1.1 What is your date of birth?

*SKIP INSTRUCTION: If the participant does not want to provide their DOB, leave this field blank and ask 1.1a.

(e.g. 12-Aug-1985)
1.1a Are you under 50 years old OR 50 years and older?

**Interviewer:** Select the most appropriate option below.

- Participant is **under** 50 years old. Skip health screening questions for 50 years and older.
- Participant is **50 years and older**. Ask health screening questions for 50 years and older.

**Interviewer Use Only**

**Interviewer:** Transfer the participant's responses to questions 1.2, 1.3, 1.5 and 1.11b & c from the Screener & Post Interview Survey below.

1.2 **Interviewer:** Select the most appropriate option below based on the participant's response to question 1.2 of the Screener & Post Interview Survey.

**I.e. Participant's response to the question, "Do you self-identify as being Aboriginal (Native, Indian, First Nation, Inuit or Métis)?"**

- Participant **self-identifies** as being Aboriginal. Ask all Aboriginal related questions in this survey.
- Participant **does not self-identify** as being Aboriginal. Skip all Aboriginal related questions in this survey.

**Interviewer Use Only**

1.3 **Interviewer:** Select the most appropriate option below based on the participant's response to question 1.3 of the Screener & Post Interview Survey.

**I.e. Participant's response to the question, "Do you have child(ren) who self-identify as being Aboriginal (Native, Indian, First Nation, Inuit or Métis)?"**

- Participant **has child(ren) who self-identify as being Aboriginal**. Ask child protection agency questions for child(ren).
- Participant **does not have child(ren) who self-identify as being Aboriginal**. Skip child protection agency questions for child(ren).

**Interviewer Use Only**

1.4 **Interviewer:** Select the most appropriate option below based on the participant's response to question 1.5 of the Screener & Post Interview Survey.

**I.e. Participant's response to the question, "Do you currently live in London?"**

- Participant **lives** in London. Ask mobility questions.
- Participant **does not live** in London. Skip mobility questions.

**Interviewer Use Only**
1.5 Interviewer: Select the most appropriate option below based on the participant’s response to question 1.11b of the Screener & Post Interview Survey.

I.e. Participant’s response to the question, "Would you be willing to complete the child portion of the survey?"

- Yes, participant is willing to complete the child portion of the survey.
- No, participant is not willing to complete the child portion of the survey.
- No Aboriginal children aged 14 years or younger that are under participant’s care and reside with participant.
- Interviewer Use Only

1.6 Interviewer: Enter the number of children below based on the participant's response to question 1.11c of the Screener & Post Interview Survey.

I.e. Participant’s response to the question, "How many children do you have aged 14 years or younger who are under your care and reside with you and that you are willing to do a child survey for?"

SKIP INSTRUCTION: Non-Aboriginal - Skip to 2.5.

Interviewer: You selected the following responses:

1) 1.2 - [Q1.2] AND
2) 1.3 - [Q1.3] AND
3) 1.5 - [Q1.5]

Is this correct?

If not, go back to these questions and update the responses accordingly.

If this is correct, the participant is not eligible to complete the survey. Please remember to not log into the adult survey if the participant is not eligible. You would have been prompted to end the interview in the Screener & Post Interview survey. Notify your coordinator that this survey has been submitted and should be removed from the data set.
SECTION 2 - RELATIONSHIP TO SELF

We are interested in how you self-identify. Please remember that all the information you share is completely confidential. Your answers will be used to help us generate a much-needed pool of accurate information regarding the health status and needs of Aboriginal people in London. You may refuse to answer any question at any time and are free to stop whenever without consequence. Please feel free to take your time and/or to take a break as needed.

Aboriginal Identity
2.1 How do you self-identify?

*Interviewer: Check all that apply.*

- First Nations (If First Nations: complete FN 2.1a, b & c)
- Métis (If Métis: complete Métis 2.2a, a1, b & b1)
- Inuit (If Inuit: complete Inuit 2.3a & a1)

*Interviewer Use Only*

2.1a *FN: Are you status? (e.g. Registered Indian according to the Indian Act)*

- Yes
- No

*Interviewer Use Only*

2.1b *FN: What is your nation or nations? (e.g. Cree, Mohawk, etc.)*

- [ ]

2.1c *FN: What is your reserve or band affiliation, if any?*

- [ ]

2.2a *Métis: Do you identify with a particular nation or nations?*

- Yes (Go to 2.2a1)
- No

*Interviewer Use Only*

2.2a1 *Métis: If yes, which one(s):*

- [ ]

2.2b *Métis: Are you registered with a provincial Métis organization or Métis Nation?*

- Yes (Go to 2.2b1)
- No

*Interviewer Use Only*
2.2b1 Métis: If yes, which one:
- Métis Nation of Ontario
- Ontario Métis and Aboriginal Association
- Métis Nation of Saskatchewan
- Métis Nation of BC
- Manitoba Métis Federation
- Métis Nation Quebec/Quebec Metis Nation
- Eastern Woodland Métis Nova Scotia
- Sou’West Nova Scotia Métis
- Association des Métis-Acadiens Souriquois
- Nunatukavut (Labrador Métis Nation)
- Métis Nation Northwest Territory
- Yukon Métis Nations
- Other (Please specify)
  
  Interviewer Use Only

If other, please specify

2.3a Inuit: If yes, are you a beneficiary of an Inuit land claim?
- Yes (Go to 2.3a1)
- No
  
  Interviewer Use Only

2.3a1 Inuit: If yes, which one?
- Nunavik
- Inuvialuit
- Nunavut
- Nunatsiavut
- Other (Please specify)
  
  Interviewer Use Only

If other, please specify

2.4 Do you identify as mixed-race or mixed-ancestry (e.g. Aboriginal and non-Aboriginal ancestry)?
- Yes (Go to 2.4a)
- No
  
  Interviewer Use Only
If yes, what non-Aboriginal ancestry or non-Aboriginal ethnic/racial group(s) do you identify with?

Interviewer: This participant is [Age] years old.

SECTION 2 - RELATIONSHIP TO SELF

We are interested in how you self-identify. Please remember that all the information you share is completely confidential. Your answers will be used to help us generate a much-needed pool of accurate information regarding the health status and needs of Aboriginal people in London. You may refuse to answer any question at any time and are free to stop whenever without consequence. Please feel free to take your time and/or to take a break as needed.

Gender and Sexuality

2.5 Do you identify as a Two-Spirit person?

*Interviewer: Two-Spirit is a term some Indigenous people use to describe their identity and/or gender and/or sexual orientation.*

- Yes
- No
- Interviewer Use Only

2.6 What is your gender?

- Female (a woman)
- Male (a man)
- Trans (e.g. Transgender, Transsexual, Gender Queer)
- Other/You do not have a category that applies to me (Please specify/Comment)
- Interviewer Use Only

Please specify/Comment
2.7 How do you identify your sexual orientation?
- Straight/Heterosexual
- Lesbian
- Gay
- Bisexual
- Asexual
- Other/You do not have a category that applies to me (Please specify/Comment)

Interviewer Use Only

Please specify/Comment

Relationship Status & Household Demographics

2.8 What is your relationship status?
- Single *(Interviewer: This includes individuals who are never married, divorced or widowed AND who are currently not in one of the other relationship options below)*
- Married and cohabitating
- Separated
- Common law/cohabitating (e.g. living together)
- Girlfriend/Boyfriend

Interviewer Use Only

2.9 Which of the following best describes your household?

*Interviewer: Show card #1.*
- One adult person living alone
- One adult with children
- One adult with children and additional family (i.e. Parents, grandparents, sisters, brothers, aunts, uncles, cousins etc.)
- A married or common law couple with NO children
- A married or common law couple with NO children and additional family (i.e. Parents, grandparents, sisters, brothers, aunts, uncles, cousins etc.)
- A married or common law couple with children
- A married or common law couple with children and additional family (i.e. Parents, grandparents, sisters, brothers, aunts, uncles, cousins etc.)
- Two or more unrelated persons
- Other (Please specify)

Interviewer Use Only

If other, please specify

Language
2.10 Do you speak an Aboriginal language or languages? (e.g. Mohawk, Anishinaabemowin, Inuktitut, Michif, etc.)

- Yes
- No (Skip to 2.16)
- Interviewer Use Only (Skip to 2.16)

2.11 How many Aboriginal languages do you speak?

*Interviewer: We are collecting up to 4 Aboriginal languages. Enter a value between 1 and 4 below.*

# of languages
| 1 | 13 c. | 15 a. | 18 a. |
| 2 | 13 d. | 15 b. | 18 b. |
| 3 | 13 e. | 15 c. | 18 c (Other) |
| 4 | 13 f. | 15 d. (Other) | 19 |
| 5 | 13 g. | 16 | 20 |
| 6 | 13 h. | 17 a. | 21 |
| 7 | 13 i. | 17 b. | 22 a. |
| 8 | 13 j. | 17 c. | 22 b. |
| 9 | 13 k. | 17 d. | 22 c. |
| 10 | 13 l. | 17 e. | 22 d. (Other) |
| 11 (Other) | 13 m. | 17 f. | 23 (Other) |
| 12 | 13 n. (Other) | 17 g. | |
| 13 a. | 14 | 17 h. (Other) | |

11 Other Algonquin Language (Please specify)

13 n. Other Athapaskan Language (Please specify)

15 d. Other Iroquoian Language (Please specify)

17 h. Other Salish Language (Please specify)

18 c. Other Siouan Language (Please specify)

22 d. Other Inuit Language (Please specify)

23 Other Aboriginal Language (Please specify)

2.12a Interviewer: Select Language 1 - Speaking

- Yes, Fluent
- Yes, Intermediate Knowledge
- Yes, Basic
- A few words

Interviewer Use Only
Interviewer: Show Language Card. Select Language 2 (Go to 2.13a)

11 Other Algonquin Language (Please specify)

13 n. Other Athapaskan Language (Please specify)

15 d. Other Iroquoian Language (Please specify)

17 h. Other Salish Language (Please specify)

18 c. Other Siouan Language (Please specify)

22 d. Other Inuit Language (Please specify)

23 Other Aboriginal Language (Please specify)

2.13a Interviewer: Select Language 2 - Speaking

- Yes, Fluent
- Yes, Intermediate Knowledge
- Yes, Basic
- A few words

Interviewer Use Only
2.14 Interviewer: Show Language Card. Select Language 3 (Go to 2.14a)

