

Inuit Adult and Child Survey Tools

APPENDIX D

OUR HEALTH COUNTS

URBAN INDIGENOUS HEALTH DATABASE PROJECT





QUESTIONNAIRE: INUIT HEALTH ASSESSMENT SURVEY

INTRODUCTION

The Respectful Health Assessment Survey (RHAS) is for urban Inuit living, working, or accessing health/social services in Ottawa, Ontario. This survey project is directed, operated, controlled and owned by Tungasuvvingat Inuit (TI) on behalf of the Inuit community in Ottawa.

The main objective of the RHAS is to obtain accurate, useful health data for the local Inuit population. This data will be used by Tungasuvvingat Inuit to advocate for enhanced resources and better services for the Inuit community. The survey consists of two sections:

- Adult survey [Page 2]
- Children survey [Page 42]
- The RHAS is collected using a Computer Assisted Personal Interview system. The data is gathered by trained community survey interviewers. The RHAS was developed in partnership with Tungasuvvingat Inuit staff and local Inuit community members. The RHAS has been reviewed and approved by Tungasuvvingat Inuit and the Our Health Counts Governing Committee.

Participant ID _____

RDS Screening Questions

1. Coupon # Presented: _____ (enter 0 for Seed)

2. Do you self-identify as being Inuk

- YES
- NO
- NO RESPONSE

3. Do you have an Inuk child or Inuit children?

- YES
- NO
- NO RESPONSE

4. Do you have an Inuk partner (husband, wife, girlfriend, boyfriend)?

- YES
- NO
- NO RESPON

* Note – If respondent has answered no to all three questions 2, 3, and 4 you can end the interview now.

5. Do you live in Ontario?

- YES
- NO [end interview]
- NO RESPONSE [end interview]

6. Do you live in the city of Ottawa?

- YES
- NO (Skip to question 8)
- NO RESPONSE (Skip to question 8)

7. For how long have you lived in the city of Ottawa?

- YEARS _____ MONTHS _____
- NO RESPONSE

8. Do you work in the city of Ottawa?

- YES
- NO (Skip to question 10)
- NO RESPONSE (Skip to question 10)

9. For how long have you worked in the city of Ottawa?

- YEARS _____ MONTHS _____
- DON'T KNOW
- NO RESPONSE

10. Do you use health or social services/ programs in the city of Ottawa?

- YES
- NO (Skip to question 12)
- NO RESPONSE (Skip to question 12)





11. How long have you been accessing health/social services in Ottawa?

- Less than one month
- Between one month and three months
- Between three months and one year
- For longer than one year
- NO RESPONSE

* Note: If respondent has answered no to all three questions 6, 8, and 10 you can end the interview now.

12. OHIP # _____

- DON'T KNOW
- NO RESPONSE
- DON'T HAVE OHIP CARD

13. OHIP version code _____

- DON'T KNOW
- NO RESPONSE

14. Non-insured health number (N Number) _____

- DON'T KNOW
- NO RESPONSE

15. DOB Year _____ Month _____ Day _____

16. Participant Name _____

- No answer

17. Do you have Inuk child/Inuit children that are under your care and reside with you?

- YES
- NO [SKIP TO NEXT SECTION]
- No Answer

18. Would you be willing to complete the child portion of the survey? (inform them it will

take an additional 20 minutes and we will be asking for all their children under the age of 17)

- YES
- NO [Skip to section]
- No Answer

19. How many children do you have? _____

RDS QUESTIONS

These next questions are about gathering information on your personal network. We will use this information to determine how long we need to continue to recruit research participants and to ensure our survey is representative of all of the Inuit in Ottawa (rather than just a select group).

1. (Approximately) How many Inuit do you know, who currently live, work, or access health and social services in the city of Ottawa?

_____ # of people

- NO RESPONSE

2. What is your relationship to the person who gave you the coupon? (read out list)

- N/A (Participant is a seed)
- Relative
- Girlfriend/boyfriend; partner or spouse
- Friend
- Acquaintance (I have met them before but don't consider them a friend)
- Stranger (I have never met this person before)
- NO RESPONSE

SECTION 1: OCIODEMOGRAPHICS

A. Demographics

1. What is your gender?

- MALE





- FEMALE
- TRANSGENDER
- OTHER

2. What language(s) do you speak most often at home?

- Inuktitut
- Inuinnaqtun
- French
- English
- Inuktitut and English
- Inuktitut and French

Other _____ (please specify)

NO RESPONSE

3. What is your relationship status? (Show Card 1)

- Never married - Single, no steady boyfriend or girlfriend
- Never married - Steady boyfriend or girlfriend, not living together
- Never married – Living/common law with boyfriend or girlfriend
- Married
- Separated
- Divorced, marriage annulment
- Widowed
- NO RESPONSE

4. Did you complete the 2006 Census Canada questionnaire?

- YES
- NO
- NO RESPONSE

Skip this question if answered No or No Response to having children reside (#17)

5. How old are your children? List the ages of your children

1. _____
2. _____
3. _____

- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

- DON'T KNOW
- NO RESPONSE

6.. How many of these children currently live in your household?

