

# Aboriginal Peoples Survey, 2006: Questionnaire



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

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 [FRANÇAIS](#)



Statistics  
Canada

Statistique  
Canada

Canada 



# Aboriginal Peoples Survey 2006

## (Children and Youth - aged 6 to 14)

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

Aussi disponible en français

### INTRODUCTION

Hello/Bonjour, I'm... from Statistics Canada. May I speak to the parent or guardian of \_\_\_\_?

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

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

### CONFIDENTIAL WHEN COMPLETED

<div></div>	Form Type	09
	<b>FINAL OUTCOME CODE</b>	
	70	<input type="radio"/> Complete
	71	<input type="radio"/> Partial
	76	<input type="radio"/> Not Aboriginal
	10	<input type="radio"/> No contact
	20	<input type="radio"/> Absent for duration of survey
	22	<input type="radio"/> Language barrier (not official language)
	36	<input type="radio"/> Unable to trace
	56	<input type="radio"/> Not eligible
	64	<input type="radio"/> Deceased
	80	<input type="radio"/> Refusal
	90	<input type="radio"/> Unusual/Special circumstances

PROV	CD	CU	HHNUM	PNUM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed by:	
1 <input type="radio"/> Telephone	2 <input type="radio"/> Visit

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

Family Name	
<input type="text"/>	
Given Name	
<input type="text"/>	
Number and Street or lot and concession or exact location	
<input type="text"/>	
R.R. No.	P.O. Box No.
<input type="text"/>	<input type="text"/>
City, Town, Village, Municipality, Indian Reserve	
<input type="text"/>	
Province or Territory	Postal code
<input type="text"/>	<input type="text"/>
Area code	Telephone Number
<input type="text"/>	<input type="text"/>

### 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 for the child

1 <input type="radio"/> Parent	2 <input type="radio"/> Guardian	3 <input type="radio"/> Other family member	4 <input type="radio"/> Other	5 <input type="radio"/> Child him/herself
--------------------------------	----------------------------------	---	-------------------------------	---

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 \_\_\_\_ ’s ancestors belong to any of the following Aboriginal groups?

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

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

2. Is \_\_\_\_ an Aboriginal person, that is, North American Indian, Métis or Inuk?

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

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

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

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

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

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

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

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

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

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

6. Is \_\_\_\_ a boy or a girl?

- 1 ☐ Boy
- 2 ☐ Girl
- 8 ☐ Refused

7. What is \_\_\_\_ ’s date of birth?

Day      Month      Year  
 /  /

- 7 ☐ Don't know
- 8 ☐ Refused

If October 31, 1991 or before ....

1 ☐ ADULT

ADMINISTER ADULT QUESTIONNAIRE

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

2 ☐ CHILD

CONTINUE WITH THIS QUESTIONNAIRE

If after October 31, 2000 .....

3 ☐ CHILD TOO YOUNG

END INTERVIEW AND  
THANK RESPONDENT

★

PART 2 - CHILDREN AND YOUTH QUESTIONNAIRE

★

Section A - DEMOGRAPHICS

A1. What is your relationship to \_\_\_\_ ?  
(INTERVIEWER: Mark one only.)

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

A2. Which of the following people in \_\_\_\_ 's family have any Aboriginal origins?  
(INTERVIEWER: Mark Yes, No, Don't Know or Refused to each. Reference is to biological family.)

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

END OF SECTION

★

Section B - GENERAL HEALTH

★

B1. In general, would you say  
\_\_\_\_'s health is...

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

B2. How tall is \_\_\_\_ without shoes on?  
(Best estimate)

OR

feet

inches

centimeters

- 7 ☐ Don't know
- 8 ☐ Refused

B3. How much does \_\_\_\_ weigh?  
(Best estimate)

OR

pounds

kilograms

- 7 ☐ Don't know
- 8 ☐ Refused

B4. How much did \_\_\_\_ weigh at birth?  
(Best estimate)

OR

pounds

ounces

grams

- 7 ☐ Don't know
- 8 ☐ Refused

B5. Was \_\_\_\_ ever breast-fed?

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

B5a. For how long?