11 Other Algonquin Language (Please specify)

13 n. Other Athapaskan Language (Please specify)

15 d. Other Iroquoian Language (Please specify)

17 h. Other Salish Language (Please specify)

18 c. Other Siouan Language (Please specify)

22 d. Other Inuit Language (Please specify)

23 Other Aboriginal Language (Please specify)

2.14a Interviewer: Select Language 3 - Speaking

- Yes, Fluent
- Yes, Intermediate Knowledge
- Yes, Basic
- A few words

Interviewer Use Only
### 2.15 Interviewer: Show Language Card. Select Language 4 (Go to 2.15a)

<table>
<thead>
<tr>
<th></th>
<th>13 c.</th>
<th>15 a.</th>
<th>18 a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>(Other)</td>
<td>15 d. (Other)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>15 b.</td>
<td>18 b.</td>
<td></td>
</tr>
<tr>
<td>13 a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 b.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 11 Other Algonquin Language (Please specify)

#### 13 n. Other Athapaskan Language (Please specify)

#### 15 d. Other Iroquoian Language (Please specify)

#### 17 h. Other Salish Language (Please specify)

#### 18 c. Other Siouan Language (Please specify)

#### 22 d. Other Inuit Language (Please specify)

#### 23 Other Aboriginal Language (Please specify)

### 2.15a Interviewer: Enter Language 4 - Speaking

- Yes, Fluent
- Yes, Intermediate Knowledge
- Yes, Basic
- A few words
- Interviewer Use Only
2.16 How important is speaking or learning an Aboriginal language to you?
- Not important
- Somewhat important
- Very important
- Interviewer Use Only

2.17 What language do you speak most often at home?
- English
- French
- First Nations language(s) (e.g. Cree, Anishinaabemowin, Mohawk, Dene, etc.)
- Inuktitut/Inuinnaqtun
- Michif
- Other (Please specify)
- Interviewer Use Only

If other, please specify

Participation in Population-Level Health Data Collection

2.18 Did you complete the 2011 Census Canada questionnaire?
- Yes
- No
- Interviewer Use Only

2.19 Did you complete the 2011 National Household Survey?
- Yes
- No
- Interviewer Use Only

SECTION 3 - SOCIAL DETERMINANTS OF HEALTH

Education
3.1 What is the highest level of schooling you have ever completed? Please choose one from the following categories.

*Interviewer: Show card #2.*

- [ ] Less than grade 9
- [ ] Some high school
- [ ] Completed high school
- [ ] Some college or specialized training (i.e. trades)
- [ ] Completed college or specialized training (i.e. trades)
- [ ] Some university
- [ ] Completed university
- [ ] Some post-graduate education (i.e. Masters, PhD, MD, LLB)
- [ ] Completed post-graduate education

*Interviewer Use Only*

**Employment & Socioeconomic Status**

3.2 Which of the following best describes your current employment status? Please choose one from the following categories.

*Interviewer: Show card #3.*

- [ ] Part-time
- [ ] Full-time
- [ ] Seasonal
- [ ] Self-employed
- [ ] Homemaker
- [ ] Any other informal paid work such as babysitting, housekeeping
- [ ] Student
- [ ] Retired
- [ ] Unemployed
- [ ] Other (Please specify)

*Interviewer Use Only*  
If other, please specify
3.3 Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?

*Interviewer: Show card #4. Check all that apply.*

- [ ] Wages and salaries
- [ ] Income from self-employment
- [ ] Employment insurance
- [ ] Worker’s compensation
- [ ] Canada Child Tax Benefit (CCTB)
- [ ] Universal Child Care Benefit (UCCB)
- [ ] Provincial or municipal social assistance or welfare (Ontario Works - OW)
- [ ] Disability (Ontario Disability Support Program - ODSP)
- [ ] OSAP
- [ ] Scholarships, bursaries or band funding for schooling
- [ ] Child support
- [ ] Spousal Support
- [ ] 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, etc.) (Please specify)

*Interviewer Use Only*

If other, please specify

3.4 It has been shown that financial hardship can have an impact on health. Over the past 12 months, do you believe that your overall health and well-being has been affected by financial hardship?

- [ ] Yes
- [ ] No

*Interviewer Use Only*

3.5 Over the past 12 months, do you believe that your ability to engage in preventative health activities (i.e. regular exercise, going to the doctor or nurse for health screening tests, accessing preventative dental care) has been affected by financial hardship?

- [ ] Yes
- [ ] No

*Interviewer Use Only*
3.6 In the past 12 months, how often have you eaten traditionally hunted/gathered/grown and/or country foods?

Interviewer: This would include shared or purchased traditional and/or country foods as well as foods one has hunted or gathered on their own.

- Often
- A few times
- Not at all (Skip to 3.7)
- Interviewer Use Only (Skip to 3.7)

3.6a Which of the following traditional/country foods have you eaten?

Interviewer: Show card #5. Check all that apply.

- Land-based animals (e.g. moose, caribou, bear, deer, bison, etc.)
- Fresh water fish
- Salt water fish
- Other water based foods (e.g. shellfish, eels, clams, seaweed, etc.)
- Sea-based animals (e.g. whale, seal, etc.)
- Game birds (e.g. goose, duck, etc.)
- Small game (e.g. rabbit, muskrat, etc.)
- Berries or other wild vegetation
- Wild rice
- Corn soup
- Other (Please specify)
- Interviewer Use Only

If other, please specify

3.7 Would you prefer eating more traditional/country foods (i.e. fish, game, berries) than you can get?

- Yes
- No
- Neutral
- Interviewer Use Only

3.8 Which of the following statements best describes the food eaten in your household in the past 12 months?

- You and others always had enough of the kinds of food you wanted to eat
- You and others had enough to eat, but not always the kinds of food you wanted
- Sometimes you or others did not have enough to eat
- Often you or others did not have enough to eat
- Interviewer Use Only
3.9 In the past 12 months, have you had a place to go if you or your family doesn't have enough to eat?

*Interviewer: This could be to a family member or friends place, a food bank, or any other place.*

- Yes
- No
- I have never needed to go to such a place

3.10 Does anyone in your household grow food - that is vegetables, fruit, berries, nuts, or herbs - in your yard, on your balcony or in a community garden?

- Yes
- No

**SKIP INSTRUCTION:** Not living in London - Skip to 3.14.

**Mobility**

**SKIP INSTRUCTION:** Only ask these questions to interviewees who identified living in London. All others - Skip to 3.14.

3.11 Where did you live before you moved to London?

- I have lived in London all my life
- First Nation reserve in Canada (Go to 3.11a)
- Métis settlement in Canada (Go to 3.11a)
- Inuit land claim territory in Canada (Go to 3.11a)
- Small town or rural area in Canada (Go to 3.11a)
- Canadian city (Go to 3.11a)
- US (Go to 3.11a)
- International (Go to 3.11a)

*Interviewer Use Only*
3.11a What were your reasons for moving to London?

*Interviewer: Check all that apply.*

- [ ] Family/ Friends/ Social Networks
- [ ] Employment
- [ ] Education
- [ ] Housing
- [ ] Healthcare
- [ ] Safety
- [ ] Other (Please specify)

*Interviewer Use Only*

If other, please specify

3.12 How many times, if any, have you moved in the past 1 year? (if 0, skip to 3.14)

# of moves

3.12a Were these moves within the city?

- [ ] All
- [ ] Some
- [ ] None

*Interviewer Use Only*

3.13 How many times have you moved in the past 5 years? (if 0, skip to 3.14)

*Interviewer: The participant responded [[Q3.12]] to 3.12 (i.e. moves in past year). The number of moves you enter below should be equal to or greater than [[Q3.12]].*

# of moves

3.13a How many of these moves were within the city?

- [ ] All
- [ ] Some
- [ ] None

*Interviewer Use Only*

Housing
3.14 Which of the following best describes the type of residence you currently live in?

Interviewer: Show card #6.

- I have my own house or apartment (i.e. can be living alone or sharing with partner/family)
- Native/Aboriginal Housing (e.g. Native Intertribal Housing Co-op)
- London Public Housing (e.g. London & Middlesex Housing Corp.)
- Stay at a friend’s/family/partner (or ex-partner’s) house or apartment (Skip to 3.15)
- Rooming house/boarding home/Group home (Skip to 3.19)
- Nursing Home (Skip to 3.19)
- Homeless Shelter (Skip to 3.19)
- Student Housing (Skip to 3.19)
- Motel or Hotel (Skip to 3.19)
- Recovery House/Second Stage housing (Skip to 3.19)
- Medical Hospital (Skip to 3.19)
- Psychiatric Hospital (Skip to 3.19)
- Drug/Alcohol/Addiction treatment or detox facility (Skip to 3.19)
- Homeless (i.e. on the streets/living rough) (Skip to 3.19)
- Other (Please specify) (Skip to 3.19)
- Interviewer Use Only (Skip to 3.19)

If other, please specify

3.14a Is your home:

- Owned without a mortgage
- Owned with a mortgage
- Rented
- Interviewer Use Only

3.15 How many rooms are there in your home/place you are staying? We would like to know the total number of rooms, including the kitchen, bedrooms, finished rooms in attic or basement, etc. Do not count bathrooms, hallways and rooms used solely for business purposes.

Rooms
3.16 Including yourself, how many people currently live/stay 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
- Interviewer Use Only

3.17 Is your dwelling in need of any major repairs? (i.e. defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)

Interviewer: This does not include desirable remodeling or additions.
- Yes
- No
- Interviewer Use Only

3.18 How often do you have to give up important things (i.e. buying groceries, transportation, etc.) in order to meet shelter-related/housing costs?
- Several times a month
- Once a month
- A few times a year
- Never
- Interviewer Use Only
3.19 Do you have any additional thoughts/comments about the issues we have discussed so far?

(Characters Left: left)

SECTION 4 - GENERAL HEALTH STATUS & EXERCISE

We would now like to ask you some questions about your general health status including your holistic wellbeing and physical activity habits.

4.1 Please rate your health. Compared to other people your age, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Interviewer Use Only
4.2 How often do you feel that you are in balance in the four aspects (e.g. physical, emotional, mental, spiritual) of your life?
- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Interviewer Use Only

4.3 How often do you feel strong in your relationship to the land/ Mother Earth?
- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Interviewer Use Only

4.4 On average, how many days per week do you do 30 minutes or more of moderate or hard physical activity?

This activity can be part of work, transportation, or recreation, and does not need to occur all at once. Moderate activity includes brisk walking, and hard activity that makes you work up a sweat.