- _____ # of children
- NO RESPONSE

7. What is the highest level of schooling you have ever completed? Please choose one from the following categories. (Show Card 2)

- Less than grade 9
- Some high school
- Completed high school
- Some college or specialized training
(ie. Nunavut Sivuniksavut)
- Completed college or specialized training
- Some university
- Completed university
- Some post-graduate education (ie. Masters, PhD, MD, LLB)
- Completed post-graduate education
- NO RESPONSE

8. Which of the following best describes your current employment status? Please choose one from the following categories. (Show Card 3)

- Part-time
- Full-time
- Seasonal





- Self-employed
- Homemaker
- Any other informal paid work such as babysitting, housekeeping
- Student
- Retired
- Translators/Interpreters and/or contractor
- Unemployed
- NO RESPONSE

9. Where does your household receive money from? Please check all the sources of income that members of your household have received over the past year.
(Show Card 4)

- Wages and salaries
- Income from self-employment (including income from carving and arts and crafts sales)
- Employment insurance
- Worker's compensation
- Child Tax Benefit
- Provincial or municipal social assistance or welfare
- Child support
- Alimony
- Money from family on a regular basis
- Benefits from Canada or Quebec Pension Plan
- Retirement pensions, superannuation and annuities
- Old Age Security and Guaranteed Income Supplement
- Dividends and interest (e.g., on bonds, savings)
- OTHER (e.g., rental income, scholarships,) Please specify _____
- DON'T KNOW
- NO RESPONSE

10. What about your personal income/money? What is your best estimate of your total personal income from all sources over the past twelve months?

- Less than \$20,000
- \$20,000 to less than \$40,000
- \$40,000 to less than \$60,000
- \$60,000 or more
- No response

SECTION 2: “KEEPING WARM & SAFETY” HOUSING, AND FOOD SECURITY

A. HOUSING

1. Which of the following best describes the type of dwelling you live in?

Please choose one from the following categories. (Show Card 5)

- Single house (not attached to any other dwelling)
- Semi-detached, duplex house, row house, or townhouse
- Self-contained apartment within a single detached house
- Apartment or condominium in a **low** rise building or apartment block (< 5 storeys)
- Apartment or condominium in a **high** rise building or apartment block (> 5 storeys)
- Homeless (Skip to Question 4)
- Transition (if transition please check the selections below)
(Skip to Question 4)
 - Couch surfing,
 - shelter,
 - welfare residence,
 - trauma and addictions centre,
 - medical facility,
 - boarding home, Travel Lodge
 - Other: _____
(please specify)
 - No Response
 - NO RESPONSE

2. How many times have you moved in the past 5 years?

of Times _____

- NO RESPONSE

3. Is your place of residence: (Show Card 6)

- Owned without a mortgage by your household
- Owned with a mortgage by your household
- Rented by your household
- Are you living with a family member and paying no rent.
- Are you living with a family member and paying rent





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INUIT ADULT
SURVEY TOOLS

- Subsidized housing (e.g. Non-profit Inuit housing, Gignul Housing and Ottawa Community Housing.)
- Other (specify) _____
- DON'T KNOW
- NO RESPONSE

Only ask next question to those who answered they were homeless/in transition

4. What are the main barriers you are facing living either homeless or in transition?
(check all that apply) (once answered skip to next Section)

- Poverty
- Language Issue
- Safety
- Shortage of shelter
- Other: please specify
- Don't Know
- No Response

5. How many rooms are there in your residence including all rooms except bathrooms, hallways and rooms used solely for business purposes.)

of Rooms _____

- NO RESPONSE

6. Including yourself, how many people currently live in your household?

- 1 PERSON
- 2 PEOPLE
- 3 PEOPLE
- 4 PEOPLE
- 5 PEOPLE
- 6 PEOPLE
- 7 PEOPLE
- 8 PEOPLE
- 9 PEOPLE
- 10 OR MORE PEOPLE
- NO RESPONSE

7 Is your dwelling in need of any repairs? (Not including desirable remodeling or additions) (Show Card 7)

- No, only regular maintenance is needed (painting, furnace cleaning, etc.)
- Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)
- Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors, windows, or ceilings, etc.) (mold, air quality, water damage)
- DON'T KNOW
- NO RESPONSE

8. Which appliances do you have in your place of residence (check all that apply) ? (Show Card 8)

- Washer
- dryer
- Dishwasher
- Air conditioner
- Fridge
- Stove
- Microwave
- None
- No Response

9. In the last 2 years, have you had a problem in your home with centipedes, ants, wasps, bees, mice, rats and cockroaches and other bugs?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

10. Are you concerned about poor air quality in your home due to things like dampness, mold, pollution, or bad air exchange/venting?

- YES
- NO
- DON'T KNOW
- NO RESPONSE





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INUIT ADULT
SURVEY TOOLS

11. Do you and your family control the temperature i.e. thermostat in your residence?

- Yes
- No
- Don't know
- No response

B. FOOD SECURITY AND COUNTRY FOOD

1. Were there times when the food for you and your family just did not last (and there was no money to buy more)?

- Yes
- No
- Don't Know
- No Response

2. In your life were there times when you and your family could not eat healthy food?

- Yes
- No
- Don't Know
- No Response

3. In the last twelve months were there times when you and your family could not eat healthy food?

- Yes
- No
- Don't Know
- No Response

4. Do you have a place to go if you or your family doesn't have enough to eat? [This could be to a family member or friends place, a food bank, or any other place]

- YES
- NO
- DON'T KNOW
- NO RESPONSE

5. Would you prefer eating more country food than you can get?

- Yes
- No
- Neutral
- Don't Know
- No Response

I as the interviewer am not a doctor, nurse or a health practitioner; I am only the health surveyor. For further health assessment please see Mary Hutton or Connie Siedule.

