

Aboriginal Peoples Survey, 2006: Public Use Microdata File (Adults)



Aboriginal Peoples Survey 2006 and Arctic Supplement (Adults – aged 15 and over)

 [BACK TO REFERRING PAGE](#)

 [FRANÇAIS](#)



Statistics
Canada

Statistique
Canada

Canada 



Aboriginal Peoples Survey 2006
and Arctic Supplement
(Adults - aged 15 and over)

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

Aussi disponible en français

INTRODUCTION

Hello/Bonjour, I’m... from Statistics Canada. May I speak with ____?

Statistics Canada, in partnership with Aboriginal organizations, is conducting the Aboriginal Peoples Survey to collect data on lifestyles and living conditions of Aboriginal people in Canada.

This information will help Aboriginal organizations and communities along with various levels of government understand the needs of Aboriginal people in Canada. To reduce the number of questions asked, information relating to your household collected during the 2006 Census, will be added to the information you provide in this survey. All information will be kept confidential and used for statistical purposes only. While your participation is voluntary, your assistance is very important to ensure that the survey results depict an accurate picture.

CONFIDENTIAL WHEN COMPLETED

<div></div>					Form Type		07	
					FINAL OUTCOME CODE			
					70	<input type="radio"/>	Complete	
					71	<input type="radio"/>	Partial	
					76	<input type="radio"/>	Not Aboriginal	
					10	<input type="radio"/>	No contact	
					20	<input type="radio"/>	Absent for duration of survey	
					22	<input type="radio"/>	Language barrier (not official language)	
					36	<input type="radio"/>	Unable to trace	
					56	<input type="radio"/>	Not eligible	
					64	<input type="radio"/>	Deceased	
					80	<input type="radio"/>	Refusal	
					81	<input type="radio"/>	Part refusal	
					90	<input type="radio"/>	Unusual/Special circumstances	
PROV	CD	CU	HHNUM	PNUM	Completed by:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="radio"/>	Telephone	2 <input type="radio"/> Visit

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

Family Name

Given Name

Number and Street or lot and concession or exact location

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

Province or Territory Postal code Area code Telephone Number

INFORMATION SOURCE

Language of Interview

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

Person responding		Reason
1 <input type="radio"/> Selected respondent	OR	1 <input type="radio"/> Selected respondent unable to answer
2 <input type="radio"/> Proxy – parent or child		2 <input type="radio"/> Selected Respondent absent
3 <input type="radio"/> Proxy – other family		
4 <input type="radio"/> Other		

Interviewer's Identification Number	<input type="text"/>	Batch Number	<input type="text"/>
Interviewer's Assignment Number	<input type="text"/>	Day	Month
Interviewer's Signature	<input type="text"/>	Year	<input type="text"/>

★

PART 1

★

IDENTIFICATION

PERSONAL INFORMATION

1. Do any of your ancestors belong to any of the following Aboriginal groups?
*(INTERVIEWER: Read list and wait for a response after each question.
Mark Yes, No, Don't know or Refused to each.)*

	Yes	No	Don't know	Refused
North American Indian	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Métis	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Inuit	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

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

1 ☐ Yes, North American Indian

2 ☐ Yes, Métis

3 ☐ Yes, Inuk

4 ☐ No

7 ☐ Don't know

8 ☐ Refused

3. 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

4. Have you ever applied to the Department of Indian Affairs and Northern Development to be registered as a status Indian under Bill C-31?

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

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

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

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

1 ☐ Yes, member of an Indian Band or First Nation

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

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

6. Sex

1 ☐ Male

2 ☐ Female

8 ☐ Refused

7. Date of birth

Day

Month

Year

/

/

7 ☐ Don't know

8 ☐ Refused

If October 31, 1991 or before 1 ☐ ADULT → CONTINUE WITH THIS QUESTIONNAIRE

If after October 31, 1991 but before November 1, 2000 2 ☐ CHILD → ADMINISTER CHILDREN AND YOUTH QUESTIONNAIRE

If after October 31, 2000 3 ☐ CHILD TOO YOUNG → END INTERVIEW AND THANK RESPONDENT

★

Page 02

★

PART 2

Section A - EDUCATION

Now I would like to ask you some questions about your formal education.

A1. Excluding kindergarten, how many grades of elementary and high school have you successfully completed?
(INTERVIEWER: Include High School Equivalency program.)

- 01

☐

No schooling → GO TO QUESTION A38
- Grades:
- 02

☐

One to five
- 03

☐

Six
- 04

☐

Seven
- 05

☐

Eight
- 06

☐

Nine
- 07

☐

Ten
- 08

☐

Eleven
- 09

☐

Twelve
- 10

☐

Thirteen
- 97

☐

Don't know
- 98

☐

Refused
- GO TO QUESTION A3
- GO TO QUESTION A2

A2. Did you graduate from high school? Please do not include graduation through a High School Equivalency program (GED).

- 1

☐

Yes → GO TO QUESTION A16
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

A3. Have you successfully completed a High School Equivalency program (GED)?

- 1

☐

Yes → GO TO QUESTION A14
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

A4. Are you currently attending elementary or high school or a High School Equivalency program?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused
- GO TO QUESTION A14

A5. Are you a full-time student or a part-time student?

- 1

☐

Full-time
- 2

☐

Part-time, day or evening
- 7

☐

Don't know
- 8

☐

Refused

A6. Is the program you are currently taking a High School Equivalency program?

- 1

☐

Yes → GO TO QUESTION A14
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused



A7. Are any of your teachers Aboriginal?

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

A8. Are any of your teachers' aides Aboriginal?

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

A9. Do any of your teachers teach in an Aboriginal language?

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

A10. Do any of your teachers' aides teach in an Aboriginal language?

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

A11. Are you being taught an Aboriginal language at elementary or high school?

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

A12. Are you being taught about Aboriginal people at elementary or high school?

- 1 ☐ Yes
 - 2 ☐ No
 - 7 ☐ Don't know
 - 8 ☐ Refused
- } GO TO QUESTION A38

A13. Do you feel that what you are being taught about Aboriginal people is usually accurate, sometimes accurate, seldom accurate or never accurate?

- 1 ☐ Usually accurate
- 2 ☐ Sometimes accurate
- 3 ☐ Seldom accurate
- 4 ☐ Never accurate
- 7 ☐ Don't know
- 8 ☐ Refused

INTERVIEWER: GO TO QUESTION A38



A14. Why did you not continue elementary or high school?
(*INTERVIEWER: Do not read list. Mark all that apply.*)

- 01

☐

Wanted to work
- 02

☐

Had to work
- 03

☐

Bored with school
- 04

☐

School courses too hard/bad results
- 05

☐

Pregnancy/taking care of children
- 06

☐

Problems at home
- 07

☐

To help at home
- 08

☐

No school available/accessible
- 09

☐

Other – *Specify*
-
- 97

☐

Don't know
- 98

☐

Refused

A15. How old were you when you last took elementary or high school courses? Do not include courses taken later as part of a High School Equivalency Program.

- Years old
- 7

☐

Don't know
- 8

☐

Refused

A16. For the next questions, think only of your LAST YEAR in elementary or high school, including High School Equivalency program. Were any of your teachers in elementary or high school Aboriginal?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

A17. Were any of your teachers' aides Aboriginal?

- 1

☐

Yes
- 2

☐

No
- 3

☐

Not applicable
- 7

☐

Don't know
- 8

☐

Refused

A18. During your last year in elementary or high school, including High School Equivalency program, did any of your teachers teach in an Aboriginal language?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

A19. Did any of your teachers' aides teach in an Aboriginal language?

