2)
	Not applicable	Not applicable	Not applicable
	02 Selected child 2	02 Selected child 2	02 Selected child 2
	03 Birth mother/father	03 Birth mother/father	03 Birth mother/father
	O4 Adoptive mother/father	O4 Adoptive mother/father	O4 Adoptive mother/father
	O5 Step mother/father	O5 Step mother/father	O5 Step mother/father
	Poster parent-related	Foster parent-related	Foster parent-related
	Foster parent-unrelated	Foster parent - unrelated	Foster parent-unrelated
	O8 Brother/sister	O8 Brother/sister	08 Brother/sister
	O9 Grandparent	O9 Grandparent	O9 Grandparent
	10 Aunt/uncle	10 Aunt/uncle	10 Aunt/uncle
	11 Cousin	11 Cousin	11 Cousin
	Other relative	Other relative	Other relative
	Other Horr-relative	Other non-relative	Other non-relative
h	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2
i	Child ¹ Selected Child 1	Child ¹ Selected Child 1	Child ¹ Selected Child 1
	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)

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	Person Thirteen	Person Fourteen	Person Fifteen
а	First Name	First Name	First Name
b	Date of birth	Date of birth	Date of birth
	/ /	/ /	/ /
	D D M M Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
С	Age ¹ Months	Age ¹ Months	Age ¹ Months
	² Years	² Years	² Years
d	Sex 1 Male	Sex 1 Mole	Sex 1 Mole
	iviale	Male	Iviale
	remale	Female	Female
е	Marital Status	Marital Status	Marital Status
	1 Married	iviarried	Was led
	Common-law/lives with partner	Common-law/lives with partner	2 Co.amon-law/lives with partner
	Widowed	Widowed	³ Widowed
	Separated, but still legally married	Separated, but still legally married	Separated, but still legally married
	5 Divorced	5 Divorced	Divorced
	Single (never married)	6 Single (never married)	Single (never married)
f	Relationship to (Child 1)	Relationship to (Chi. 1 1)	Relationship to (Child 1)
	O1 Selected child 1	Selected child 1	O1 Selected child 1
	Dirth mother/father	Birth mother/tathe,	Dirth mother/father
	Adoptive mother/father	Adoptive muther/father	Od Adoptive mother/father
	O5 Step mother/father O5 Factor parent-related	95 Support related	Of Step mother/father
	1 Oster parent-related	rester parent-related	Poster parent-related Foster parent-uprelated
	r oster parent-unrelated	Poster parent-unrelated	1 Oster parent-unrelated
	Diotrier/sister	Diotriel/sister	Diotrier/sister
	Grandparent Og Aunt/uncle	OS Grandparent OS Aunt/uncle	OS Grandparent OS Aunt/uncle
	10 Cousin	10 Cousin	10 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
g	Relationship to (Child 2)	Relationship to (Child 2)	Relationship to (Child 2)
9	O1 Not applicable	O1 Not applicable	On Not applicable
	Selected child 2 Birth mother/father	Selected child 2 Birth mother/father	Selected child 2 Birth mother/father
	O4 Adoptive mother/father	O4 Adoptive mother/father	Adoptive mother/father
	O5 Step mother/father	O5 Step mother/father	O5 Step mother/father
	otep motifernative Foster parent-related	of Foster parent-related	otep mother/lattice
	Poster parent - unrelated	Poster parent - unrelated	Poster parent - unrelated
	08 Brother/sister	08 Brother/sister	08 Brother/sister
	⁰⁹ Grandparent	⁰⁹ Grandparent	⁰⁹ Grandparent
	10 Aunt/uncle	10 Aunt/uncle	10 Aunt/uncle
	11 Cousin	11 Cousin	11 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
h	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2	Survey 1 For Child 1 Respondent 2 For Child 2
i	Child ¹ Selected Child 1	Child ¹ Selected Child 1	Child ¹ Selected Child 1
	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)

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			5
	Person Sixteen First Name	Person Seventeen First Name	Person Eighteen First Name
а	riist Naille	First Name	riist Naille
b	Date of birth	Date of birth	Date of birth
	/ /	/ /	/ /
	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
С	Age ¹ Months	Age ¹ Months	Age ¹ Months
	² Years	² Years	² Years
d	Sex 1 Mala	Sex 1 Mala	Sex 1 Malo
	iviale	iviale	iviale
	remale	remale	remale
е	Marital Status	Marital Status	Marital Status
	1 Married	1 Married	1 Marr. od
	Common-law/lives with partner	Common-law/lives with partner	2 Common-law/lives with partner
	Widowed	Widowed	3 Widowed
	Separated, but still legally married	Separated, but still legally married	Separated, but still legally married
	5 Divorced	5 Divorced	Divorced
	Single (never married)	Single (never married)	Single (never married)
f	Relationship to (Child 1)	Relationship to Chila 1)	Relationship to (Child 1)
	01 Selected child 1	01 Selected child 1	01 Selected child 1
	02 Birth mother/father	Birth mother/father	Dirth mother/father
	O3 Adoptive mother/father	Adoptive mon entather	O3 Adoptive mother/father
	04 Step mother/father	04 Ster mother/father	04 Step mother/father
	⁰⁵ Foster parent-related	⁰⁵ Fos er parent-related	⁰⁵ Foster parent-related
	⁰⁶ Foster parent - unrelated	⁰⁶ Fo ter parent - unrelated	⁰⁶ Foster parent-unrelated
	07 Brother/sister	⁰⁷ Brother/sister	O7 Brother/sister
	O8 Grandparent	⁰⁸ Grandparent	O8 Grandparent
	09 Aunt/uncle	09 Aunt/uncle	09 Aunt/uncle
	10 Cousin	10 Cousin	10 Cousin
	Other relative	Other relative	Other relative
	Other non-relative	Other non-relative	Other non-relative
g	Relationship to(Child 2)	Relationship to (Child 2)	Relationship to (Child 2)
	Not applicable	01 Not applicable	⁰¹ Not applicable
	02 Selected child 2	02 Selected child 2	02 Selected child 2
	03 Birth mother/father	03 Birth mother/father	03 Birth mother/father
	04 Adoptive mother/father	04 Adoptive mother/father	04 Adoptive mother/father
	05 Step mother/father	05 Step mother/father	05 Step mother/father
	of Foster parent-related	of Foster parent-related	of Foster parent-related
	07 Foster parent-unrelated	07 Foster parent-unrelated	07 Foster parent-unrelated
	08 Brother/sister	08 Brother/sister	08 Brother/sister
	09 Grandparent	09 Grandparent	09 Grandparent
	10 Aunt/uncle	10 Aunt/uncle	10 Aunt/uncle
	11 Cousin	11 Cousin	11 Cousin
	12 Other relative	12 Other relative	12 Other relative
	Other non-relative	Other non-relative	Other non-relative
h	Survey ¹ For Child 1	Survey ¹ For Child 1	Survey ¹ For Child 1
	Respondent 2 For Child 2	Respondent 2 For Child 2	Respondent 2 For Child 2
i	Child ¹ Selected Child 1	Child ¹ Selected Child 1	Child ¹ Selected Child 1
	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)	² Selected Child 2 (if applicable)

PART 2: CHILD QUESTIONNAIRE C - CHILD'S HEALTH The following are questions about ____'s health. C1. In general, would you say his/her health is... **Excellent?** 2 Very good? 3 Good? 4 Fair? 5 Poor? 7 Don't know 8 Refused C2. How much did ____ weigh at birth? OR INTERVIEWER: Accept respondent's best estimate. **Pounds Ounces** Grams Don't know 8 Refused In the past 12 months, have you seen any of the following _'s physical, emotional or mental health: b. How many times in the INTERVIEWER: Exclude at time of birth for babies. past 12 months? C3. a. a family doctor, general practitioner Yes • Times or pediatrician? No Don't know Don't know Refused Refused C4. a. a nurse, including community health nurse, public health nurse or nurse practitioner Yes -Times separate from doctor's visits? 2 No Don't know 7 Don't know Refused 8 Refused C5. a. an eye doctor or optometrist? Yes • Times 2 No Don't know 7 Don't know Refused 8 Refused C6. a. a dentist, dental therapist or orthodontist? Yes • Times 2 No Don't know 7 Don't know Refused 8 Refused C7. a. a medical specialist such as a surgeon, Yes • Times allergist or orthopaedist? 2

7

No

Don't know

Refused

Don't know

Refused

8

		b. How many times in the past 12 months?
C8. a. a traditional Aboriginal healer?	1 Yes —	Times
<u>INTERVIEWER</u> : By "Aboriginal", we are referring to First Nations, Métis or Inuit.	2 No	7 Don't know
	Not applicable	8 Refused
	7 Don't know	Holada
	8 Refused	
C9. a. a psychologist?	1 Yes —	Times
	² No	7 Don't know
	7 Don't know	8 Refused
	8 Refused	3
C10. a. a child welfare worker, children's aid worker	1 Yes —	Times
or social worker?	² No	7 Don't know
	7 Don't know	8 Refused
	8 Picfused	
C11. a. any other person trained to provide treatment or counsel, for example	1 Yes	Times
a speech therapist, or dietician? Specify:	² No	7 Don't know
epoony.	Don't know	8 Refused
	8 Refused	
C12. During the past 12 months, was there		
a time when you wanted health care or	1 Yes	
medication for and could not get it?	² No	
	7 Don't know	GO TO QUESTION C14
	8 Refused	