SECTION 3: PHYSICAL HEALTH

A. GENERAL HEALTH STATUS AND HEALTHY LIFESTYLE

1. Please rate your health. Compared to other people your age, would you say your health is: (show card 9)

- Excellent
- Very Good
- Good
- Fair
- Poor
- DON'T KNOW
- NO RESPONSE

B. CHRONIC HEALTH CONDITIONS

1. In the past twelve months have you experienced pain or discomfort in your chest when you walk uphill or hurry?

- Yes
- No
- Never walks uphill or hurries
- Do Not Know
- No Response





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INUIT ADULT
SURVEY TOOLS

2. Pain or discomfort in your chest when you walk at an ordinary pace on level ground?

- Yes
- No (Go to question 6)
- Don't Know (Go to question 6)
- No Response (Go to question 6)

3. What do you do if you get the pain or discomfort when you are walking?

- Stop or slow down
- Carry on after taking a pain relieving medicine that dissolves in your mouth
- Carry on
- Do Not Know
- No Response

4. If you stand still, what happens to the pain or discomfort?

- Relieved (includes right away and gradual relief over a few minutes)
- Not relieved
- Do Not Know
- No Response

5. Will you show me where you usually experience the pain or discomfort?

- Upper or middle chest
- Lower chest
- Left arm
- Other (please specify) _____
- Do Not Know
- No Response

6. In the past twelve months, have you experienced attacks of wheezing or whistling breathing?

- Yes
- No
- Do Not Know
- No Response

7. Attack of wheezing that came on after you stopped exercising or some other physical activity?

- Yes
- No
- Do Not Know
- No Response

8. A feeling of tightness in your chest?

- Yes
- No
- Do Not Know
- No Response

9. Have you woken up with a feeling of tightness in your chest in the morning or any other time?

- Yes
- No
- Do Not Know
- No Response

10. Have you had an attack of shortness of breath that came on without obvious cause when you were not exercising or doing some physical activity?

- Yes
- No
- Do Not Know
- No Response

11. In the past 12 months, did you ever have pain in your joints (i.e. hips, knees, hands) that affected your normal activity?

- Yes
- No
- Do Not Know
- No Response





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INUIT ADULT
SURVEY TOOLS

12. Have you been told by a health care provider that you have any of the following health conditions?

(If Yes, Please answer follow-up questions *Read through the entire list of conditions and answer 'yes' or 'no'*)

List conditions that have lasted at least 6 months or are expected to last at least 6 months.

Yes = Y

No = N

Don't know = DK

No response = R

Condition	Told that you have or been diagnosed with:				If Yes:				
Asthma	N	Y	DK	R	In the past 12 months have you taken medication for asthma (i.e. inhalers, nebulizers, pills, liquids or injections)	N	Y	DK	R
Arthritis	N	Y	DK	R					
Heart disease	N	Y	DK	R					
Stroke	N	Y	DK	R					
High Blood Pressure	N	Y	DK	R	in the past month have you taken Medication for high blood pressure	N	Y	DK	R
Cancer	N	Y	DK	R	If yes what type(s) of cancer				
Allergies	N	Y	DK	R	If yes – what type(s) of allergies				
Liver disease	N	Y	DK	R					
Hepatitis A	N	Y	DK	R					
Hepatitis B	N	Y	DK	R					
Hepatitis C	N	Y	DK	R					
Chronic bronchitis. Emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	N	Y	DK	R					





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INUIT ADULT
SURVEY TOOLS

NB: Interviewer may wish to refer participant to Connie or Mary for a health consult/referral as required.

13. Do you have diabetes (as diagnosed by a health care provider)?

- YES
- NO (Skip to Next Section)
- DON'T KNOW (Skip to Next Section)
- NO RESPONSE (Skip to Next Section)

14. Which treatment are you following now for diabetes? Circle all that apply:
(show card 10)

- Diet
- Exercise
- Tablets or pills
- Insulin
- No treatment
- Other(Please Specify) _____
- Don't Know
- No Response

C. INJURY AND ACUTE ILLNESS

1. Were you injured in the past 12 months?

- YES
- NO [Skip to question 3]
- DON'T KNOW [Skip to question 3]
- NO RESPONSE [Skip to question 3]

2. For your most serious injury in the past 12 months, please indicate which of the following was the cause of this injury? (show card 11)

- Fall
- Burn
- Poisoning

- Near-drowning
- Animal bite
- Motor vehicle crash as a passenger
- Motor vehicle crash as a driver
- Motor vehicle crash as a pedestrian
- Snowmobile/ATV or other recreational vehicle crash
- Boat
- Other (specify) _____
- Don't know
- No response

3. In the past 12 months, how many times have you had an upper respiratory tract infection (ie. cough, cold, bronchitis, ear infection, sore throat, sinus infection)?

- None
- 1 time
- 2 times
- 3 times
- More than 3 times
- DON'T KNOW
- NO RESPONSE

4. In the past 12 months, how many times have you had a lower respiratory tract infection (ie. pneumonia)?

- None
- 1 time
- 2 times
- More than 3 times
- DON'T KNOW
- NO RESPONSE

D. REPRODUCTIVE HEALTH

FOR WOMEN:

1. For the past 3 months have you had regular monthly menstrual period?

NB – for interviewer – to answer yes they have had a regular monthly menstrual period





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INUIT ADULT
SURVEY TOOLS

they should have had only one period per month (ie. every 3-5 weeks) and the periods should have lasted less than 10 days.