- 1

☐

Yes
- 2

☐

No
- 3

☐

Not applicable
- 7

☐

Don't know
- 8

☐

Refused

A20. During your last year in elementary or high school, including High School Equivalency program, were you taught an Aboriginal language?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

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

} *GO TO QUESTION A23*

- 1 ☐ Usually accurate
- 2 ☐ Sometimes accurate
- 3 ☐ Seldom accurate
- 4 ☐ Never accurate
- 7 ☐ Don't know or can't remember
- 8 ☐ Refused

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

} *GO TO QUESTION A38*

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

1 ☐ Yes ➔ *GO TO QUESTION A29*

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

1 ☐ Yes ➔ *GO TO QUESTION A32*

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

A27. In what year did you last take post-secondary education?

Year

- 7 ☐ Don't know
- 8 ☐ Refused

A28. Why did you not finish your post-secondary education?
(INTERVIEWER: Do not read list.
Mark all that apply.)

- 01 ☐ Pregnant/Caring for own child(ren)
- 02 ☐ Other family responsibilities
- 03 ☐ Own illness/disability
- 04 ☐ Financial reasons (not enough money)
- 05 ☐ Lost interest/lack of motivation
- 06 ☐ Got a job/wanted to work
- 07 ☐ Too old or too late now
- 08 ☐ Courses too hard/bad results
- 09 ☐ Too difficult to be away from home
- 10 ☐ Other – Specify
-
- 97 ☐ Don't know
- 98 ☐ Refused

INTERVIEWER: GO TO QUESTION A34

A29. What certificate(s), diploma(s) or degree(s) have you completed?
(INTERVIEWER: Read or show list
if needed; mark all that apply.)

- 01 ☐ Trades certificate or diploma
- 02 ☐ Registered Apprenticeship program
- 03 ☐ Other non-university certificate or diploma
(obtained at community college, CEGEP,
Technical institute, etc.)
- 04 ☐ University certificate or diploma below bachelor level
- 05 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- 06 ☐ University certificate or diploma ABOVE Bachelor's,
BELOW Master's
- 07 ☐ Master's Degree(s) (e.g., M.A., M.Sc., M.Ed.)
- 08 ☐ Degree in medicine, dentistry, veterinary medicine
or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 09 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- 10 ☐ Other – Specify
-
- 97 ☐ Don't know
- 98 ☐ Refused

A30. In what year did you obtain your most recent certificate, diploma or degree?

Year

- 7 ☐ Don't know
- 8 ☐ Refused

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

} *GO TO QUESTION A34*

- 1 ☐ Full-time
- 2 ☐ Part-time, day or evening
- 7 ☐ Don't know
- 8 ☐ Refused

- 01 ☐ Trades certificate or diploma
- 02 ☐ Registered Apprenticeship program
- 03 ☐ Other non-university certificate or diploma
(obtained at community college, CEGEP,
Technical institute, etc.)
- 04 ☐ University certificate or diploma below bachelor level
- 05 ☐ Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.)
- 06 ☐ University certificate or diploma ABOVE Bachelor's,
BELOW Master's
- 07 ☐ Master's Degree(s) (e.g., M.A., M.Sc., M.Ed.)
- 08 ☐ Degree in medicine, dentistry, veterinary medicine
or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 09 ☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- 10 ☐ Other – *Specify*
- 97 ☐ Don't know
- 98 ☐ Refused

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

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

} *GO TO QUESTION A38*

1 ☐ Yes

2 ☐ No

3 ☐ On waiting list

7 ☐ Don't know

8 ☐ Refused

} *GO TO QUESTION A38*

A37. What type of financial assistance did you receive?

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

- 1

☐

Indian and Northern Affairs Canada (INAC) or Band funding
- 2

☐

Grant, bursary or scholarship
- 3

☐

Student loan
- 4

☐

Personal bank loan
- 5

☐

Other – Specify
- 7

☐

Don't know
- 8

☐

Refused

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

A38. Were you ever a student at a federal residential school, or a federal industrial school?

(INTERVIEWER: In some regions these are referred to as hostels or dormitories.)

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused
- GO TO NEXT SECTION

A39. Were any of the following members of your family ever a student at a federal residential school or a federal industrial school?

(INTERVIEWER: Read list. In some regions these are referred to as hostels or dormitories.)

	Not applicable	Yes	No	Don't know	Refused
a) Your grandmothers		01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Your grandfathers		05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Your mother		09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Your father		13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Your current spouse or partner	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
f) Your brothers or sisters	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>
g) Your aunts or uncles	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>
h) Your cousins	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
i) Other relatives	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>

END OF SECTION

★

Section B - LANGUAGE

★

I would like to ask you some questions about languages you use and your ability to speak, understand, read and write an Aboriginal language. By “Aboriginal language”, I mean, for example Cree, Ojibway, Inuktitut, Michif, etc.

B1. Do you speak an Aboriginal language?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

}

GO TO QUESTION B5

B2. What Aboriginal language or languages do you speak?

01

02

03

IF ONLY ONE LANGUAGE REPORTED
➔ GO TO QUESTION B4

- 97

☐

Don't know
- 98

☐

Refused

**B3. Amongst those Aboriginal languages, which Aboriginal language is your primary Aboriginal language?
By “primary” we mean the language that you use most often or that you are most comfortable using.**

01

97

☐

Don't know

98

☐

Refused

**B4. How would you rate your ability to speak this aboriginal language?
Would you say you can...**

- 1

☐

Speak very well?
- 2

☐

Speak relatively well?
- 3

☐

Speak with effort?
- 4

☐

Speak a few words?
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER: GO TO QUESTION B8

B5. Do you understand an Aboriginal language even if only a few words?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

}

GO TO QUESTION B13

B6. What Aboriginal language or languages do you understand?

01

02

03

IF ONLY ONE LANGUAGE REPORTED
➔ GO TO QUESTION B8

- 97

☐

Don't know
- 98

☐

Refused

98 ☐ Refused

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

GO TO
QUESTION B11

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

currently use this Aboriginal language...	All the time	Most of the time	Some of the time	Very seldom	Not at all	Not applicable	Don't know	Refused
a) In your household?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At work	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) At school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Elsewhere?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

[illegible]

INTERVIEWER: GO TO QUESTION B16

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

} *GO TO QUESTION B16*

97 ☐ Don't know

98 ☐ Refused

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

- 1 ☐ **Very important?**
- 2 ☐ **Somewhat important?**
- 3 ☐ **Not very important?**
- 4 ☐ **Not important?**
- 5 ☐ No opinion
- 7 ☐ Don't know
- 8 ☐ Refused

END OF SECTION

★

Section C - LABOUR ACTIVITY

★

The following questions are about labour activities that you may have participated in. Some questions may not apply to you but remember that many different people across the country will be taking part in this survey. I will start with a few questions on paid work.

C1. Last week, did you work for pay or in self-employment?
(INTERVIEWER: If respondent worked, mark "Yes" regardless of the number of hours worked.)

1 ☐ Yes → GO TO QUESTION C8

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

GO TO QUESTION C10

C2. Last week, were you on temporary lay-off or absent from your job or business?

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

GO TO QUESTION C4

C3. Were you:
(INTERVIEWER: Mark one only.)

1 ☐ On temporary lay-off from a job to which you expect to return?

2 ☐ On vacation, ill, on strike or locked out, or absent for other reasons? → GO TO QUESTION C8

7 ☐ Don't know

8 ☐ Refused

C4. Did you look for paid work during the past four weeks?
For example: did you contact an employment centre, check with employers, place or answer newspaper ads?

1 ☐ Yes → GO TO QUESTION C6

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

GO TO QUESTION C10

C5. What was the main reason you did not look for work during this period?
(INTERVIEWER: Do not read list. Mark all that apply.)