C13. There are many reasons why your cl Thinking of the most recent time, why didn't	nild may	not have b	een ab	ole to receive health care.
get care or medication?	Not ava	ilable →	01	In the area
<u>INTERVIEWER</u> : Mark all that apply.			02	At time required (for example, health practitioner on holidays, inconvenient hours)
	Cost -		03	Could not afford direct cost of care/service
			04	Could not afford transportation costs
			05	Could not afford child care costs
			06	Could not afford medication
			07	Not covered by <i>Non-Insured Health Benefits</i> (for example, service medication, equipment)
			08	Prior approval for services under Non-Insurea 'Health Benefits was denied
	09	On waiting	list (for	exε mple, to see specialist)
	10	Waiting tim		ong nie or doctor's office)
	11	Felt it wou	d be in	adequate
	12	Didn' kno	y where	e to go
	13	Transpor 3	ition pro	oblems
	14	Language	probler	ns
	15	Fersonal o	r family	reasons
	1: 9	Uncomfort	able wi	th health professional (dislikes/afraid)
	17	Decided no	ot to se	ek care
	18			raditional care ler, medicine person or Elder)
	19	Felt servic	e was n	ot culturally appropriate
	20	Referral pr	oblems	
	21	Could not	arrange	e child care
	22	Did not wa	nt to lea	ave community
,	23	Child too y	oung/D	id not have provincial health card
	24	Other – Sp	pecify:	
	97	Dealth		
	98	Don't know	V	
		Refused		
C14. In general, is 's physical activity		1	V	
limited by a health condition? INTERVIEWER: A health condition may	y	2	Yes	
include a disability or a long term cond		7	No Don't	know
		8	Refus	
			rieius	

have any of the following long term conditions that have lasted or are expected to last 6 months or more? INTERVIEWER: Read list. Complete all parts of question when applicable. b. Did ___ get a diagnosis from a doctor, nurse or C15. a. Lactose intolerance or c. Has ___ received trouble digesting milk? treatment? health professional? Yes Yes -Yes 2 2 2 No No No Maybe Don't know Don't know 7 8 Don't know Refused Refused 8 Refused Food, digestive, respiratory or other allergies? C16. a. Food or digestive b. Did _ get a diagnosis c. Has received allergies? from a doctor nurse or treatment? health professional? Yes Yes Yes 2 2 No No No 3 3 No treatment available Maybe Don't know Don't know Refused Don't know Refused 8 Refused C17. a. Respiratory allergies (such as hay fever)? Yes Yes • Yes 2 2 No No No 7 Maybe Don't know Don't know 8 8 Refused Refused Don't know Refused C18. a. Any other allergies? Yes -Yes Yes 2 2 2 No No No 7 3 3 Maybe Don't know No treatment available 8 Don't know Refused 7 Don't know 8 Refused 8 Refused

1	2 No	1	C19. a. Asthma	?	from a	get a diagnosis doctor, nurse or professional?	c. Has treatme	_ received ent?
1	1	1	2 3 7	No Maybe Don't know	7	No Don't know	2 7	No Don't know
from a doctor, nurse or health professional? 1 Yes 1 Yes 2 No 3 Maybe 7 Don't know 8 Refused treatment? 1 Yes 2 No 7 Don't know 8 Refused	from a doctor, nurse or health professional? 1 Yes 1 Yes 2 No 2 No 7 Don't know 8 Refused 8 Refused treatment?	from a doctor, nurse or health professional? 1 Yes 1 Yes 2 No 3 Maybe 7 Don't know 8 Refused treatment? 1 Yes 2 No 7 Don't know 8 Refused	1 2 3 7 7	Yes No Maybe Don't know	7	No Don't know	7	No Don't know
			1 2 3 7	Maybe Don't know	from a health	yes No Don't know	treatme	Yes No Don't know

	sugar?			
	C22. a. Diabetes?	fro	d get a diagnosi m a doctor, nurse o alth professional?	
	1 Yes	1	Yes —	1 Yes
	2 No	2	No	² No
	3 Maybe	e 7	Don't know	7 Don't kno
	7 Don't		Refused	8 Refused
	8 Refus			
				Which type(s) of
				diabetes has been diagnosed พเรา?
				<u>'NTERVIEWER</u> : Mark all that apply
				1 Type 1
			~ ~	2 Type 2
				3 Pre-diabet
				7 Don't know
			Y	8 Refused
			y	
	C23. a. Hypoglycemia low blood suga	or b. Dic	d get a diagnosi m a doctor, nurse o	
	low blood suga	hea	alth professional?	i ileament:
	1 Yes	1	Yes —	1 Yes
	2	2	No	² No
	3 Maybe	e 7	Don't know	7 Don't kno
	7 Don't	_	Refused	8 Refused
	Refus	ed		
C24. a. Hea	rt condition or disease	?		
	1 Yes	1	Yes —	→ 1 Yes
	2 No	2	No	2 No
	3 Maybe	e 7	Don't know	7 Don't kno
	7 Don't		Refused	8 Refused
	8 Refus			
——————————————————————————————————————	ney condition or diseas			
——————————————————————————————————————	1 Yes	1	Yes —	→ 1 Yes
——————————————————————————————————————	1 Yes 2 No	1 2	Yes — No	1 Yes 2 No
——C25. a. Kidr	1 Yes 2 No 3 Maybe	1 2 7		² No 7 Don't kno
——C25. a. Kidr	1 Yes 2 No	1 2 7	No	² No

C26. a. Epilepsy?			get a diagnosis doctor, nurse or	c. Has	_ received
			professional?	treatine	;;;;
1	Yes ——	1	Yes ——	1	Yes
2	-	2	_	2	
	No		No		No
3	Maybe	7	Don't know	7	Don't know
7	Don't know	8	Refused	8	Refused
8	Refused				
Cerebral Palsy, Down Syndrome or Spina Bifida?	,				
C27. a. Cerebra	ıl Palsy		get a diagnosis		_ received
			doctor, nurse or professional?	treatme	ent?
1	Yes —	1	Yes —	1	Yes
2	No	2	No	2	No
3	Maybe	7	Don't kn w	7	Don't know
7	Don't know	8	Refused	8	Refused
8	Refused		i -iuscu		rieluseu
	i teluseu) Y		
C28. a. Down S	yndrome		<u> </u>		
1	V.	1	V.	1	V.
2	Yes	2	Yes ———	2	Yes
	No	7	No	7	No
3	Maybe		Don't know		Don't know
7	Don't kilow	8	Refused	8	Refused
8	Hafus ad				
C29. a. Saina B	ifida				
629. a. 5, 118 B	mua				
1'	Yes	1	Yes ——	1	Yes
2	No	2	No	2	No
3	Maybe	7	Don't know	7	Don't know
7	Don't know	8	Refused	8	Refused
8	Refused				
C30. a. Attention deficit disc with or without hype		from a	get a diagnosis doctor, nurse or professional?	c. Has treatme	received ent?
1	Yes	1	Yes ——	1	Yes
2	No	2	No	2	No
3	Maybe	7	Don't know	7	Don't know
7	Don't know	8	Refused	8	Refused
8			пешѕец		neiusea
0	Refused				

C31. a. Anxiety or o	depress	ion?	from a	get a diagnosis doctor, nurse or professional?	c. Has treatme	
	1	Yes ——	1	Yes ——	1	Yes
	2	No	2	No	2	No
	3	Maybe	7	Don't know	7	Don't know
	7	Don't know	8	Refused	8	Refused
	8	Refused				
C32. a. Fetal Alcoh Alcohol Eff Spectrum D	ect or Fe	etal Alcohol				
	1	Yes ——	1	Yes ——	1	Yes
	2	No	2	No	2	No
	3	Maybe	7	Don't know	7	Don't know
	7	Don't know	8	Refused	8	Refused
	8	Refused				
 C33. a. Autism?				1		
	1	Yes	1	Tur .	1	Yes
	2	No	2	No	2	No
	3	Maybe	7	on't know	7	Don't know
	7	Don't know	8	Refused	8	Refused
	8	Refused				
or speech or langu	impairm uage dif	ent		get a diagnosis	c. Has	
or speech or langu	impairm uage dif	ent ficulties?	from a	_ get a diagnosis doctor, nurse or professional?	c. Has treatme	
or speech or langu	impairm uage dif	ent ficulties?	from a	doctor, nurse or		
or speech or langu	impairm uage dif	ent ficulties? g imp?irme. +?	from a health	doctor, nurse or professional?	treatme	ent?
or speech or langu	impairm uage dif	ent ficulties? g imporme. +? Yes	from a health	doctor, nurse or professional?	treatme	ent? Yes
or speech or langu	impairm uage dif	ent ficulties? g imp@irme. +? Yes No	from a health	doctor, nurse or professional? Yes No	treatme	Yes No
or speech or langu	impairm uage dif	ent ficulties? g imporme. +? Yes No Maybe	from a health 1 2 7	doctor, nurse or professional? Yes No Don't know	treatme	Yes No Don't know
or speech or langu	impairm uage diff a. Hearing	ent ficulties? g imporme. +? Yes No Maybe Don't know	from a health 1 2 7	doctor, nurse or professional? Yes No Don't know	treatme	Yes No Don't know
or speech or langu	impairm uage diff a. Hearing	ent ficulties? g impairme. +? Yes No Maybe Don't know Refused impairment?	from a health 1 2 7	doctor, nurse or professional? Yes No Don't know Refused	treatme	Yes No Don't know Refused
or speech or langu	impairm uage diff a. Hearing	ent ficulties? g imporme. +2 Yes No Maybe Don't know Refused impairment? Yes	from a health 1 2 7 8	doctor, nurse or professional? Yes No Don't know Refused	1 2 7 8 8	Yes No Don't know Refused Yes
or speech or langu	impairm uage diff a. Hearing 1 7 8 a. Visual	ent ficulties? g imporme. †? Yes No Maybe Don't know Refused impairment? Yes No	from a health 1 2 7 8	doctor, nurse or professional? Yes No Don't know Refused Yes No	1 2 7 8 8	Yes No Don't know Refused Yes No
or speech or langu	impairm uage diff a. Hearing	ent ficulties? g imporme. +2 Yes No Maybe Don't know Refused impairment? Yes	from a health 1 2 7 8	doctor, nurse or professional? Yes No Don't know Refused Yes No Don't know	1 2 7 8 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2	Yes No Don't know Refused Yes No Don't know
or speech or langu	impairm uage diff a. Hearing 1 8 a. Visual 1 2 3	ent ficulties? g imp@irme. +? Yes No Maybe Don't know Refused impairment? Yes No Maybe	from a health 1	doctor, nurse or professional? Yes No Don't know Refused Yes No	1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Yes No Don't know Refused Yes No
C34. a	impairm uage diff a. Hearing 1 2 8 a. Visual 1 2 3 7 8	ent ficulties? g imp@irme. +? Yes No Maybe Don't know Refused impairment? Yes No Maybe Don't know Refused or language	from a health 1	doctor, nurse or professional? Yes No Don't know Refused Yes No Don't know	1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Yes No Don't know Refused Yes No Don't know
C35. a	impairm uage diff a. Hearing 1 2 3 7 8 2 3 7 8 a. Speech	ent ficulties? g imp@irme. +? Yes No Maybe Don't know Refused impairment? Yes No Maybe Don't know Refused a or language ies?	from a health 1	doctor, nurse or professional? Yes No Don't know Refused Yes No Don't know Refused	1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Yes No Don't know Refused Yes No Don't know Refused
C34. a	impairm uage dif a. Hearing 1 2 8 a. Visual 1 2 3 7 8 a. Speech difficult	ent ficulties? g imp@irme. +? Yes No Maybe Don't know Refused impairment? Yes No Maybe Don't know Refused or language ies? Yes	from a health 1	doctor, nurse or professional? Yes No Don't know Refused Yes No Don't know Refused	1	Yes No Don't know Refused Yes No Don't know Refused
C34. a	impairm uage diff a. Hearing 1 2 3 7 8 3 7 8 4 Speech difficult 1	ent ficulties? g impourme. +? Yes No Maybe Don't know Refused impairment? Yes No Maybe Don't know Refused or language ies? Yes No	from a health 1	doctor, nurse or professional? Yes No Don't know Refused Yes No Don't know Refused	1	Yes No Don't know Refused Yes No Don't know Refused
C34. a	impairm uage diff a. Hearing 1 2 3 7 8 2 3 7 8 a. Speech difficult 1 2	ent ficulties? g imp@irme. +? Yes No Maybe Don't know Refused impairment? Yes No Maybe Don't know Refused or language ies? Yes	from a health 1	doctor, nurse or professional? Yes No Don't know Refused Yes No Don't know Refused	1 2 7 8 8 1 1 2 2 7 8 8 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 1 2 1	Yes No Don't know Refused Yes No Don't know Refused

