



Aboriginal Children's Survey 2006 and James Bay Cree Supplement (Children - aged 0 to 5)

Collected under the authority
of the *Statistics Act*, Revised
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 Aboriginal Children's Survey. Your participation is valuable and will help
Aboriginal communities, organizations and governments understand the needs of Aboriginal children
and children with Aboriginal ancestors. 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

<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Form Type 1 1
	FINAL OUTCOME CODE 70 <input type="radio"/> Complete 71 <input type="radio"/> Partial 76 <input type="radio"/> Not Aboriginal 10 <input type="radio"/> No contact 20 <input type="radio"/> Absent for duration of survey 22 <input type="radio"/> Language barrier (not official language) 36 <input type="radio"/> Unable to trace 56 <input type="radio"/> Not eligible 64 <input type="radio"/> Deceased 80 <input type="radio"/> Refusal 90 <input type="radio"/> Unusual/Special circumstances
PROV CD CU HHNUM PNUM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Completed by: 1 <input type="radio"/> Telephone 2 <input type="radio"/> Visit

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

Family Name

Given Name

Number and Street or lot and concession or exact location

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

Province or Territory Postal code Area code Telephone Number -

INFORMATION SOURCE

Language of Interview 01 <input type="radio"/> Cree-Quebec-Coastal 08 <input type="radio"/> English 02 <input type="radio"/> Cree-Quebec-Inland 09 <input type="radio"/> French 03 <input type="radio"/> Inuktitut- Inuinnaqtun 04 <input type="radio"/> Inuktitut-Inuvialuktun 10 <input type="radio"/> Other - <i>Specify:</i> <input type="text"/> 05 <input type="radio"/> Inuktitut-Labrador 06 <input type="radio"/> Inuktitut-Nunavik 07 <input type="radio"/> Inuktitut-Nunavut	Person responding for the child → <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 <input type="radio"/> Child 1 2 <input type="radio"/> Child 2 </div> 1 <input type="radio"/> Parent 2 <input type="radio"/> Guardian 3 <input type="radio"/> Other family member 4 <input type="radio"/> Other
Interpreter used: 1 <input type="radio"/> Household member 2 <input type="radio"/> Interpreter 3 <input type="radio"/> Other	Name of respondent <input type="text"/> Person No. <input type="text"/>

Interviewer's Identification Number Batch Number

Interviewer's Assignment Number Day Month Year

Interviewer's Signature

PART 1: IDENTIFICATION

A - IDENTIFICATION

A1. 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

7 Don't know

8 Refused

A2. What is ___'s date of birth?

/ /
day month year

7 Don't know

8 Refused

If birthday is:

November 1, 2005 to October 31, 2006 → record 0 year at top of page 59.

November 1, 2004 to October 31, 2005 → record 1 year at top of page 59.

November 1, 2003 to October 31, 2004 → record 2 years at top of page 59.

November 1, 2002 to October 31, 2003 → record 3 years at top of page 59.

November 1, 2001 to October 31, 2002 → record 4 years at top of page 59.

November 1, 2000 to October 31, 2001 → record 5 years at top of page 59.

before November 1, 2000 → thank respondent and end interview

INTERVIEWER: IF QUESTIONS A1 AND A2 WERE BOTH ANSWERED "DON'T KNOW" OR "REFUSED" → THANK THE RESPONDENT AND END INTERVIEW.

A3. Do any of ___'s ancestors belong to any of the following Aboriginal groups?

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

	Yes	No	Don't know	Refused
a. North American Indian	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Métis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Inuit	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

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?

1 Yes, Treaty Indian or Registered Indian

2 No
7 Don't know
8 Refused

A6. Is ___ a member of an Indian Band or First Nation?

1 Yes, member of an Indian Band or First Nation

2 No
7 Don't know
8 Refused

INTERVIEWER:

IN THE PROVINCES: IF QUESTIONS A3 TO A6 WERE ALL ANSWERED "NO", "DON'T KNOW" OR "REFUSED" → THANK RESPONDENT AND END INTERVIEW.

IN THE TERRITORIES: IF QUESTIONS A3 TO A6 WERE ALL ANSWERED "NO", "DON'T KNOW" OR "REFUSED" → CONTINUE INTERVIEW.

A7. Is ___ still living in this home?

1 Yes

2 No → **INTERVIEWER:** Trace respondent.

7 Don't know

8 Refused

INTERVIEWER:
Thank respondent and end interview

A8. How many times in ___'s life has he/she moved, that is changed his/her usual place of residence?

Times

1 Never

7 Don't know

8 Refused

A9. Including yourself and ___ how many people live in this home?

Number of persons

7 Don't know

8 Refused

END OF SECTION

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...

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

C2. How much did ___ weigh at birth?

INTERVIEWER: Accept respondent's best estimate.

OR

Pounds Ounces Grams

- 7 Don't know
 8 Refused

In the past 12 months, have you seen any of the following about ___'s physical, emotional or mental health:

INTERVIEWER: Exclude at time of birth for babies.

C3. a. a family doctor, general practitioner or pediatrician?

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

b. How many times in the past 12 months?

Times

7 Don't know
 8 Refused

C4. a. a nurse, including community health nurse, public health nurse or nurse practitioner separate from doctor's visits?

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

Times

7 Don't know
 8 Refused

C5. a. an eye doctor or optometrist?

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

Times

7 Don't know
 8 Refused

C6. a. a dentist, dental therapist or orthodontist?

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

Times

7 Don't know
 8 Refused

C7. a. a medical specialist such as a surgeon, allergist or orthopaedist?