01 ☐ Illness or disability

02 ☐ Caring for own children

03 ☐ Caring for elder relative(s)

04 ☐ Other personal or family responsibilities

05 ☐ Going to school

06 ☐ Waiting for recall (to former job)

07 ☐ Waiting for replies from employers

08 ☐ Believe no work available

09 ☐ Waiting to start new job

10 ☐ Not qualified for available jobs

11 ☐ No jobs available in the field in which I was educated or trained

12 ☐ Retired

13 ☐ No transportation

14 ☐ Seasonal employee/Hunting/Fishing/Trapping in the bush/Waiting for freeze-up

15 ☐ Other – Specify

97 ☐ Don't know

98 ☐ Refused

INTERVIEWER: GO TO QUESTION C10

★

Page 13

★

C6. How did you go about looking for work?

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

- 01

☐

Contacted potential employer(s) directly
- 02

☐

Through friend(s)/relative(s)
- 03

☐

Through co-worker(s)
- 04

☐

Placed or answered newspaper ad(s)
- 05

☐

Contacted public employment agency
(Service Canada Centre/Canada Employment
Centre, provincial employment centre)
- 06

☐

Contacted private employment agency/
placement agency
- 07

☐

Contacted Aboriginal organization or
Aboriginal employment agency
- 08

☐

Was referred by another employer
- 09

☐

Searched the Internet
- 10

☐

Was referred by a union
- 11

☐

Other reason – *Specify*
- 97

☐

Don't know
- 98

☐

Refused

C7. Have any of the following caused you difficulty in finding work?

	Yes	No	Don't know	Refused
a) Not knowing where to look for work	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Not knowing the type of job you wanted	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Not having the work experience required for available jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Not having enough education or training for available jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Not having the means of transportation to get to available jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) A shortage of jobs	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Anything else – <i>Specify</i> <div></div>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: GO TO QUESTION C10

C8. The next question refers to the job or business you had last week. If you held more than one job last week, answer for the job that you worked the most hours.

Was this job full-time, that is 30 hours or more per week?

- 1

☐

Yes → GO TO QUESTION C10
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused
- GO TO QUESTION C10

C9. What are the reasons that have kept you from working at a full-time job?
(INTERVIEWER: Do not read list.
Mark all that apply.)

- 01

☐

Going to school
- 02

☐

No full-time jobs available in the area where I live
- 03

☐

No full-time jobs available in the field in which I was educated or trained
- 04

☐

Health problems
- 05

☐

Caring for own children
- 06

☐

Caring for elder relative(s)
- 07

☐

Other personal or family responsibilities
- 08

☐

Not qualified for available jobs
- 09

☐

Retired
- 10

☐

Don't want to work full-time/Own choice
- 11

☐

Seasonal work
- 12

☐

Other – Specify
-
- 97

☐

Don't know
- 98

☐

Refused

C10. Have you ever hunted?

- 1

☐

Yes →
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C10a. Have you done this activity in the past 12 months?

- 1

☐

Yes →
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C10b. In the past 12 months, did you hunt for...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C11. Have you ever fished?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C11a. Have you done this activity in the past 12 months?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C11b. In the past 12 months, did you fish for...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C12. Have you ever trapped?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C12a. Have you done this activity in the past 12 months?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C12b. In the past 12 months, did you trap for...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C13. Have you ever gathered wild plants such as berries, rice or sweet grass?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C13a. Have you done this activity in the past 12 months?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C13b. In the past 12 months, did you gather wild plants for ...

	Yes	No	Don't know	Refused
	1	2	7	8
a) food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) commercial use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) other use (medicinal, ceremonial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END OF SECTION

★

Section D - INCOME

★

The next question is about the sources of your personal income.

D1. During the year ending December 31, 2005, did you yourself receive any income from the following sources:

(INTERVIEWER: Read list.
Mark Yes or No to each.)

	Yes	No	Don't know	Refused
a) Paid employment or self-employment?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Employment insurance?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Old Age Security pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Canada or Quebec Pension Plans?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Social assistance or welfare benefits?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Other sources, for example, other government income, child support, alimony, education allowances, scholarships, Northern Allowance, interest, or other?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION



Section E - HEALTH



Now I would like to ask you some questions about your health and lifestyle.

E1. In general, would you say your health is...

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

E2. In the past 12 months, have you seen or talked on the telephone with the following health professionals about your physical, emotional or mental health?

(INTERVIEWER: Read list.
Mark Yes or No to each.)

	Yes	No	Don't know	Refused
a) Family doctor or general practitioner	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Eye doctor, such as an ophthalmologist or optometrist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Other medical doctor, such as surgeon, allergist or orthopedist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) First Nation, Métis or Inuit Traditional healer	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Nurse	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Dentist or orthodontist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Chiropractor	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Physiotherapist or occupational therapist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Social worker, counselor or psychologist	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E3. Are First Nations, Métis or Inuit traditional medicines, healing or wellness practices available in the city, town or community where you currently live?

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



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

E4. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

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

E5. Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do...

a) at home?

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

b) at work or at school?

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

c) in other activities, for example, transportation or leisure?

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

The next questions ask about long-term health conditions that you may have now. Long term health conditions are conditions that have lasted or are expected to last six months or more.

E6. Have you been told by a doctor, nurse or other health professional that you have diabetes?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

E6a. At what age were you first told?

 years old

- 7

☐

Don't know
- 8

☐

Refused

E6b. Which type(s) of diabetes have you been diagnosed with?

(INTERVIEWER:
Mark all that apply.)

- 1

☐

Type 1
- 2

☐

Type 2
- 3

☐

Pre-diabetic state/
Borderline diabetes
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER:
If female → Go to Question E8
If male → Go to Question E10

E7. Have you been told by a doctor, nurse or other health professional that you are pre-diabetic or borderline diabetic?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER:
Go to Question E14

E7a. At what age were you first told?

 years old

- 7

☐

Don't know
- 8

☐

Refused

E7b. Has being pre-diabetic or borderline diabetic prompted you to adopt a healthier lifestyle which includes diet and exercise?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER:
Go to Question E14

E8. Were you pregnant when you were first diagnosed with diabetes?		1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused	} <i>GO TO QUESTION E10</i>	
E9. Other than during pregnancy, has a doctor, nurse or other health professional ever told you that you have diabetes?		1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused		
E10. Do you currently take insulin for your diabetes?		1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused		
E11. Do you take any other treatment or medication for your diabetes?		1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused		
E12. What other treatment or medication do you take? <i>(INTERVIEWER: Do <u>not</u> read list. Mark all that apply.)</i>		1 <input type="radio"/> Drug 2 <input type="radio"/> Diet 3 <input type="radio"/> Exercise/Physiotherapy 4 <input type="radio"/> Traditional remedies 5 <input type="radio"/> Other – <i>Specify</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 7 <input type="radio"/> Don't know 8 <input type="radio"/> Refused		
E13. Has your diabetes...				
	Yes	No	Don't know	Refused
a) Prompted you to adopt a healthier lifestyle which includes diet and exercise?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Affected your vision (for example, retinopathy)?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Affected your kidney function?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Affected your heart?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Affected your circulation other than your heart?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Affected the feeling in your hands or feet (for example, neuropathy)?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Affected your lower limbs?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Resulted in infections?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Resulted in amputation?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E14. Have you been told by a doctor, nurse or other health professional that you have... <i>(INTERVIEWER: Read list. Complete all parts of question.)</i>			At what age were you first told?	Do you take any treatment or medication for this condition?	
			Age	Yes	No
E14 a) Arthritis or rheumatism?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E15 a) Asthma?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E16 a) Chronic bronchitis?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E17 a) Emphysema?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E18 a) Cancer?	1 <input type="radio"/> Yes ↓ What type or types? <input type="text"/> → <input type="text"/> → 2 <input type="radio"/> No		b) <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/> 2 <input type="radio"/>
E19 a) Effects of a stroke?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E20 a) High blood pressure?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E21 a) Heart problems?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E22 a) Stomach problems or intestinal ulcers?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E23 a) Hepatitis?	1 <input type="radio"/> Yes ↓ What type or types? <input type="text"/> → <input type="text"/> → 2 <input type="radio"/> No		b) <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/> 2 <input type="radio"/>
E24 a) Kidney disease?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E25 a) Tuberculosis?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E26 a) HIV?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → GO TO QUESTION E28 a	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E27 a) AIDS?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	→	b) <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/>
E28 a) Any other long term condition?	1 <input type="radio"/> Yes ↓ Specify <input type="text"/> → <input type="text"/> → 2 <input type="radio"/> No		b) <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> →	c) 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/>	2 <input type="radio"/> 2 <input type="radio"/>

INTERVIEWER: IF RESPONDENT IS MALE → GO TO QUESTION E31

E29. How many children have you given birth to?