C37. a. Iron deficiency anaemia?	b. Did get a diagnosis from a doctor, nurse or health professional?	c. Has received treatment?
1 Yes No 2 No 3 Maybe 7 Don't know 8 Refused	1 Yes —> 2 No 7 Don't know 8 Refused	1 Yes 2 No 7 Don't know 8 Refused
Any other long term condition or disease?	b. Did get a diagnosis from a doctor, nurse or health professional?	c. Has received treatment?
C38. a. ¹ Yes - Specify: 2 No 7 Don't know 8 Refused	1 Yes ———————————————————————————————————	1 Yes 2 No 7 Don't know 8 Refused
C39. a. 1 Yes - Specify: 2 No 7 Don't know 8 Refused	Yes No Don't know Refused	1 Yes 2 No 7 Don't know 8 Refused
C40. a. ¹ Yes - <i>Specify:</i> 2 No 7 Don't know 8 Refused	1 Yes ———————————————————————————————————	1 Yes 2 No 7 Don't know 8 Refused
C41. a. Since his/her birth, hashad an rear in fection or otitis?		iko maat 10 maantka 2
2 No 7 Don't know 8 Refused	b. How many times in the Times 1 Never 7 Don't know 8 Refused	tne past 12 months?
C42. Has ever had dental problems? 1)	

The following questions refer to injuries, such as a head injury or poisoning.	broker	bone, sprained ankle, bad cut or burn,
C43. In the past 12 months, has been		
injured seriously enough to require	1	Yes
hospitalization or medical attention, by a doctor, nurse, or dentist?	2	No
	7	Don't know
	8	Refused
C44. In the past 12 months, how many times was injured and required medical attention?		Times
<u>INTERVIEWER</u> : Accept respondent's	7	Don't know
best estimate.	8	Refused
C45. 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, scrap is or bruises (major)
	07	Concussion
	08	Polenning
	00	ı, ternal injury
,	10	Dental injury Other – Specify:
		Other – Specify.
	11	Multiple injuries
	97	Don't know
	98	Refused
C46. What happened, for example, was the	01	Motor vehicle collision – passenger
injury the result of a fall, car accident, physical assault or something else?	02	Motor vehicle collision – pedestrian
<u>INTERVIEWER</u> : Mark one only.	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 (not including bicycle)
	08	Physical assault
	09	Scalded by hot liquids or food
		Burned from touching a hot surface (for example, a stove top, glass cover on fireplace)
	11	Accidental poisoning
	12	Self-inflicted injuries
		Natural/environmental factors (animal bite, sting, frostbite)
	14	Fire, flames or resulting fumes
	15	Near drowning
	16	Other – Specify:
	97	Don't know
	98	Refused

				b.	Hov	v often?
a.	Ventolin, inhalers or puffers for asthma?	1	Vac.	01		Mara than anas a day
	for astnma?	2	Yes →	02		More than once a day
		7	No	03		Once a day
			Don't know			More than once a week
		8	Refused	04		Once a week
				05		At least once per month
				06		At least once per year
				07		Less than once a year
				97		Don't know
				98		Refused
9 0	Ritalin or other similar					Y
	medications?	1	Yes →	01		More than once a day
		2	No	02		Cince a day
		7	Don't know	03		More than once a week
		8	Refused	31	7	Once a week
				75		At least once per month
				06		At least once per year
				07		Less than once a year
				97		Don't know
		1		98		Refused
		2				
9. a.	Tranquilizers or nerve pills?	1	Yes →	01		More than once a day
		2	No	02		Once a day
		7	Don't know	03		More than once a week
	Q Y	8	Refused	04		Once a week
			1101000	05		At least once per month
				06		At least once per year
				07		Less than once a year
				97		Don't know
				98		Refused
						neiuseu
	Anti-convulsants or anti-epileptic pills?	1	Yes →	01		More than once a day
		2	No	02		Once a day
		7	Don't know	03		More than once a week
		8	Refused	04		Once a week
				05		At least once per month
				06		At least once per year
				07		Less than once a year
				97		
				98		Don't know
				30		Refused

		b. How often?
C51. a. Insulin or other drugs for diabetes?	1 Yes →	01 More than once a day
	² No	02 Once a day
	7 Don't know	More than once a week
	8 Refused	04 Once a week
		05 At least once per month
		Of At least once per year
		07 Less than once a year
		97 Don't know
		98 Refused
C52. a. Traditional First Nations,		
Métis or Inuit medicines	¹ Yes →	More than vince a day
	² No	Oi. re a day
	7 Don't know	100 More than once a week
	8 Refused	Once a week
		At least once per month
		At least once per year
		Less than once a year
		97 Don't know
	081	⁹⁸ Refused
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
C53. a. Multivitamins?		01 More than once a day
	Yes →	wore than once a day
	No No Don't know	Once a day More than once a week
Q. Y	8 Refused	Once a week
	Refused	Office a week At least once per month
		Of At least once per year
>		107 Less than once a year
		97 Don't know
		98 Refused
0.1		
C54. a. Iron Supplements? INTERVIEWER:	1 Yes →	01 More than once a day
Separate from vitamins.	² No	Once a day
	7 Don't know	More than once a week
	⁸ Refused	Once a week
		O5 At least once per month
		Of At least once per year
		Less than once a year
		97 Don't know
		98 Refused

C55. a. Vitamin D? INTERVIEWER: Separate from multivitamins. 1 Yes No 7 Don't know 8 Refused 01 More than once a day 02 Once a day 03 More than once a week 04 Once a week 05 At least once per month 06 At least once per year
INTERVIEWER: Separate from multivitamins. 2 No 7 Don't know 8 Refused 02 Once a day 03 More than once a week 04 Once a week 05 At least once per month
7 Don't know 8 Refused 03 More than once a week 04 Once a week 05 At least once per month
05 At least once per month
At least once per month
07 Less than once a year
97 Don't know
98 Refused
Other medications?
C56. a. 1 Yes - Specify:
No 02 Case day
Don't know 03 Nore than once a week
8 Refused 0/ Once a week
At least once per month
At least once per year
Less than once a year
Occasionally, when child is sick
97 Don't know
⁹⁸ Refused
C57. a. 1 Yes - Specify:
2 No Once a day
7 Don't know 03 More than once a week
8 Refused 04 Once a week
05 At least once per month
06 At least once per year
07 Less than once a year
Occasionally, when child is sick
97 Don't know
98 Refused
C58. a. ¹ Yes - Specify: → More than once a day
² No Once a day
⁷ Don't know 03 More than once a week
8 Refused 04 Once a week
05 At least once per month
06 At least once per year
07 Less than once a year
Occasionally, when child is sick
97 Don't know
⁹⁸ Refused
END OF SECTION

D - FOOD & NUTRITION				
Now I would like to ask some questions about the food eats.				
D1. a. Was ever breast-fed?				
1 Yes —	→	b. For how	long?	
² No			OR	
7 Don't know		Month		
⁸ Refused		1 1	Less than one month	
		-	Don't know	
		8	Refused	
D2. a. Was ever bottle-fed?			. 1	
INTERVIEWER: Includes pumped breast milk.		_		
1 Yes	→	b. For how	lyng?	
² No			OR	
7 Don't know GO TO QUESTION Do	5	Month		
⁸ Refused		1	ess than one month	
		7	Don't know	
		8	Refused	
D3. Was ever fed any of the following in he/her cottle?				
INTERVIEWER: Read list. Mark all that pop'y.				1
	Yes	No	Don't Refused know	
a. Breastmilk?	1	2	7 8	
b. Iron fortified formula?	1	2	7 8	
c. Regular formula?	1	2	7 8	
d. Milk?	1	2	7 8	
e. Soy milk?	1	2	7 8	
f. Canned milk?	1	2	7 8	-
g. Powdered milk?	1	2	7 8	-
h. Water?	1	2	7 8	-
i. Kool-aid and other powdered drinks?	1	2	7 8	-
j. 100% fruit juices?	1	2	7 8	-
k. Tea?	1	2	7 8	-
	1	2	7 8	-
I. Herbal mixtures?				-
m.Soft drinks?	1	2	7 8	
n. Coffee whitener?	1	2	7 8	-
o. Other - Specify:	1	2	7 8	

D4. a. Has ever taken a bottle	
to bed excluding water?	
1 Yes ———	b. How often?
² No	1 More than once a day
7 Don't know	² Once a day
⁸ Refused	More than once a week
	Once a week
	5 Less than once a week
	7 Don't know
	⁸ Refused
INTERVIEWED: IE CHILD IS 2 VEARS OLD AND OLDER A C	O TO OUESTION DZ
<u>INTERVIEWER</u> : IF CHILD IS 2 YEARS OLD AND OLDER → G	O TO QUESTION DI
D5. a. Has ever eaten solid	
or pre-chewed food?	
1 Yes ———	b. At what age in months did he sine first start eating solid
² No	or ρre-chewed food?
7 Don't know GO TO QUESTION D26	Months
8 Refused	7 Don't know
	8 Refused
	Heluseu
D6. Has ever fed himself/herself by picking up small pieces of food with his/her fingers and putting them in his/her mouth? Yes	
D7. On average, how many times	
a day does eat? Please Number of time include meals and chacks.	es
INTERVIEWER: Do not include 7 Don't know	
breastfeeding or buttle feeding. 8 Refused	