- YES (record date of most recent period): ___/___/___ mm/dd/yyyy (Go Question 3)
- NO (record # months since last period): _____ /
Months or Years
- DON'T KNOW
- NO RESPONSE

2. If not monthly, is your period cycle (lack of or too many) related to: (show card 12)

- Early pregnancy (even if unsure)
- Pregnancy
- Breastfeeding
- Hysterectomy
- Menopause
- Health problem
- Other, specify: _____
- Don't Know
- No Response

3. **Have you ever had a Pap test?** (A Pap test is a test performed by a doctor, nurse, or nurse practitioner where a sample of cells is taken from the cervix.)

- YES
- NO [SKIP TO QUESTION 5]
- DON'T KNOW [SKIP TO QUESTION 5]
- NO RESPONSE [SKIP TO QUESTION 5]

4. When was that last time you had a Pap test?

- Months ago _____
- Years ago _____
- DON'T KNOW
- NO RESPONSE

FOR MEN AND WOMEN:

5. Without revealing test results, have you ever been tested for HIV?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

6. Have you ever had a sexually transmitted infection?

- Yes
- No [SKIP TO NEXT SECTION]
- Don't Know [SKIP TO NEXT SECTION]
- No Response[SKIP TO NEXT SECTION]

7. What have you been diagnosed and treated for: (show card 13)

- Chlamydia
- Genital herpes
- Genital warts
- Gonorrhea
- Syphilis
- Other _____ Please specify)
- No Response

E. OTHER HEALTH SCREENING

1. Has a health care professional (ie. nurse, doctor, complimentary health practitioner) checked your blood pressure in the past 12 months?

- Yes
- No
- Don't know
- No response

2. Have you had a full health review/check up with a doctor, nurse, or complimentary health practitioner in the past 12 months?





- Yes
- No
- Don't know
- No response

FOR PERSONS AGE 50 or more

3. Have you ever had a home FOBT (fecal occult blood test) to screen for colon cancer?

- Yes
- No
- No response

F. ABILITY

1. Is your activity limited (in the kinds or amount of activity you can do at home, work or otherwise) due to:

a. Physical health (including injury)

- Yes, often
- Yes, sometimes
- No
- Don't Know
- No response

b. Mental health

- Yes, often
- Yes, sometimes
- No
- Don't Know
- No response

c. other (Please specify) _____

- Yes, often
- Yes, sometimes
- No

- Don't Know
- No response

2. Do you suffer from blindness or serious vision problems that can't be corrected?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

3. Do you suffer from hearing impairment (i.e. need a hearing aid or have problems hearing when there is background noise)?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

SECTION 4: "PAST EXPERIENCES, ABUSE & TRAUMA"

The following section may have questions that may cause mild distress. Please remember that you do not have to answer any questions you do not want to answer and you can take a break at anytime.

A. RESIDENTIAL SCHOOL

1. **Were you ever a student at a federal residential school, or a federal day school (includes schools administered by the church, federal government and provincial government)?** (Sir Alexander MacKenzie in Inuvik, Joseph Bernier Federal Day School in Chesterfield Inlet, Churchill Vocational Centre in Manitoba, Port Harrison/ Federal Hostel in Inukjuaq and the Northwest River, Labrador, experimental students attending Sir John A. MacDonald School?)

- YES
- NO [SKIP TO NEXT SECTION]
- DON'T KNOW [SKIP TO NEXT SECTION]
- NO RESPONSE [SKIP TO NEXT SECTION]





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SURVEY TOOLS

2. Has your overall health and well-being has been affected by your attendance at residential school?

- YES, negatively impacted
- YES, positively impacted
- Yes, mixed impact
- NO impact
- DON'T KNOW
- NO RESPONSE

3. Are you currently accessing health or social services for your personal residential school experiences?

- Yes
- No
- No response

B. FORCED RELOCATION

1. Were you or your family members ever forced by the federal government to move from your respective community in the North to a new location chosen by the government?

- Yes
- No (Skip to next section)
- Do Not Know (Skip to next section)
- No Response

2. Has your overall health and well-being has been affected by this forced relocation?

- YES, negatively impacted
- YES, positively impacted
- YES, mixed impact
- NO impact
- DON'T KNOW
- NO RESPONSE

C. CHILD PROTECTION AGENCY INVOLVEMENT

1. Has a child protection agency ever been involved in your family
 1. Has your overall health and well-being has been affected by the involvement of child protection agencies in your family?
 - YES, negative impact
 - YES, positive impact
 - YES, mixed impact
 - NO impact, IF NO, Go to next section: Discrimination.
 - DON'T KNOW
 - NO RESPONSE
 2. Are you currently accessing health or social service or support from a family members, community member for your family experiences of child protection agency involvement?
 - Yes
 - No
 - No Response

D. DISCRIMINATION

1. Have you ever been treated unfairly or kept waiting because you are an Inuk by a?
(Check all that apply)
 - Doctor
 - Nurse
 - Dentist
 - Law Enforcement
 - Social Worker
 - Lawyer
 - Judge
 - NO [SKIP TO 3]
 - DON'T KNOW [SKIP TO 3]
 - NO RESPONSE [SKIP TO 3]





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INUIT ADULT
SURVEY TOOLS

2. How long ago did this happen?

- Within the past 3 months
- Within the past 6 months
- Within the past 12 months
- Longer than a year ago
- DON'T KNOW
- NO RESPONSE

3. Has your overall health and well-being been affected by racism?

- Yes – greatly
- Yes - somewhat
- No
- DON'T KNOW
- NO RESPONSE

4. Have you ever been treated unfairly because of your gender?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

E. VIOLENCE AND ABUSE

(Present the Resource List to the participant) The next section asks you about family violence. You may encounter questions that may cause mild distress. Please remember that you do not have to answer any questions you do not want to answer and you can take a break at anytime. Again we would like to remind you that anything you say will remain completely confidential.