(INTERVIEWER: All children including those who may have died since birth or who may be living elsewhere are to be included. Do not include stillbirths.)

Children

- 7

☐

Don't know
- 8

☐

Refused

E30. Since it is important to know when analyzing health whether or not a person is pregnant, the following question is being asked to all women in the survey.
Are you currently pregnant?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

E31. How tall are you without shoes on?

feet

inches

OR

centimeters

- 7

☐

Don't know
- 8

☐

Refused

E32. How much do you weigh?

pounds

OR

kilograms

- 7

☐

Don't know
- 8

☐

Refused

The next questions are about smoking.

E33. At the present time do you smoke cigarettes daily, occasionally or not at all?

(INTERVIEWER: Do not read list. Mark one only.)

- 1

☐

Daily
- 2

☐

Occasionally → GO TO QUESTION E37
- 7

☐

Not at all → GO TO QUESTION E36
- 8

☐

Refused → GO TO QUESTION E42

E34. At what age did you begin to smoke cigarettes daily?

Years old

- 7

☐

Don't know
- 8

☐

Refused

E35. How many cigarettes do you smoke each day now?

(INTERVIEWER: If respondent gives more than one number, enter the highest.)

Cigarettes → GO TO QUESTION E42

- 7

☐

Don't know
- 8

☐

Refused

E36. Over your lifetime, have you smoked a total of 100 or more cigarettes, that is about 4 packs?

- 1

☐

Yes → GO TO QUESTION E38
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused
- }
- GO TO QUESTION E42



E37. On the days that you smoke,
about how many cigarettes
do you usually have?
*(INTERVIEWER: If respondent gives more
than one number, enter the highest.)*

Cigarettes

- 7 ☐ Don't know
- 8 ☐ Refused

E38. Have you ever smoked cigarettes daily?

- 1 ☐ Yes
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused
- } GO TO QUESTION E42

E39. At what age did you begin to
smoke cigarettes daily?

Years old

- 7 ☐ Don't know
- 8 ☐ Refused

E40. How many cigarettes did you
usually smoke each day?
*(INTERVIEWER: If respondent gives more
than one number, enter the highest.)*

Cigarettes

- 7 ☐ Don't know
- 8 ☐ Refused

E41. At what age did you stop smoking
cigarettes daily?

Years old

- 7 ☐ Don't know
- 8 ☐ Refused



E42. Now, some questions about alcohol consumption.
When we use the word “drink” it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and 1/2 ounces of liquor.

During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused
- }
- GO TO QUESTION E46

E43. During the past 12 months, how often did you drink alcoholic beverages?
(INTERVIEWER: Do not read list.
Mark one only.)

- 01

☐

Less than once a month
- 02

☐

Once a month
- 03

☐

2 to 3 times a month
- 04

☐

Once a week
- 05

☐

2 to 3 times a week
- 06

☐

4 to 6 times a week
- 07

☐

Every day
- 97

☐

Don't know
- 98

☐

Refused

E44. On the days that you had a drink, how many drinks did you usually have?

Drinks

- 7

☐

Don't know
- 8

☐

Refused

E45. How often in the past 12 months have you had 5 or more drinks on one occasion?
(INTERVIEWER: Do not read list.
Mark one only.)

- 01

☐

Never
- 02

☐

Less than once a month
- 03

☐

Once a month
- 04

☐

2 to 3 times a month
- 05

☐

Once a week
- 06

☐

2 to 3 times a week
- 07

☐

4 to 6 times a week
- 08

☐

Every day
- 97

☐

Don't know
- 98

☐

Refused

★

Now a few questions about your use of various health care services.

E46. Have you ever had a flu shot?

1

☐

Yes

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO QUESTION E48

E47. When did you have your last flu shot?
Was it...
(INTERVIEWER:
Read categories to respondent.)

1

☐

Less than a year ago?

2

☐

1 year to less than 2 years?

3

☐

2 years ago or more?

7

☐

Don't know

8

☐

Refused

E48. In the past 12 months, have you been
a patient overnight in a hospital,
nursing home or convalescent home,
health centre or nursing station?

1

☐

Yes

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO QUESTION E50

E49. For how many nights in
the past 12 months?

Night(s)

7

☐

Don't know

8

☐

Refused

E50. In the past 12 months, was there
ever a time when you felt you
needed health care but didn't
receive it?

1

☐

Yes

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO QUESTION E52

E51. Thinking of the most recent time,
why didn't you get care?
(INTERVIEWER: Do not read.
Mark all that apply.)

01

☐

Not available - in the area

02

☐

Not available - at the time required
(e.g. doctor on holidays, inconvenient hours)

03

☐

Waiting time too long

04

☐

Felt it would be inadequate

05

☐

Cost

06

☐

Too busy

07

☐

Didn't get around to it/Didn't bother

08

☐

Didn't know where to go

09

☐

Transportation problems

10

☐

Language problems

11

☐

Personal or family responsibilities

12

☐

Dislikes doctors/afraid

13

☐

Decided not to seek care

14

☐

Other – Specify

97

☐

Don't know

98

☐

Refused

★

Page 27

★

E52. Next are some questions about social supports that are available to you.

People sometimes look to others for companionship, assistance, guidance or other types of support. Could you tell me how often each of the following kinds of support is available to you when you need it:

(INTERVIEWER: Ask about each item. Mark one response for each.)

How often is this available to you?	All of the time	Most of the time	Some of the time	Almost none of the time	Don't know	Refused
a) Someone you can count on to listen to you when you need to talk.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Someone you can count on when you need advice.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Someone to take you to the doctor or a nurse if you need it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Someone who shows you love and affection.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Someone to have a good time with.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Someone to confide in or talk about yourself or your problems.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Someone to get together with for relaxation.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Someone to do something enjoyable with.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E53. The final question in this section asks for your opinion about social problems facing Aboriginal people in this community or neighbourhood.

Are any of the following a problem for Aboriginal people in the community or neighbourhood where you are living now?

	Yes	No	Don't know	Refused
a) Suicide?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Unemployment?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Family violence?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Sexual abuse?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Drug abuse?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Alcohol abuse?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Other? Specify				
<div></div>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

END OF SECTION

★

Section F - Communication Technology

★

The next questions relate to your personal use of modern communication technology, whether it be at home, at work or somewhere else.

F1. In the past 12 months, did you use a computer?

- 1 ☐ Yes → *GO TO QUESTION F4*
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused

F2. Are you interested in starting to use a computer?

- 1 ☐ Yes
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused
- } *GO TO QUESTION F5*

F3. What is the greatest barrier that keeps you from using a computer?