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.			
	a. Number of times b. Reporting Period		
D8. Milk and milk products (such as yogurt, cheese, soy milk or formula)	Times → 1 Per day 2 Per week 3 Per month 4 Per year		
D9. Fish, eggs and meat, such as beef, pork or poultry	Times 1 Per day 2 Per week 7 Don't know 8 Refused 1 Per day 4 Per week 9 Per month 4 Per year		
D10. Fast food and processed foods	Times 1		
D11. Fruit (excluding juice)	Times 1 Per day 2 Per week 7 Don'* know 8 Fefusod 1 Per day 4 Per week 9 Per month 4 Per year		
D12. Vegetables	Times 1 Per day 2 Per week 3 Per month 4 Per year		
D13. Bread and pasta	Times → 1 Per day 1 Never 7 Don't know 8 Refused Per week 4 Per year		
D14. Water	Times 1 Per day 2 Per week 7 Don't know 8 Refused 1 Per day 2 Per week 3 Per month 4 Per year		
D15. Soft drinks and juice	Times → 1 Per day Never Don't know Refused Per week Per month Per year		
D16. Salty snacks, sweets and desserts	Times → 1 Per day 1 Never 7 Don't know 8 Refused 1 Per day 2 Per week 3 Per month 4 Per year		

D17. Does eat any traditional or country foods such as berries, game animals, bannock or fry bread?	No Don't know GO TO QUESTION D26
On average, how often does us	ually have the following traditional or country foods?
	a. Number of times b. Reporting Period c. When in
D18. Berries such as blueberries and blackberries	Don't know 3 Per month
D19. Bannock or fry bread	Times → 1 Per dey 1 Never 2 Per week
8	DOLL KLIOM
D20. Homemade soup, such as corn soup, stew, fish soup or boiled caribou soup	Don't know 3 Per month
D21. Large game animals such as deer, moose or caribou	Times → 1 Per day Never Don't know Refused 1 Per week Per week Per month Per year
D22. Small game anima!s such as rabbit or nuckrat	Don't know 3 Per month
D23. Game birds such as goose, duck, partridge or ptarmigan	Don't know 3 Per month
D24. Sea-based mammals such as whale, seal or walrus	Don't know 3 Per month
D25. Salt and fresh water fish	Don't know 3 Per month

D26. The next questions may be personal. Has ever experienced being hungry	1	Yes
because the family has run out of food or money to buy food?	2	No
or money to way recar.	7	Don't know GO TO SECTION E
	8	Refused
D27. 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
D28. How do you cope with feeding when this happens?	01	Parent/guardian skips meals or eats less
INTERVIEWER: Mark all that apply.	02	Children skip means or eat less
	03	
	04	Cut down on variety of food family usually eats
	05	Seek help from relatives
	06	See, help from friends
	0/	Seak help from social worker/government office
	07	Seek help from food bank (emergency food program)
	18	Use preschool, Head Start or child development programs
	09	Use school meal program
	10	Other
	97	Don't know
	98	Refused



E -	SLEEP			
The	next few questions are about's sleeping hab	its.		
E1.	How many hours does usually sleep at night excluding feedings,			Hours
	diaper changes and bathroom breaks?	,		Don't know
	8	3		Refused
				Horasoa
E2.	How many hours does sleep during the day?			Hours
	1			None
	7	'		Don't know
	8	3		Refused
E3.	Does usually sleep alone or			
	in a bed with parents or others? INTERVIEWER: By alone, this refers			Alone
	to sleeping alone in bed, not alone in			In a bed with parents or others Don't know
	their room. Mark all that apply.			Pefused
				Huseu
	INTERVIEWER: IF CHILD IS 2 YEARS OLD AND	C'.I	DE	GO TO SECTION F
F4	As he drives what position do	<u> </u>		
E4.	At bedtime, what position do you put to sleep in?			On stomach
	2	2		On side
	3	3		On back
	4			Other
	7			Don't know
		3		Refused
	END OF SECTION			
	Y			

F - DEVELOPMENTAL MILE	STONES - For 0 and 1 year olds (only
<u>INTERVIEWER</u> : IF CHILD IS 2 YEAR	RS OLD AND OLDER → GO TO QUES	110N F22
The next questions ask when your of lf you do not know the exact age, you		
F1. 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 7 Don't know 8 Refused
F2. a. Has ever been carried regularly using a snugli, an amauti, 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? Months Don't know Refused c. On average, during his/her first year, how often was carried? Most of the day
EOR III		Half the day One quarter of the day Rarely Don't know Refused
F3. a. Has sat up by himself/herself?	1 Yes 2 No 7 Don't know 8 Refused GO TO QUESTION F11	b. At what age in months did he/she first sit himself/herself up? Months 7 Don't know 8 Refused
F4. a. Has started walking on his/her own?	1 Yes 2 No 7 Don't know 8 Refused AGO TO QUESTION F6	b. At what age in months did he/she start walking on his/her own? Months 7 Don't know 8 Refused

	F5. Has ever run?	1 2	Yes
		7	No
		8	Don't know
			Refused
	F6. Has ever made a line with	1	Yes
	a crayon, stick or other object?	2	No
		7	Don't know
		8	Refused
	F7. Has ever waited his/her turn when asked or reminded,	1	Yes
	for example when being handed	2	No
	something or while playing games?	7	Don't know
		8	Refused
	F8. Has ever offered or given toys,	1	
	food or other items to you, a sister		Yes
	or brother or a playmate?	2	No
		7	Don't know
		8	n fused
	F9. Has ever sorted objects, clothes,	1	Yes
	food or any other items by groups?	2	
	<u>INTERVIEWER</u> : For example by colour, things to eat or animals?	7	No
	things to eat or animals:	8	Don't know
			Refused
	F10. Has ever found things he/sh/e ne_ds	1	Yes
	with or without prompting for εχε πρίε, he/she has one shoe and needs to find	2	No
	the other one?	7	Don't know
		8	Refused
	Q		
	F11. a. Has ever expressed his/her needs using gestures, including facial	1	Yes b. How often does
	expressions:	2	he/she do this?
	<u>INTERVIE. VER</u> : Do not include the times when the child was speaking	7	Don't know
	while using facial expressions.	8	Refused a Most of the time
			3 Sometimes
			4 Rarely
			7 Don't know
			⁸ Refused
	F12. Has ever copied or imitated	1	Yes
	someone else's actions or sounds?	2	No
		7	Don't know
		8	Refused
			neluseu
	F13. Has ever stopped making sounds or	1	Yes
	looked at you when you speak to him/her?	2	No
		7	Don't know
		8	Refused
- 1			

F14. a. Has ever expressed his/her need using sounds other than crying?	is	
1 Yes 2 No 7 Don't know 8 Refused GO TO QUESTION F21	b. How often does he/she do this? All the time Most of the time Sometimes Rarely Don't know Refused	c. At what age in months did he/she first start expressing his/her needs using sounds other than crying? Months Don't know Refused
F15. a. Has ever expressed his/her needs using a single word? 1 Yes 2 No 7 Don't know 8 Refused Refused GO TO QUESTION F21	b. How often does he/she do this? 1 All the time 2 Most of the time 3 Sometimes 4 Rarely 7 Don't ki ow 8 Fic fused	c. At what age in months did he/she first start exp. essing his/her needs using a single word? Months 7 Don't know 8 Refused
F16. Has ever shown by his/her actions that he/she understands the names of common objects?	Yes No Don't know Refused	
F17. Has ever said the name of a familiar object, such as a ball?	Yes No Don't know Refused A GO TO QUEST	TON F21
F18. a. Has ever expressed his/her needs using 2 to 3 words? 2	Yes No Don't know Refused AGO TO QUESTION F2	b. How often does he/she do this? 1 All the time 2 Most of the time 3 Sometimes 4 Rarely 7 Don't know 8 Refused
F19. Has ever counted 3 objects correctly? 1 2 7	Yes No Don't know Refused	

F20. a. Has ever expressed his/her needs using full sentences?	² N	Yes No Don't know Refused			2 3 4 1 7 1		
	All of the time	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
F21. a. How often does understand you when you speak to him/her?	1	2	3	4	5	7	8
b. How often can you understand what is saying?	1	2	3	4	5	7	8
c. How often can other people understand what is saying?	1	2	3	4	5	7	8
INTERVIEWER: GO TO SECTION G END OF SECTION	382						

END OF SECTION

F - DEVELOPMENTAL MILESTONES - Fo	or 2 to 5 year olds only
The next questions ask when your child started to	do certain things.
F22. 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
F23. Is toilet trained?	1 Yes 2 No 7 Don't know 8 Refused
F24. Has ever taken turns when playing games or talking to you or others?	1 Yes 2 No 7 Don't know 8 Refused
F25. Has ever offered or given toys, food or other items to you, a sister or brother or a playmate?	1 /es 2 No / Don't know 8 Refused
F26. Has ever sorted objects, clothes, food or any other items by groups's INTERVIEWER: For example by colour, things to eat or animals?	1 Yes 2 No 7 Don't know 8 Refused
F27. Has ever found hings he/she needs with or with prompting for example, he/she has one shoe and needs to find the other one?	1 Yes 2 No 7 Don't know 8 Refused
INTERVIEWER: Do not include 2 the times when the child was speaking while using	b. How often does he/she do this? All the time Most of the time Most of the time Sometimes Rarely Don't know Refused

F29.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 7 Don't know 8 Refused
F30.a. Has ever expressed his/her needs using 2 to 3 words? 1 Yes No	b. How often does he/she do this?
 Don't know Refused 	All the time Most of the time Sometimes Rarely Don't know Refused
F31.a. Has ever expressed his/her needs using a single word?	b. How often does he/she do this?
No No Don't know Refused	All the time Most of the time Sometimes Rarely Don't know Refused C. At what age in months did he/she first start expressing his/her needs using a single word? Months GO TO QUESTION F33
F32.a. Has ever expressed his/her needs using sounds other than crying?	1 Yes 2 No 7 Don't know 8 Refused Don't know 8 Refused Don't know 9 Refused

F33. 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. F34. Has ever drawn a picture and then told a story about		2 7 8	Yes No Don't know Refused Yes	GOT	O QUESTI	ON F35	
what he/she drew?		7	No Don't know Refused				
F35. Has ever counted out loud up to 10? INTERVIEWER: This should be without any help.		7	Yes No Don't know Refused			\	
F36. Has ever counted 3 objects correctly?		7	Yes No Don' know Refuced	70			
F37. Can show that he/she understands how many is 3? INTERVIEWER: For example, can the child give you 3 of something when asked?	OR.		Yes No Don't know Refused				
	All of the time	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
F38. a. How often does understand you wire you speak to him. he.?	1	2	3	4	5	7	8
b. How often an you understand what is s.ying?	1	2	3	4	5	7	8
c. How often can other people understand what is saying?	1	2	3	4	5	7	8
END OF SECTION							