OR

month(s)

year(s)

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

END OF SECTION

★

**Section C - HEALTH CARE UTILIZATION**

★

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

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

**C1a. Where did the most recent contact take place?**

*(INTERVIEWER: Mark one only.)*

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

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

*(INTERVIEWER: Mark all that apply.)*

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

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

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

**C2a. Where did the most recent contact take place?**

*(INTERVIEWER: Mark one only.)*

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

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

*(INTERVIEWER: Mark all that apply.)*

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

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

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don’t know
- 8

☐

Refused

C3a. Where did the most recent contact take place?  
(INTERVIEWER: Mark one only.)

- 01

☐

Doctor’s office
- 02

☐

Hospital emergency room
- 03

☐

Hospital outpatient clinic
- 04

☐

Walk-in clinic
- 05

☐

Appointment clinic
- 06

☐

Community health centre
- 07

☐

At home
- 08

☐

At school
- 09

☐

Telephone consultation only
- 10

☐

Other – Specify
- 97

☐

Don’t know
- 98

☐

Refused

C3b. What was the type of care that was needed?  
(INTERVIEWER: Mark all that apply.)

- 01

☐

Treatment of a physical health problem
- 02

☐

Treatment of an emotional or mental health problem
- 03

☐

Regular check-up
- 04

☐

Care of an injury
- 05

☐

Immunizations/needles/vaccination/flu shot
- 06

☐

Other – Specify
- 97

☐

Don’t know
- 98

☐

Refused

C4. In the past 12 months, have you seen or talked on the phone with a traditional Aboriginal healer about \_\_\_\_’s physical, emotional or mental health?  
(INTERVIEWER: By Aboriginal, we are referring to First Nations, Métis or Inuit.)

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don’t know
- 8

☐

Refused

C5. People may also use alternative or complementary medicine. In the past 12 months, have you seen or talked to an alternative health care provider (such as an acupuncturist, homeopath or massage therapist) about \_\_\_\_'s physical, emotional or mental health?

- 1

☐

Yes

—————>
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C5a. Who did you see or talk to?  
*(INTERVIEWER: Mark all that apply.)*

- 01

☐

Massage therapist
- 02

☐

Acupuncturist
- 03

☐

Homeopath or naturopath
- 04

☐

Feldenkrais or Alexander teacher
- 05

☐

Relaxation therapist
- 06

☐

Biofeedback teacher
- 07

☐

Rolfer
- 08

☐

Herbalist
- 09

☐

Reflexologist
- 10

☐

Spiritual healer
- 11

☐

Religious healer
- 12

☐

Other – Specify
- 97

☐

Don't know
- 98

☐

Refused

C6. In the past 12 months, has \_\_\_\_ been an overnight patient in a hospital?

- 1

☐

Yes

—————>
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

C6a. For how many nights in the past 12 months?

- Night(s)
- 7

☐

Don't know
- 8

☐

Refused

END OF SECTION



★ **Section D - ACTIVITIES OF DAILY LIVING AND MEDICAL CONDITIONS** ★

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

D1. Does \_\_\_\_ have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing any similar activities?

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

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

a) At home?

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

b) At school?

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

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

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

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

D3. Which, if any, of the following long-term conditions or health problems does \_\_\_\_ have that have been diagnosed by a doctor, nurse or health professional?  
(INTERVIEWER: Mark Yes, No or Don't know to each.)

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

D3 r a) Has \_\_\_\_ had an attack of asthma in the past 12 months?

D3 r b) Does asthma prevent or limit \_\_\_\_ participation in school, at play or any other activity normal for someone his/her age?

	Yes	No	Don't know	Refused
D3 r a) Has ____ had an attack of asthma in the past 12 months?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
D3 r b) Does asthma prevent or limit ____ participation in school, at play or any other activity normal for someone his/her age?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D4. Does \_\_\_\_ take any of the following medications on a regular basis?  
(INTERVIEWER: Mark Yes, No or Don't know to each.)

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

END OF SECTION

★

Section E - PHYSICAL INJURIES

★

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

E1. In the past 12 months, has \_\_\_\_ been injured seriously enough to require hospitalization or medical attention by a doctor, nurse or dentist?

1

☐

Yes

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO NEXT SECTION

E2. In the past 12 months, how many times was \_\_\_\_ injured and required medical attention?

Times

(INTERVIEWER:

Accept respondent's best estimate.)