- 01 ☐ Cost
- 02 ☐ Lack of access to computer
- 03 ☐ Lack of skills or training
- 04 ☐ Fear of technology
- 05 ☐ No need
- 06 ☐ Not enough time
- 07 ☐ Disability
- 08 ☐ Other – *Specify*
-
- 97 ☐ Don't know
- 98 ☐ Refused

INTERVIEWER: GO TO QUESTION F5

F4. Where have you used a computer in the past 12 months? Was it...

(INTERVIEWER: Read list. Mark Yes or No to each.)

	Yes	No	Don't know	Refused
a) At home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) At a friend's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) At a relative's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) At a community centre or friendship centre?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) At a public library?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) At school, college or university?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) At another location? <i>Specify</i>				
<div></div>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

★

F5. In the past 12 months, did you use the Internet?

1

☐

Yes → GO TO QUESTION F8

2

☐

No

7

☐

Don't know

8

☐

Refused

★

F6. Are you interested in starting to use the Internet?

1

☐

Yes

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO NEXT SECTION

F7. What is the greatest barrier that keeps you from using the Internet?

01

☐

Cost

02

☐

Lack of access to computer or Internet

03

☐

Lack of skills or training

04

☐

Fear of technology

05

☐

No need

06

☐

Not enough time

07

☐

Disability

08

☐

Other – Specify

☐

97

☐

Don't know

98

☐

Refused

INTERVIEWER: GO TO NEXT SECTION

F8. Where have you used the Internet in the past 12 months?

(INTERVIEWER:
Read list. Mark Yes or No to each.)

	Yes	No	Don't know	Refused
a) At home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) At a friend's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) At a relative's home?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) At a community centre or friendship centre?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) At a public library?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) At school, college or university?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) At another location? Specify				
	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>



F9. In the last month, have you ever used the Internet ...

a) for personal (non-business) use?

b) for E-mail/Hotmail?

c) for electronic banking?

d) to purchase goods and services?

e) to search for medical or health related information?

f) to search for government related information?

g) to search for employment?

h) for information about local community services or activities?

i) to play games?

j) to participate in chat groups?

k) to obtain and save music?

l) to listen to the radio?

m) to find sports related information?

n) for financial information?

o) to view the news?

p) for formal education, training or school work?

q) to search for information about education or training?

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

F10. In the last month, how often did you use the Internet? Was it...

- 1 ☐ **Every day?**
- 2 ☐ **Several times a week?**
- 3 ☐ **A few times a month?**
- 4 ☐ **Not in the last month?**
- 7 ☐ **Don't know**
- 8 ☐ **Refused**

END OF SECTION



★

Section G - Mobility

★

I would like to ask you some questions about where you live and moves that you may have made.

G1. Have you lived in this city, town or community all your life?

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

G2. How many times, if any, have you moved in the past five years?

(INTERVIEWER: Include all moves from one residence to another, even moves within the same city, town or community.)

- Times
- 7 ☐ Don't know
- 8 ☐ Refused

INTERVIEWER:

IF RESPONDENT ANSWERED "YES" TO QUESTION G1 → GO TO QUESTION G5
OTHERWISE → GO TO QUESTION G3

G3. Why did you move to this city, town or community?

(INTERVIEWER: Mark all that apply. If respondent moved away from the city, town or community and then returned, collect reason for most recent return.)

- 01 ☐ Family
- 02 ☐ Work/to find a job
- 03 ☐ School
- 04 ☐ Better housing
- 05 ☐ Housing less expensive
- 06 ☐ More housing available
- 07 ☐ Availability of services
- 08 ☐ Better health care/health reasons
- 09 ☐ Relocation/flood/government forced residents to move
- 10 ☐ Other – Specify
-
- 97 ☐ Don't know
- 98 ☐ Refused

G4. How long ago did you move to this city, town or community? If you have moved away from this city, town or community and then returned, please refer to your most recent return.

- 1 ☐ Within the last year?
- 2 ☐ Between 1 and 5 years?
- 3 ☐ More than 5 years ago?
- 7 ☐ Don't know
- 8 ☐ Refused

G5. The next two questions ask about temporary absences from your home. Include absences that lasted one month or more. Excluding moves and going back and forth between two homes, have you been temporarily away in the last twelve months...

	Yes	No	Don't know	Refused
a) Because of work?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) To go to school?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Because of illness?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) To be out on the land?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) To go hunting, fishing, trapping or gathering wild plant food?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Because of family?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) For some other reason? Specify				
<div></div>	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

G6. How many times have you been temporarily away in the past twelve months? By “temporary absence” we mean absences that have lasted one month or more.

Times

7 ☐ Don't know

8 ☐ Refused

END OF SECTION

★

Section H - HOUSING

★

INTERVIEWER: This section should be completed only one time for each household.

H1. Is your home rented or owned by you or another member of this household?

- 1

☐ Rented by you or another member of this household
(INTERVIEWER: Check “Rented” even if no cash rent is paid; also include rent-to-own.)
- 2

☐ Owned by you or another member of this household
(INTERVIEWER: Check “Owned” even if it is still being paid for.)
- 7

☐ Don’t know
- 8

☐ Refused

} GO TO QUESTION H7

H2. The next question is about subsidized housing, also known as “rent geared to income” housing. It can include social housing, public housing, government-assisted housing and non-profit housing.

Is your home subsidized?

- 1

☐ Yes → GO TO QUESTION H5
- 2

☐ No
- 7

☐ Don’t know
- 8

☐ Refused

} GO TO QUESTION H5

H3. Are you on a waiting list for subsidized housing?

- 1

☐ Yes
- 2

☐ No
- 7

☐ Don’t know
- 8

☐ Refused

} GO TO QUESTION H5

H4. How long have you been waiting for subsidized housing?

Months

OR

Years

- 7

☐ Don’t know
- 8

☐ Refused

H5. Would you like to own a home?

- 1

☐ Yes
- 2

☐ No
- 7

☐ Don’t know
- 8

☐ Refused



**H6. What are the reasons
you do not own a home or
do not want to own a home?**
*(INTERVIEWER: Do not read list.
Mark all that apply.)*

- 01 ☐ The overall costs of home ownership would be too high
- 02 ☐ Difficult to finance a home purchase (credit)
- 03 ☐ Owning a home requires too much maintenance
- 04 ☐ Respondent can't find a home in a desired neighbourhood
(close to family, school, friends)
- 05 ☐ No housing available in community
- 06 ☐ Respondent lives rent-free
- 07 ☐ Other – *Specify*
- 97 ☐ Don't know
- 98 ☐ Refused

**H7. Is your home covered
by insurance?**

- 1 ☐ Yes ➔ *GO TO QUESTION H9*
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused
- }
- GO TO QUESTION H9*

**H8. Why is your home not covered
by insurance? Is it because...**

- 1 ☐ **Insurance is too expensive?**
- 2 ☐ **You can't find an insurance company
that will insure you?**
- 3 ☐ **Some other reason? *Specify***
- 7 ☐ Don't know
- 8 ☐ Refused

**H9. Do you consider the water
available to your home safe
for drinking?**

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

**H10. Are there times of the year that
your water is contaminated?**

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



H11. Next, I'm going to ask you about various features of your home. Some might not seem appropriate to you but remember that living conditions vary across the country and that this survey is being conducted nation wide.

Does your home have...	Yes	No	Don't know	Refused
a) Cable or satellite television?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) A smoke detector?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) A carbon monoxide detector?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) A home security (alarm) system?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) A fire extinguisher?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) An obstacle-free fire exit?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) A telephone?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) A stove for cooking?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Electricity?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) A generator?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Cold running water?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
l) Hot running water?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m) A flush toilet?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
n) A septic tank or sewage system?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

The next questions are about any special features that your home has or needs to assist anyone in your household with health conditions or health problems.

H12. Does your home now have...