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G1. Other than yourself, are there other people involved in raising him/her?	1 Yes 2 No 7 Don't know 8 Refused GO TO QUESTION G3
G2. Other than yourself, who are they? INTERVIEWER: Mark all that apply. Please do not include respondent.	Mother O1 Birth mother O2 Step mother (including common-law step parent) O3 Adoptive mother O4 Foster mother O5 Birth father O6 Step father (including common-law step parent) O7 Adoptive father O8 Fo. ter father O9 Grandfathe. O1 Grandmother O9 Grandmother O1 Adoptive father O2 Step father O3 Adoptive father O6 Step father O7 Adoptive father O8 Fo. ter father O9 Grandmother O1 Aunt O2 Step father O3 Adoptive mother O6 Step father O6 Step father (including common-law step parent) O7 Adoptive father O8 Fo. ter father O9 Grandfathe. O1 Grandmother O3 Adoptive mother O8 Step father (including common-law step parent) O7 Adoptive father O8 Fo. ter father O9 Grandfathe. O1 Grandfathe. O3 Adoptive mother O6 Step father (including common-law step parent) O7 Adoptive father O8 Fo. ter father O9 Grandfathe. O1 Grandfathe. O3 Adoptive mother O8 Fo. ter father O1 Grandfathe. O2 OF Fo. ter father O3 OF Fo. ter father O4 OF Fo. ter father O5 OF Fo. ter father O6 Step father (including common-law step parent) O7 Adoptive father (including common-law step parent) O8 Fo. ter father O9 OF Fo.
G3. a. Does attend a child and parent program, such as "mom & tots", "the dad program", or the "mother goose", with you or another adult?	b. How often? No Don't know Refused b. How often? Daily Weekly Monthly Less than once a month Don't know Refused WNDER 2 YEARS OLD → GO TO SECTION I

G4.	How often do you	More than once a day	Once a day	More than once a week	Once a week	Less than once a week	Never	Don't know	Refused
	a. explain things to?	1	2	3	4	5	6	7	8
	b. give him/her the opportunity to watch you or other people doing things?	1	2	3	4	5	6	7	8
	c. encourage him/her to try to do things on his/her own?	1	2	3	4	5	6	7	8
	d. help him/her to learn to think and solve problems by telling him/her stories?	1	2	3	4	5	6	7	8
							1		
35 .	How often	More than once a day	Once a day	More than once a week	Once a week	Less thar once a week	Never	Don't know	Refused
	a. is he/she praised with words?	1	2	3	4	5	6	7	8
	b. is he/she shown physical affection?	1	2	3	1	5	6	7	8
	c. is he/she rewarded with things, such as a toy or a treat or with privileges such as being able to stay up later than usual?	1	2	3	4	5	6	7	8
	d. is he/she shown approval using gestures or body language, such as being given the thumbs up?	S	,2	3	4	5	6	7	8
	e. is he/she disciplined with words, such as being told to sup?	1	2	3	4	5	6	7	8
	f. does he/she receive physical punishment?	1	2	3	4	5	6	7	8
	g. are things or privileges taken away from him/her?	1	2	3	4	5	6	7	8
	h. is he/she given a "Time out" or sent to his/her room?	1	2	3	4	5	6	7	8
	i. is he/she shown disapproval through gestures or body language?	1	2	3	4	5	6	7	8

<u>INTERVIEWER</u>: IF CHILD IS UNDER 4 YEARS OLD → GO TO SECTION I

END OF SECTION

TERVIEWER: IF CHILD IS UNDER 4 YEARS OF ese next questions will be about's experied is currently attending school? INTERVIEWER: Kindergarten is to be included. What school grade is in? INTERVIEWER: Kindergarten is to be included.	
ese next questions will be about's experients currently attending school? INTERVIEWER: Kindergarten is to be included. What school grade is in?	ences at school. 1 Yes 2 No 7 Don't know GO TO SECTION I
Is currently attending school? INTERVIEWER: Kindergarten is to be included. What school grade is in?	1 Yes 2 No 7 Don't know GO TO SECTION I
INTERVIEWER: Kindergarten is to be included. What school grade is in?	2 No 7 Don't know GO TO SECTION I
Induded.	Junior Kindergarten/Preschool/K-4 (generally 2 years before grade 1) (Senior) Kindergarten/P imary/K-5 (generally 1 year before grade 1) Grade 1 Grade 2 Don't know Refused
RORINGRIA	

I - (CHILE	CARE
By o	child ca	e to ask you some questions about your regular child care arrangements for re, we are including daycare, nursery or preschool, Head Start, before and/or after grams, care by a relative or other caregiver. This does not include care by you (or your ther).
I1.	INTER	Currently receiving any regular child care? VIEWER: Please note that these should be regular arrangements that are used consistently, bradic babysitting used by respondent when he/she has other plans. Child care includes daycare, or preschool, Head Start, before and/or after school programs, care by a relative or other caregiver. 1 Yes ———————————————————————————————————
		8 Refused GO TO QUESTION I26
I2.	What is	s the main reason why is not receiving regular child care?
	INTER	VIEWER: Mark all that apply.
	01	Not needed (stay at home parent, on maternity leave, child too young, etc.)
		Not available No child care available vacce ssible close to home
		Not available for children of children of children
		Not available to fit n.y schedule
		No relatives in my community
		Special Peds services not available
		07 Lisensed child care program not available
		⁰⁸ Child care with ECE component not available
		Aboriginal-specific child care not available
		Can't get care in language of choice
	11	On a waiting lis
	12	Cost is foo nigh
	13	Transportation is a problem
	14	Inadequate facilities and/or equipment (unsafe, substandard)
	15	Quality of care available is poor
	16	No opportunity for family/parental involvement
	17	Parent works shiftwork/Irregular daycare is used
	18	Other reason - Specify:
	97	Don't know
	98	Refused
	INTE	RVIEWER: GO TO QUESTION I 26

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I3.		re your reasons for using child care	e for?							
	01	Parent/guardian at work								
	02	Parent/guardian at school								
	03	•	hara/aaring for athere							
	04	Parent/guardian caring for family members Parent/guardian is ill, recovering or hea								
	05									
		Provide parent/guardian with links to co	vorks ar	ia supports)						
		As a support service \longrightarrow 06	Special Needs							
		07	Nutrition							
		08	Family Support							
	40	09	For a break/Respite							
	10	Expose child to Aboriginal culture			1					
	11	Language development for the child								
	12	Social environment for the child								
	13	Learning opportunities for the child								
	14	Prepare child for school		<i>/</i> \) /					
	15	Other developmental opportunities and	activities for the child	b						
	16	Other - Specify:								
	97	Don't know								
	98	Refused								
		VIEWER: Mark only one. If there are ? respondent to choose one for this second properties of the control of the		S WIIII II	ne same number of nours,					
	03	Head Start [I5 le this an]								
			Aboriginal	2	Yes					
		O Y	Head Start?	7	No					
				8	Don't know					
				0	Refused					
	04	Befo. and/or after school program								
	05	Care in your child's home	I6. Is this	1	by a non-relative?					
				2	by a relative other than					
				3	child's brother or sister? by child's brother or sister?					
				7	Don't know					
				8	Refused					
					Titildoca					
	06	Care in someone else's home	I7. Is this	1	by a non-relative?					
				2	by a relative?					
				7	Don't know					
				8	Refused					
	07	Other - Specify:								
	97									
		Don't know GO TO QUESTION IS)							
	98	Refused								

I8.	Is this licensed?	1	Yes
		2	No
		7	Don't know
		8	Refused
19 .	For how many hours a week is		
-	in this type of child care? INTERVIEWER:		Hours per week
	Main child care arrangement only.	OR	
			tte seement
			Hours per month
		7	Don't know
		8	Refused
Thinl	king about this main type of child o	care	
I10. \	What language or languages are		
	most often used when is receiving this type of child care?	01	Algonquin
	INTERVIEWER: Mark all that apply.	02	Atikamekw
		03	Blackroot
		04	Carrier
		05	Cree
		06	Dakota/Sioux
		0,	Dene
		08	Haida
		09	Innu/Montagnais
		10	Inuktitut/Inuvialuktun
		11	Micmac/Mi'kmaq
		12	Michif
		13	Ojibway
		14	Oji-Cree
		15	English
		16	French
		17	American Sign Language (ASL)
		18	Other(s) - Specify:
			- Specify:
			- Specify:
		97	Don't know
		98	Refused

T44 a Ave there any other lenguages	
I11.a. Are there any other languages used when is receiving this type of child care?	
	b. Which language or languages?
² No	INTERVIEWER: Mark all that apply.
7 Don't know	O1 Algonquin
8 Refused	O2 Atikamekw
	Dlackfoot
	04 Carrier
	O5 Cree
	Dakota/Sioux
	Dene Dene
	⁰⁸ Haida
	⁰⁹ Innu/Montagnais
	10 Inuktitut/Inuvialuktun
	11 Micmac/Mi'kmaq
	12 Michif
	13 Ojibway
	14 Oji-Cree
	15 English
	16 Freiich
	American Sign Language (ASL)
	Other(s) - Specify:
	- Specify:
	- Specify:
	97 Don't know
	Bontiknow
	98 Refused
II.2 Doos have the Smart with to	98 Refused
I12. Does have the opportunity to participate in learning activities,	Pefused Yes
participate in learning activities, such as song s, stories, or	98 Refused
participate in learning activities,	98 Refused 1 Yes
participate in learning activities, such as song s, stories, or learning-based play, while	Page 1 1 Yes 2 No
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care?	Pefused 1 Yes 2 No 7 Don't know 8 Refused
participate in learning activities, such as song s, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations,	Pefused Pes No Don't know Refused Yes Yes
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural	Pes Per
participate in learning activities, such as song s, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations,	Page 1
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural values and customs? I14. In the past 12 months, how many	Pes Refused Yes No Don't know Refused Yes No Don't know Refused Refused Refused Refused
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural values and customs? I14. In the past 12 months, how many times did you change 's main	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural values and customs? I14. In the past 12 months, how many times did you change 's main child care arrangement, other than periods of care by yourself	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 None 2 1
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural values and customs? I14. In the past 12 months, how many times did you change 's main child care arrangement, other than periods of care by yourself (or your spouse/partner)?	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 None 2 1 3 2
participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care? I13. Does 's main child care arrangement promote First Nations, Métis or Inuit traditional and cultural values and customs? I14. In the past 12 months, how many times did you change 's main child care arrangement, other than periods of care by yourself	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 None 2 1 3 2 4 3 or 4
In the past 12 months, how many times did you change 's main child care arrangement, other than periods of care by yourself (or your spouse/partner)? Interviewer: Also include changes	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 None 2 1 3 2 4 3 or 4 5 5 or more
In the past 12 months, how many times did you change 's main child care arrangement, other than periods of care by yourself (or your spouse/partner)? Interviewer: Also include changes	98 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 Yes 2 No 7 Don't know 8 Refused 1 None 2 1 3 2 4 3 or 4