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

Times

7 Don't know
 8 Refused

C8. a. a traditional Aboriginal healer?

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

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

b. How many times in the past 12 months?

- Times
- 7 Don't know
 - 8 Refused

C9. a. a psychologist?

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

- Times
- 7 Don't know
 - 8 Refused

C10. a. a child welfare worker, children's aid worker or social worker?

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

- Times
- 7 Don't know
 - 8 Refused

C11. a. any other person trained to provide treatment or counsel, for example a speech therapist, or dietician?

Specify:

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

- Times
- 7 Don't know
 - 8 Refused

C12. During the past 12 months, was there a time when you wanted health care or medication for ___ and could not get it?

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

} GO TO QUESTION C14

C13. There are many reasons why your child may not have been able to receive health care.

Thinking of the most recent time, why didn't ___ get care or medication?

INTERVIEWER:
Mark all that apply.

- Not available → 01 In the area
- 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 *Non-Insured Health Benefits* (for example, service medication, equipment)
- 08 Prior approval for services under *Non-Insured Health Benefits* was denied
- 09 On waiting list (for example, to see specialist)
- 10 Waiting time too long (for example in clinic or doctor's office)
- 11 Felt it would be inadequate
- 12 Didn't know where to go
- 13 Transportation problems
- 14 Language problems
- 15 Personal or family reasons
- 16 Uncomfortable with health professional (dislikes/afraid)
- 17 Decided not to seek care
- 18 Difficulty getting traditional care (for example, healer, medicine person or Elder)
- 19 Felt service was not culturally appropriate
- 20 Referral problems
- 21 Could not arrange child care
- 22 Did not want to leave community
- 23 Child too young/Did not have provincial health card
- 24 Other – *Specify:*
- 97 Don't know
- 98 Refused

C14. In general, is ___'s physical activity limited by a health condition?

INTERVIEWER: A health condition may include a disability or a long term condition.

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

Does ___ 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.

C15. a. Lactose intolerance or trouble digesting milk?

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

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

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

c. Has ___ received treatment?

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

Food, digestive, respiratory or other allergies?

C16. a. Food or digestive allergies?

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

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

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

c. Has ___ received treatment?

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

C17. a. Respiratory allergies (such as hay fever)?

- 1 Yes **—————>**
- 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

C18. a. Any other allergies?

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

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

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

Asthma or Chronic Bronchitis?

C19. a. Asthma?

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

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

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

c. Has ___ received treatment?

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

C20. a. Chronic Bronchitis?

- 1 Yes **—————>**
- 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

C21. a. Tuberculosis?

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

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

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

c. Has ___ received treatment?

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

Diabetes, hypoglycemia or low blood sugar?

C22. a. Diabetes?

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

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

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

c. Has ___ received treatment?

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

Which type(s) of diabetes has ___ been diagnosed with?

INTERVIEWER:
Mark all that apply.

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

C23. a. Hypoglycemia or low blood sugar?

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

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

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

c. Has ___ received treatment?

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

C24. a. Heart condition or disease?

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

- b. Did ___ get a diagnosis from a doctor, nurse or health professional?**
- 1 Yes **————→**
 - 2 No
 - 7 Don't know
 - 8 Refused

- c. Has ___ received treatment?**
- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused

C25. a. Kidney condition or disease?

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

- b. Did ___ get a diagnosis from a doctor, nurse or health professional?**
- 1 Yes **————→**
 - 2 No
 - 7 Don't know
 - 8 Refused

- c. Has ___ received treatment?**
- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused

C26. a. Epilepsy?

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

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

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

c. Has ___ received treatment?

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

Cerebral Palsy, Down Syndrome or Spina Bifida?

C27. a. Cerebral Palsy

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

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

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

c. Has ___ received treatment?

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

C28. a. Down Syndrome

- 1 Yes →
- 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

C29. a. Spina Bifida

- 1 Yes →
- 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

C30. a. Attention deficit disorder with or without hyperactivity?

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

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

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

c. Has ___ received treatment?

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

C31. a. Anxiety or depression?

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

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

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

c. Has ___ received treatment?

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

C32. a. Fetal Alcohol Syndrome, Fetal Alcohol Effect or Fetal Alcohol Spectrum Disorder (FASD)?

- 1 Yes →
- 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

C33. a. Autism?

- 1 Yes →
- 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

Hearing or visual impairment or speech or language difficulties?

C34. a. Hearing impairment?

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

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

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

c. Has ___ received treatment?

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

C35. a. Visual impairment?

- 1 Yes →
- 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

C36. a. Speech or language difficulties?

- 1 Yes →
- 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

C37. a. Iron deficiency anaemia?

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

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

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

c. Has ___ received treatment?

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

Any other long term condition or disease?

- C38. a. 1 Yes - Specify: →
- 2 No
 - 7 Don't know
 - 8 Refused

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

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

c. Has ___ received treatment?

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

- C39. a. 1 Yes - Specify: →
- 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

- C40. a. 1 Yes - Specify: →
- 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

C41. a. Since his/her birth, has ___ had an ear infection or otitis?

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

b. How many times in the past 12 months?

- Times
- 1 Never
 - 7 Don't know
 - 8 Refused

C42. Has ___ ever had dental problems?

- 1 Yes
- 2 No
- 3 Not applicable (too young)
- 7 Don't know
- 8 Refused

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

C43. In the past 12 months, has ___ been injured seriously enough to require hospitalization or medical attention, by a doctor, nurse, or dentist?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } GO TO QUESTION C47

C44. In the past 12 months, how many times was ___ injured and required medical attention?

INTERVIEWER: Accept respondent's best estimate.