	Yes	No	Don't know	Refused	
a) Modifications to doors or hallways?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →
b) Ramps?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →
c) Modifications to the bathroom?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →
d) Modifications to the kitchen?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →
e) Alerting devices?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →
f) Any other special features?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	If NO →

↓

Specify

H13. Does your home need...

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

↓

Specify

END OF PART 2

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

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

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

★

Person 1	Person 2
First Name <div></div>	First Name <div></div>

▼▼

Section I - Household and Harvesting Activities

INTERVIEWER:
The questions in section I are to be answered by one respondent per household only. If more than one person 15 years of age or older in this household has been selected to participate in the survey, then the most knowledgeable of these adults should answer the questions.

The first questions are about the work that you and other members of your household do. Please answer only for members of your household who are 15 years of age or older. These questions are for activities done for the year ending December 31st, 2005.

To begin, please give me the first names of everyone who is 15 years of age and older starting with yourself. Please also provide their sex and year of birth.
(INTERVIEWER: RECORD NAMES AT THE TOP IN THE SPACES PROVIDED.)

	Person 1	Person 2
Ask QUESTION I1 for all persons 15 years of age and older listed in the household. Then follow the same procedure for QUESTION I2, QUESTION I3, etc. until you reach QUESTION I8.	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female	Sex 1 <input type="radio"/> Male 2 <input type="radio"/> Female
	Year of birth <div></div>	Year of birth <div></div>
I1. During the year ending December 31 st , 2005, did have a paid full-time job, that is 30 hours a week or more? Do not include self-employment.	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
I2. During the year ending December 31 st , 2005, did have a paid part-time job, that is less than 30 hours a week? Do not include self-employment.	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
<u>INTERVIEWER:</u> If No or Don't know to questions I1 and I2 → Go to question I4 (This check applies to each Person individually.)		
I3. Were any of ____'s jobs, or job, seasonal that is, lasting only part of the year?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
I4. During the year ending December 31 st , 2005, did receive any income from self-employment, contract work or compensation for attending meetings or sitting on committees?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
I5. During the year ending December 31 st , 2005, did sell fish, meat, carvings, skin clothing, furs, crafts, ivory or any other similar goods?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know



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

	Person 1	Person 2
I 6. Did		
a) take care of children?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
b) take care of seniors or elders?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
c) clean your home?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
d) process or prepare animals for food or skins, or cook meals?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
e) sew?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
f) repair hunting equipment, machinery, appliances or do home repairs?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
g) prepare or pack for any hunting, fishing, trapping or camping trips?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
I 7. During the year ending December 31 st , 2005, did ... gather firewood?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know
The next few questions are about harvesting country food. Some examples include hunting caribou, fishing for arctic char and gathering wild berries and shellfish.		
I 8. Did ... harvest country food during the year ending December 31 st , 2005?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't know



★

Person 3	Person 4	Person 5	Person 6
First Name <div></div>	First Name <div></div>	First Name <div></div>	First Name <div></div>

★

Person 3	Person 4	Person 5	Person 6
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>
<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div> <div>7 <input type="radio"/> Don't know</div>



I9 a. During the year ending December 31, 2005 did you or other members of your household use the following items for harvesting country food, gathering firewood or for unpaid household work?		I9 b. Is it owned by you or a member of your household?	I9 c. Was it bought during the year ending December 31 st , 2005?
Trucks	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Snowmobiles	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
4-wheelers or ATV's	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Sleds or toboggans	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Freighters or other canoes	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Other boats	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Outboard motors	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Ice augers	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Fishnets	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Sewing machines	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Firearms	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Generators	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Chainsaws	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
GPS units (Global Positioning System units)	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Floater suits or life jackets	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Mobile Radios (including VHF)	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
Camping tent	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes → 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No

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



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

(INTERVIEWER:

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

a) eaten in this household?

b) shared with others or given away to persons outside the household?

c) given away in exchange for gas, other supplies, or help?

d) sold?

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

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

- 1 ☐ None ➔ GO TO QUESTION I 13
- 2 ☐ Less than half
- 3 ☐ About half
- 4 ☐ More than half
- 7 ☐ Don't know

I12. Was any of this country food...

(INTERVIEWER:

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

a) received for free, including from other people, from a local hunter and trappers organisation, municipal freezer, or other?

b) received in exchange for gas, other supplies, or help?

c) bought?

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

I13. Now we would like to ask a question about your income and the income of the other members of your household in order to better understand living conditions in the North.
For the year ending December 31st, 2005 please think of the total amount earned by all members of your household from the sales of fish, meat, carvings, skin clothing, furs, crafts, ivory and other similar goods. Which of these ranges does this amount fall into?

(INTERVIEWER: Read list. Mark one only.)

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

END OF SECTION

★

Section J - PERSONAL WELLNESS

★

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

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

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

J2. The next questions are about support available to you. Who would you turn to for support in times of need? (*INTERVIEWER: Mark all that apply.*)

01

☐

No one

02

☐

Husband/wife/spouse/common-law partner

03

☐

Son or daughter [15 years or older]

04

☐

Father or mother

05

☐

Brother or sister

06

☐

Grandfather or grandmother

07

☐

Other relative

08

☐

Friends, neighbours, co-workers

09

☐

Employer

10

☐

Elders

11

☐

Other non-relative – Specify

97

☐

Don't know

J3. Who would you turn to for advice when making an important decision? (*INTERVIEWER: Mark all that apply.*)

01

☐

No one

02

☐

Husband/wife/spouse/common-law partner

03

☐

Son or daughter [15 years or older]

04

☐

Father or mother

05

☐

Brother or sister

06

☐

Grandfather or grandmother

07

☐

Other relative

08

☐

Friends, neighbours, co-workers

09

☐

Employer

10

☐

Elders

11

☐

Other non-relative – Specify

97

☐

Don't know

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

- 01

☐

No one
- 02

☐

Husband/wife/spouse/common-law partner
- 03

☐

Son or daughter [15 years or older]
- 04

☐

Father or mother
- 05

☐

Brother or sister
- 06

☐

Grandfather or grandmother
- 07

☐

Other relative
- 08

☐

Friends, neighbours, co-workers
- 09

☐

Employer
- 10

☐

Elders
- 11

☐

Other non-relative – Specify
- 97

☐

Don't know

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

Very weak

1

2

3

4

5

Very Strong

☐

☐

☐

☐

☐

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

- 1

☐

Psychiatrist
- 2

☐

Family doctor or general practitioner
- 3

☐

Psychologist
- 4

☐

Nurse or Community Health Representative (CHR)
- 5

☐

Social worker, counselor or addictions support worker
- 6

☐

Religious or spiritual advisor such as a priest, pastor, minister or other church leader
- 7

☐

Teacher or school staff
- 8

☐



Other professional – Specify


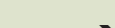
END OF SECTION

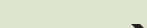
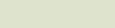


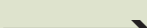
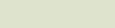
Section K - COMMUNITY WELLNESS AND SOCIAL PARTICIPATION

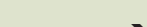
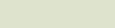
Thinking of the last 12 months, we want to know if you are satisfied or dissatisfied with different conditions in your community.