	h do you pay for 's e of child care, per week?	\$.00) per week			
a type	or orma daro, por mooki	OR	, per meen			
		Φ 00				
		\$.00) per mont	h		
		1 In kind contrib				
		(provides serv	•	ods in excha	ange for ch	ild care)
		Room & board	d			
		7 Don't know				
		8 Refused				
I16. Do you us	se any other types	1 Yes				
of child c a regular	are for on	2 No)			
a regular	bu313 :	7 Don't know	COTO	QUESTION	1400	
		DOIT I KNOW	G0 10 1	QUESTION	1120	
		⁸ Refused)			
I17. What other	er types of child care do		I18. Is thi	s licensed	1?	
you use f	or on a regular basis	?				
INTERVIE	EWER: Mark all that apply. D	o not read list.	Yes	No	Don't know	Refused
01	Daycare centre/Child care ce	ntre	1	2	7	8
02	Nursery school/preschool		1	2	7	8
03	Head Start - Aboriginal		1	2	7	8
04	Head Start - other		1	2	7	8
05	Before and/or after school p.	ngram	1	2	7	8
	Care in your child's home	by a non-relative	1	2	7	8
	07	by a relative other than child's brother or sister	1	2	7	8
-	08	by child's brother or sister	1	2	7	8
	Care in someone else's home 09	by a non-relative	1	2	7	8
	10	by a relative	1	2	7	8
11 (Other - Specify:		1	2	7	8
97	Don't know					
98	Refused					

I19. For how many hours a week is in this (these) other type(s) of child care? INTERVIEWER: Do not include time in	Hours per week
main child care arrangement as reported in question I9.	Hours per month
	7 Don't know
	8 Refused
	110.0000
Now, thinking about all of 's child care	
I20. Other than care by yourself (or your spouse/partner),	1 Yes
would you prefer to use a	² No
different type of child care for ?	7 Don't know } GO TO QUESTION I26
	8 Refused
I21. What type of child care would you prefer to	usa?
24	use:
Daycare centre/Critic care centre	
Nursery school/preschool	
Head Start ————	I22. Is this an 1 Aboriginal
	Head Start? No
	Don't know
	⁸ Refused
04 Before and/or after school program	
05 Care in your child's home —	I23. Is this 1 by a non-relative?
	by a relative other than
	child's brother or sister? by child's brother or sister?
	7 Don't know
	8 Refused
06 Care in someon else's home -	I24. Is this by a non-relative?
Q_ '	by a relative?
	7 Don't know
	8 Refused
Other - Specify:	
97 Don't know	
98 Refused	
I25. Why are you not using your preferred type of	Cost is too high
child care for?	Not available for children of child's age
<u>INTERVIEWER</u> : Mark all that apply. 03	Not available to fit my schedule
04	On a waiting list
05	Transportation is a problem
06	No relatives in my community
07	Special needs services not available
08	Aboriginal-specific child care not available
09	Other reason - specify
97	Don't know
98	Refused

The next questions are about child welfa	are agencies and may be personal.
I26. Was ever removed or separated from his/her family by child welfare agencies? I27. How many times was removed or separated from his/her family by child welfare agencies?	1 Yes 2 No 7 Don't know 8 Refused Times 7 Don't know 8 Refused
I28. 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 OR Weeks Less than 1 week Don't know Recard
END OF SECTION	

. What language or languages does INTERVIEWER: Mark all that apply.	s speak or understand even if he/she only knows a few words
Algonquin Atikamekw Atikamekw Blackfoot Carrier Cree Dakota/Sioux Dene Haida Innu/Montagnais Inuktitut/Inuvialuktun Micmac/Mi'kmaq Michif	English French American Sign Language (ASL) Other(s) - Specify: - Specify: - Specify: Don't know Refused French GO TO QUESTION J4 French American Sign Language (ASL) American Sign Language (ASL) French GO TO QUESTION J4 French American Sign Language (ASL)
Ojibway 14 Oji-Cree In what language or languages ca	anexpress his/her needs?
O1 Algonquin O2 Atikarnek w	English French
04 Carrier 05 Cree 06 Dakota/Sioux 07 Dene	17 American Sign Language (ASL) 18 Other(s) - Specify: - Specify: - Specify:
Haida Haida Innu/Montagnais Inuktitut/Inuvialuktun Micmac/Mi'kmaq Michif Ojibway January	 Not applicable (too young) → GO TO QUESTION J4 Don't know Refused

التروي	_	ge or languages can ER: Mark all that apply.	_ understand	d when someone speaks to him/her in that language
		$\underline{\vdash n}$. Mark all that apply.		
	01	Algonguin	15	English
	02	Atilyamalay	16	English
	03	Atikamekw		French
	04	Blackfoot	17	American Sign Language (ASL)
	05	Carrier	18	Other(s)
	06	Cree		- Specify:
	07	Dakota/Sioux		- Specify:
	08	Dene		- Specify:
	09	Haida	19	
		Innu/Montagnais	97	Not applicable (too young)
	10	Inuktitut/Inuvialuktun	98	Don't know
	11	Micmac/Mi'kmaq	30	Refused
	12	Michif		
	13	Ojibway		
	14	Oji-Cree		
		<mark>ige or languages are sp</mark> o <u>ER</u> : Mark all that apply.	oken to ı	most often at home?
	<u>IIN I ERVIEVVI</u>	<u>=n</u> . Магк ан шагарру.	(
	01	Almanania	15	Facilials
	02	Algonquin	10	English
	03	Atikamekw		French
	04	Blackfoot	17	American Sign Language (ASL)
	05	Carrier	18	Other(s)
		Cree		- Specify:
	06	Dakote/Si pux		- Specify:
	07	Dene		- Specify:
	08	Haiua	10	
	09	In iu/Montagnais	19	Not applicable (too young)
	10	Inuktitut/Inuvialuktun	97	Don't know
	11	Micmac/Mi'kmaq	98	Refused
	12	Michif		
	13	Ojibway		
	14	Oji-Cree		

I would like to ask you some questions about Aboriginal languages such as Inuktitut, Cree or Ojibway.										
J5. How often is	s exposed	to an A	Aborigina	ıl langua	ge					
	More than once a day	Once a day	More than once a week	Once a week	At least once a month	At least once a year	Less than once a year	Never	Don't know	Refused
a. at home?	01	02	03	04	05	06	07	08	97	98
b. at the hom of others?		02	03	04	05	06	07	08	97	98
c. in your communit INTERVIEV By communithis refers to where they currently live	NER: nity,	02	03	04	05	06	07	08	97	98
d. through m such as TV DVDs, rad or books?	V, io 01	02	03	04	05	06	07	08	97	98
nuent in an	Aboriginal lar	iguage :	R	7 8	Yes No Don't kno Refused	ow				
J7. How importa that spe an Aborigina Would you s	eak and under al language?			1 2		at import				
	OF			3 4	_	importar ortant at a				
				7 8	Don't kno)W				
END OF SECTION										

K - STRENGTHS AND DIFFICULTIES QUESTIONNAIRE - For 2 to 5 year olds only

INTERVIEWER: IF CHILD IS UNDER 2 YEARS OLD → GO TO SECTION L

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

K1. Please tell me if you feel the following are Not True, Somewhat True or Certainly True. It would help 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 ?	No	ot True	Somewhat True	Certainly True	Don't know	Refused
a.	Considerate of other people's feelings	1		2	3	7	8
b.	Restless, overactive, cannot stay still for long	1		2	3	7	8
c.	Often complains of headaches, stomach-aches or sickness	1		2	3	7	8
d.	Shares readily with other children, for example toys, treats, pencils	1		2	3	7	8
e.	Often loses temper	1		2	3	7	8
f.	Rather solitary, prefers to play alone	1		2	3	7	8
g.	Generally well-behaved, usually does what adults request	1	0	Z	3	7	8
h.	Many worries or often seems worried	1		2	3	7	8
i.	Helpful if someone is hurt, upset or feeling ill	1		2	3	7	8
j.	Constantly fidgeting or squirming	1		2	3	7	8
k.	Has at least one good friend	1		2	3	7	8
I.	Often fights with other children or bullies them	1		2	3	7	8
m.	Often unhappy, depressed or tearful	1		2	3	7	8
n.	Generally liked by other children	1		2	3	7	8
Ο.	Easily distracted, concentration wanders	1		2	3	7	8
p.	Nervous or chagy in new situations, easily loses confidence	1		2	3	7	8
q.	Kind to younger children	1		2	3	7	8
r.	Often argumentative with adults	1		2	3	7	8
s.	Picked on or bullied by other children	1		2	3	7	8
t.	Often offers to help others including parents, teachers, other children	1		2	3	7	8
u.	Can stop and think things out before acting	1		2	3	7	8
v.	Can be spiteful to others	1		2	3	7	8
w.	Gets along better with adults than with other children	1		2	3	7	8
x.	Many fears, easily scared	1		2	3	7	8
y.	Good attention span, sees work through to the end	1		2	3	7	8

END OF SECTION

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L-LEARNING AND ACTIVITIES The following are some questions about activities ____ may do. More Once More Once At least At least Less than than once once Never Don't Refused L1. How often does ___ ... day week once a once a once a per per know week month day year year a. play outside during the warm weather, 03 08 for example spring and summer months? b. play outside during the 03 04 cold weather, for example, winter months? 02 97 01 03 04 05 06 07 08 98 c. hear stories? 0.7 01 02 03 04 05 06 08 97 98 d. sing songs? e. participate in or attend traditional First Nations, Métis or Inuit activities such 03 07 08 97 98 as singing, drum dancing, fiddling, gatherings or ceremonies? f. participate in seasonal activities such as gathering goose eggs or wild plants 98 for example, berries, sweet grass, roots or wild rice? g. take part in hunting, fishing, 03 04 05 07 08 97 98 06 trapping or camping? 01 02 03 04 05 06 07 08 98 h. read or look at books? INTERVIEW. 'FR: IF CHILD IS UNDER 1 YEAR OLD → GO TO QUESTION L2 engage in active play such 02 03 04 05 06 07 08 97 98 as running, jumping or climbing? 07 01 02 03 04 05 06 08 97 98 do arts and crafts? k. role play for example 03 04 07 08 98 play house or superhero? 02 03 04 05 06 08 97 98 count? 97 98 02 03 04 05 06 08 m. tell stories?