1. Has anyone in your residence

	Yes	No	DK	NR	If Yes	Y	N	DK	NR
Physically hurt you?					Has this happened in the last year?				
Insulted or talked down to you?									
Threatened you with harm?									
Screamed or cursed at you?									
Restricted your actions?									
Had sex when you didn't feel like it?									
Have you been affected by lateral violence* ?									

* violence directed laterally from one community member to another as a result of rage, anger and frustration from being constantly put down).

For those who answered "no" to all of the above questions skip to question 3

2. When you experienced violence, did you have a safe place to go for help?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't Know
- No Response





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SURVEY TOOLS

INSTITUTIONAL ABUSE

3. Has anyone in position of power or person in authority abused you?

- Doctor
- Priest
- Nurse
- Teachers
- Dentists
- No
- No Response

4. Are you currently accessing health or social service support regarding your experiences of family or institutional violence?

- Yes
- No
- No Response

SECTION 5: “MENTAL HEALTH & ADDICTION ILLNESSES”

A. MENTAL AND EMOTIONAL HEALTH

(Re-iterate to the participant about the Resource List) The next section asks about your personal mental and emotional health. Please remember you do not have to answer any questions you do not want to answer. We are asking these questions to ensure that there are adequate and appropriate services for Inuit. Anything you say will remain completely confidential.

1. The following questions ask about how you have been feeling during the past 30 days.

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	DON'T KNOW	NO RESPONSE
A	Tired out for no good reason?							
B	Nervous?					Skip to D		
C	So nervous that nothing could calm you down?							
D	Hopeless?							
E	Restless or fidgety?					Skip to G		
F	So restless you cannot sit still?							
G	Depressed					Skip to I		
H	So depressed that nothing could cheer you up?							
I	That everything is an effort?							
J	Worthless?							

[If A THROUGH J are 'None of the time', then skip to next section]

2. How many days out of 30 were you unable to work or carry out your normal activities (linked to these feelings)?

_____ # of days If none of the days. Go to the next section: Suicide.

- DON'T KNOW
- NO RESPONSE





3. Are you talking to a family member, community member or health and social services provider about it?

- Yes
- No
- No Response

C. SUICIDE

The following section may have questions that may be upsetting. Please remember that you do not have to answer any questions you do not want to answer and you can take a break at any time. The reason why we are asking these questions is that we want to ensure that there are adequate and appropriate services for Inuit.

1. Has a close friend or family member ever committed suicide?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

2. Have you ever thought about committing suicide?

- YES
- NO [SKIP TO NEXT SECTION]
- DON'T KNOW [SKIP TO NEXT SECTION]
- NO RESPONSE [SKIP TO NEXT SECTION]

3. Have you ever attempted suicide?

- YES
- NO If no, Go to the next section: Substance Use
- DON'T KNOW
- NO RESPONSE

4. Are you talking to a family member, community member or health and social services provider about it?

- Yes
- No
- No response

D. SUBSTANCE USE

1. During the past 30 days, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- YES
- NO [SKIP TO QUESTION 4]
- DON'T KNOW [SKIP TO QUESTION 4]
- NO RESPONSE [SKIP TO QUESTION 4]

2. On how many days of the last 30 days did you drink?

of days _____

- DON'T KNOW
- NO RESPONSE

3. **What was the average number of drinks per day on those days that you drank?**

One drink includes one beer, one glass of wine or one shot (ounce) of hard liquor.

of drinks _____

- DON'T KNOW
- NO RESPONSE

4. Have you ever experimented with substances to get you high?

- Yes
- No (Go to next section)
- Do not know (Go to next section)
- No response (Go to next section)

5. If yes, how old were you the first time?

- Age, specify _____ yrs.
- Do not know
- No response

6. In the past 12 months, have you used substances to get high?

- Yes
- No





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INUIT ADULT
SURVEY TOOLS

- Do not know
- No response

7. In the last 12 months have you used regular medicine or prescription drugs other than medical uses?

- Yes
- No
- Do not know
- No response

SECTION 6: “TRANSITION & URBANIZATION”

MOVING FROM THE NORTH TO SOUTH

1. Were there any challenges when you were moving from north to Ottawa?
(Check all that apply)

- Transportation
- Communication/language
- OHIP
- I.D.
- Housing
- Non-insured health benefits
- Lack of doctors
- Cultural communications with legal and medical professionals
- Culture Shock
- Dental services
- Other (please specify) _____
- No, there were no challenges
- Don't Know
- No Response

SECTION 7: “ACCESS TO HEALTH SERVICES”

The following section asks questions about access to health services.