K1. Are you satisfied or dissatisfied with job opportunities in the community?	K1 a. Is that somewhat or very?
	Somewhat Very
1 <input type="radio"/> Satisfied 	1 <input type="radio"/> 2 <input type="radio"/>
2 <input type="radio"/> Dissatisfied 	1 <input type="radio"/> 2 <input type="radio"/>
7 <input type="radio"/> Don't know	

K2. Are you satisfied or dissatisfied with your most recent job in the community?	K2 a. Is that somewhat or very?
	Somewhat Very
1 <input type="radio"/> Satisfied 	1 <input type="radio"/> 2 <input type="radio"/>
2 <input type="radio"/> Dissatisfied 	1 <input type="radio"/> 2 <input type="radio"/>
7 <input type="radio"/> Don't know	
9 <input type="radio"/> Not Applicable	

K3. Are you satisfied or dissatisfied with the quality of education in your community?	K3 a. Is that somewhat or very?
	Somewhat Very
1 <input type="radio"/> Satisfied 	1 <input type="radio"/> 2 <input type="radio"/>
2 <input type="radio"/> Dissatisfied 	1 <input type="radio"/> 2 <input type="radio"/>
7 <input type="radio"/> Don't know	

K4. Are you satisfied or dissatisfied with the availability of health services, for example, nursing station or hospital in your community?	K4 a. Is that somewhat or very?
	Somewhat Very
1 <input type="radio"/> Satisfied 	1 <input type="radio"/> 2 <input type="radio"/>
2 <input type="radio"/> Dissatisfied 	1 <input type="radio"/> 2 <input type="radio"/>
7 <input type="radio"/> Don't know	
9 <input type="radio"/> Not Applicable	

K5. Are you satisfied or dissatisfied with the quality of your housing?	K5 a. Is that somewhat or very?
	Somewhat Very
1 <input type="radio"/> Satisfied 	1 <input type="radio"/> 2 <input type="radio"/>
2 <input type="radio"/> Dissatisfied 	1 <input type="radio"/> 2 <input type="radio"/>
7 <input type="radio"/> Don't know	



<div><div>K6. Are you satisfied or dissatisfied with your rent or house payments?</div><div><div>1</div><div><input type="radio"/></div><div>Satisfied</div><div>→</div></div><div><div>2</div><div><input type="radio"/></div><div>Dissatisfied</div><div>→</div></div><div><div>7</div><div><input type="radio"/></div><div>Don't know</div></div></div>	<div><div>K6 a. Is that somewhat or very?</div><div><div>Somewhat</div><div>Very</div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div></div>
<div><div>K7. Are you satisfied or dissatisfied with recreational facilities, such as ice rinks or gyms, in your community?</div><div><div>1</div><div><input type="radio"/></div><div>Satisfied</div><div>→</div></div><div><div>2</div><div><input type="radio"/></div><div>Dissatisfied</div><div>→</div></div><div><div>7</div><div><input type="radio"/></div><div>Don't know</div></div><div><div>9</div><div><input type="radio"/></div><div>Not Applicable</div></div></div>	<div><div>K7 a. Is that somewhat or very?</div><div><div>Somewhat</div><div>Very</div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div></div>
<div><div>K8. Are you satisfied or dissatisfied with the freshness of foods in local stores?</div><div><div>1</div><div><input type="radio"/></div><div>Satisfied</div><div>→</div></div><div><div>2</div><div><input type="radio"/></div><div>Dissatisfied</div><div>→</div></div><div><div>7</div><div><input type="radio"/></div><div>Don't know</div></div></div>	<div><div>K8 a. Is that somewhat or very?</div><div><div>Somewhat</div><div>Very</div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div></div>
<div><div>K9. Are you satisfied or dissatisfied with the availability of country food to your household, for example through sharing, hunting, or other?</div><div><div>1</div><div><input type="radio"/></div><div>Satisfied</div><div>→</div></div><div><div>2</div><div><input type="radio"/></div><div>Dissatisfied</div><div>→</div></div><div><div>7</div><div><input type="radio"/></div><div>Don't know</div></div></div>	<div><div>K9 a. Is that somewhat or very?</div><div><div>Somewhat</div><div>Very</div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div></div>
<div><div>K10. Are you satisfied or dissatisfied with how well the provincial or territorial government is dealing with needs in your community, for example, needs related to job creation, education and health?</div><div><div>1</div><div><input type="radio"/></div><div>Satisfied</div><div>→</div></div><div><div>2</div><div><input type="radio"/></div><div>Dissatisfied</div><div>→</div></div><div><div>7</div><div><input type="radio"/></div><div>Don't know</div></div></div>	<div><div>K10 a. Is that somewhat or very?</div><div><div>Somewhat</div><div>Very</div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div></div>
<div><div>K11. Are you satisfied or dissatisfied with the work of your local police force, or by-law officer, in keeping your community safe from crime?</div><div><div>1</div><div><input type="radio"/></div><div>Satisfied</div><div>→</div></div><div><div>2</div><div><input type="radio"/></div><div>Dissatisfied</div><div>→</div></div><div><div>7</div><div><input type="radio"/></div><div>Don't know</div></div></div>	<div><div>K11 a. Is that somewhat or very?</div><div><div>Somewhat</div><div>Very</div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div><div><div>1</div><div><input type="radio"/></div><div>2</div><div><input type="radio"/></div></div></div>

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

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

K17. Why do you think these activities will increase?

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

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

INTERVIEWER: GO TO QUESTION K19

K18. Why do you think these activities will decrease?

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

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

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

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

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



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

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

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

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

Thinking of the last 12 months...	Yes	No	Don't know
a) did you volunteer for a community organization or group, for example, for a radio station, a search and rescue team, a church group, a youth group or other?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
b) did you work at a community event including feasts, festivals, food distribution, or spring clean-up?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
c) did you attend a local committee or board meeting?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
d) did you attend a public meeting held in the community?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>
e) did you attend or participate in a local sports event?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>

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

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

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

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

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

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



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

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

- 01

☐

More jobs available
- 02

☐

Better housing
- 03

☐

More schooling available in the community
- 04

☐

Better police services available in the community / reduction in crime and violence
- 05

☐

More support for community-wide events and activities
- 06

☐

More support for harvesting activities
- 07

☐

Other – Specify
- 97

☐

Don't know

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

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER:

- If respondent lives in the Inuvialuit region of the Northwest Territories

➡

GO TO QUESTION K33
- If respondent lives in the territory of Nunavut

➡

GO TO QUESTION K34
- If respondent lives in the Nunavik region of northern Québec

➡

GO TO QUESTION K35
- If respondent lives in the Nunatsiavut region of Labrador.....