			01	re than nce a day		nce a day	More onc we	e a		nce a /eek	or	s than ice a reek	N	ever		lot icable		on't now	Ref	fus
His/her mother →	a.	Birth mother	01		02		03		04		05		06		07		97		98	
	b.	Step mother (including common-law step parent)	01		02		03		04	•	05	•	06	•	07	•	97	•	98	
	c.	Adoptive mother	01		02		03		04		05		06		07		97		98	
		Foster mother	01		02		03		04	•	05	•	06	•	07		97	•	98	
His/her →	e.	Birth father	01		02		03		04		05		06		07		97		98	
	f.	Step father (including common-law step parent)	01		02		03		04		05	• (06	7	97		97		98	
	g.	Adoptive father	01		02		03		04		Q.F		06		07		97		98	
		Foster father	01		02		03		04		05		06		07		97	•	98	
i. His/her and sist			01		02		03	R	04	5	05		06		07	0	97		98	
j. His/her	gra	indparents	01		02	04	03		04		05		06		07		97		98	
k. His/her			01		02	8	03		04		05		06		07		97		98	
I. His/her	cou	ısins	01	Q	02	3	03		04	•	05	•	06	•	07		97	•	98	
m. Elders			01		02		03		04		05		06		07		97		98	
n. His/her	frie	nds	01		02		03		04		05		06		07		97		98	
o. Other -	Sp ÷	cifv	01		02		03		04		05		06		07		97		98	

L3. Does anyone help to understand First Nations, Métis or Inuit culture	1 Yes
and history?	² No
	Not applicable
	7 Don't know GO TO QUESTION L5
	8 Refused
L4. Who are they?	O1 A mother or a father?
<u>INTERVIEWER</u> : Mark all that apply.	O2 A brother or sister?
	A biotilei of sister:
	O4 An aunt or uncle?
	05 Elders?
	Of A teacher or a child care provider?
	Someone else? – Specify
	Someone else? – Spechy
	97 Don't know
	98 Refused
	neitisc
L5. On average, about how	
many hours per day does	
a. watch TV, videos or DVDs?	Hours
	1 None
	7 Don't know
	8 Refused
INTERVIEWER: IF C.HILD IS UNDER 2 YEA	ABS OLD → GO TO SECTION M
WYENVIEWEN. II O. MELVIO ONDENTE TEX	ANO GLO 7 GO TO GLOTTON WILL
b. play computer or video games?	
b. play competer of video games?	Hours
	1 None
	7 Don't know
	8 Refused
END OF SECTION	

PART 3: ADULT QUESTIONNAIRE

M-PARENT PROFILE

The next few questions are about your background and ancestry.

M1. Do any of your ancestors belong to any of the following Aboriginal groups?

<u>INTERVIEWER</u>: 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	2	7	8
b. Métis	1	2	7	8
c. Inuit	1	2	7	8

- M2. Are you an Aboriginal person, that is, North American Indian, Métis or Inuk?
- 1 Yes, North American Iriaich
- Yes, Métis
- ³ Yes, Inuk
- 4 No
- 7 Don'' know
- 8 Pefused
- M3. Are you a Treaty Indian or a Registered Indian as defined by the *Indian Act* of Canada?
- Yes, Treaty Indian or Registered Indian
- No
- 7 Don't know
- Refused
- M4. Are you a member of an Indian Band or First Nation?
- Yes, member of an Indian Band or First Nation
- ² No
- 7 Don't know
- 8 Refused

The next few questions are about your activities and experiences. M5. Are you currently working, going to school or doing something else? **INTERVIEWER:** 01 Mark all that apply. Working at a paid M6. Are you working job or business full-time or part-time? Full-time 2 Full-time seasonal 3 Part-time Part-time seasonal Don't know Refused M7. Are you self-employed? Yes No Don't know Refused Going to school M8. Are you studying full-time or part-time? Full-time 2 Part-time Don't know 8 Refused Vacation (from paid work) Looking for paid work Caring for children Caring for elderly or other family members Household work 80 Volunteering 09 Retired 10 Maternity or parental leave 11 Long term illness/Recovery/Rehabilitation 12 Part of the First Nations, Métis or Inuit traditional economy (for example hunting, fishing, gathering food, sewing) 13 Other - Specify: 97 Don't know 98 Refused

M9. a. What is the highest level of schooling you have completed? Part										
Some elementary school Some lementary school	level of schooling									
Degree in medicine, clenus try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.N., O.D.) 15 Don't know 16 Do you have any First Nations, which is a student at a federal residential school or federal industrial school? 10 Novere you ever 11 Yes 12 No 13 University certificate or diploma below Bachelor's level 14 Master's degree (e.g., B.A., B.Sc., v.L.P.) 15 Degree in medicine, clenus try, veterinary medicine or optometry (M.D., D.D.S., D.M.D.), Q.V.N., O.D.) 16 Earned doctoratio (e.g., Ph.D., D.Sc., D.Ed.) 17 Other educturin or training – Specify: 18 No 19 Don't know 19 Refused The next question may be personal. M10. Were you ever Yes No Den't know Refused The next question may be personal.	you have completed:	1	No schoolin	g						
Degree in medicine, dem. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.N.D., D.S.C., D.Ed.) Do you have any First Nations, t. 'étis or Inuit cultural knowledge, experience, or skills? In Part Webs. In Supremble of Column Hollands Progress of Column Hollands	02	9	Some eleme	entary scho	ool					
High school diploma (or equivalent) Some trade school or college Trade certificate or diploma Registered apprenticeship program Other non-university certificate or diploma (community college, CEGEP, Technical institute, etc.) Some university University certificate or diploma below Bachelor's level Bachelor's degree (e.g., B.A., B.Sc., CEP) 13 University certificate or diploma below Bachelor's level Master's degree (e.g., M.A., M.Sc., M.Ed.) Degree in medicine, deni, try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.W.N., O.D.) 16 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) Other education or training – Specify: 97 Don't know 98 Fe'used b. Do you have any First Nations, *I*etis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of c. thural knowledge include sewing, hunting, harvesting, language skills or other skills you may have fearned from Elders. 1 Yes No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't Refused a. a student at a federal residential school? INTERVIEWER: in some regions these	03	E	Elementary							
Some trade school or college 07	04	O4 Some high school								
Trade certificate or diploma Registered apprenticeship program Other non-university certificate or diploma (community college, CEGER, Technical institute, etc.) Some university University certificate or diploma below Bachelor's level Bachelor's degree (e.g., B.A., B.Sc., C.E.P.) University certificate or diploma below Bachelor's level Bachelor's degree (e.g., M.A., M.Sc., M.Ed.) University certificate or diploma a bove Bachelor's level Master's degree (e.g., M.A., M.Sc., M.Ed.) Degree in medicine, cenu try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.N., O.D.) Earned doctorax (e.g., Ph.D., D.Sc., D.Ed.) Other education or training — Specify: Don't know Refused Do you have any First Nations, infetts or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills you may have bearined from Elders. Yes No Don't know Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused The next question may be personal.	05	High school diploma (or equivalent)								
Registered apprenticeship program	06	9	Some trade school or college							
Other non-university certificate or diploma (community college, CEGEP, Technical institute, etc.) Some university University certificate or diploma below Bachelor's level Bachelor's degree (e.g., B.A., B.Sc., C.C.) University certificate or diploma below Bachelor's level Bachelor's degree (e.g., M.A., M.Sc., M.Ed.) University certificate or diploma below Bachelor's level Master's degree (e.g., M.A., M.Sc., M.Ed.) Degree in medicine, clent. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.N., O.D.) Earned doctorato (e.g., Ph.D., D.Sc., D.Ed.) Other education or training – Specify: Ono't know Sie used Do you have any First Nation's, it'stis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of c. itural knowledge include sewing, hunting, harvesting, language skills or other skills you may have bearned from Elders. 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused The next question may be personal.	07) 1	Trade certifi	cate or dip	loma					
Some university Some university Some university Some university Some university Some university University certificate or diploma below Bachelor's level Bachelor's degree (e.g., B.A., B.Sc., C.P.) Some university University certificate or diploma below Bachelor's level Bachelor's degree (e.g., M.A., M.Sc., M.Ed.) Some university certificate or diploma bove Bachelor's level Master's degree (e.g., M.A., M.Sc., M.Ed.) Some university	08	F	Registered	apprentices	ship progra	ım				
11 University certificate or diploma below Bachelor's level 12 Bachelor's degree (e.g., B.A., B.Sc., C., P.) 13 University certificate or diploma above Bachelor's level 14 Master's degree (e.g., M.A., M.Sc., M.Ed.) 15 Degree in medicine, dent. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.W., O.D.) 16 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) 17 Other education or training – Specify: 18 The fused 19 Don't know. 19 The institute of the insti	09						ute, etc.)			
Bachelor's degree (e.g., B.A., B.Sc., LLP) 13 University certificate or diploma (bove Bachelor's level 14 Master's degree (e.g., M.A., M.Sc., M.Ed.) 15 Degree in medicine, dem. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.N., O.D.) 16 Earned doctoran (e.g., Ph.D., D.Sc., D.Ed.) 17 Other education or fraining – Specify: 97 Don't kno. 98 Fe'used 1 Yes 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know 8 Refused 1 2 7 8	10	9	Some unive	rsity						
University certificate or diploma bove Bachelor's level 14 Master's degree (e.g., M.A., M.Sc., M.Ed.) 15 Degree in medicine, clenultry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.W., O.D.) 16 Earned doctorative (e.g., Ph.D., D.Sc., D.Ed.) 17 Other education or training — Specify: 97 Don't knov. 98 Fielused 1 Do you have any First Nations, in etils or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills you may have learned from Elders. 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused 1 2 7 8 Interviewer: In some regions these	11	Ο (Jniversity c	ertificate o	r diploma b	elow Bache	elor's level			
Master's degree (e.g., M.A., M.Sc., M.Ed.) 14 Master's degree (e.g., M.A., M.Sc., M.Ed.) 15 Degree in medicine, clent. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.N., O.D.) 16 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) 17 Other education or training – Specify: 97 Don't know 98 Fie used 1 Degree in medicine, clent. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.N., O.D.) 10 Other education or training – Specify: 97 Don't know 98 Fie used 1 NTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills you may have bearined from Elders. 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Obon't Refused 1 2 7 8 No INTERVIEWER: In some regions these	12	E	Bachelor's o	legree (e.g	., B.A., B.S	Sc., LLP)				
Degree in medicine, denu. try, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.W., O.D.) 16 Earned doctorato (e.g., Ph.D., D.Sc., D.Ed.) 17 Other education or training – Specify: 97 Don't kno. 98 Fie used 1 Do you have any First Nations, in this or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of coultural knowledge include sewing, hunting, harvesting, language skills or other skills you may have learned from Elders. 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused 1 2 7 8	13	Ο (Jniversity c	ertificate o	r diploma (bove Bache	elor's level			
M.D., D.D.S., D.M.D. D.V.N., O.D.) 16 Earned doctorato (e.g., Ph.D., D.Sc., D.Ed.) 17 Other educe con or training – Specify: 97 Don't know. 98 Fie used b. Do you have any First Nations, N'étis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills you may home learned from Elders. 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused 1 2 7 8 8 INTERVIEWER: In some regions these	14		Master's de	gree (e.g.,	M.A., M.Sc	c., M.Ed.)				
Do you have any First Nations, lifetis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of c. Itural knowledge include sewing, hunting, harvesting, language skills or other skills you may have learned from Elders. Yes No Don't know Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused 1 2 7 8	15	Degree in medicine, denutry, veterinary medicine or optometry								
b. Do you have any First Nations, Nétis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills you may have learned from Elders. 1	16									
b. Do you have any First Nations, n'étis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills you may home learned from Elders. 1	17									
b. Do you have any First Nations. Nétis or Inuit cultural knowledge, experience, or skills? INTERVIEWER: Examples of c. Itural knowledge include sewing, hunting, harvesting, language skills or other skills you may have learned from Elders. 1 Yes 2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused 1 2 7 8 INTERVIEWER: In some regions these	97		Don't knov							
INTERVIEWER: Examples of c. Itural knowledge include sewing, hunting, harvesting, language skills or other skills you may hor a learned from Elders. 1	98	<u>,</u>	he used							
INTERVIEWER: Examples of c. Itural knowledge include sewing, hunting, harvesting, language skills or other skills you may hor a learned from Elders. 1										
or other skills you may have learned from Elders. 1										
2 No 7 Don't know 8 Refused The next question may be personal. M10. Were you ever Yes No Don't know Refused a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these					ewing, hun	ting, harve	sting, language skills	;		
The next question may be personal. M10. Were you ever Yes No Don't know Refused a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these	1	<u> </u>	Yes							
The next question may be personal. M10. Were you ever Yes No Don't know Refused a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these	2	1	No							
The next question may be personal. M10. Were you ever Yes No Don't know Refused a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these	7		Don't know							
M10. Were you ever Yes No Don't know Refused a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these	8	F	Refused							
M10. Were you ever Yes No Don't know Refused a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these										
a. a student at a federal residential school or federal industrial school? INTERVIEWER: In some regions these	The next question may be personal.									
school or federal industrial school? INTERVIEWER: In some regions these	M10. Were you ever		Yes	No	_	Refused				
			1	2	7	8				
are referred to as nostels or dormitories.	<u>INTERVIEWER</u> : In some regions the are referred to as hostels or dormit									
b. removed or separated from your family by child welfare agencies,	family by child welfare agencies,		1	2	7	8				
church or government officials?	cnurch or government officials?									