1. How would you rate the level of access to health services available to you compared to Canadians generally?

- Same level of access
- Less access
- Better access
- DON'T KNOW
- NO RESPONSE

2. Overall, how would you rate the availability of health services in your community?
(show card 18)

- Excellent
- Good
- Fair
- Poor
- DON'T KNOW
- NO RESPONSE

3. During the past 12 months, have you experienced any of the following barriers to receiving health care? (Check all that apply)





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**INUIT ADULT
SURVEY TOOLS**

	YES	NO	DON'T KNOW	NO RESPONSE
Doctor not available during business hours				
Doctor not available after 5 pm and on weekends				
Nurse not available during business hours				
Nurse not available after 5 pm and on weekends				
Waiting list too long				
Difficulty getting complementary health therapies and medicines (ie. acupuncture, herbal medicines)				
Difficulty accessing Inuit midwifery				
Difficulty accessing Traditional Inuit medicine				
Not covered by Non-insured Health Benefits (e.g. service, medication, equipment)				
Prior approval for services under Non-Insured health benefits (NIHB) was denied				
Could not afford direct cost of care/service				
Could not afford or obtain transportation				
Could not afford or obtain childcare				
Service was not available in your area				
Didn't have a valid Ontario Health Insurance Plan (OHIP) card				
Needed follow-up/reminder call				
Refused care due to intoxication				
Didn't access care due to lifestyle condition at home				

4. Communication and Cross-Cultural. In the past twelve months have you experienced communication and/or cross-cultural barriers in accessing healthcare? Please check all that apply.

	YES	NO	DON'T KNOW	NO RESPONSE
You had trouble understanding what the health care provider was saying (ie. they were using technical words and language that didn't make sense to me)				
Were you misunderstood by the health care provider				
Do you need an interpreter and some of the time there was not one available				
Do you need an interpreter and all of the time there was not one available				
You didn't trust the health care provider				
You were not comfortable with the health care provider because he/she was not culturally understanding of Inuit (descent)				
You were not comfortable with the health service because it was not culturally appropriate for Inuit (descent)				
Other _____ _____				

5. Have you accessed emergency care for yourself in the last 12 months?

- YES
- NO If no, go to question number 7
- DON'T KNOW
- NO RESPONSE





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INUIT ADULT
SURVEY TOOLS

6. How would you rate the quality of the emergency care you received at that time?
Would you say it was... (show card 19)

- Excellent
- Good
- Fair
- Poor
- DON'T KNOW
- NO RESPONSE

7. Have you spent one night or more as a patient in a hospital at any time in the past 5 years?

- YES
- NO If no, go to question 9
- DON'T KNOW
- NO RESPONSE

8. How would you rate the quality of the hospital care you received? Would you say it was ... (Show card 21)

- Excellent
- Good
- Fair
- Poor
- DON'T KNOW
- NO RESPONSE

9. Do you have an "N" number (Non-Insured Health Benefits number)?

- Yes
- No If no, go to next section: Final Questions and let the interviewee know that there is assistance to apply for N Number: Pam Hill-Kilabuk and Hannah Oolayou-Ebokem
- Don't Know
- No Response

10. Have you had any difficulty accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB). (Circle all that apply)

Note: "Other Medical Supplies" includes: wheelchair, magnifying aid, walker, crutches, cane, artificial limb, modified kitchen utensils, bathroom equipment, modified clothing or shoe, special cushions. (Show card 22)

- No Difficulties
- Medication
- Dental Care
- Vision Care (glasses)
- Hearing aid
- Other Medical Supplies
- Transportation services or costs (air or road)
- Psychologist services
- Other(Please specify)_____
- DON'T KNOW
- NO RESPONSE

SECTION 8: FINAL QUESTIONS

We are almost done with this survey and you are doing really well. There are only a few questions left.

1. What are the main strengths of your community? (show card 23)

- Family values
- Awareness of Inuit culture
- Social connections (community working together)
- Community/health programs
- Traditional activities (e.g sewing, carving, storytelling)
- Low rates of suicide/crime/drug abuse
- Good leisure/recreation facilities
- Elders
- Use of Inuktitut





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SURVEY TOOLS

- Education and training opportunities
- Natural environment
- Strong economy
- Strong leadership
- Other: _____
- DON'T KNOW
- NO RESPONSE

2. What are the main challenges your community is currently facing (circle all that apply)?
(show card 24)

- Education and training opportunities
- Housing
- Racism and discrimination
- Poverty
- Continuity of Inuit culture and languages
- Natural environment
- Funding
- Health
- Crime
- Employment/number of jobs
- Legal problems including incarceration
- Family breakdown including apprehension of children
- Alcohol and drug abuse
- Shortage of community health and/or social service workers
- Need for Inuit community health and/or social service workers
- Need for Inuit specific health and social services
- Lack of safe shelters for people who are transitional and/or homeless
- Relocation from the North to the South
- Medical Care _____
- Other: _____
- DON'T KNOW
- NO RESPONSE

Finally, with your permission, I would like to measure your height and weight. We will be using this information to measure your Body Mass Index (BMI).

1. How tall are you without your shoes on

CENTIMETRES _____

OR

FEET _____ INCHES _____

DON'T KNOW

NO RESPONSE

2. How much do you weigh? [IF RESPONDENT IS PREGNANT, ASK HER WHAT WAS HER PRE-PREGNANCY WEIGHT?]

KILOGRAMS _____

OR

LBS _____

DON'T KNOW

NO RESPONSE





**INUIT ADULT
SURVEY TOOLS**

Participant Education Section (adult survey)

Survey will now educate the participant to recruit here.

Coupons given:

Coupon # _____ Coupon # _____ Coupon # _____

Honorarium Provide Yes Amount given _____

INTERVIEWER IMPRESSION ITEMS (To be completed by the interviewer after completion of the adult survey.)