Based on this definition, how many days per week do you do at least 30 minutes of moderate or hard activity?
- 0 DAYS
- 1 DAY / WEEK
- 2 DAYS / WEEK
- 3 DAYS / WEEK
- 4 DAYS / WEEK
- 5 DAYS / WEEK
- 6 DAYS / WEEK
- 7 DAYS / WEEK
- Interviewer Use Only

SECTION 5 - CHRONIC HEALTH CONDITIONS
I would now like to ask you about certain chronic health conditions that you may have. We are interested in “long-term conditions” which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health care provider.

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

*Interviewer: Read through the entire list of conditions and select 'Yes' or 'No'*

5.1a **Asthma**
- Yes (Go to 5.1a1 & 5.1a2)
- No
- Interviewer Use Only

5.1a1 **Have you had any symptoms or attacks in the last 12 months?**
- Yes
- No
- Interviewer Use Only

5.1a2 **In the past 12 months, have you taken medication for asthma (i.e. inhalers, nebulizers, pills, liquids or injections)?**
- Yes
- No
- Interviewer Use Only

5.1b **Arthritis**
- Yes (Go to 5.1b1)
- No
- Interviewer Use Only

5.1b1 **In the past 12 months, did you ever have pain in your joints (i.e. hips, knees, hands) that limited the amount or type of activity that you were able to do?**
- Yes
- No
- Interviewer Use Only

5.1c **Heart disease**
- Yes
- No
- Interviewer Use Only

Interviewer Use Only
5.1d Stroke
   ○ Yes
   ○ No
   ○ Interviewer Use Only

5.1e Liver disease
   ○ Yes
   ○ No
   ○ Interviewer Use Only

5.1f High Blood Pressure
   ○ Yes (Go to 5.1f1)
   ○ No
   ○ Interviewer Use Only

5.1f1 If yes, in the past month have you taken Medication for high blood pressure?
   ○ Yes
   ○ No
   ○ Interviewer Use Only

5.1g Hepatitis B
   ○ Yes
   ○ No
   ○ Interviewer Use Only

5.1h Hepatitis C
   ○ Yes
   ○ No
   ○ Interviewer Use Only

5.1i Allergies
   ○ Yes (Go to 5.1i1)
   ○ No
   ○ Interviewer Use Only

5.1i1 If yes, do your allergies include food allergies?
   ○ Yes
   ○ No
   ○ Interviewer Use Only
5.1j Chronic bronchitis, Emphysema, or COPD (Chronic Obstructive Pulmonary Disease)

- Yes (Go to 5.1j1, 5.1j2, 5.1j3, 5.1j4 & 5.1j5)
- No
- *Interviewer Use Only*

5.1j1 Which of the following **best** describes how breathless you get?

- Too breathless to leave home or I get breathless when undressing
- I need to stop for breath after walking 100 meters or after walking a few minutes at my own pace on a level surface
- I am slower than most people of the same age on a level surface or have to stop when walking at my own pace on a level surface
- I get short of breath when hurrying on level ground or walking up a slight hill
- I get breathless only after strenuous exercise
- *Interviewer Use Only*

5.1j2 In the **past 12 months**, have you taken medication for Chronic Bronchitis, Emphysema, or COPD?

- Yes
- No (Skip to 5.1.j4)
- *Interviewer Use Only (Skip to 5.1.j4)*

5.1j3 Are your medications effective in providing relief from your symptoms?

- Yes
- No
- *Interviewer Use Only*

5.1j4 Has a health care provider told you what to do if you experience a flare up?

- Yes
- No
- *Interviewer Use Only*

5.1j5 Have you been referred to any of the following?

*Interviewer: Check all that apply.*

- Pulmonary rehabilitation
- Lung health educator
- None
- *Interviewer Use Only*
5.1k  Attention Deficit Disorder/ Attention Deficit-Hyperactivity Disorder (ADD/ADHD)
   - Yes
   - No
   - Interviewer Use Only

5.1l  Learning Disability
   - Yes
   - No
   - Interviewer Use Only

5.1m  Cancer
   - Yes (Go to 5.1m1)
   - No
   - Interviewer Use Only

5.1m1 If yes, would you feel comfortable sharing what kind of cancer(s) you have been diagnosed with? (This includes current and previous diagnoses)
   List:

5.1n  Other (Please specify)
   - Yes
   - No
   - Interviewer Use Only
   If other, please specify

Fetal Alcohol Spectrum Disorder (FASD/FAS/FAE)

5.2  Are you concerned or have you ever been told that you may have Fetal Alcohol Spectrum Disorder (FASD)/Fetal alcohol Spectrum (FAS)/Fetal alcohol effects (FAE)?
   - Yes
   - No (Skip to 5.3)
   - Interviewer Use Only (Skip to 5.3)

5.2a  Have you been formally diagnosed with FASD/FAS/FAE by a health care professional?
   - Yes
   - No
   - Interviewer Use Only
5.2b Have you received adequate supports and resources for FASD/FAS/FAE?

- Yes
- No *(Interviewer: If no, provide package/additional information and support at end of survey)*
- Interviewer Use Only

### Diabetes

5.3 Do you have diabetes as diagnosed by a health care provider?

- Yes
- No *(Skip to 6.1)*
- Interviewer Use Only *(Skip to 6.1)*

5.4 Do you currently take insulin for your diabetes?

- Yes
- No
- Interviewer Use Only

5.5 In the last month, did you take pills to control your blood sugar?

- Yes
- No
- Interviewer Use Only

5.6 In the past 12 months, has a health care professional tested you for haemoglobin “A-one-C”?

*Interviewer: An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3 month period.*

- Yes
- No
- Interviewer Use Only

5.7 In the past 12 months, has a health care professional checked your feet for any sores or irritations?

- Yes
- No
- Interviewer Use Only

5.8 In the past 12 months, has a health care professional tested your urine for protein (i.e. Microalbumin)?

- Yes
- No
- Interviewer Use Only
5.9 Have you ever had an eye exam where the pupils of your eyes were dilated?

*Interviewer: This procedure would have made you temporarily sensitive to light.*

- [ ] Yes
- [ ] No (Skip to 5.10)
- [ ] Interviewer Use Only (Skip to 5.10)

5.9a When was the last time?

- [ ] Less than one month ago
- [ ] 1 month to less than 1 year ago
- [ ] 1 year to less than 2 years ago
- [ ] 2 or more years ago
- [ ] Interviewer Use Only

5.10 In the past 12 months, have you used any of the following services or programs to help manage your diabetes?

*Interviewer: Show card #7. Check all that apply.*

- [ ] Diabetes clinic or care program through a hospital (e.g. St. Joseph’s Health Care - Diabetes, Endocrinology and Metabolism Clinics)
- [ ] Community support program
- [ ] Foot clinic
- [ ] Diabetes education program (e.g. St. Joseph’s Health Care - Diabetes Education Centre; SOAHAC - Diabetes Education)
- [ ] Programs offered through the Southern Ontario Aboriginal Diabetes Initiative (SOADI)
- [ ] Diabetic cooking classes
- [ ] Dietician
- [ ] Fitness facilities or programs
- [ ] Traditional healer
- [ ] Stress management programs
- [ ] Smoking cessation programs
- [ ] Support groups
- [ ] Self-help groups
- [ ] Walking programs (for example, mall walking)
- [ ] Did not use any services or programs to help manage diabetes
- [ ] Other (Please specify)
- [ ] Interviewer Use Only

If other, please specify

SECTION 6 - ORAL HEALTH
6.1 In general, would you say the health of your teeth and mouth is:
- Excellent
- Very good
- Good
- Fair
- Poor
- *Interviewer Use Only*

6.2 In the past month, how often have you had any pain or discomfort in your teeth or gums?
- Often
- Sometimes
- Rarely
- Never
- *Interviewer Use Only*

6.3 When was the last time that you went to a dentist?
- Less than 1 year ago
- 1 year to less than 2 years ago
- 2 years to less than 3 years ago (Skip to 6.4)
- 3 years to less than 4 years ago (Skip to 6.4)
- 4 years to less than 5 years ago (Skip to 6.4)
- 5 years or more ago (Skip to 6.4)
- Never (Skip to 6.4)
- *Interviewer Use Only (Skip to 6.4)*

6.3a Do you usually visit the dentist:
- More than once a year for check-ups (Skip to 7.1)
- About once a year for check-ups (Skip to 7.1)
- Less than once a year for check-ups
- Only for emergency care
- *Interviewer Use Only*
6.4 What are the reasons you have not been, or do not regularly go to, a dentist?

Interviewer: Show card #8. Check all that apply.

- Have not gotten around to it
- I did not think it was important
- Dentist did not think it was necessary
- Personal or family responsibilities
- Dentist not available at the time required
- Dentist not available where I live
- Waiting time was too long
- Transportation problems
- Language problems
- Cost (Go to 6.4a)
- Did not know where to go/uninformed
- I knew about no cost clinics but chose not to go
- Fear (e.g. painful, embarrassing, find something wrong)
- I have had past negative experiences of dental care
- I experienced discrimination at the dentist
- Wears dentures
- Unable to leave the house because of a health problem
- Other (Please specify)

Interviewer Use Only

If other, please specify

6.4a SKIP INSTRUCTION: Ask question 6.4a ONLY if participant selected cost as an issue in question 6.4.

Do any of the following statements explain why cost was/is a barrier to dental care?

Interviewer: Check all that apply.

- I don’t have any health insurance from work that covers dental and I am not covered by non-Insured health benefits
- I have health insurance from work that covers dental, but it requires me to pay upfront
- I have health insurance from work that covers dental but it didn’t cover the procedure I needed
- I have non-insured health benefits but my dentist required me to pay upfront
- I have non-insured health benefits but it didn’t cover the procedure I needed
- Other (Please specify)

Interviewer Use Only

If other, please specify
SECTION 7 - PHYSICAL PAIN & IMPAIRMENT

The next set of questions asks about the level of pain or discomfort you usually experience. They are not about illnesses like colds that affect people for short periods of time.

7.1 Generally, how would you describe the level of pain in your body in the past four weeks?
- None (Skip to 7.2)
- Very mild
- Mild
- Moderate
- Severe
- Very severe
- Interviewer Use Only

7.1a How much did this pain interfere with your normal work either outside or inside your home?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- Interviewer Use Only

Disability

The following questions are about difficulties you may have doing certain activities. Please tell me only about difficulties or conditions that have lasted or are expected to last for six months or more.