7

☐

Don't know

8

☐

Refused

E3. For the most serious injury, what type of injury did he/she have?

(INTERVIEWER: Mark one only.)

01

☐

Broken or fractured bones

02

☐

Burns or scalds

03

☐

Dislocation

04

☐

Sprain or strain (major)

05

☐

Cuts, scrapes or bruises (major)

06

☐

Concussion

07

☐

Poisoning

08

☐

Internal injury

09

☐

Dental injury

10

☐

Other – Specify

11

☐

Multiple injuries

97

☐

Don't know

98

☐

Refused

E4. What happened, for example, was \_\_\_\_'s injury the result of a fall, car accident, physical assault or something else?

(INTERVIEWER: Mark one only.)

01

☐

Motor vehicle accident - passenger/driver

02

☐

Motor vehicle accident - pedestrian

03

☐

Motor vehicle accident - riding bicycle

04

☐

Other bicycle accident

05

☐

Snowmobile/Boat/All terrain vehicle (ATV) accident

06

☐

Fall (excluding bicycle or sports)

07

☐

Sport (not including bicycle)

08

☐

Physical assault

09

☐

Scalded by hot liquid or food

10

☐

Food poisoning

11

☐

Accidental poisoning

12

☐

Self-inflicted injury

13

☐

Natural/environmental factors (animal bite, sting, frostbite)

14

☐

Fire or flames or resulting fumes

15

☐

Near drowning

16

☐

Other – Specify

97

☐

Don't know

98

☐

Refused

END OF SECTION

★

Section F - DENTAL CARE

★

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

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

1

☐

Within the last 12 months

2

☐

More than 1 year ago but less than 3 years ago

3

☐

3 years or more ago but less than 5 years ago

4

☐

5 years or more ago

5

☐

Never

7

☐

Don't know

8

☐

Refused

}

GO TO QUESTION F3

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

1

☐

Check up

2

☐

Cleaning

3

☐

Filling

4

☐

Tooth pulled

5

☐

Orthodontal care, for example braces

6

☐

Other – Specify

7

☐

Don't know

8

☐

Refused

F3. Does \_\_\_\_ need dental treatment at this time?

1

☐

Yes

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO NEXT SECTION

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

1

☐

Yes → GO TO NEXT SECTION

2

☐

No

7

☐

Don't know

8

☐

Refused

}

GO TO NEXT SECTION

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

01

☐

Not available - in the area

02

☐

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

03

☐

Waiting time too long

04

☐

Felt would be inadequate

05

☐

Cost

06

☐

Too busy

07

☐

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

08

☐

Didn't know where to go

09

☐

Transportation problems

10

☐

Language problems

11

☐

Personal or family responsibilities

12

☐

Dislikes dentists/Afraid

13

☐

Decided not to seek care

14

☐

Other – Specify

97

☐

Don't know

98

☐

Refused

END OF SECTION



Section G - NUTRITION



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

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



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

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

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused
- }
- GO TO NEXT SECTION

G4. How often?  
*(INTERVIEWER: Mark one only.)*

- 1

☐

More often than end of each month
- 2

☐

Regularly, end of the month
- 3

☐

Every few months
- 4

☐

Occasionally, not a regular occurrence
- 7

☐

Don't know
- 8

☐

Refused

G5. How do you cope with feeding \_\_\_\_ when this happens?  
*(INTERVIEWER: Mark all that apply.)*

- 01

☐

Parent/guardian skips meals or eats less
- 02

☐

Children skip meals or eat less
- 03

☐

Cut down on variety of food family usually eats
- 04

☐

Seek help from relatives
- 05

☐

Seek help from friends
- 06

☐

Seek help from social worker/government office
- 07

☐

Seek help from food bank (emergency food program)
- 08

☐

Use school meal program
- 09

☐

Other
- 97

☐

Don't know
- 98

☐

Refused

END OF SECTION


★

Section H - EDUCATION

★

The next section is about \_\_\_\_ ’s experiences at school.

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


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

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

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

H2. Is \_\_\_\_ currently attending school?

(INTERVIEWER: Kindergarten is to be included.)

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


H3. Why is \_\_\_\_ not attending school?

(INTERVIEWER: Mark one only.)