- Times
- 7 Don't know
- 8 Refused

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, scrapes or bruises (major)
- 06 Concussion
- 07 Poisoning
- 08 Internal injury
- 09 Dental injury
- 10 Other – Specify:
- 11 Multiple injuries
- 97 Don't know
- 98 Refused

C46. What happened, for example, was the injury the result of a fall, car accident, physical assault or something else?

INTERVIEWER: Mark one only.

- 01 Motor vehicle collision – passenger
- 02 Motor vehicle collision – pedestrian
- 03 Motor vehicle collision – riding bicycle
- 04 Other bicycle accident
- 05 Snowmobile/boat/dirt bike/
all terrain vehicle (ATV)/Honda accident
- 06 Fall (excluding bicycle or sports)
- 07 Sports (not including bicycle)
- 08 Physical assault
- 09 Scalded by hot liquids or food
- 10 Burned from touching a hot surface
(for example, a stove top, glass cover on fireplace)
- 11 Accidental poisoning
- 12 Self-inflicted injuries
- 13 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

C47. Does ____ take any of the following medications:

a. Ventolin, inhalers or puffers for asthma?

- 1 Yes →
2 No
7 Don't know
8 Refused

b. How often?

- 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
07 Less than once a year
97 Don't know
98 Refused

C48. a. Ritalin or other similar medications?

- 1 Yes →
2 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
07 Less than once a year
97 Don't know
98 Refused

C49. a. Tranquilizers or nerve pills?

- 1 Yes →
2 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
07 Less than once a year
97 Don't know
98 Refused

C50. a. Anti-convulsants or anti-epileptic pills?

- 1 Yes →
2 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
07 Less than once a year
97 Don't know
98 Refused

C51. a. Insulin or other drugs for diabetes?

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

b. How often?

- 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
- 07 Less than once a year
- 97 Don't know
- 98 Refused

C52. a. Traditional First Nations, Métis or Inuit medicines

- 1 Yes →
- 2 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
- 07 Less than once a year
- 97 Don't know
- 98 Refused

C53. a. Multivitamins?

- 1 Yes →
- 2 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
- 07 Less than once a year
- 97 Don't know
- 98 Refused

C54. a. Iron Supplements?

*INTERVIEWER:
Separate from vitamins.*

- 1 Yes →
- 2 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
- 07 Less than once a year
- 97 Don't know
- 98 Refused

C55. a. Vitamin D?

INTERVIEWER:

Separate from multivitamins.

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

b. How often?

- 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
- 07 Less than once a year
- 97 Don't know
- 98 Refused

Other medications?

C56. a.

- 1 Yes - Specify: →
- 2 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
- 07 Less than once a year
- 08 Occasionally, when child is sick
- 97 Don't know
- 98 Refused

C57. a.

- 1 Yes - Specify: →
- 2 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
- 07 Less than once a year
- 08 Occasionally, when child is sick
- 97 Don't know
- 98 Refused

C58. a.

- 1 Yes - Specify: →
- 2 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
- 07 Less than once a year
- 08 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 **—————>**
 2 No
 7 Don't know
 8 Refused

b. For how long?

OR
 Months Years

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

D2. a. Was ___ ever bottle-fed?

INTERVIEWER: Includes pumped breast milk.

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

GO TO QUESTION D5

b. For how long?

OR
 Months Years

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

D3. Was ___ ever fed any of the following in his/her bottle?

INTERVIEWER: Read list. Mark all that apply.

	Yes	No	Don't know	Refused
a. Breastmilk?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Iron fortified formula?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Regular formula?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d. Milk?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. Soy milk?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f. Canned milk?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. Powdered milk?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h. Water?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. Kool-aid and other powdered drinks?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j. 100% fruit juices?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. Tea?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l. Herbal mixtures?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. Soft drinks?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n. Coffee whitener?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. Other - Specify: <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D4. a. Has ___ ever taken a bottle to bed excluding water?

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

b. How often?

- 1 More than once a day
- 2 Once a day
- 3 More than once a week
- 4 Once a week
- 5 Less than once a week
- 7 Don't know
- 8 Refused

INTERVIEWER: IF CHILD IS 2 YEARS OLD AND OLDER → GO TO QUESTION D7

D5. a. Has ___ ever eaten solid or pre-chewed food?

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

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

Months

- 7 Don't know
- 8 Refused

GO TO QUESTION D26

D6. Has ___ ever fed himself/herself by picking up small pieces of food with his/her fingers and putting them in his/her mouth?

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

D7. On average, how many times a day does ___ eat? Please include meals and snacks.

Number of times

INTERVIEWER: Do not include breastfeeding or bottle feeding.

- 7 Don't know
- 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.






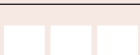
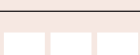

	a. Number of times	b. Reporting Period
D8. Milk and milk products (such as yogurt, cheese, soy milk or formula)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input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

D17. Does ___ eat any traditional or country foods such as berries, game animals, bannock or fry bread?

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

GO TO QUESTION D26

On average, how often does ___ usually have the following traditional or country foods?

	a. Number of times	b. Reporting Period	c. When in Season
D18. Berries such as blueberries and blackberries	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D19. Bannock or fry bread	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D20. Homemade soup, such as corn soup, stew, fish soup or boiled caribou soup	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D21. Large game animals such as deer, moose or caribou	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D22. Small game animals such as rabbit or muskrat	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D23. Game birds such as goose, duck, partridge or ptarmigan	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D24. Sea-based mammals such as whale, seal or walrus	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>
D25. Salt and fresh water fish	 Times → 1 <input type="radio"/> Never 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	1 <input type="radio"/> Per day 2 <input type="radio"/> Per week 3 <input type="radio"/> Per month 4 <input type="radio"/> Per year	1 <input type="radio"/>

D26. The next questions may be personal.
Has ___ ever experienced being hungry because the family has run out of food or money to buy food?