7.2 Are you limited in the kinds or amount of activity you can do at home, work or otherwise because of a physical or mental condition or health problem?
- Yes, often
- Yes, sometimes
- No
- Interviewer Use Only

7.3 Do you suffer from blindness or a serious visual problem that cannot be corrected?
- Yes
- No
- Interviewer Use Only
7.4 During the **past 12 months**, was there a time you needed eyeglasses but could not get them?
- Yes
- No
- **Interviewer Use Only**

7.5 **Do you suffer from hearing impairment** (i.e. need a hearing aid or have problems hearing when there is background noise)?
- Yes
- No
- **Interviewer Use Only**

7.6 **Do you have any difficulty learning, remembering or concentrating?**
- No
- Sometimes
- Often
- Always
- **Interviewer Use Only**

7.7 **If you have a disability or injury, you may use assistive devices.** Assistive devices include tools, technologies and equipment that may help you to see, hear, communicate, eat, move around or get dressed.

**Are there any assistive devices you need but do not have?**
- No/none
- Yes (Please specify) (Go to 7.7a)
- **Interviewer Use Only**

If yes, please specify
7.7a If yes, what keeps you from getting the device(s) you need?

Interviewer: Check all that apply.

☐ I don’t have any health insurance from work that covers assistive devices and I am not covered by non-Insured health benefits
☐ I have health insurance from work that covers assistive devices, but it requires me to pay upfront
☐ I have health insurance from work that covers assistive devices but it didn’t cover the kind that I needed
☐ I have non-insured health benefits but the store/supplier required me to pay upfront
☐ I have non-insured health benefits but it didn’t cover the assistive device(s) that I needed
☐ Other (Please specify)
☐ Interviewer Use Only
If other, please specify

Prescription Medication

7.8 Currently, has a health care provider prescribed medications for you to take?

☐ Yes
☐ No (Skip to 8.1)
☐ Interviewer Use Only (Skip to 8.1)

7.8a If yes, are you currently taking the medication(s) as prescribed (i.e. in the prescribed doses)?

☐ Yes
☐ No (Go to 7.8a1)
☐ Interviewer Use Only

7.8a1 If no, what interferes with you taking your medications as directed?

Interviewer: Check all that apply.

☐ Cost/lack of money
☐ No access to health insurance
☐ Confusing information from healthcare provider
☐ I do not understand why or how I need to take it
☐ I’m afraid of the side effects
☐ I don’t want to/choose not to
☐ I forget
☐ Interviewer Use Only
7.9 In the past 12 months, were you ever unable to purchase a prescription for medication for yourself or a family member because you couldn’t afford it and/or you did not have a drug plan that covered it?

- Yes
- No
- Interviewer Use Only

SECTION 8 - PARTICIPATION IN HEALTH SCREENING

Infectious Disease Screening

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

- Yes
- No
- Interviewer Use Only

8.2 Without revealing test results, have you ever been tested for Hepatitis C?

- Yes
- No
- Interviewer Use Only

SKIP INSTRUCTION:

A. For women under the age of 50 years - Skip to question 8.8
B. For men under the age of 50 years - Skip to question 9.1 if Aboriginal OR 11.1 if non-Aboriginal
C. For trans/other under the age of 50 years - Skip to question 8.7

SKIP INSTRUCTION: This next section is only for people aged 50 and over.

[Interviewer: This participant is [{Age}] years old.]

SKIP INSTRUCTION: This next section is only for people aged 50 and over.

[Interviewer: The following was selected for 1.1a, [{Q1.1a}]]

This next section asks you about screening tests for colorectal cancer. Colorectal cancer is a cancer that grows in the large bowel or intestines.
8.3 Have you ever had a Fecal Occult Blood Test (FOBT)?

*Interviewer:* The Fecal Occult Blood Test (FOBT) is a test that screens for colorectal cancer. You can do this test at home when you have a bowel movement (poop). You use a stick to smear a small bit of your bowel movement on a special card that you mail to a lab that tests for the presence of blood.

- Yes (Go to 8.3a)
- No
- **Interviewer Use Only**

8.3a If yes, when did you last have a Fecal Occult Blood Test (FOBT)?

- Less than one year ago
- Less than two years ago
- Less than three years ago
- More than three years ago
- Can’t remember
- **Interviewer Use Only**

8.4 Have you ever had a colonoscopy?

*Interviewer:* A colonoscopy is another test that can check for colorectal cancer. Usually you have to lie on your side and they give you sleeping medicine so the doctor can put a small camera into your bottom and look at your bowel.

- Yes (Go to 8.4a)
- No
- **Interviewer Use Only**

8.4a If yes, when did you last have a colonoscopy?

- Less than a year ago
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- Can’t remember
- **Interviewer Use Only**

**SKIP INSTRUCTION:**

A. For men 50 years and over - Skip to 8.10
B. For women 50 years and over - Skip to 8.6
C. For trans/other 50 years and over - Skip to 8.5

**Women’s screening questions**
8.5 *Interviewer: The participant responded, [Q2.6] to 2.6. Ask the following:*

The following questions are about mammograms. Are these questions applicable to you?

- Yes
- No (Skip to 8.7)
- *Interviewer Use Only (Skip to 8.7)*

**Women’s screening questions**

Depending on your age, we would like to ask you about pap tests and mammograms, are you comfortable with answering these questions?

8.6 **Have you ever had a mammogram?**

*Interviewer: A mammogram is a test to screen for breast cancer. During a mammogram, you remove your shirt and bra and place your breast between two plates. The plates squeeze your breast and a low dose X-ray is taken.*

- Yes
- No (Skip to 8.8 OR 8.7 if trans/other)
- *Interviewer Use Only (Skip to 8.8 OR 8.7 if trans/other)*

8.6a **If yes, when did you last have a mammogram?**

*SKIP INSTRUCTION: On all responses.*

A. For women - Skip to 8.8
B. For trans/other - Skip to 8.7

- Less than a year ago
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- Can’t remember
- *Interviewer Use Only*

**Women’s screening questions**

8.7 *Interviewer: The participant responded, [Q2.6] to 2.6. Ask the following:*

The following questions are about pap tests. Are these questions applicable to you?

- Yes
- No (Skip to 8.9 if 50yrs and older OR 9.1 if Aboriginal OR 11.1 if non-Aboriginal)
- *Interviewer Use Only (Skip to 8.9 if 50yrs and older OR 9.1 if Aboriginal OR 11.1 if non-Aboriginal)*
Women’s screening questions

Depending on your age, we would like to ask you about pap tests and mammograms, are you comfortable with answering these questions?

8.8 Your health care provider may have given you a Pap test during a yearly physical or pelvic exam. During this test a doctor or midwife uses a speculum (or instrument) to hold your vagina open then uses a brush or swab to collect cells from your cervix, found in your vagina. The swabs are sent to a lab to test for the presence of normal or abnormal cells.

Have you ever had a Pap test?

- Yes
- No (Skip to 8.9 if trans/other AND 50yrs and older OR 9.1 if Aboriginal OR 11.1 if non-Aboriginal)
- Interviewer Use Only (Skip to 8.9 if trans/other AND 50yrs and older OR 9.1 if Aboriginal OR 11.1 if non-Aboriginal)

8.8a When did you last have a Pap test?

*SKIP INSTRUCTION: On all responses.*

- A. If trans/other AND 50yrs and older - Skip to 8.9
- B. If Aboriginal - Skip to 9.1
- C. If non-Aboriginal - Skip to 11.1
- Less than a year ago
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- Can’t remember
- Interviewer Use Only

Men’s health screening

*SKIP INSTRUCTION: This next section is only for men, trans/other aged 50 years and over.*

*Interviewer: This participant is {{Age}} years.*

*SKIP INSTRUCTION: This next section is only for men, trans/other aged 50 years and over.*

*Interviewer: The following was selected for 1.1a, {{Q1.1a}}*
The following question is about prostate cancer screening, is this question applicable to you?

- Yes
- No (Skip to 9.1 if Aboriginal OR 11.1 if non-Aboriginal)
- Interviewer Use Only (Skip to 9.1 if Aboriginal OR 11.1 if non-Aboriginal)

**Men's health screening**

*SKIP INSTRUCTION: This next section is only for men, trans/other aged 50 years and over.*

*Interviewer: This participant is {{Age}} years.*

*SKIP INSTRUCTION: This next section is only for men, trans/other aged 50 years and over.*

*Interviewer: The following was selected for 1.1a, {{Q1.1a}}*

The following question is about prostate cancer screening, are you comfortable in answering the question?

8.10 Has a health care provider ever talked to you about the symptoms of prostate cancer?

*SKIP INSTRUCTION: On all responses.*

A. If Aboriginal - Skip to 9.1
B. If non-Aboriginal - Skip to 11.1

- Yes
- No
- Interviewer Use Only

**SECTION 9 - SEXUAL HEALTH**
9.1 Have you ever been diagnosed and/or treated for:

*Interviewer: Check all that apply.*

*SKIP INSTRUCTION: On all responses - Skip to 11.1 if:*

A. Female, trans/other AND Aboriginal AND 45yrs and older  
B. Male  
C. Non-Aboriginal

- Chlamydia
- Genital herpes
- Genital warts
- Gonorrhea
- Syphilis
- Other (Please specify)
- None

*Interviewer Use Only (Skip to 11.1)*

If other, please specify

---

**SECTION 10 - REPRODUCTIVE HEALTH**

*SKIP INSTRUCTION: This next section is for all Aboriginal women, trans/other ages 15-44 years.*

*Interviewer: This participant is [{Age}] years old.*

*SKIP INSTRUCTION: This next section is for all Aboriginal women, trans/other ages 15-44 years.*

**10.1**  
*Interviewer: The participant responded, [{Q2.6}] to 2.6. Ask the following:*

The following questions are about reproductive health, including contraception and fertility, are these questions applicable to you?

- Yes
- No (Skip to 11.1)
- *Interviewer Use Only (Skip to 11.1)*

**SECTION 10 - REPRODUCTIVE HEALTH**

*SKIP INSTRUCTION: This next section is for all Aboriginal women, trans/other ages 15-44 years.*

The following questions are about reproductive health, including contraception and fertility, are you comfortable with answering these questions?
We are only asking these questions for anyone between 15-44 years of age. Are you within this age group?