<u>INTERVIEWER</u>: IF RESPONDENT DOESN'T HAVE A SPOUSE/PARTNER → GO TO QUESTION M21

The next few questions are about your	enouse's/n	artner's h	ackarour	nd and and	postry	
######################################						
INTERVIEWER: Read list and wait for (Mark "Yes"," No", "Don't know" or "Ref	a response a	after each d			•	
(Mark 165, No, Don't know of Her	used to eac			1]	
	Yes	No	Don't know	Refused		
a. North American Indian	1	2	7	8		
b. Métis	1	2	7	8		
c. Inuit	1	2	7	8		
			<u> </u>		J	
12. Is he/she an Aboriginal person, that is, North American Indian,	1	Yes, North	Amorican I	ndian	4	
Métis or Inuk?		Yes, Métis	Americani	Hulan	<i>)</i>	
	3	Yes, Inuk	(T'	7	
	4	No				
		Don't know	7			
	8	Refused)'			
40 la ha/aha a Taraka kadian an a		$\overline{\mathcal{A}}$	<u>/</u>			
13. Is he/she a Treaty Indian or a Registered Indian as defined	1	ves, Treaty	Indian or F	Registered I	ndian	
by the <i>Indian Act</i> of Canada?		No				
	7	Don't know				
		Refused				
114. Is he/she a member						
of an Indian Band or First Nation?	0	Yes, memb No	er of an Ind	dian Band o	r First Nation	
	7	Don't know				
		Refused				

The next few questions are about your spouse's/partner's activities and experiences. M15. Is your spouse/partner currently working, going to school or doing something else? **INTERVIEWER:** 01 Working at a paid M16. Is he/she working job or business Mark all that apply. full-time or part-time? Full-time Full-time seasonal 3 Part-time Part-time seasonal Don't know Refused M17. Is he/sh self-employed? Yes No Don't know Refused 02 Going to school M18. Is he/she studying full-time or part-time? Full-time 2 Part-time Don't know Refused Vacation (from paid work) Looking for paid work Caring for children 06 Caring for elderly or other family members 07 Household work 08 Volunteering 09 Retired 10 Maternity or parental leave 11 Long term illness/Recovery/Rehabilitation 12 Part of the First Nations, Métis or Inuit traditional economy (for example hunting, fishing, gathering food, sewing) 13 Other - Specify: 97 Don't know 98 Refused

M19.a. What is the highest level of schooling	01	Nie zek zel zel						
your spouse/partner		No schooling						
·	02	Some eleme	entary scho	ool				
	03	Elementary school						
	04	Some high school						
	05	High school diploma (or equivalent)						
	06	Some trade	school or o	college				
	07	Trade certifi	cate or dipl	oma				
	08	Registered	apprentices	ship progra	m			
	09	Other non-u				ute, etc.)		
	10	Some unive	rsity			. 1		
	11	University c	ertificate or	diploma b	elow Bache	elor's level		
	12	Bachelor's	legree (e.g	., B.A., B.S	c LL.B.)			
	13	University c	ertificate or	diploma al	bu 'e Bache	elor's level		
	14	Master's de	gree (e.g.,	M.A., M.Sc	., M.Ed.)			
	15	Degree in m (M.D., D.D.S				dicine or optometry		
	16	Earned doc	torate (e.g.	, Ph.D., D.S	Sc., D.Ed.)			
	17	Other educa	ation o, trai	ning <i>– Spe</i>	cify:			
	97	Don't ki ow						
	98	Refused	,					
b. Does he/she have any First <u>INTERVIEWER</u> : Examples of or other skills he/she may have	cultural	knowledge	include se		•			
	1	Yes						
	2	No						
	7	Don't know						
	8	Refused						
y								
M20. Was your spouse/partner eve	·							
		Vac	Ne	Don't	Refused			
		Yes	No	know				
a. a student at a federal resident school or federal industrial s INTERVIEWER: In some region are referred to as hostels or do	chool? as these	1	2	7	8			
b. removed or separated from h family by child welfare agend church or government officia	ies,	1	2	7	8			

Now I'd like to ask you a few more ques	estions about yourself.
M21. What is the language that you first learned at home in childhood	1
and can still understand?	O1 Algonquin
INTERVIEWER: Mark all that apply.	O2 Atikamekw
	03 Blackfoot
	04 Carrier
	05 Cree
	Dakota/Sioux
	Dene
	⁰⁸ Haida
	09 Innu/Montagnais
	10 Inuktitut/Inuvialuktun
	11 Micmac/Mi'kmaq
	12 Michif
	13 Ojibway
	14 Oji-Cree
	15 English
	15 English 16 Frence
	17 American Sign Language (ASL)
	Other(s) - Specify:
	ou er(s) - opecity.
	- Specify:
	- Specify: 97 Don't know
	98 Refused
, , , , , , , , , , , , , , , , , , ,	neiuseu
M22. In general, would you say	
your health is	1 Excellent?
	² Very good?
	³ Good?
	Fair?
	5 Poor?
	7 Don't know
	8 Refused
M23. Including both household members and regular visitors,	1 Yes
does anyone smoke inside your home every day or	² No
almost every day?	7 Don't know
	8 Refused

24. How would you rate your feelings about:	Very satisfied	Satisfied	Dissatisfie	d Ver dissatis	/ sfied	Don't know	Refused		
a. your housing conditions?	1	2	3	4	7		8		
b. your support network, support from family, friends, or others?	1	2	3	4	7		8		
c. your main job or activity?	1	2	3	4	7		8		
d. the way you spend your free time?	1	2	3	4	7		8		
e. your finances?	1	2	3	4	7		8		
1 Very important Métis or Inuit culture and history in your life? 1 Very important 2 Somewhat important 3 Not very important 4 Not important at all 7 Don't know 8 Refused									
e next few questions are about where yee. How do you feel about your	ou curre	Very	Good	Fair	Poor	Don't	Refus		
a. as a place with good schools, nursery schools, and early childhood education programs?	1	good 2	3 4	. !	5	know 7	8		
b. as a place with adequate facilities for children for example, community centres, rinks, (vn.s, parks?	1	2	3 4		5	7	8		
c. as a safe con munity?	1	2	3 4		5	7	8		
d. as a place with health facilities?	1	2	3 4		5	7	8		
e. as a place with actively involved members of the community?	1	2	3 4		5	7	8		
f. as a place with First Nations, Métis and Inuit cultural activities?	1	2	3 4	•	5	7	8		
END OF SURVEY									

Child's Age

Sex

Spouse/

Partner

Yes

Female

Child's Name

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

				Re	cord	of cor	ntact
act	Da	ite	Tir	me	Co	ontact	
Contact	Day	Month	Started	Ended	Туре	Outcome Code	Notes
1							
2							
3							
4			:				
5							
6							
7							
8				:			
9							
10				: :			
11							
12							. 1
13							
14							
15							
16							, () ^y
17							
18			:	: : :			
19	Щ			: :			
20	Щ			: : :			
21	Щ			:			
22	Щ			:		1	
23	Щ						
24	Ш						
25							

Contact Type

T = Telephone

V = Visit

Outcome Coass

10 = No centact

17 = No one home/no answer

12 negular busy signal

15 = Answering machine or service – no message left

14 = Answering machine or service – message left

15 = Call screened/blocked/forwarded

20 = Absent for the duration of survey

21 = Interview requested in the other official language

22 = Language barrier

24 = Soft appointment; call back required

25 = Hard appointment; call back required

29 = Request for personal interview

30 = Tracing required

36 = Unable to trace

37 = Obtained phone number/address

56 = Not eligible

64 = Deceased 70 = Complete

71 = Partial

80 = Refusal

90 = Unusual/special circumstances

Comments