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

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

Grade/level

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

H5. The following questions are about the school \_\_\_\_ last attended.

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

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

H6. Based on your knowledge of \_\_\_\_ ’s school work, including report cards, overall, how well was \_\_\_\_ doing at school?  
Would that be ...

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

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

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



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

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

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

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

INTERVIEWER: GO TO QUESTION H13

H8. What grade/level is \_\_\_\_ in?

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

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

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

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

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

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

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

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

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

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

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

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

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

H13. For the next questions, please answer using:  
Not important at all, Slightly important, Fairly important, OR Very important.

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

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

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

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

END OF SECTION

★

**Section I - SOCIAL ACTIVITIES AND RELATIONSHIPS**

★

I 1. Now, I will read you a list of activities. Please tell me how often \_\_\_\_ carries out each one.  
Include only time spent doing these activities outside of school hours.

How often does \_\_\_\_\_ ...

(INTERVIEWER: Mark one response for each activity.)

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

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

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

I 2. On average, about how many hours per day, if any, does \_\_\_\_ ...  
(INTERVIEWER: Please round up response to the nearest hour.)

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

Hours

1 ☐

None

7 ☐

Don't know

8 ☐

Refused

b) Spend time on a computer?

Hours

1 ☐

None

7 ☐

Don't know

8 ☐

Refused

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

Hours

1 ☐

None

7 ☐

Don't know

8 ☐

Refused

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

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

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

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

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

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

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

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

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

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

END OF SECTION



Section J - LANGUAGE



The next questions are about the languages \_\_\_\_\_ knows.

J1. Does \_\_\_\_\_ speak an Aboriginal language?

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

}

GO TO QUESTION J5

J2. What Aboriginal language or languages does \_\_\_\_\_ speak?

- 01
- 02
- 03

IF ONLY ONE LANGUAGE REPORTED  
→ GO TO QUESTION J4

- 97

☐

Don't know
- 98

☐

Refused

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

- 01
- 97

☐

Don't know
- 98

☐

Refused

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

- 1

☐

Speak very well?
- 2

☐

Speak relatively well?
- 3

☐

Speak with effort?
- 4

☐

Speak a few words?
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER: GO TO QUESTION J8

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

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

}

GO TO QUESTION J13

J6. What Aboriginal language or languages does \_\_\_\_\_ understand?

- 01
- 02
- 03

IF ONLY ONE LANGUAGE REPORTED  
→ GO TO QUESTION J8

- 97

☐

Don't know
- 98

☐

Refused

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

- 01
- 97

☐

Don't know
- 98

☐

Refused



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

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

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

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

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

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

J11. How often does \_\_\_\_ currently use this Aboriginal language...

	All the time	Most of the time	Some of the time	Very seldom	Not at all	Not applicable	Don't know	Refused
a) In his/her household?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) At school?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Elsewhere?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

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

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

INTERVIEWER: GO TO QUESTION J16

J13. Did \_\_\_\_ ever understand an Aboriginal language?

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

GO TO QUESTION J16

J14. What Aboriginal language did \_\_\_\_ understand?  
*(INTERVIEWER: If the child understood more than one language, indicate the language he/she used to understand the best.)*

- 01
- 97 ☐ Don't know
- 98 ☐ Refused

J15. Did \_\_\_\_ ever speak this Aboriginal language?

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

J16. How important is it to you that \_\_\_\_ keep, learn or re-learn his/her Aboriginal language?  
Is it...

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

END OF SECTION



★

Section K - HOUSEHOLD DATA

★

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

K1. What is your date of birth?

DayMonthYear

/

/

- 7Don't know
- 8Refused

K2. INTERVIEWER:  
Please note gender of respondent.

- 1Male
- 2Female
- 8Refused

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

- 1Yes → GO TO QUESTION K5
- 2No
- 7Don't know
- 8Refused

K4. What is the HIGHEST GRADE of elementary or high school you have ever COMPLETED?  
(INTERVIEWER: Mark one only.)