- Yes
- No (Skip to 11.1)
- Interviewer Use Only (Skip to 11.1)

SECTION 10 - REPRODUCTIVE HEALTH

SKIP INSTRUCTION: This next section is for all Aboriginal women, trans/other ages 15-44 years.

Interviewer: This participant is [Age] years old.

The following questions are about reproductive health, including contraception and fertility, are you comfortable with answering these questions?

Contraception: Access and Uptake

10.3 Are you or your partner/husband/boyfriend doing anything now to keep from getting pregnant? (i.e. Some things people do to keep from getting pregnant include using birth control pills, condoms, natural family planning, etc.)

- Yes (Go to 10.3b)
- No (Go to 10.3a)
- Interviewer Use Only
10.3a What are yours or your partner/husband/boyfriend’s reasons for not doing anything to keep from getting pregnant now?

Interviewer: Show card #9. Check all that apply.

☐ I am not having sexual intercourse
☐ I have a female partner
☐ I want to get pregnant
☐ I don’t want to use birth control
☐ I am worried about side effects from birth control
☐ My partner/husband/boyfriend doesn’t want to use anything
☐ I am not able to get pregnant due to infertility
☐ I had my tubes tied or blocked
☐ My partner/husband/boyfriend had a vasectomy
☐ I am pregnant now
☐ I cannot afford to pay for birth control
☐ I am not sure where to access birth control
☐ Other (Please specify)

Interviewer Use Only

If other, please specify

SKIP INSTRUCTION: If answered 10.3 because you or your partner/husband/boyfriend is not doing anything to keep from getting pregnant now - Skip to 10.4.
10.3b What kind of birth control are you or your partner using now to keep from getting pregnant?

*Interviewer: Show card #10.*

- Tubes tied or blocked (female sterilization, Essur, Adiana)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo Provera)
- Contraceptive implant (Implanon)
- Contraceptive patch (OrthoEvra) or vaginal ring (NuvaRing)
- IUD (including Mirena or ParaGard)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other (Please specify)

*Interviewer Use Only*  
If other, please specify

---

**Fertility**

10.4 Have you given birth in the past five years?

- Yes
- No (Skip to 11.1)

*Interviewer Use Only (Skip to 11.1)*

10.4a If yes, please provide the date of birth for all children you have given birth to in the past 5 years. Please provide the date of birth from oldest child to youngest child.

*Interviewer: Enter DOB in this format '01-Jan-2013'.*

| Child 1 |  
| Child 2 |  
| Child 3 |  
| Child 4 |  
| Child 5 |  
| Child 6 |  
| Child 7 |  
| Child 8 |  

### Knowledge of and Access to Prenatal and Birthing Care

**SKIP INSTRUCTION:** Ask all women, trans/other answering ‘YES’ to births in the past five years.

These questions are **about your most recent baby**.

#### 10.5 How many weeks pregnant with *[BABY’S NAME]* were you when you had your first prenatal care visit?

- [ ] 0-12 weeks
- [ ] 13-26 weeks
- [ ] 27-40 weeks
- [ ] No prenatal care
- [Interviewer Use Only]

#### 10.6 Did you receive prenatal care as early as you wanted?

- [ ] Yes
- [ ] No (Go to 10.6a)
- [Interviewer Use Only]
10.6a  If no, what prevented you from getting prenatal care as early as you wanted?

*Interviewer: Show card #11. Check all that apply.*

- [ ] Doctor unavailable
- [ ] Doctor would not start care earlier
- [ ] Midwife unavailable
- [ ] I didn’t know I was pregnant
- [ ] I didn’t know where to go for prenatal care
- [ ] I required more information about choices for prenatal and birthing care
- [ ] Lack of trust in health care provider
- [ ] Didn’t have child care
- [ ] Too busy
- [ ] Didn’t have transportation
- [ ] Couldn’t take time off work
- [ ] Other (Please specify)

*Interviewer Use Only*

If other, please specify

10.7  From which type of healthcare provider, such as an obstetrician, family doctor or midwife, did you receive **most** of your prenatal care?

- [ ] Obstetrician or obstetrician/gynaecologist or OBGYN
- [ ] Family doctor or general practitioner
- [ ] Midwife (Be sure to ask 10.7a AND 10.8)
- [ ] Nurse or nurse practitioner
- [ ] Other (Please specify)

*Interviewer Use Only (Skip to 10.11)*

If other, please specify

10.7a  Was this your preferred prenatal care provider?

*SKIP INSTRUCTION: On all responses, go to 10.8 if MIDWIFE was selected in 10.7. Otherwise, skip to 10.9.*

- [ ] Yes
- [ ] No
- [ ] Interviewer Use Only
How easy or difficult was it for you to access a midwife?

- Very easy
- Easy
- Difficult
- Very difficult

Interviewer Use Only

10.9  *SKIP INSTRUCTION: Questions 10.9 and 10.10 are asked for ALL women, trans/other 15-44 years old.*

How familiar are you with what midwives do?

- Very familiar
- Moderately familiar
- Minimally familiar
- I don’t know what midwives do

Interviewer Use Only

10.10 *In the event that you or your partner were pregnant and planning for birth, how likely is it that you would access services at an Indigenous birth centre in London if there was one?*

- Very likely
- Likely
- Somewhat likely
- Not likely

Interviewer Use Only

**Breastfeeding**

*SKIP INSTRUCTION: Ask all women, trans/other answering ‘YES’ to births in the past five years.*

These questions are about your most recent baby *(name if known).*

10.11 *For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time?*

- Yes (Skip to 11.1)
- No

Interviewer Use Only
10.11a If no, for what reasons did you not breastfeed?

*Interviewer: Show card #12. Check all that apply.*

- Bottle feeding easier
- Formula as good as breast milk
- Breastfeeding is unappealing / disgusting
- Father / partner didn’t want me to
- Returned to work / school early
- C-Section
- Medical condition - mother
- Medical condition - baby
- Premature birth
- Multiple births (e.g. twins)
- Wanted to drink alcohol
- Wanted to smoke
- Other (Please specify)

*Interviewer Use Only
If other, please specify

SECTION 11 - RELATIONSHIP TO FAMILY & SOCIAL SUPPORT

Parenting

The following questions ask about your experiences of, and approaches to parenting. We will also ask about your concerns as a parent. We are interested in understanding how you feel parenting relates to your health and wellbeing.

11.1 **Do you have children under the age of 18 years?**

- Yes
- No (Skip to 11.3)

*Interviewer Use Only (Skip to 11.3)*

11.2 **Which of the following best describes how you feel about how much time you spend with your child(ren)?**

- I feel like I have plenty or just enough time with my child(ren)
- I wish I could spend more time with my child(ren) (Go to 11.2a)

*Interviewer Use Only*
11.2a What is/are the barrier(s) you face in being able to spend more time with your child(ren)?

Interviewer: Show card #13. Check all that apply.

- I am often busy working
- I am often busy with school work
- I am often busy taking care of other family or community members
- My child(ren) is/are being cared for by other family members
- My health prevents me from spending as much time as I would like with my child(ren)
- I have limited access to my child(ren) because of a shared custody arrangement
- I have limited access to my child(ren) because of a custody order
- I do not have access to my child(ren) because of a custody order
- I have limited access to my child(ren) because of child welfare involvement
- I do not have access to my children because of child welfare involvement
- Other (Please specify)

If other, please specify

Social Support

We are now going to discuss your social supports and networks. We are interested in the relationships in your life that provide support and want to know about the people you trust and can turn to.

11.3 About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

- 0 (Skip to 12.1)
- 1-2
- 3-5
- 6-10
- More than 10

Interviewer Use Only
11.4 What is your relationship to these friends/relatives that you go to for support?

Interviewer: Show card #14. Check all that apply.

- Partner/Husband/wife/common law partner
- Son or daughter (15 years or older)
- Father or mother
- Brother or sister
- Grandfather or Grandmother
- Other relatives (e.g. Aunties, Uncles, Cousins)
- Friends, neighbours, coworkers
- Employer
- Elders
- Clergy or religious/spiritual figure
- Community/friendship centres or circles you attend (peer support circles)
- Other (Please specify)

If other, please specify

SECTION 12 - ACCESS AND RELATIONSHIP TO HEALTH CARE SERVICES

The following section asks questions about access to various health care services.

Primary Care

12.1 Is there a place that you usually go to when you are sick or need advice about your health?

- Yes
- No (Skip to 12.2)

Interviewer Use Only
12.1a **What kind of place is it?**

- Doctor’s office
- Community health centre
- Walk-in clinic
- Aboriginal Health Centre
- Appointment clinic
- Mobile clinic
- Telephone health line (e.g. Telehealth Ontario)
- Hospital emergency room
- Hospital outpatient clinic
- Other (Please specify)

*Interviewer Use Only*

If other, please specify

12.2 **Do you have a regular family doctor and/or nurse practitioner?**

- Yes
- No

*Interviewer Use Only*

12.3 **When did you last see a doctor or nurse practitioner?**

- Less than 1 year ago
- 1 year to less than 2 years ago
- 2 years to less than 3 years ago
- 3 years to less than 4 years ago
- 4 years to less than 5 years ago
- 5 years or more ago
- Never

*Interviewer Use Only*

12.4 **In the previous 12 months, was there a time you felt you needed health care services but did not receive them?**

- Yes (Go to 12.4a)
- No

*Interviewer Use Only*
12.4a Why was this need unmet?