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

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?

INTERVIEWER: Mark all that apply.

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

END OF SECTION

E - SLEEP

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

E1. How many hours does ___ usually sleep at night excluding feedings, diaper changes and bathroom breaks?

Hours

7 Don't know

8 Refused

E2. How many hours does ___ sleep during the day?

Hours

1 None

7 Don't know

8 Refused

E3. Does ___ usually sleep alone or in a bed with parents or others?

INTERVIEWER: By alone, this refers to sleeping alone in bed, not alone in their room. Mark all that apply.

1 Alone

2 In a bed with parents or others

7 Don't know

8 Refused

INTERVIEWER: IF CHILD IS 2 YEARS OLD AND OLDER → GO TO SECTION F

E4. At bedtime, what position do you put ___ to sleep in?

1 On stomach

2 On side

3 On back

4 Other

7 Don't know

8 Refused

END OF SECTION

F - DEVELOPMENTAL MILESTONES – For 0 and 1 year olds only

INTERVIEWER: IF CHILD IS 2 YEARS OLD AND OLDER → GO TO QUESTION F22

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

F1. a. Has ___ 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

- 7 Don't know
- 8 Refused

c. On average, during his/her first year, how often was ___ carried?

- 1 Most of the day
- 2 Half the day
- 3 One quarter of the day
- 4 Rarely
- 7 Don't know
- 8 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
- } GO 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

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

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

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

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

Months

- 7 Don't know
- 8 Refused

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

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

c. At what age in months did he/she first start expressing 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?

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

F17. Has ___ ever said the name of a familiar object, such as a ball?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused
- } *GO TO QUESTION F21*

F18. a. Has ___ ever expressed his/her needs using 2 to 3 words?

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

F19. Has ___ ever counted 3 objects correctly?

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

F20. 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

	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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. How often can you understand what ___ is saying?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. How often can other people understand what ___ is saying?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: GO TO SECTION G

END OF SECTION

FOR INFORMATION ONLY

F - DEVELOPMENTAL MILESTONES – For 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 Yes
- 2 No
- 7 Don't know
- 8 Refused

F26. Has ___ ever sorted objects, clothes, food or any other items by groups?

INTERVIEWER: For example by colour, things to eat or animals?

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

F27. Has ___ ever found things he/she needs with or without 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

F28. a. Has ___ ever expressed his/her needs using gestures, including facial expressions?

INTERVIEWER: Do not include the times when the child was speaking while using facial expressions.

- 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

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

} GO TO QUESTION F31C

F30.a. Has ___ ever expressed his/her needs using 2 to 3 words?

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

b. How often does he/she do this?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 7 Don't know
- 8 Refused

} GO TO QUESTION F31C

F31.a. Has ___ ever expressed his/her needs using a single word?

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

b. How often does he/she do this?

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 7 Don't know
- 8 Refused

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

Months

- 7 Don't know
- 8 Refused

} 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

} GO TO QUESTION F38

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

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.

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

} GO TO QUESTION F35

F34. Has ___ ever drawn a picture and then told a story about what he/she drew?

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

F35. Has ___ ever counted out loud up to 10?

INTERVIEWER:

This should be without any help.

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

F36. Has ___ ever counted 3 objects correctly?

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

F37. Can ___ show that he/she understands how many is 3?

INTERVIEWER: For example, can the child give you 3 of something when asked?

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

	All of the time	Most of the time	Sometimes	Rarely	Never	Don't know	Refused
F38. a. How often does ___ understand you when you speak to him/her?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. How often can you understand what ___ is saying?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. How often can other people understand what ___ is saying?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

G - NURTURING

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

G1. Other than yourself, are there other people involved in raising him/her?

- | | | | |
|---|-----------------------|------------|---------------------|
| 1 | <input type="radio"/> | Yes | } GO TO QUESTION G3 |
| 2 | <input type="radio"/> | No | |
| 7 | <input type="radio"/> | Don't know | |
| 8 | <input type="radio"/> | Refused | |

G2. Other than yourself, who are they?

INTERVIEWER:
Mark all that apply.
Please do not include respondent.

- | | | | | |
|--------|---|----|-----------------------|---|
| Mother | → | 01 | <input type="radio"/> | Birth mother |
| | | 02 | <input type="radio"/> | Step mother
(including common-law step parent) |
| | | 03 | <input type="radio"/> | Adoptive mother |
| | | 04 | <input type="radio"/> | Foster mother |
| Father | → | 05 | <input type="radio"/> | Birth father |
| | | 06 | <input type="radio"/> | Step father
(including common-law step parent) |
| | | 07 | <input type="radio"/> | Adoptive father |
| | | 08 | <input type="radio"/> | Foster father |
| | | 09 | <input type="radio"/> | Grandfather |
| | | 10 | <input type="radio"/> | Grandmother |
| | | 11 | <input type="radio"/> | Aunt |
| | | 12 | <input type="radio"/> | Uncle |
| | | 13 | <input type="radio"/> | Cousin |
| | | 14 | <input type="radio"/> | Sister |
| | | 15 | <input type="radio"/> | Brother |
| | | 16 | <input type="radio"/> | Childcare provider/Teacher |
| | | 17 | <input type="radio"/> | Other related – Specify <input type="text"/> |
| | | 18 | <input type="radio"/> | Other unrelated – Specify <input type="text"/> |
| | | 97 | <input type="radio"/> | Don't know |
| | | 98 | <input type="radio"/> | Refused |

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?