1. Please rate the participant's orientation to the interview on a scale of 1 to 5; where 1 is very poor and 5 is very good on the following items:

- Interest ____
- Cooperation ____
- Ability to understand ____
- Ability to recall ____
- Ability to formulate/articulate a response ____
- Sincerity/truthfulness ____
- No Response

2. Did the participant show any signs of difficulty in reading the response cards?

- No
- Some
- A lot
- No Response

3. How confident are you in the overall validity of the information collected in this interview?

- Completely Confident
- Some Doubts
- No Confidence
- No Response

4. Other Comments:





OUR HEALTH COUNTS: CHILDREN'S RESPECTFUL HEALTH SURVEY

NB: Survey should be administered to adults who have current custody, and care giving responsibility, of the child for whom the survey is being completed

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INUIT CHILD
SURVEY TOOLS

SECTION A: PERSONAL

Parent Study I.D# _____ Please remember to save child survey as the parent ID plus C1, C2, C3 for as many children you collected data on.

1. What is the name of the child?

If no answer, write in 'the child'.

2. What is your relationship to the child? (circle all that apply)

- Birth parent
- Grandparent
- Step parent (including common-law step parent)
- Sister or brother
- Auntie or uncle
- Cousin
- Adoptive parent
- Foster parent
- Other _____ (Please specify)

3. What is the child's date of birth?

Day _____ Month _____ Year _____

4. OHIP # _____

- DON'T KNOW
- NO RESPONSE
- DON'T HAVE OHIP CARD

5. OHIP version code _____

- DON'T KNOW
- NO RESPONSE

6. Is your child male or female? [Read List]

- Male
- Female

SECTION B: LANGUAGE

1. Which language(s) does the child use in his or her day-to-day life? (Circle up to 3)

- Inuktitut
- French
- English
- Other _____ *(please specify)*
- DON'T KNOW
- NO RESPONSE

2. Can the child understand or speak Inuktitut?

- Yes
- No Don't know
- No Response

3. How many times per year does your child attend traditional Inuit cultural events

- None
- 1-3
- 4-6
- 7-10
- More-11
- No Response





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INUIT CHILD
SURVEY TOOLS

SECTION C: GENERAL HEALTH

1. Does the child live in a smoke-free home?

- Yes, completely smoke free
- No
- Don't know
- No Response

2. In general, would you say that the child's health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- No Response

3. Over the past 30 days, on how many days has the child had a cough?

- None
- 1-3 days
- 4-6 days
- 7-14 days
- 15- 30 days

SECTION E: HEALTH CONDITIONS

1. Have you been told by a health care professional that the child has any of the following health conditions?

If yes, what age was the diagnosis given?

If Yes, is the child currently undergoing treatment(s) or taking medication(s) for these conditions?

Read through the entire list of conditions and answer 'yes' or 'no'
List conditions that have lasted at least 6 months or are expected to last at least 6 months.

Yes = Y No = N Don't know = DK No Response = R

	Condition	A. Told that your child has:				B. Age when diagnosed	C. If Yes, undergoing treatment			
		Y	N	DK	R		Y	N	DK	R
a)	Allergies	Y	N	DK	R		Y	N	DK	R
b)	Anemia	Y	N	DK	R		Y	N	DK	R
c)	Anxiety/Depression	Y	N	DK	R		Y	N	DK	R
d)	Asthma	Y	N	DK	R		Y	N	DK	R
e)	Attention Deficit Disorder/ Attention Deficit-Hyperactivity Disorder	Y	N	DK	R		Y	N	DK	R
f)	Autism	Y	N	DK	R		Y	N	DK	R
g)	Blindness or serious vision problems	Y	N	DK	R		Y	N	DK	R
h)	Cancer	Y	N	DK	NR		Y	N	DK	NR
i)	Chronic Bronchitis	Y	N	DK	NR		Y	N	DK	NR
j)	Dermatitis, atopic excema	Y	N	DK	NR		Y	N	DK	NR
k)	Diabetes	Y	N	DK	NR		Y	N	DK	NR
l)	Fetal Alcohol Disorder (FASD, FASE, FAS)	Y	N	DK	NR		Y	N	DK	NR
m)	Hearing impairment	Y	N	DK	NR		Y	N	DK	NR
n)	Heart Condition	Y	N	DK	NR		Y	N	DK	NR
o)	Hepatitis (If yes what type: Type A Type B Type C Other	Y	N	DK	NR		Y	N	DK	NR
p)	Kidney Disease	Y	N	DK	NR		Y	N	DK	NR
q)	Learning Disability	Y	N	DK	NR		Y	N	DK	NR
r)	Speech/Language difficulties	Y	N	DK	NR		Y	N	DK	NR
s)	Physical Disability (other than visual and/or hearing impairment)	Y	N	DK	NR		Y	N	DK	NR
t)	Tuberculosis (if yes is it Active Inactive	Y	N	DK	NR		Y	N	DK	NR





2. Since birth, has the child ever had an ear infection?

- Yes
- No [SKIP TO 4]
- Don't know [SKIP TO 4]
- No Response [SKIP TO 4]

3. Have you been told by a health care professional that the child has chronic ear infections or ear problems? (Chronic ear infections happen frequently and/or last a long time)

- Yes
- No
- Don't know
- No Response

4. In the past 12 Months, how many times did the child have?

		None	Once	2 Times	3 Times	4 or more times
a)	A cold or flu?					
b)	Sinus trouble or sinusitis?					
c)	A sore throat or tonsillitis?					
d)	An ear infection?					
e)	Upset stomach with vomiting or diarrhea or fever?					
f)	Bronchitis?					
g)	A skin Infection?					
h)	Pneumonia?					