*Interviewer: Show card #15. Check all that apply.*

- [ ] Doctor not available
- [ ] Nurse not available
- [ ] Lack of trust in health care provider
- [ ] Waiting list too long
- [ ] Unable to arrange transport
- [ ] Could not afford transport
- [ ] Difficulty accessing traditional healer and/or medicines
- [ ] Do not have health benefits from my work
- [ ] Do not have non-insured health benefits
- [ ] Not covered by non-insured health benefits
- [ ] Prior approval for services under NIHB was denied
- [ ] Could not afford direct cost of care/services
- [ ] Felt health care provided was inadequate
- [ ] Felt service was not culturally appropriate
- [ ] Chose not to see health professional
- [ ] Service was not available in my area
- [ ] Could not get time off of work
- [ ] Did not have safe or reliable childcare option
- [ ] Could not afford childcare
- [ ] Was referred to a specialist but had difficulty getting an appointment
- [ ] Was referred to a specialist and got an appointment but missed it
- [ ] Was excluded because I was under the influence of alcohol or other substances
- [ ] Other (Please specify)

If other, please specify

---

**Emergency Care**

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

- [ ] Yes
- [ ] No (Skip to 12.6)
- [ ] *Interviewer Use Only (Skip to 12.6)*
**12.5a How would you rate the quality of the emergency care you received at that time?**

- Excellent
- Good
- Fair
- Poor
- Interviewer Use Only

**Hospital Care**

**12.6 Have you spent one or more nights as a patient admitted in a hospital at any time in the past 5 years?**

- Yes
- No (Skip to 12.7)
- Interviewer Use Only (Skip to 12.7)

**12.6a Thinking of your most recent hospital stay, how would you rate the quality of the hospital care you received at that time?**

- Excellent
- Good
- Fair
- Poor
- Interviewer Use Only

**Community Support Services**

**12.7 Do you currently need health services and/or supports in your home (home health services and supports can include a home care worker, a physician, a nurse, a social worker, an occupational therapist or a physiotherapist)?**

- Yes
- No (Skip to 12.7b)
- Interviewer Use Only (Skip to 12.7b)

**12.7a If yes, please check all that apply in the table below regarding health services and supports in your home:**

*Interviewer: Show Home Health Services Support Card.*

<table>
<thead>
<tr>
<th>Service Required</th>
<th>Service Need met/in place</th>
<th>Interviewer Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician home visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home care worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home care nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12.7b **Does anyone in your family (in London) currently need home care (as defined as above)?**

- Yes
- No (Skip to 12.8)
- *Interviewer Use Only (Skip to 12.8)*

12.7b1 **Which family member(s) currently need home care?**

*Interviewer: Check all that apply.*

- Your great-grandmother(s)
- Your great-grandfather(s)
- Your grandmother(s)
- Your grandfather(s)
- Your mother
- Your father
- Your current spouse or partner
- Your brother(s) or sister(s)
- Your great auntie(s) or uncle(s)
- Your aunt(s) or uncle(s)
- Your cousin(s)
- Other relatives
- *Interviewer Use Only*

12.7b2 **Are your family member(s) home care need(s) getting met?**

- Yes, completely (all members of my family requiring home care services are getting all of their needs met)
- Yes, incompletely (members of my family are getting some, but not all of their home care needs met)
- Not at all (members of my family need home care services but have not been able to access them)
- *Interviewer Use Only*
12.8 Do you currently need palliative care (care that improves the quality of life of patients and their families facing the problems associated with life-threatening illness either at home or in the hospital or a hospice)?

- Yes
- No (Skip to 12.9)
- Interviewer Use Only (Skip to 12.9)

12.8a Are you currently getting these needs met?

- Yes, completely
- Yes, incompletely (only some of my needs for palliative care services/programs are being met)
- Not at all (I have not been able to access palliative care services/programs)
- Interviewer Use Only

12.9 Does anyone in your family (in London) currently need palliative care?

- Yes (Go to 12.9a)
- No (See SKIP INSTRUCTION)
- Interviewer Use Only (See SKIP INSTRUCTION)

**SKIP INSTRUCTION:**

A. If respondent answered NO to 12.8 and NO to 12.9 and is Aboriginal - Skip to 12.11
B. If respondent answer NO to 12.8 and NO to 12.9 and is non-Aboriginal - Skip to 13.1
C. If respondent answered YES to 12.8 and NO to 12.9 - Skip to 12.10

12.9a Which family members currently need palliative care?

*Interviewer: Check all that apply.*

- Your great-grandmother(s)
- Your great-grandfather(s)
- Your grandmother(s)
- Your grandfather(s)
- Your mother
- Your father
- Your current spouse or partner
- Your brother(s) or sister(s)
- Your great auntie(s) or uncle(s)
- Your aunt(s) or uncle(s)
- Your cousin(s)
- Other relatives
- Interviewer Use Only
12.9a1 Are your family member(s) palliative care need(s) getting met?
- Yes, completely (all members of my family requiring palliative care services are getting all of their needs met)
- Yes, incompletely (members of my family are getting some, but not all of their palliative care needs met)
- Not at all (members of my family need palliative care services but are not able to access them)
- Interviewer Use Only

12.10 SKIP INSTRUCTION: Ask this question if responded YES to 12.8 and/or 12.9.

How would you rate the overall level of access to palliative care services in London?
- Excellent
- Very Good
- Good
- Fair
- Poor
- Interviewer Use Only

SKIP INSTRUCTION:

A. If respondent is Aboriginal - Go to 12.11
B. If respondent is non-Aboriginal - Skip to 13.1

Discrimination by a Health Care Professional

12.11 Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, etc.) because you are Aboriginal?
- Yes
- No (Skip to 12.14)
- Interviewer Use Only (Skip to 12.4)

12.12 In the past 5 years how frequently has this happened?
- Once
- 2-5 times
- 6-10 times
- 11-20 times
- More than 20 times
- Interviewer Use Only

12.13 In the past 5 years, did this stop/prevent/delay you from returning to health services?
- Yes
- No
- Interviewer Use Only
12.14 How would you rate the overall level of access to health care services available to Aboriginal peoples in London compared to Canadians generally?

- Same level of access
- Less access
- Better access

13.1 Was a child protection agency ever involved in your care when you were a child?

- Yes
- No (Skip to 13.2 if Aboriginal OR Skip to 14.3 if non-Aboriginal)

13.1a In what capacity or capacities was a child protection agency involved in your care?

*Interviewer: Check all that apply.*
- As a child you were apprehended from your family by a child protection agency
- You were/are a foster child
- You are an adoptee
- Other (Please specify)

*Interviewer Use Only*

If other, please specify

*SKIP INSTRUCTION: Non-Aboriginal - Skip to 14.3 TRAUMATIC LOSS.*

13.2 Were you or other members of your family adopted between 1951 and 1970, during the Sixties Scoop?

*Interviewer: The Sixties Scoop refers to a period of mass removal and adoption of Aboriginal children that began in the 50’s, peaked in the 60’s resulting in nearly 1 and 3 of all Aboriginal children being removed from their families by the 1970’s.*

- Yes (Go to 13.2a)
- No

*Interviewer Use Only*
13.2a If yes, who?

_Interviewer: Check all that apply._

- [ ] Self
- [ ] Sibling(s)
- [ ] Parent(s)
- [ ] Grandparent(s)
- [ ] My child(ren)
- [ ] Other relative(s)

_Interviewer Use Only_

13.3 Were you or other members of your family adopted between 1971 to present?

- [ ] Yes (Go to 13.3a)
- [ ] No

_Interviewer Use Only_

13.3a If yes, who?

_Interviewer: Check all that apply._

- [ ] Self
- [ ] Sibling(s)
- [ ] Parent(s)
- [ ] Grandparent(s)
- [ ] My child(ren)
- [ ] Other relative(s)

_Interviewer Use Only_

**SKIP INSTRUCTION:** Participant does not have children who self-identify as being Aboriginal - Skip to 14.1.

13.4 Has a child protection agency ever been involved in the care of one of your children?

- [ ] Yes
- [ ] No (Skip to 14.1)
13.4a In what capacity has a child protection agency been involved in the care of one of your children?

*Interviewer: Show card #16. Check all that apply.*

- [ ] You were/are a foster parent
- [ ] You were/are an adoptive parent
- [ ] You were investigated as a parent by a child protection agency due to a complaint/report
- [ ] You voluntarily sought support as a parent from a child protection agency
- [ ] Your child has been apprehended by a child protection agency
- [ ] Your child is/was a foster child
- [ ] An adoption to another family of one or more of your children has been arranged/supported by a child protection agency
- [ ] You were referred by the child protection agency to other community services
- [ ] Other (Please specify)

*Interviewer Use Only*

If other, please specify

13.4b How would you rate your experience with the child protection agency/agencies?

- [ ] Very Satisfied
- [ ] Satisfied
- [ ] Acceptable
- [ ] Dissatisfied
- [ ] Very Dissatisfied

*Interviewer Use Only*

13.4c Do you believe that your overall health and wellbeing has been affected by the involvement of child protection agencies in your family?

- [ ] Yes, positive impact
- [ ] Yes, negative impact
- [ ] No impact

*Interviewer Use Only*

**SECTION 14 - HISTORICAL/FAMILY EXPERIENCES**

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 any time.

Residential School
14.1 Were you ever a student at a federal residential school, Indian day school, or a federal industrial school?

*Interviewer: Federal industrial schools were schools for young men that mostly operated in the prairie provinces and the United States.*

- Yes (Go to 14.1a)
- No
- Interviewer Use Only

14.1a Do you believe that your overall health and wellbeing has been affected by your attendance at residential school?

- Yes, negatively impacted
- Yes, positively impacted
- No impact
- Interviewer Use Only

14.2 Were any of the following members of your family ever a student at a federal residential school, Indian day school, or a federal industrial school?

*Interviewer: Show card #17. Check all that apply.*

- Your great-grandmother(s)
- Your great-grandfather(s)
- Your grandmother(s)
- Your grandfather(s)
- Your mother
- Your father
- Your current spouse or partner
- Your brothers or sisters
- Your great auntie(s) or uncle(s)
- Your aunts or uncles
- Your cousins
- Other relatives
- Unsure
- No (Skip to 14.3)
- Interviewer Use Only (Skip to 14.3)
14.2a Do you believe that your overall health and wellbeing has been affected by a member of your family attending residential school?

- Yes, negatively impacted
- Yes, positively impacted
- Unsure
- No impact
- Interviewer Use Only

SECTION 14 - HISTORICAL/FAMILY EXPERIENCES

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 any time.

Traumatic Loss

14.3 Has a close friend or family member ever gone missing?

- Yes
- No (Skip to 14.4)
- Interviewer Use Only (Skip to 14.4)

14.3a Was this person ever reported missing to the police?

- Yes
- No
- Interviewer Use Only

14.4 Have you ever had to file a missing persons report with the police for a child or family member?

- Yes
- No
- Interviewer Use Only

14.5 Has a close friend or family member ever died as a result of violence caused by another person?

- Yes
- No
- Interviewer Use Only

SECTION 15 - CRIMINAL JUSTICE

In considering the statements below, please select the answer that best reflects your personal experiences:
15.1 My partner and/or I have difficulties with public organizations, such as police, health, social services and/or education:
- No, there is no problem
- It is a problem, but not one that is severe
- Severe problem
- Interviewer Use Only

15.2 I am doing things likely to, or which have, put me in conflict with the law:
- Yes
- No
- Interviewer Use Only

15.3 Have you ever done time in jail?
- Yes (Go to 15.3a)
- No
- Interviewer Use Only

15.3a If yes, was this for a federal or provincial offense/crime?
- Federal
- Provincial
- Interviewer Use Only

SECTION 16 - VIOLENCE & ABUSE

The next section asks you about experiences about family violence. You may encounter questions that you cause mild distress. Please remember, everything you say is completely confidential and you can take a break at any time.