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

b. How often?

- | | | |
|---|-----------------------|------------------------|
| 1 | <input type="radio"/> | Daily |
| 2 | <input type="radio"/> | Weekly |
| 3 | <input type="radio"/> | Monthly |
| 4 | <input type="radio"/> | Less than once a month |
| 7 | <input type="radio"/> | Don't know |
| 8 | <input type="radio"/> | Refused |

INTERVIEWER: IF CHILD IS UNDER 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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. give him/her the opportunity to watch you or other people doing things?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. encourage him/her to try to do things on his/her own?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d. help him/her to learn to think and solve problems by telling him/her stories?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

G5. How often...	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. is he/she praised with words?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. is he/she shown physical affection?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. is he/she rewarded with things, such as a toy or a treat or with privileges such as being able to stay up later than usual?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d. is he/she shown approval using gestures or body language, such as being given the thumbs up?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. is he/she disciplined with words, such as being told to stop?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f. does he/she receive physical punishment?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. are things or privileges taken away from him/her?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h. is he/she given a "Time out" or sent to his/her room?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. is he/she shown disapproval through gestures or body language?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: IF CHILD IS UNDER 4 YEARS OLD → GO TO SECTION I

END OF SECTION

H - SCHOOL - For 4 to 5 year olds only

INTERVIEWER: IF CHILD IS UNDER 4 YEARS OLD → GO TO SECTION I

These next questions will be about ____'s experiences at school.

H1. Is ____ currently attending school?

INTERVIEWER: Kindergarten is to be included.

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

H2. What school grade is ____ in?

INTERVIEWER: Kindergarten is to be included.

- 1 Junior Kindergarten/Preschool/K-4
(generally 2 years before grade 1)
- 2 (Senior) Kindergarten/Primary/K-5
(generally 1 year before grade 1)
- 3 Grade 1
- 4 Grade 2
- 7 Don't know
- 8 Refused

END OF SECTION

FOR INFORMATION ONLY

I - CHILD CARE

Now I'd like to ask you some questions about your regular child care arrangements for _____. By child care, we are including daycare, nursery or preschool, Head Start, before and/or after school programs, care by a relative or other caregiver. This does not include care by you (or your spouse/partner).

I1. Is _____ currently receiving any regular child care?

INTERVIEWER: Please note that these should be regular arrangements that are used consistently, not sporadic babysitting used by respondent when he/she has other plans. Child care includes daycare, nursery or preschool, Head Start, before and/or after school programs, care by a relative or other caregiver.

- 1 Yes → GO TO QUESTION I3
2 No
7 Don't know } GO TO QUESTION I26
8 Refused }

I2. What is the main reason why _____ is not receiving regular child care?

INTERVIEWER: Mark all that apply.

- 01 Not needed (stay at home parent, on maternity leave, child too young, etc.)
- Not available → 02 No child care available/accessible close to home
03 Not available for children of child's age
04 Not available to fit my schedule
05 No relatives in my community
06 Special needs services not available
07 Licensed child care program not available
08 Child care with ECE component not available
09 Aboriginal-specific child care not available
10 Can't get care in language of choice
- 11 On a waiting list
12 Cost is too high
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

INTERVIEWER: GO TO QUESTION I26

I3. What are your reasons for using child care for ____?

INTERVIEWER: Mark all that apply.

- 01 Parent/guardian at work
- 02 Parent/guardian at school
- 03 Parent/guardian caring for family members/caring for others
- 04 Parent/guardian is ill, recovering or healing
- 05 Provide parent/guardian with links to community (social networks and supports)
- As a support service → 06 Special Needs
- 07 Nutrition
- 08 Family Support
- 09 For a break/Respite
- 10 Expose child to Aboriginal culture
- 11 Language development for the child
- 12 Social environment for the child
- 13 Learning opportunities for the child
- 14 Prepare child for school
- 15 Other developmental opportunities and activities for the child
- 16 Other - Specify:
- 97 Don't know
- 98 Refused

I4. At which type of child care does ____ spend the most hours per week?

INTERVIEWER: Mark only one. If there are 2 "main" arrangements with the same number of hours, ask the respondent to choose one for this section.

- 01 Daycare centre/Child care centre
- 02 Nursery school/preschool
- 03 Head Start →
- 04 Before and/or after school program
- 05 Care in your child's home →
- 06 Care in someone else's home →
- 07 Other - Specify:
- 97 Don't know
- 98 Refused

- I5. Is this an Aboriginal Head Start?**
- 1 Yes
 - 2 No
 - 7 Don't know
 - 8 Refused

- I6. Is this ...**
- 1 by a non-relative?
 - 2 by a relative other than child's brother or sister?
 - 3 by child's brother or sister?
 - 7 Don't know
 - 8 Refused

- I7. Is this ...**
- 1 by a non-relative?
 - 2 by a relative?
 - 7 Don't know
 - 8 Refused

} GO TO QUESTION I9

I8. Is this licensed?

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

I9. For how many hours a week is _____ in this type of child care?

INTERVIEWER:

Main child care arrangement only.

Hours per week

OR

Hours per month

- 7 Don't know
- 8 Refused

Thinking about this main type of child care...

I10. What language or languages are most often used when _____ is receiving this type of child care?

INTERVIEWER: *Mark all that apply.*

- 01 Algonquin
- 02 Atikamekw
- 03 Blackfoot
- 04 Carrier
- 05 Cree
- 06 Dakota/Sioux
- 07 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

I11.a. Are there any other languages used when _____ is receiving this type of child care?