- 01No schooling
- 02Grade 5 or less
- 03Grade 6
- 04Grade 7 OR  
Secondary 1 (Quebec)
- 05Grade 8 OR  
Secondary 2 (Quebec)
- 06Grade 9 OR  
Secondary 3 (Quebec) OR  
Senior 1 (Manitoba)
- 07Grade 10 OR  
Secondary 4 (Quebec) OR  
Senior 2 (Manitoba) OR  
Level I (Newfoundland)
- 08Grade 11 OR  
Secondary 5 (Quebec) OR  
Senior 3 (Manitoba) OR  
Level II (Newfoundland)
- 09Grade 12 OR  
Senior 4 (Manitoba) OR  
Level III (Newfoundland)
- 10Grade 13/OAC (Ontario Academic Credits)
- 11GED (High school equivalency certificate)
- 97Don't know
- 98Refused

K5. What is the HIGHEST LEVEL of education you have ever COMPLETED?  
(INTERVIEWER: Mark one only.)

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

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

K6. Were you ever a student at a federal residential school, or a federal industrial school?  
(INTERVIEWER: In some regions these are referred to as hostels or dormitories.)

- 1 ☐ Yes
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused
- GO TO QUESTION K8

K7. Were any of the following members of your family ever a student at a federal residential school, or a federal industrial school?  
(INTERVIEWER: Read list. In some regions these are referred to as hostels or dormitories.)

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

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

Persons

- 7 ☐ Don't know
- 8 ☐ Refused

K9. Does \_\_\_\_ have any  
brothers or sisters?  
*(INTERVIEWER: Include step-  
and half-brothers and sisters.)*

- 1 ☐ Yes 

→
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused
- } GO TO QUESTION K10

K9a. How many?

Brothers/  
Sisters

- 7 ☐ Don't know
- 8 ☐ Refused

K9b. How many of \_\_\_\_ 's  
brothers or sisters  
live in this household?  
*(INTERVIEWER:  
Include step- and half-  
brothers and sisters.)*

Brothers/  
Sisters

- 1 ☐ None
- 7 ☐ Don't know
- 8 ☐ Refused

K10. Is this a one or two parent  
household?  
*(INTERVIEWER:  
Include step parents,  
adoptive parents,  
foster parents,  
legal guardians, etc.)*

- 1 ☐ One
- 2 ☐ Two
- 7 ☐ Don't know
- 8 ☐ Refused

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

- a) Paid employment or self-employment?  
Please include wages, salaries, commissions,  
tips and honorariums
- b) Employment insurance?
- c) Old Age Security Pension, Guaranteed Income  
Supplement or Spouse's Allowance from the  
Federal Government?
- d) Canada or Quebec Pension Plan?
- e) Social assistance or welfare benefits?
- f) Other sources (for example, other government income,  
child support, alimony, scholarships and education  
allowances, Northern allowance, interest, etc)?

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"/>

K12. What was your household's main source of income for the year ending December 31, 2005?  
(INTERVIEWER: Mark one only.)

- 1

☐

Paid employment or self-employment
- 2

☐

Employment insurance
- 3

☐

Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance from the Federal Government
- 4

☐

Canada or Quebec Pension Plan
- 5

☐

Social assistance or welfare benefits
- 6

☐

Other – Specify
- 7

☐

Don't know
- 8

☐

Refused

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

- Number
- 7

☐

Don't know
- 8

☐

Refused

INTERVIEWER:

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

➡

GO TO QUESTION K14a
- If respondent lives in the territory of Nunavut .....

➡

GO TO QUESTION K15a
- If respondent lives in the Nunavik region of northern Québec .....

➡

GO TO QUESTION K16a
- If respondent lives in the Nunatsiavut region of Labrador.....

➡

GO TO QUESTION K17a

OTHERWISE END SURVEY AND THANK RESPONDENT

For the Inuvialuit region of the Northwest Territories only

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

- 1

☐

Yes
- 2

☐

No
- 7

☐

Don't know
- 8

☐

Refused

K14b. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with the Inuvialuit Regional Corporation to share the responses from this survey. The Inuvialuit Regional Corporation would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

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

- 1

☐

Yes
- 2

☐

No

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

★

For the territory of Nunavut only

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

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

K15b. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with Nunavut Tunngavik Incorporated to share the responses from this survey. Nunavut Tunngavik Incorporated would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

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

1 ☐ Yes

2 ☐ No

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

For the Nunavik region of northern Québec only

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

1 ☐ Yes

2 ☐ No

7 ☐ Don't know

8 ☐ Refused

K16b. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with Makivik Corporation to share the responses from this survey. Makivik Corporation would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

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

1 ☐ Yes

2 ☐ No

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

★

For the Nunatsiavut region of Labrador only

★

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

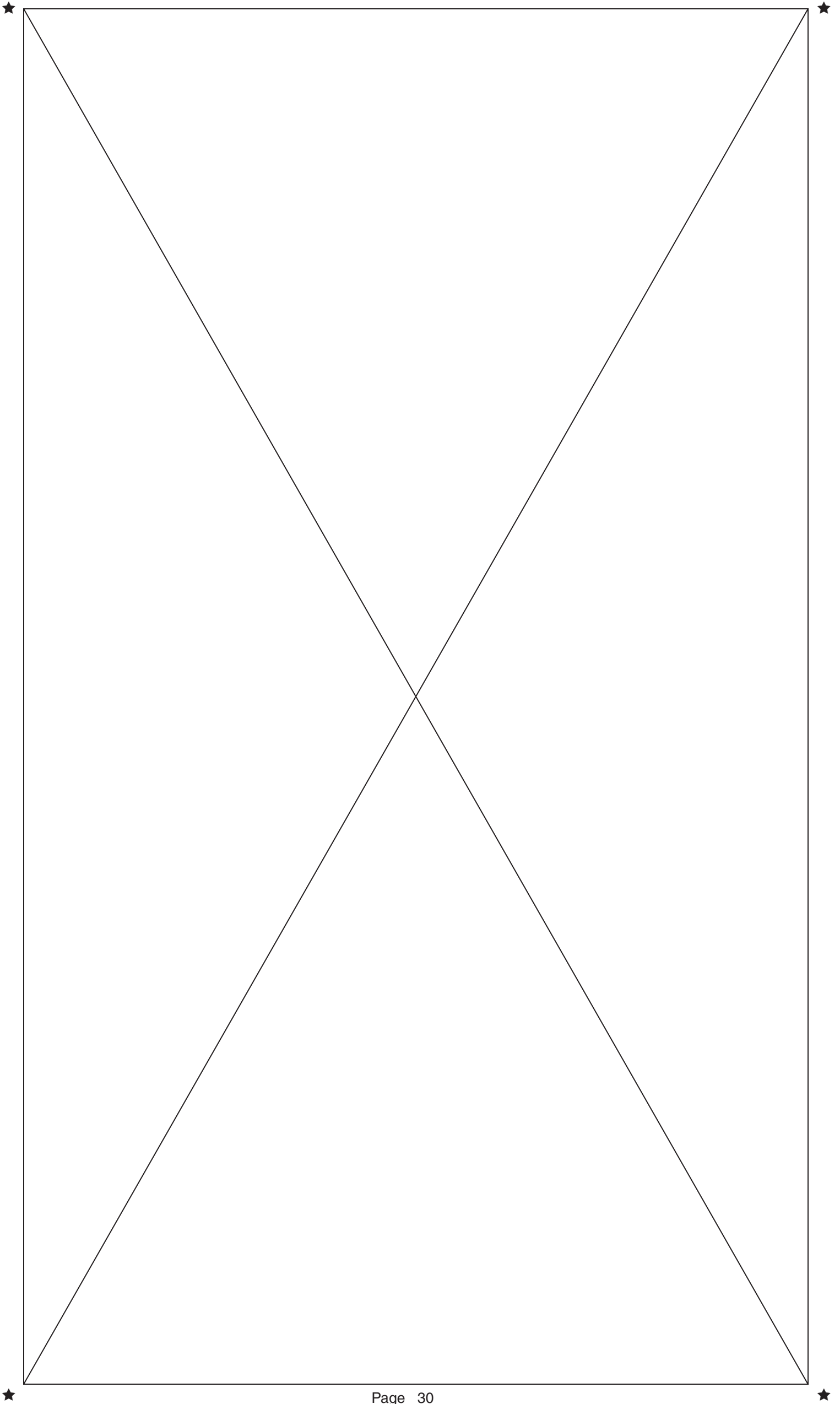
- 1 ☐ Yes
- 2 ☐ No
- 7 ☐ Don't know
- 8 ☐ Refused

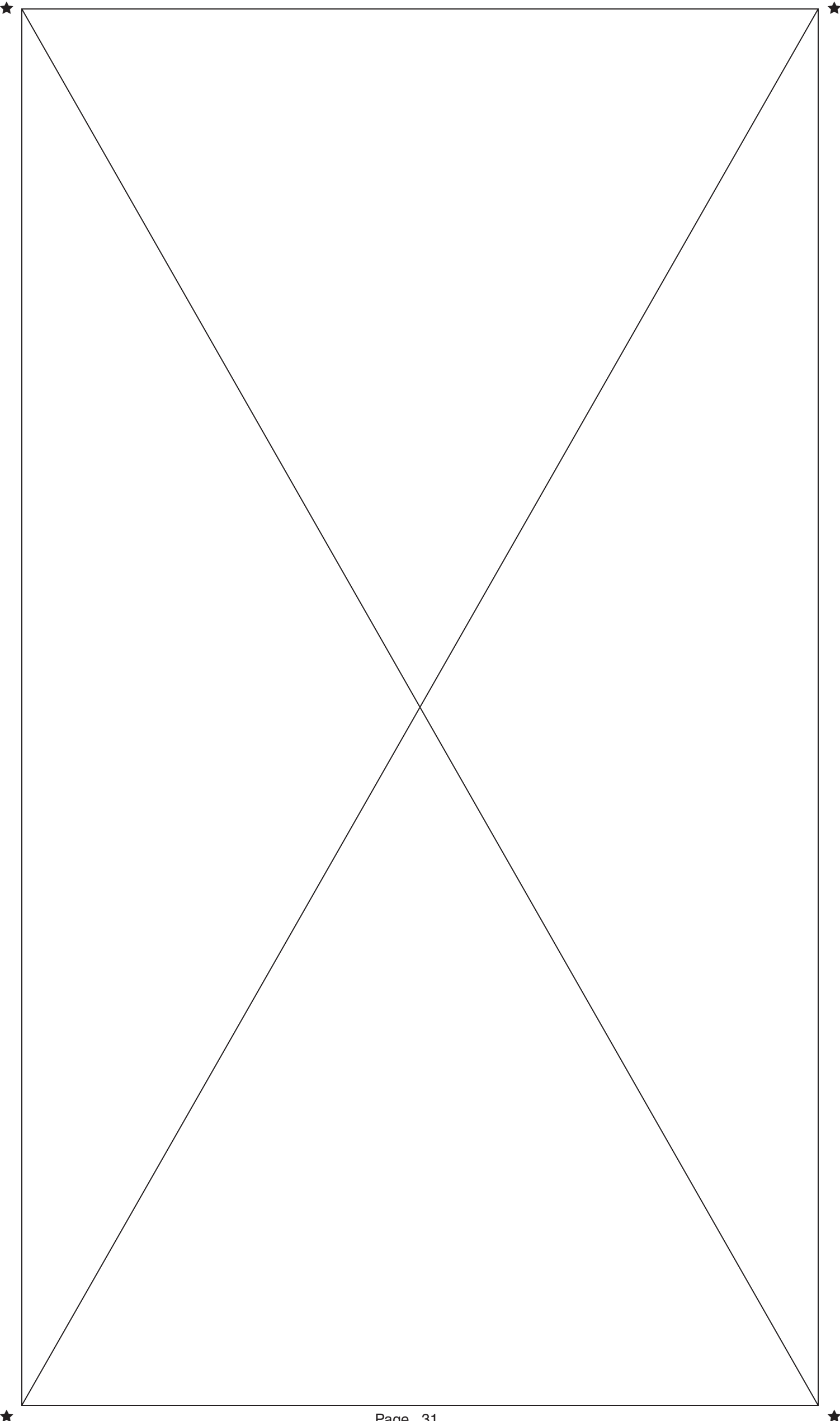
K17b. In order to avoid duplication and ease the burden on respondents, Statistics Canada has entered into a data sharing agreement with the Nunatsiavut Government to share the responses from this survey. The Nunatsiavut Government would not be given names or any other personal identifiers and all information would be kept confidential and used for statistical purposes.

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

- 1 ☐ Yes
- 2 ☐ No

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







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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

90 = Unusual/special circumstances

◆

◆

Comments

◆

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