16.1 Overall, how would you rate the negative impact of family violence and/or neglect in the Aboriginal community in London?
- Extremely high
- High
- Moderate
- Low
- None
- Interviewer Use Only
We are wondering if you can share experiences about conflict in your household. We think it is of concern in the community. Do you feel comfortable sharing your experiences today?

- Yes
- No (Skip to 17.1 OR 17.2 if non-Aboriginal)
- Interviewer Use Only (Skip to 17.1 OR 17.2 if non-Aboriginal)

**Answer each item as carefully and as accurately as you can.**

**As an adult, has anyone in your household ever...**

<table>
<thead>
<tr>
<th>16.3a Physically hurt you?</th>
<th>16.3b Insulted or talked down to you?</th>
<th>16.3c Threatened you with harm?</th>
<th>16.3d Screamed or cursed at you?</th>
<th>16.3e Restricted your actions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Go to 16.3a1)</td>
<td>Yes (Go to 16.3b1)</td>
<td>Yes (Go to 16.3c1)</td>
<td>Yes (Go to 16.3d1)</td>
<td>Yes (Go to 16.3e1)</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Interviewer Use Only</td>
<td>Interviewer Use Only</td>
<td>Interviewer Use Only</td>
<td>Interviewer Use Only</td>
<td>Interviewer Use Only</td>
</tr>
</tbody>
</table>

16.3a If yes, has this happened in the last year?

- Yes
- No
- Interviewer Use Only

16.3b If yes, has this happened in the last year?

- Yes
- No
- Interviewer Use Only

16.3c If yes, has this happened in the last year?

- Yes
- No
- Interviewer Use Only

16.3d If yes, has this happened in the last year?

- Yes
- No
- Interviewer Use Only

16.3e If yes, has this happened in the last year?

- Yes
- No
- Interviewer Use Only
16.3f Had non-consensual sex? (i.e. had sex when they did not agree to and/or want to, or were forced to)
- Yes (Go to 16.3f1)
- No
- Interviewer Use Only

16.4 Is there anything you would like to add about personal violence in your household?

(Characters Left: left)
16.5 Are you interested in seeking personal violence services if they are available in your community?

(Characters Left: left)

SKIP INSTRUCTION: Non-Aboriginal - Skip to 17.2

SECTION 17 - EXPERIENCES OF DISCRIMINATION

17.1 Have you ever been treated poorly or unfairly because you are Aboriginal?

- Yes
- No (Skip to 17.2)
- Interviewer Use Only (Skip to 17.2)

17.1a If yes, has this occurred in the past year?

- Yes
- No (Skip to 17.2)
- Interviewer Use Only (Skip to 17.2)
17.1a1 If yes, how often did this occur in the past year?
- Once
- 2-3 times
- 4-5 times
- 6 times or more
- Interviewer Use Only

17.1a2 Has this experience/these experiences negatively affected your self-esteem?
- No effect
- Little effect
- Some effect
- Strong effect
- Very strong effect
- Interviewer Use Only

SECTION 17 - EXPERIENCES OF DISCRIMINATION

Ethnically/Racially Motivated Physical and Verbal Attack

17.2 Have you been the victim of an ethnically or racially motivated attack (verbal or physical abuse to person or property) in the past 12 months?

Interviewer: Check all that apply.
- Yes, verbal
- Yes, physical
- No
- Interviewer Use Only

17.3 Have you been the victim of an ethnically or racially motivated attack (verbal or physical abuse to person or property) more than 12 months ago?

Interviewer: Check all that apply.
- Yes, verbal
- Yes, physical
- No
- Interviewer Use Only

17.4 Do you believe that your overall health and wellbeing have been affected by racism?
- Yes
- No
- Interviewer Use Only
17.5 Do you think racism towards Aboriginal people is a problem in London?
- Yes
- No
- Interviewer Use Only

**Discrimination - Gender & Sexuality**

17.6 Have you ever been treated unfairly because of your gender?
- Yes
- No
- Interviewer Use Only

17.7 Have you ever been treated unfairly because of your sexual orientation?
- Yes
- No
- Interviewer Use Only

17.8 Do you think homophobia (prejudice/differential treatment of people who choose same sex partners) is a problem in the London Aboriginal community?
- Yes
- No
- Interviewer Use Only
17.9 Do you have any additional thoughts/comments about the issues we have discussed so far?

SECTION 18 - MENTAL HEALTH & WELL-BEING

The next section asks questions about personal mental and emotional health, post-traumatic stress disorder and suicide. Please remember you do not have to answer any questions you do not want to answer and you can take a break at any time.

Positive Mental Health

18.1 In general, would you say your mental health is...

- Excellent
- Very Good
- Good
- Fair
- Poor

Interviewer Use Only
18.2 The following questions are about how you have been feeling in the past month.

In the past month, how often did you feel...

<table>
<thead>
<tr>
<th>Question</th>
<th>Everyday</th>
<th>Almost everyday</th>
<th>About 2 or 3 times a week</th>
<th>About once a week</th>
<th>Once or twice</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.2a ... happy?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2b ... interested in life?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2c ... satisfied with your life?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2d ... that you belonged to a community (like a social group, your neighbourhood, your city, your school)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2e ... that people are basically good?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2f ... that you liked most parts of your personality?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2g ... good at managing the responsibilities of your daily life?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2h ... that you had warm and trusting relationships with others?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2i ... that you had experiences that challenge you to grow and become a better person?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2j ... confident to think or express your own ideas and opinions?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18.2k ... that your life has a sense of direction or meaning to it?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Stress & Coping

18.3 Thinking about the amount of stress in your life, would you say that most days are...?
- Not at all stressful
- Not very stressful
- A bit stressful
- Quite a bit stressful
- Extremely stressful

18.4 How would you rate your ability to handle stress?
- Excellent
- Very good
- Good
- Fair
- Poor

Interviewer Use Only
This question is about sources of stress that you experience:

*Interviewer: Show card #18. Check all that apply.*

- Time pressures / not enough time
- Own physical health problem or condition
- Own emotional or mental health problem or condition
- Financial situation (e.g. not enough money, debt)
- Own work situation (e.g. hours of work, working conditions)
- School
- Employment status (e.g. unemployment)
- Caring for - own children
- Caring for - others
- Other personal or family responsibilities
- Personal relationships
- Discrimination
- Personal and family's safety
- None
- Other (Please specify)

If other, please specify

---

**Mental Health Diagnosis and Treatment**

18.6 **Have you ever been told by a health care worker that you have a psychological and/or mental health disorder(s)?**

- Yes
- No (Skip to 18.7)

*Interviewer Use Only (Skip to 18.7)*
18.6a If yes, which psychological and/or mental health disorders have you been told that you have?

*Interviewer: Show card #19. Check all that apply.*

- [ ] Anxiety disorder (includes anxiety, panic attacks, obsessive-compulsive disorder)
- [ ] Major depression
- [ ] Bipolar disorders (‘manic depression’)
- [ ] Schizophrenia
- [ ] Personality disorders
- [ ] Eating disorders
- [ ] Suicidal behaviour
- [ ] Post-traumatic stress disorder
- [ ] Other (Please specify)
  
  **If other, please specify**

18.6b Has/have this/these condition(s) limited the amount or kinds of activities you can do?

- [ ] Yes
- [ ] No
- [ ] *Interviewer Use Only*
18.7 In the past 12 months, have you seen or talked on the telephone about an emotional or mental health issue or problem to any of the following:

Interviewer: Show card #20. Check all that apply.

☐ Partner/Spouse or Immediate family member
☐ Other family member
☐ Friend
☐ Traditional healer
☐ Elder
☐ Family doctor
☐ Psychiatrist
☐ Community health program worker
☐ Nurse
☐ Counsellor
☐ Psychologist
☐ Social Worker
☐ Complementary or alternative medicine practitioner (naturopath, homeopath, traditional Chinese medicine practitioner)
☐ Crisis line worker
☐ Other (Please specify/List)
☐ None

If other, please specify

18.8 Have you ever experienced discrimination from others because of an emotional or mental health problem?

☐ Yes
☐ No (Skip to 18.9)
☐ Interviewer Use Only (Skip to 18.9)

18.8a Did this prevent or delay you from getting the care or support you needed?

☐ Yes
☐ No

☐ Interviewer Use Only

18.9 The following questions are about your feelings in the last 30 days.

In the last 30 days how often did you...

18.9a ...feel depressed?

☐ None of the time
☐ A little of the time
☐ Some of the time
☐ Most of the time
☐ All of the time

Interviewer Use Only
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Interviewer Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.9b ...feel so depressed that nothing could cheer you up?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9c ...feel nervous?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9d ...feel so nervous that nothing could calm you down?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9e ...feel restless or fidgety?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9f ...feel so restless that you could not sit still?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9g ...feel without hope?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9h ...feel everything was an effort?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9i ...feel worthless?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9j ...feel tired out for no good reason?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.9k ...feel angry with yourself or others?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interviewer:** If 'None of the time' for all of 18.9 - Skip to 18.12.

18.10 **During the past 30 days, how many days out of 30 were you unable to work or carry out your normal activities because of these feelings?**

# of days

18.11 **During the past 30 days, how many days out of 30 did you feel able to manage your work or normal activities even while you were experiencing these feelings?**

# of days

Interviewer: The total days for 18.10 and 18.11 equals [CalcDays] days. The total days for both questions combined should not exceed 30 days. Probe to get the correct number of days before moving on to the next question.

**Post-Traumatic Stress Disorder**

18.12 **In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the past month, you...**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Interviewer Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.12a ...had nightmares about it or thought about it when you did not want to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.12b ...tried hard not to think about it or went out of your way to avoid situations that reminded you of it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.12c ...were constantly on guard, watchful, or easily startled?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.12d ...felt numb or detached from others, activities, or your surroundings?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suicide**
The next section asks questions about suicide. Please remember you do not have to answer any questions you do not want to answer and you can take a break at any time.