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

b. Which language or languages?

INTERVIEWER: Mark all that apply.

- 01 Algonquin
- 02 Atikamekw
- 03 Blackfoot
- 04 Carrier
- 05 Cree
- 06 Dakota/Sioux
- 07 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

I12. Does ___ have the opportunity to participate in learning activities, such as songs, stories, or learning-based play, while in this type of child care?

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

I13. Does ___'s main child care arrangement promote First Nations, Métis or Inuit traditional and cultural values and customs?

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

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)?

INTERVIEWER: Also include changes in caregiver.

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

I15. How much do you pay for ___'s main type of child care, per week?

\$.00 per week

OR

\$.00 per month

- 1 In kind contribution (provides services or goods in exchange for child care)
- 2 Room & board
- 7 Don't know
- 8 Refused

I16. Do you use any other types of child care for ___ on a regular basis?

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

} GO TO QUESTION I20

I17. What other types of child care do you use for ___ on a regular basis?

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

I18. Is this licensed?

01 Daycare centre/Child care centre

02 Nursery school/preschool

03 Head Start - Aboriginal

04 Head Start - other

05 Before and/or after school program

Care in your child's home → 06 by a non-relative

07 by a relative other than child's brother or sister

08 by child's brother or sister

Care in someone else's home → 09 by a non-relative

10 by a relative

11 Other - Specify:

97 Don't know

98 Refused

	Yes	No	Don't know	Refused
1 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
3 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
4 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
5 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
6 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
7 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
8 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
9 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
10 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
11 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

I19. For how many hours a week is ___ in this (these) other type(s) of child care?

INTERVIEWER: Do not include time in main child care arrangement as reported in question I9.

Hours per week

OR

Hours per month

7 Don't know

8 Refused

Now, thinking about all of ___'s child care ...

I20. Other than care by yourself (or your spouse/partner), would you prefer to use a different type of child care for ___?

1 Yes

2 No

7 Don't know

8 Refused

} GO TO QUESTION I26

I21. What type of child care would you prefer to use?

01 Daycare centre/Child care centre

02 Nursery school/preschool

03 Head Start →

I22. Is this an Aboriginal Head Start?

1 Yes

2 No

7 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?

2 by a relative other than child's brother or sister?

3 by child's brother or sister?

7 Don't know

8 Refused

06 Care in someone else's home →

I24. Is this ...

1 by a non-relative?

2 by a relative?

7 Don't know

8 Refused

07 Other - Specify:

97 Don't know

98 Refused

I25. Why are you not using your preferred type of child care for ___?

INTERVIEWER: Mark all that apply.

01 Cost is too high

02 Not available for children of child's age

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 welfare agencies and may be personal.

I26. Was ___ ever removed or separated from his/her family by child welfare agencies?

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

I27. How many times was ___ removed or separated from his/her family by child welfare agencies?

- 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
- 1 Less than 1 week
- 7 Don't know
- 8 Refused

END OF SECTION

FOR INFORMATION ONLY

J - LANGUAGE

The next set of questions are about the languages ___ knows.
 Children develop their speech and language comprehension at different ages.
 Some of the following questions may not be applicable for very young children.

J1. What language or languages does ___ speak or understand even if he/she only knows a few words?

INTERVIEWER: Mark all that apply.

- | | |
|---|---|
| 01 <input type="radio"/> Algonquin | 15 <input type="radio"/> English |
| 02 <input type="radio"/> Atikamekw | 16 <input type="radio"/> French |
| 03 <input type="radio"/> Blackfoot | 17 <input type="radio"/> American Sign Language (ASL) |
| 04 <input type="radio"/> Carrier | 18 <input type="radio"/> Other(s) |
| 05 <input type="radio"/> Cree | - Specify: <input type="text"/> |
| 06 <input type="radio"/> Dakota/Sioux | - Specify: <input type="text"/> |
| 07 <input type="radio"/> Dene | - Specify: <input type="text"/> |
| 08 <input type="radio"/> Haida | |
| 09 <input type="radio"/> Innu/Montagnais | 19 <input type="radio"/> Not applicable (too young) → GO TO QUESTION J4 |
| 10 <input type="radio"/> Inuktitut/Inuvialuktun | 97 <input type="radio"/> Don't know |
| 11 <input type="radio"/> Micmac/Mi'kmaq | 98 <input type="radio"/> Refused |
| 12 <input type="radio"/> Michif | |
| 13 <input type="radio"/> Ojibway | |
| 14 <input type="radio"/> Oji-Cree | |

J2. In what language or languages can ___ express his/her needs?

INTERVIEWER: Mark all that apply.

- | | |
|---|---|
| 01 <input type="radio"/> Algonquin | 15 <input type="radio"/> English |
| 02 <input type="radio"/> Atikamekw | 16 <input type="radio"/> French |
| 03 <input type="radio"/> Blackfoot | 17 <input type="radio"/> American Sign Language (ASL) |
| 04 <input type="radio"/> Carrier | 18 <input type="radio"/> Other(s) |
| 05 <input type="radio"/> Cree | - Specify: <input type="text"/> |
| 06 <input type="radio"/> Dakota/Sioux | - Specify: <input type="text"/> |
| 07 <input type="radio"/> Dene | - Specify: <input type="text"/> |
| 08 <input type="radio"/> Haida | |
| 09 <input type="radio"/> Innu/Montagnais | 19 <input type="radio"/> Not applicable (too young) → GO TO QUESTION J4 |
| 10 <input type="radio"/> Inuktitut/Inuvialuktun | 97 <input type="radio"/> Don't know |
| 11 <input type="radio"/> Micmac/Mi'kmaq | 98 <input type="radio"/> Refused |
| 12 <input type="radio"/> Michif | |
| 13 <input type="radio"/> Ojibway | |
| 14 <input type="radio"/> Oji-Cree | |

J3. What language or languages can ___ understand when someone speaks to him/her in that language?
INTERVIEWER: Mark all that apply.