5. Does the child take the following medications? (circle all that apply)

a)	Antibiotics	Y	N	DK	R
b)	Vitamins	Y	N	DK	R
c)	Traditional Medicines	Y	N	DK	R
d)	Other (Please specify) _____				

SECTION F: INJURY

1. Has the child required medical attention for a serious injury in the last 12 months?

- Yes
- No (If no go to section G).
- Don't know (go to section G).
- No Response (go to section G).

2. What type of injury(ies) did the child have? For example, was it a burn, a broken bone, etc. (Please circle all that apply)

- Broken or fractured bones
- Poisoning
- Burns or scalds
- Injury to internal organ
- Dislocation
- Dental injury
- Major sprain or strain
- Hypothermia, frost bite
- Minor cuts, scrapes or bruises
- Repetitive strain
- Concussion
- Other: _____ (Please specify)
- Don't know
- No Response





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INUIT CHILD
SURVEY TOOLS

SECTION G: ACCESS

1. Has your child seen a family doctor, general practitioner or pediatrician in the past 12 months?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

2. Has your child seen a dentist, dental therapist, or orthodontist in the past 12 months?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

3. During the past 12 months, have you experienced any of the following barriers to receiving health care for the child? (please answer for each question)

Note: NIHB or non-insured health benefits is the Health Canada program that provides support to help cover health care costs – medications, dental care, vision care, medical supplies/equipment, etc.

	Access Barrier	Y	N	DK	NR
a)	Doctor not available during business hours	Y	N	DK	NR
b)	Doctor not available after 5 pm and on weekends	Y	N	DK	NR
c)	Nurse not available during business hours	Y	N	DK	NR
d)	Nurse not available after 5 pm and on weekends	Y	N	DK	NR
e)	Waiting List is too long	Y	N	DK	NR
f)	Unable to arrange transportation	Y	N	DK	NR
g)	Difficulty getting complementary health therapies and medicines (ie. acupuncture, herbal medicines)	Y	N	DK	NR
h)	Difficulty accessing traditional Inuit medicine	Y	N	DK	NR
i)	Not covered by non-insured Health Benefits(NIHB) –ie. service, medication, equipment	Y	N	DK	NR
j)	Prior approval of non-insured Health Benefits was denied	Y	N	DK	NR
k)	Could not afford direct cost of care/services	Y	N	DK	NR
l)	Could not afford transportation costs	Y	N	DK	NR
m)	Could not afford or obtain childcare	Y	N	DK	NR
n)	Did not have a valid Ontario Health Insurance Plan (OHIP) card for child	Y	N	DK	NR
o)	Needed follow-up/reminder call	Y	N	DK	NR
p)	Chose not to see health care professional	Y	N	DK	NR
q)	Service was not available in your area	Y	N	DK	NR

4. Has your child been referred to see a specialist in the past 12 months?

- YES
- NO [Skip to next section]
- DON'T KNOW
- NO RESPONSE





5. Did your child attend this specialist appointment?

- YES
- NO
- DON'T KNOW
- NO RESPONSE

6. Did you encounter any of the following barriers in getting your child to this specialist appointment?

a)	Transportation not available	Y	N	DK	NR
b)	Trouble getting through to the specialist office to make the appointment	Y	N	DK	R
c)	Trouble getting messages from the referring doctor and/or specialist doctor regarding the appointment time	Y	N	DK	R
d)	Trouble finding time in my schedule to attend the specialist appointment	Y	N	DK	R
e)	Trouble finding the specialist's office	Y	N	DK	R
f)	Referral letter didn't get to the specialist	Y	N	DK	R
g)	Could not afford transportation	Y	N	DK	R
h)	Could not afford childcare	Y	N	DK	R
i)	Felt specialist was inadequate	Y	N	DK	R
j)	Chose not to see specialist	Y	N	DK	R
k)	You had trouble understanding what the health care provider was saying (ie. they were using technical words and language that didn't make sense)	Y	N	DK	R
l)	Were you misunderstood by the health care provider	Y	N	DK	R
m)	Do you need an interpreter and some of the time there was not one available	Y	N	DK	R
n)	Do you need an interpreter and all of the time there was not one available	Y	N	DK	R
o)	you didn't trust the health care provider	Y	N	DK	R
p)	You were not comfortable with the health care provider because he/she was not culturally understanding of Inuit (descent)	Y	N	DK	R
q)	You were not comfortable with the health service because it was not culturally appropriate for Inuit (descent)	Y	N	DK	R
r)	Other:				

SECTION H: CHILD IMMUNIZATIONS

1. Has the child received his/her routine (regular) vaccinations/immunizations?

- Yes
- No
- Don't know
- No Response

2. Is the child up to date on his/her routine (regular) vaccinations/immunizations

- Yes
- No
- Don't know
- No Response

Participant Education Section (Children Survey)

Honorarium Provide Yes Amount Give: _____





INTERVIEWER IMPRESSION ITEMS *(To be completed by the interviewer after completion of the survey child survey complete)*

1. Please rate the participant's orientation to the interview on a scale of 1 to 5, where 1 is very poor and 5 is very good on the following items:

- Interest ____
- Cooperation ____
- Ability to understand ____
- Ability to recall ____
- Ability to formulate/articulate a response ____
- Sincerity/truthfulness ____

2. Did the participant show any signs of difficulty in reading the response cards?

- No
- Some
- A lot

3. How confident are you in the overall validity of the information collected in this interview?

- Completely Confident
- Some Doubts
- No Confidence

4. Other Comments:
