

Survey of People Living in First Nations Communities (Pilot 2009)

Confidential when completed.

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

Aussi disponible en français.

INTRODUCTION

Hello, I'm ... from Statistics Canada.

Statistics Canada is conducting a pilot survey to assess the best way of collecting information that would help First Nations communities, organizations and governments better understand the experiences of people living in First Nations communities. 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 give an accurate picture.

Would you prefer that I speak in English or in French?

CONFIDENTIAL WHEN COMPLETED

Form Type 01

FINAL OUTCOME CODE

70 Complete

71 Partial

10 No contact

20 Absent for duration of survey

22 Language barrier

50 Out of scope

80 Refusal

90 Unusual / special circumstances

Completed by: Telephone Visit

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

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** _____ - _____

INFORMATION SOURCE

Language of Interview

01 English

02 French

03 Blackfoot

04 Cree

09 Other - Specify: _____

05 Dakota/Sioux

06 Dene

07 Oji-Cree

08 Ojibway

Person responding

1 Selected respondent **Person No.** _____

Name of selected respondent

2 Proxy **Person No.** _____

Name of proxy respondent

Interpreter used:

1 Household member 2 Interpreter 3 Other

Interviewer's Identification No. _____ **Date (dd-mm-yyyy)** _____ **Batch No.** _____

Interviewer's Assignment No. _____ **Interviewer's Signature**

SECTION A - Telephone service and household roster

To start, I would like to ask some questions about telephones in your home.

1. Does your household currently have a telephone? Please do not include cell phones and phones used only for business.

- 1 Yes
 - 2 No
 - 7 Don't Know
 - 8 Refused
- GO TO QUESTION 4**

2. How many different telephone numbers does your household currently have excluding cell phone numbers and those used only for business?

telephone numbers

	Number 1	Number 2	Number 3
<p>3A. What is your telephone number?</p> <p><i>INTERVIEWER: If household has more than one private number, record all numbers.</i></p>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="border: 1px solid black; padding: 2px;">Area code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="border: 1px solid black; padding: 2px;">Area code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="border: 1px solid black; padding: 2px;">Area code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>
<p>3B. Is this telephone number a listed number?</p>	<ul style="list-style-type: none"> 1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused 	<ul style="list-style-type: none"> 1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused 	<ul style="list-style-type: none"> 1 <input type="radio"/> Yes 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
<p>3C. Is this telephone number shared with any other households?</p>	<ul style="list-style-type: none"> 1 <input type="radio"/> Yes <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>With how many other households is this number shared? <input type="text"/> <input type="text"/></p> </div> <ul style="list-style-type: none"> 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused 	<ul style="list-style-type: none"> 1 <input type="radio"/> Yes <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>With how many other households is this number shared? <input type="text"/> <input type="text"/></p> </div> <ul style="list-style-type: none"> 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused 	<ul style="list-style-type: none"> 1 <input type="radio"/> Yes <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>With how many other households is this number shared? <input type="text"/> <input type="text"/></p> </div> <ul style="list-style-type: none"> 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused

4. Do you or any members of your household currently have cell or mobile phone service? Exclude cell phone service used only for business and cordless phones.

- 1 Yes
 - 2 No
 - 7 Don't Know
 - 8 Refused
- GO TO QUESTION 6**

5. Excluding those used only for business, how many different telephone numbers does your household currently have for cell or mobile service phone service?

different telephone numbers

⁷ Don't Know

⁸ Refused

6. Now, I would like to ask you a few questions about the people who live in your household. I will start by asking some questions about you and will then ask the same questions about all the other people in your home.

Include persons who are staying at your home temporarily only if they have no other usual home.

Include persons who usually live at your home but are now away at school, in hospital, or somewhere else.

FOR INFORMATION ONLY

	PERSON 1	PERSON 2
A. INTERVIEWER: Record First Name	First Name <input type="text"/>	First Name <input type="text"/>
B. INTERVIEWER: Record _____'s sex	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
C. What is your/his/her current marital status? Are you.../Is he/she... INTERVIEWER: Read categories to respondent and accept one response only.	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
D. Are you/Is he/she an Aboriginal person, that is First Nations (North American Indian), Métis, or Inuk (Inuit)?	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
E. Are you/Is he/she a Status Indian (Registered or Treaty) as defined by the Indian Act of Canada?	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
F. Are you/Is he/she a member of an Indian Band/First Nation?	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
G. INTERVIEWER: Is there a "YES" in questions D, E or F?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
H. What is your/his/her date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day
I. What is your/his/her age?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
J. Assign a number if G is equal to "YES" and person was born before October 1, 1994. (i.e. person is 15 years or over)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

PERSON 3	PERSON 4	PERSON 5
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	PERSON 6	PERSON 7
A. INTERVIEWER: Record First Name	First Name <input type="text"/>	First Name <input type="text"/>
B. INTERVIEWER: Record _____'s sex	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
C. What is your/his/her current marital status? Are you.../Is he/she... INTERVIEWER: Read categories to respondent and accept one response only.	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
D. Are you/Is he/she an Aboriginal person, that is First Nations (North American Indian), Métis, or Inuk (Inuit)?	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
E. Are you/Is he/she a Status Indian (Registered or Treaty) as defined by the Indian Act of Canada?	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
F. Are you/Is he/she a member of an Indian Band/First Nation?	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
G. INTERVIEWER: Is there a "YES" in questions D, E or F?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
H. What is your/his/her date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day
I. What is your/his/her age?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
J. Assign a number if G is equal to "YES" and person was born before October 1, 1994. (i.e. person is 15 years or over)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

PERSON 8	PERSON 9	PERSON 10
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Year Month Day
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	PERSON 11	PERSON 12
A. INTERVIEWER: Record First Name	First Name <input type="text"/>	First Name <input type="text"/>
B. INTERVIEWER: Record _____'s sex	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
C. What is your/his/her current marital status? Are you.../Is he/she... INTERVIEWER: Read categories to respondent and accept one response only.	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
D. Are you/Is he/she an Aboriginal person, that is First Nations (North American Indian), Métis, or Inuk (Inuit)?	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
E. Are you/Is he/she a Status Indian (Registered or Treaty) as defined by the Indian Act of Canada?	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
F. Are you/Is he/she a member of an Indian Band/First Nation?	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
G. INTERVIEWER: Is there a "YES" in questions D, E or F?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
H. What is your/his/her date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <small>Year Month Day</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <small>Year Month Day</small>
I. What is your/his/her age?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
J. Assign a number if G is equal to "YES" and person was born before October 1, 1994. (i.e. person is 15 years or over)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

PERSON 13	PERSON 14	PERSON 15
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Single (never legally married)? 2 <input type="radio"/> Legally married (and not separated)? 3 <input type="radio"/> Living common-law? 4 <input type="radio"/> Separated (but still legally married)? 5 <input type="radio"/> Divorced? 6 <input type="radio"/> Widowed? 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, First Nations (North American Indian) 2 <input type="radio"/> Yes, Métis 3 <input type="radio"/> Yes, Inuk (Inuit) 4 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, Status Indian (Registered or Treaty) 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused	1 <input type="radio"/> Yes, member of an Indian Band or First Nation 2 <input type="radio"/> No 7 <input type="radio"/> Don't Know 8 <input type="radio"/> Refused
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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

This completes the first part of the interview. I will now randomly select a member of your household to answer the rest of the survey questions.

Unfortunately, I have no control over the selection of household members. In order to ensure that the survey is as accurate as possible, the selection of household members is made randomly.

INTERVIEWER: To select the person from the household to be interviewed:

- look at all household members who have been assigned a number in J;
- among these, use the month and day of birth in H to select the adult whose birthday comes first in the year.

7. Enter person number of selected respondent

Is the person responding the selected respondent?

- 1 Yes **GO TO SECTION B**
- 2 No **GO TO QUESTION 8**

8. May I speak with <selected respondent>?

- 1 Yes **GO TO SECTION B**
- 2 No (Selected respondent unable to answer) **GO TO QUESTION 9**

9. Is <selected respondent> available <for the duration of the survey>?

- 1 Yes **MAKE AN APPOINTMENT**
- 2 No **GO TO QUESTION 10**
- 7 Don't Know **GO TO QUESTION 11**
- 8 Refused

10. Is <selected respondent> unavailable to complete the survey because he/she is....

- 01 hunting, fishing, trapping or gathering wild plant food
- 02 out on the land
- 03 working
- 04 away at school
- 05 away due to illness/hospitalization
- 06 other (specify):
- 97 Don't Know
- 98 Refused

11. Would you or another person living in your household be available to provide information about <selected respondent>?

- 1 Yes **GO TO SECTION B**
- 2 No **THANK RESPONDENT/END SURVEY AND CODE 20 ABSENT FOR DURATION OF SURVEY**

SECTION B - Mobility

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

1. Have you lived in this community all of your life?

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

2. 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. Do not include temporary absences (for example to go hunting, fishing, or trapping, to go to school, etc.). Enter 0 if no moves..

Times [Min: 00 Max: 99]

- 7 Don't Know
- 8 Refused

SECTION C - Health

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

1. 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

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

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

3. 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
- 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 are about any special features that your home has or needs to assist anyone in your household with health conditions or health problems.

4A. Does your home now have modifications to doors or hallways?

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

4B. Does your home need modifications to doors or hallways?

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

5A. Does your home now have ramps?

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

5B. Does your home need ramps?

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

6A. Does your home now have modifications to the bathroom?

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

6B. Does your home need modifications to the bathroom?

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

7A. Does your home now have modifications to the kitchen?

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

7B. Does your home need modifications to the kitchen?

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

8A. Does your home now have alerting devices?

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

8B. Does your home need alerting devices?

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

9A. Does your home now have any other special features?

- 1 Yes (specify):
- 2 No
- 7 Don't Know
- 8 Refused

9B. Does your home need any other special features?

- 1 Yes (specify):
- 2 No
- 7 Don't Know
- 8 Refused

SECTION D - Language

The next questions are about the languages you speak or understand.

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

INTERVIEWER: If this person no longer understands the first language learned indicate the second language learned. Accept multiple responses only if languages were learned at the same time.

- | | |
|--|--|
| <ul style="list-style-type: none"> 01 <input type="radio"/> Cree 02 <input type="radio"/> Ojibway 03 <input type="radio"/> Oji-Cree 04 <input type="radio"/> Dene 05 <input type="radio"/> Dakota/Sioux 06 <input type="radio"/> Blackfoot 07 <input type="radio"/> Other Aboriginal language (specify):
<input style="width: 250px;" type="text"/> | <ul style="list-style-type: none"> 08 <input type="radio"/> English 09 <input type="radio"/> French 10 <input type="radio"/> Sign language 11 <input type="radio"/> Other non-Aboriginal language (specify):
<input style="width: 250px;" type="text"/> 97 <input type="radio"/> Don't Know 98 <input type="radio"/> Refused |
|--|--|

2. What language or languages do you currently speak well enough to conduct a conversation?

INTERVIEWER: Mark all that apply.

- | | |
|--|--|
| <ul style="list-style-type: none"> 01 <input type="radio"/> Cree 02 <input type="radio"/> Ojibway 03 <input type="radio"/> Oji-Cree 04 <input type="radio"/> Dene 05 <input type="radio"/> Dakota/Sioux 06 <input type="radio"/> Blackfoot 07 <input type="radio"/> Other Aboriginal language (specify):
<input style="width: 250px;" type="text"/> | <ul style="list-style-type: none"> 08 <input type="radio"/> English 09 <input type="radio"/> French 10 <input type="radio"/> Sign language 11 <input type="radio"/> Other non-Aboriginal language (specify):
<input style="width: 250px;" type="text"/> 97 <input type="radio"/> Don't Know 98 <input type="radio"/> Refused |
|--|--|

INTERVIEWER : If no Aboriginal language spoken (there are no checks in circles 01 to 07 in questions 1 and 2), go to question 4.

3. How often do you currently use an Aboriginal language or languages...

	All the time	Most of the time	Some of the time	Very seldom	Not at all	Not applicable	Don't know	Refused
A. At home?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
B. At 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"/>

4. Some people feel it is important to keep, learn or re-learn an Aboriginal language while others feel it is not important. How do you feel? Is it ...

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

SECTION E - EDUCATION: Traditional activities and skills / Informal Education

Now I would like to ask about traditional activities and skills that you may have learned. Since the survey is being conducted in First Nations communities across Canada, some categories or examples might not be appropriate in your region.

1. Have you ever ...

INTERVIEWER: Mark Yes, No or Don't Know or Refused to each.

	Yes	No	Don't know	Refused
A. Learned traditional singing and/or dancing?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
B. Learned traditional drumming?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
C. Participated in traditional ceremonies?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
D. Gathered wild plants, for example berries, roots or wild rice?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
E. Prepared or preserved berries or fruit?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
F. Prepared plants for medicinal or other purposes?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
G. Hunted, fished or trapped?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
H. Processed and/or prepared animals for food or skins?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
I. Cooked and/or prepared traditional foods?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
J. Made traditional clothing, arts or crafts?	1 <input type="radio"/>	2 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