- | | |
|---|---|
| 01 <input type="radio"/> Algonquin | 15 <input type="radio"/> English |
| 02 <input type="radio"/> Atikamekw | 16 <input type="radio"/> French |
| 03 <input type="radio"/> Blackfoot | 17 <input type="radio"/> American Sign Language (ASL) |
| 04 <input type="radio"/> Carrier | 18 <input type="radio"/> Other(s) |
| 05 <input type="radio"/> Cree | - Specify: <input type="text"/> |
| 06 <input type="radio"/> Dakota/Sioux | - Specify: <input type="text"/> |
| 07 <input type="radio"/> Dene | - Specify: <input type="text"/> |
| 08 <input type="radio"/> Haida | |
| 09 <input type="radio"/> Innu/Montagnais | 19 <input type="radio"/> Not applicable (too young) |
| 10 <input type="radio"/> Inuktitut/Inuvialuktun | 97 <input type="radio"/> Don't know |
| 11 <input type="radio"/> Micmac/Mi'kmaq | 98 <input type="radio"/> Refused |
| 12 <input type="radio"/> Michif | |
| 13 <input type="radio"/> Ojibway | |
| 14 <input type="radio"/> Oji-Cree | |

J4. What language or languages are spoken to ___ most often at home?
INTERVIEWER: Mark all that apply.

- | | |
|---|---|
| 01 <input type="radio"/> Algonquin | 15 <input type="radio"/> English |
| 02 <input type="radio"/> Atikamekw | 16 <input type="radio"/> French |
| 03 <input type="radio"/> Blackfoot | 17 <input type="radio"/> American Sign Language (ASL) |
| 04 <input type="radio"/> Carrier | 18 <input type="radio"/> Other(s) |
| 05 <input type="radio"/> Cree | - Specify: <input type="text"/> |
| 06 <input type="radio"/> Dakota/Sioux | - Specify: <input type="text"/> |
| 07 <input type="radio"/> Dene | - Specify: <input type="text"/> |
| 08 <input type="radio"/> Haida | |
| 09 <input type="radio"/> Innu/Montagnais | 19 <input type="radio"/> Not applicable (too young) |
| 10 <input type="radio"/> Inuktitut/Inuvialuktun | 97 <input type="radio"/> Don't know |
| 11 <input type="radio"/> Micmac/Mi'kmaq | 98 <input type="radio"/> Refused |
| 12 <input type="radio"/> Michif | |
| 13 <input type="radio"/> Ojibway | |
| 14 <input type="radio"/> Oji-Cree | |

I would like to ask you some questions about Aboriginal languages such as Inuktitut, Cree or Ojibway.

J5. How often is ____ exposed to an Aboriginal language ...

	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 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
b. at the home of others?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
c. in your community? <i>INTERVIEWER: By community, this refers to where they currently live</i>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
d. through media such as TV, DVDs, radio or books?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>

J6. Do you think ____ will become fluent in an Aboriginal language?

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

J7. How important is it to you that ____ speak and understand an Aboriginal language? Would you say

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

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

END OF SECTION

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L - LEARNING AND ACTIVITIES

The following are some questions about activities ____ may do.

L1. How often does ____ ...	More than once a day	Once a day	More than once a week	Once a week	At least once per month	At least once per year	Less than once a year	Never	Don't know	Refused
a. play outside during the warm weather, for example spring and summer months?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
b. play outside during the cold weather, for example, winter months?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
c. hear stories?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
d. sing songs?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
e. participate in or attend traditional First Nations, Métis or Inuit activities such as singing, drum dancing, fiddling, gatherings or ceremonies?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
f. participate in seasonal activities such as gathering goose eggs or wild plants for example, berries, sweet grass, roots or wild rice?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
g. take part in hunting, fishing, trapping or camping?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
h. read or look at books?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>

INTERVIEWER: IF CHILD IS UNDER 1 YEAR OLD → GO TO QUESTION L2

i. engage in active play such as running, jumping or climbing?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
j. do arts and crafts?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
k. role play for example play house or superhero?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
l. count?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
m. tell stories?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>

L2. How often does _____ and the following people talk or play together, focusing attention on each other for five minutes or more?

	More than once a day	Once a day	More than once a week	Once a week	Less than once a week	Never	Not applicable	Don't know	Refused
His/her mother → a. Birth mother	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
b. Step mother (including common-law step parent)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
c. Adoptive mother	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
d. Foster mother	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
His/her father → e. Birth father	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
f. Step father (including common-law step parent)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
g. Adoptive father	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
h. Foster father	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
i. His/her brothers and sisters	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
j. His/her grandparents	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
k. His/her aunts and uncles	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
l. His/her cousins	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
m. Elders	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
n. His/her friends	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>
o. Other - Specify <input type="text"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	97 <input type="radio"/>	98 <input type="radio"/>

L3. Does anyone help ___ to understand First Nations, Métis or Inuit culture and history?

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

} GO TO QUESTION L5

L4. Who are they?

INTERVIEWER: Mark all that apply.

- 01 A mother or a father?
- 02 A brother or sister?
- 03 A grandparent?
- 04 An aunt or uncle?
- 05 Elders?
- 06 A teacher or a child care provider?
- 07 Someone else? – *Specify*
- 97 Don't know
- 98 Refused

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 CHILD IS UNDER 2 YEARS OLD → GO TO SECTION M

b. play computer or 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?