➡

GO TO QUESTION K36

OTHERWISE END SURVEY AND THANK RESPONDENT

For the Inuvialuit region of the Northwest Territories only

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

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

- 1

☐

Yes
- 2

☐

No

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

★

For the territory of Nunavut only

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

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

- 1 ☐ Yes
2 ☐ No

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

For the Nunavik region of northern Québec only

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

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

- 1 ☐ Yes
2 ☐ No

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

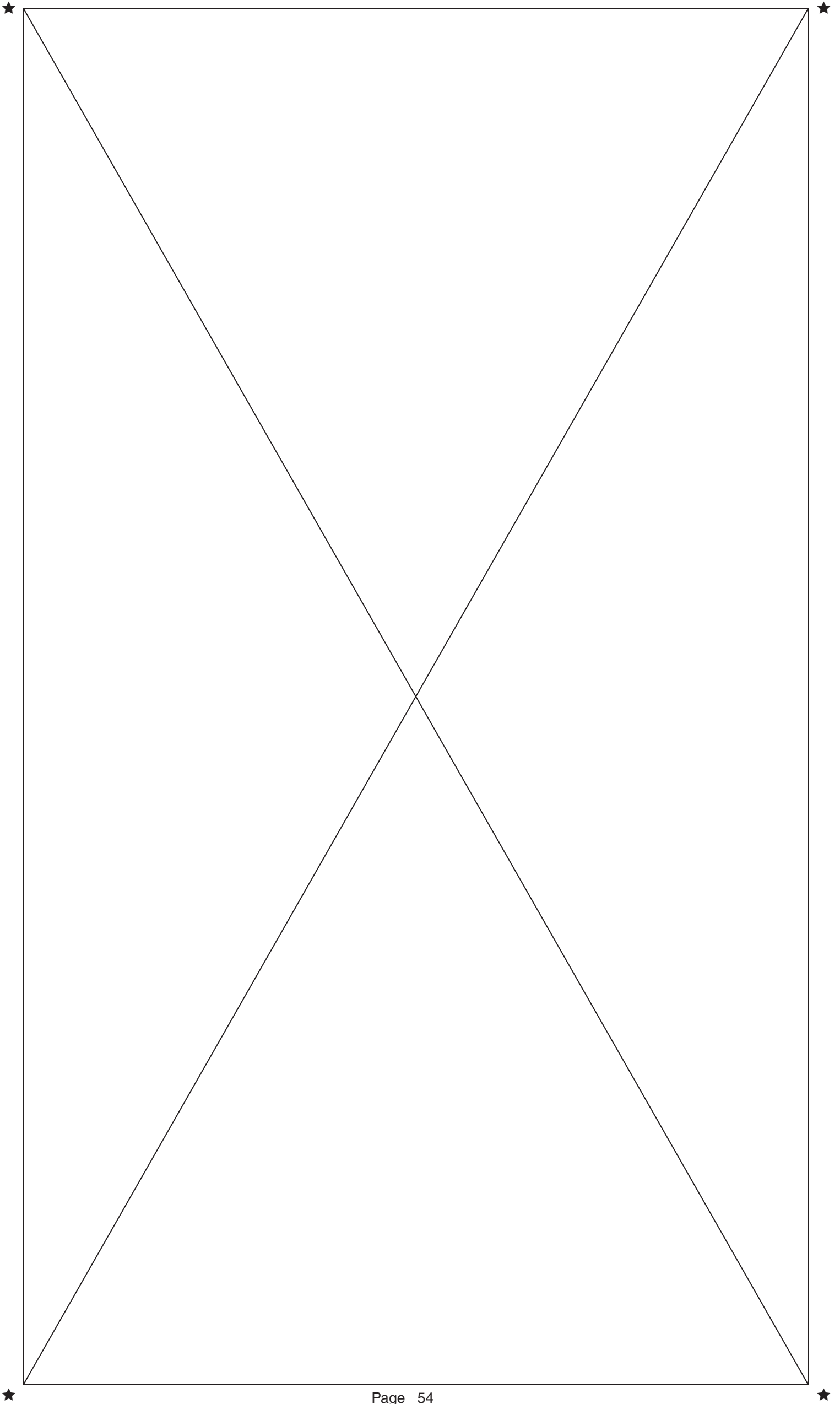
For the Nunatsiavut region of Labrador only

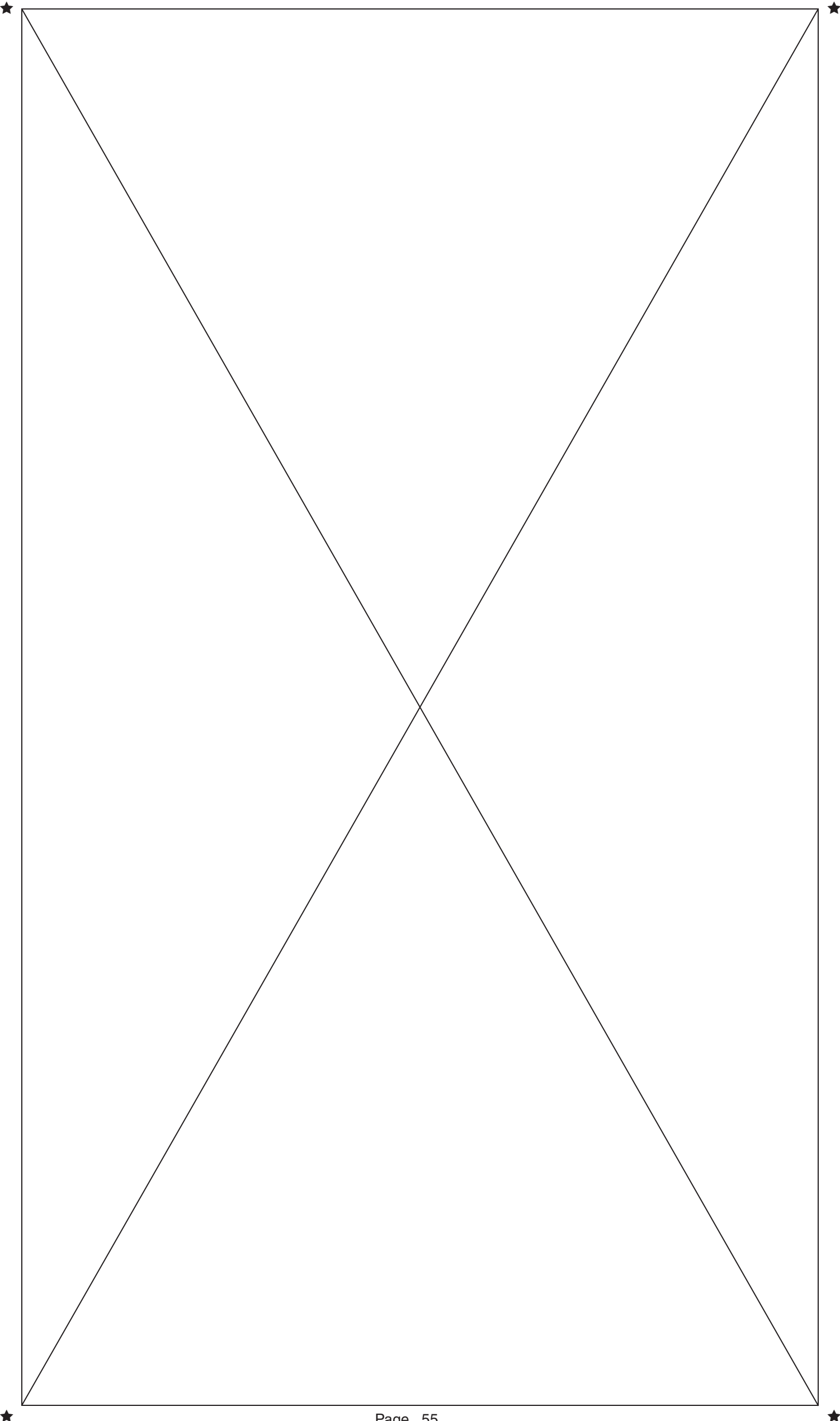
K36. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with the Nunatsiavut Government to share the responses from this survey. The Nunatsiavut Government would not be given names or any other personal identifiers and all information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

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

- 1 ☐ Yes
2 ☐ No

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





◆◆

◆◆

◆◆

Record of contact							
Contact Number	Date		Time		Contact		Notes
	Day	Month	Started	Ended	Type	Outcome Code	
1	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
6	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
7	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
8	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
9	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
10	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
11	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
12	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
13	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
14	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
15	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
16	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
17	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
18	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
19	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
20	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
21	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
22	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
23	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
24	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	
25	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/>	

Contact Type

T = Telephone

V = Visit

Outcome Codes

10 = No contact

11 = No one home/no answer

12 = Regular busy signal

13 = Answering machine or service – no message left

14 = Answering machine or service – message left

15 = Call screened/blocked/forwarded

20 = Absent for the duration of survey

21 = Interview requested in the other official language

22 = Language barrier (not official language)

24 = Soft appointment; call back required

25 = Hard appointment; call back required

29 = Request for personal interview

30 = Tracing required

36 = Unable to trace

37 = Obtained phone number/ address

56 = Not eligible

64 = Deceased

70 = Complete

71 = Partial

76 = Not Aboriginal

80 = Refusal

81 = Part refusal

90 = Unusual/special circumstances

Comments

◆◆

◆◆

Page 56◆◆