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

(Mark "Yes", "No", "Don't know" or "Refused" to each.)

	Yes	No	Don't know	Refused
a. North American Indian	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Métis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Inuit	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

M2. Are you an Aboriginal person, that is, North American Indian, Métis or Inuk?

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

M3. Are you a Treaty Indian or a Registered Indian as defined by the *Indian Act* of Canada?

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

M4. Are you a member of an Indian Band or First Nation?

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

The next few questions are about your activities and experiences.

M5. Are you currently working, going to school or doing something else?

INTERVIEWER:

Mark all that apply.

01 Working at a paid job or business →

M6. Are you working full-time or part-time?

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

02 Going to school →

M7. Are you self-employed?

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

M8. Are you studying full-time or part-time?

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

03 Vacation (from paid work)

04 Looking for paid work

05 Caring for children

06 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

M9. a. What is the highest level of schooling you have completed?

- 01 No schooling
- 02 Some elementary school
- 03 Elementary school
- 04 Some high school
- 05 High school diploma (or equivalent)
- 06 Some trade school or college
- 07 Trade certificate or diploma
- 08 Registered apprenticeship program
- 09 Other non-university certificate or diploma (community college, CEGEP, Technical institute, etc.)
- 10 Some university
- 11 University certificate or diploma below Bachelor's level
- 12 Bachelor's degree (e.g., B.A., B.Sc., LL.B.)
- 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, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 16 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- 17 Other education or training – *Specify:*
- 97 Don't know
- 98 Refused

b. Do you have any First Nations, Métis 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
a. a student at a federal residential school or federal industrial school? <i>INTERVIEWER: In some regions these are referred to as hostels or dormitories.</i>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. removed or separated from your family by child welfare agencies, church or government officials?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

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

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

M11. Do any of his/her ancestors belong to any of the following Aboriginal groups?

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

	Yes	No	Don't know	Refused
a. North American Indian	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. Métis	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. Inuit	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

M12. Is he/she an Aboriginal person, that is, North American Indian, Métis or Inuk?

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

M13. Is he/she a Treaty Indian or a Registered Indian as defined by the *Indian Act* of Canada?

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

M14. Is he/she a member of an Indian Band or First Nation?

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

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:

Mark all that apply.

01 Working at a paid job or business →

M16. Is he/she working full-time or part-time?

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

M17. Is he/she self-employed?

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

02 Going to school →

M18. Is he/she studying full-time or part-time?

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

03 Vacation (from paid work)

04 Looking for paid work

05 Caring for children

06 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 your spouse/partner has completed?

- 01 No schooling
- 02 Some elementary school
- 03 Elementary school
- 04 Some high school
- 05 High school diploma (or equivalent)
- 06 Some trade school or college
- 07 Trade certificate or diploma
- 08 Registered apprenticeship program
- 09 Other non-university certificate or diploma (community college, CEGEP, Technical institute, etc.)
- 10 Some university
- 11 University certificate or diploma below Bachelor's level
- 12 Bachelor's degree (e.g., B.A., B.Sc., LL.B.)
- 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, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 16 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- 17 Other education or training – Specify:
- 97 Don't know
- 98 Refused

b. Does he/she have any First Nations, Métis or Inuit cultural knowledge, experience, or skills?

INTERVIEWER: Examples of cultural knowledge include sewing, hunting, harvesting, language skills or other skills he/she may have learned from Elders.

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

M20. Was your spouse/partner ever ...

	Yes	No	Don't know	Refused
a. a student at a federal residential school or federal industrial school? <i>INTERVIEWER: In some regions these are referred to as hostels or dormitories.</i>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. removed or separated from his/her family by child welfare agencies, church or government officials?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

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

M21. What is the language that you first learned at home in childhood and can still understand?

INTERVIEWER: Mark all that apply.

- 01 Algonquin
- 02 Atikamekw
- 03 Blackfoot
- 04 Carrier
- 05 Cree
- 06 Dakota/Sioux
- 07 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

M22. In general, would you say your health is ...

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

M23. Including both household members and regular visitors, does anyone smoke inside your home every day or almost every day?

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

Child's Name <input type="text"/>	Child's Age <input type="text"/> <input type="radio"/> Years	Sex <input type="radio"/> Female <input type="radio"/> Male	Spouse/ Partner <input type="radio"/> Yes <input type="radio"/> No
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Now I am going to ask you to rate certain areas in your life.

M24. How would you rate your feelings about:	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Don't know	Refused
a. your housing conditions?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. your support network, support from family, friends, or others?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. your main job or activity?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d. the way you spend your free time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. your finances?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

M25. How important is First Nations, 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

The next few questions are about where you currently live.

M26. How do you feel about your community ...	Excellent	Very good	Good	Fair	Poor	Don't know	Refused
a. as a place with good schools, nursery schools, and early childhood education programs?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. as a place with adequate facilities for children for example, community centres, rinks, gyms, parks?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. as a safe community?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d. as a place with health facilities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. as a place with actively involved members of the community?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f. as a place with First Nations, Métis and Inuit cultural activities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

M27. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with the Cree Board of Health and Social Services of James Bay to share the responses from this survey. The Cree Board of Health and Social Services of James Bay would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

Do you agree to have your information shared with the Cree Board of Health and Social Services of James Bay? 1 Yes 2 No

END OF SURVEY

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

Record of contact

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

Contact Type

T = Telephone
V = Visit

Outcome Codes

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

Comments