18.13 Has a close friend or family member ever committed suicide?
- Yes
- No
- Interviewer Use Only

18.14 Have you ever harmed yourself on purpose? (e.g. cut yourself, burned yourself, taken poison or overdosed on medications)
- Yes
- No
- Interviewer Use Only

18.15 Have you ever thought about committing suicide?
- Yes
- No
- Interviewer Use Only

18.16 Have you ever attempted suicide?
- Yes
- No
- Interviewer Use Only

SKIP INSTRUCTION:

If participant answers ‘YES’ to either 18.13, 18.14, 18.15, or 18.16, please ask 18.17. If they answered ‘NO’ to all of questions 18.13-18.16, go to 19.1.

18.17 Are you currently accessing health or social services regarding your experience(s) of suicide?
- Yes
- No (Interviewer: If no, provide resources at end of survey)
- Interviewer Use Only

SECTION 19 - SUBSTANCE USE

The next section asks questions about smoking, substance use, and prescription drugs. There may be some questions that cause mild distress and some questions may not apply to you. Answering questions honestly will assist us to bring about change.

Smoking
19.1 At the present time, do you smoke cigarettes?
  - Yes
  - No (Skip to 19.2)
  - Interviewer Use Only (Skip to 19.2)

19.1a On average, how many cigarettes do you currently smoke each day?

# of cigarettes

19.1b In the past 12 months, how many times have you tried to quit smoking?

# of times

19.2 Do you have a smoke free home?
  - Yes, completely smoke-free
  - Yes, there are smokers living in the home, but they smoke outside only
  - No
  - Interviewer Use Only

Alcohol

19.3 During the past 30 days, have you had a drink of beer, wine, liquor or any other alcoholic beverage?
  - Yes
  - No
  - Interviewer Use Only

19.4 During the past 12 months, how often have you had 5 or more drinks on one occasion?

*Interviewer: Show card #21.*
  - Never
  - Less than once per month
  - Once per month
  - 2-3 times per month
  - Once per week
  - More than once per week
  - Every day
  - Interviewer Use Only

Other Substances

We are asking all research participants the following questions about substance abuse and we understand that these questions may not apply to you.
Have you used any of the following substances in the last 12 months? (Includes prescription drugs if they were used without a prescription or out of keeping with how they were prescribed). For each, please select the answer that best describes your frequency of use.

| Substance                                      | If yes...
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19.5a Cannabis/ Marijuana (weed, grass, hash...)</td>
<td><img src="Yes" alt="Yes" /> <img src="No" alt="No" /> ![Interviewer Use Only](Interviewer Use Only)</td>
</tr>
<tr>
<td>19.5b Crack/Cocaine (rock, snow, freebase...)</td>
<td><img src="Yes" alt="Yes" /> <img src="No" alt="No" /> ![Interviewer Use Only](Interviewer Use Only)</td>
</tr>
<tr>
<td>19.5c Sedatives or Sleeping pills (Valium, Xanax, Nembutal, Ambien, etc.)</td>
<td><img src="Yes" alt="Yes" /> <img src="No" alt="No" /> ![Interviewer Use Only](Interviewer Use Only)</td>
</tr>
<tr>
<td>19.5d Heroin</td>
<td><img src="Yes" alt="Yes" /> <img src="No" alt="No" /> ![Interviewer Use Only](Interviewer Use Only)</td>
</tr>
</tbody>
</table>
19.5e Prescription Opiates (Codeine, Morphine, Percodan, Tylenol 3, Fentanyl, Talwin, etc.)
  □ Yes (Go to 19.5e1)
  □ No
  □ Interviewer Use Only

19.5e1 If yes...
  □ About 2-3 times a year
  □ About once a month
  □ 2-3 times a month
  □ About 2-3 times a week
  □ About once a day
  □ Interviewer Use Only

19.5f Hallucinogens (Acid, LSD, Ecstasy, Magic mushrooms, Speed, PCP, etc.)
  □ Yes (Go to 19.5f1)
  □ No
  □ Interviewer Use Only

19.5f1 If yes...
  □ About 2-3 times a year
  □ About once a month
  □ 2-3 times a month
  □ About 2-3 times a week
  □ About once a day
  □ Interviewer Use Only

19.5g Amphetamines (Adderall, methamphetamine: Crystal meth, Ritalin, etc.)
  □ Yes (Go to 19.5g1)
  □ No
  □ Interviewer Use Only

19.5g1 If yes...
  □ About 2-3 times a year
  □ About once a month
  □ 2-3 times a month
  □ About 2-3 times a week
  □ About once a day
  □ Interviewer Use Only

19.5h Inhalants/Solvents (Glue, gas, paint, lighter fluid, cleaners, etc.)
  □ Yes (Go to 19.5h1)
  □ No
  □ Interviewer Use Only

19.5h1 If yes...
  □ About 2-3 times a year
  □ About once a month
  □ 2-3 times a month
  □ About 2-3 times a week
  □ About once a day
  □ Interviewer Use Only

19.5i Other (Please specify)
  □ Yes (Go to 19.5i1 & 19.5i2)
  □ No
  □ Interviewer Use Only

19.5i1 If other, please specify
19.5i2 If yes...
- About 2-3 times a year
- About once a month
- 2-3 times a month
- About 2-3 times a week
- About once a day

Interviewer Use Only

19.6 Have you ever used a needle to inject any drug that wasn’t prescribed to you?
- Yes
- No

Interviewer Use Only

19.7 Have you ever shared needles with anyone including your spouse, partner, or close friend?

Interviewer: Including for insulin for diabetes or other prescribed medications.
- Yes
- No

Interviewer Use Only

19.8 Do you know where to get clean needles/clean works in London?
- Yes (Skip to 19.9)
- No

Interviewer Use Only

19.8a Would you like information about where to get clean needles/clean works in London?
- Yes (Interviewer: Make note of this and provide information about services offering clean works at the end of the survey)
- No

Interviewer Use Only
Do you have any additional thoughts/comments about the issues we have discussed so far?

(Characters Left: left)

**SECTION 20 - CONNECTING TO IDENTITY & CULTURE**

20.1 How strongly do you agree with the following statements?

(1) Strongly disagree (2) Disagree (3) Agree (4) Strongly agree

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1a</td>
<td>I have spent time trying to find out more about Aboriginal traditions and customs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1b</td>
<td>I am active in organizations or social groups that include mostly Aboriginal people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1c</td>
<td>I have a clear sense of my cultural background as an Aboriginal person and what that means to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1d</td>
<td>I think a lot about how being Aboriginal influences my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1e</td>
<td>I am happy that I am an Aboriginal person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1f</td>
<td>I have a strong sense of belonging to an Aboriginal community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SKIP INSTRUCTION: Non-Aboriginal - Skip to 22.1.**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Interviewer Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1g I understand pretty well what being Aboriginal means to me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1h In order to learn more about being an Aboriginal person, I have</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>often talked to other Aboriginal people about being Aboriginal.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1i I have a lot of pride in my Aboriginal identity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1j I participate in cultural practices, such as pow wows, Aboriginal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>day events, jigging/dancing, ceremonies, feasts, drumming,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>singing, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1k I feel a strong attachment towards other Aboriginal people.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1l I feel good about my Aboriginal background.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 21 - RELATIONSHIPS TO CULTURE AND CULTURAL RESOURCES**

21.1 **Do you participate in traditional Indigenous ceremony (i.e. smudge, sweat lodge, fast, healing Qulliq or Kudlik lamp lighting ceremony)?**

- Yes
- No (Skip to 21.3)
- Interviewer Use Only (Skip to 21.3)

21.2 **Have you experienced any challenges in trying to access traditional Indigenous ceremonies?**

- Yes
- No (Skip to 21.3)
- Interviewer Use Only (Skip to 21.3)

21.2a **If yes, which of the following challenges have you experienced in accessing ceremonies?**

*Interviewer: Show card #22. Check all that apply.*

- Do not know where to access them
- Too far to travel
- Can’t find ceremonies that are relevant to my people/nation
- Do not know enough about them
- Not available
- Don’t have time
- Past negative experiences with ceremony (e.g. with person leading or with other participants)
- Other (Please specify)
- Interviewer Use Only

If other, please specify

---

**Traditional Indigenous Medicines and Practices for health and well-being**
21.3 Do you use traditional Indigenous medicines or practices to maintain your health and wellbeing?

- Yes
- No (Skip to 22.1)
- Interviewer Use Only (Skip to 22.1)

21.3a If yes, for which aspects of your health and wellbeing do you use traditional Indigenous medicines?

*Interviewer: Check all that apply.*

- Physical
- Mental
- Emotional
- Spiritual
- Specific health condition(s) (Please name)

*Interviewer Use Only
If specific health condition(s), please name

21.3b Where does your knowledge about traditional Indigenous medicines and practices come from?

*Interviewer: Show card #23. Check all that apply.*

- Family member
- Elders/traditional knowledge keepers
- Indigenous teacher or mentor
- Other Indigenous peoples
- Indigenous health and social service organizations in the city
- I learned about traditional Indigenous medicines and practices while I was incarcerated
- Non-Indigenous people
- Internet
- Books
- Other (Please specify)

*Interviewer Use Only
If other, please specify

**SECTION 22 - ACCESS TO COMMUNITY RESOURCES**
22.1 In the past 12 months have you participated in any programs or services at the following organizations:

*Interviewer: Show card #24. Check all that apply.*

- [ ] At^Lohsa Native Family Healing Services
- [ ] N’Amerind Friendship Centre
- [ ] SOAHAC - London location
- [ ] SOAHAC - Chippewa location
- [ ] Indigenous Services - Western University
- [ ] First Nations Centre - Fanshawe College
- [ ] Nokee Kwe (employment centre)
- [ ] Nimkee Nupigawagan Healing Centre
- [ ] Kiikeewanniikaan Southwest Regional Healing Lodge/Shelter
- [ ] Mnaasged Child and Family Services
- [ ] Eagle Circles the Nest
- [ ] London Intercommunity Health Centre
- [ ] My Sister’s Place
- [ ] Child and Parent Resource Institute (CPRI)
- [ ] Community Care Access Centre (CCAC)
- [ ] Addiction Services of Thames Valley
- [ ] Regional HIV/AIDS Connection - Counterpoint Needle & Syringe Program
- [ ] Interviewer Use Only

**Avoiding Services**

22.2 Are there health or social services in London that you avoid using?

- [ ] Yes
- [ ] No (Skip to 22.3)
- [ ] Interviewer Use Only (Skip to 22.3)
22.2a  If yes, which types of services?

Interviewer: Show card #25. Check all that apply.

- At^Lohsa Native Family Healing Services
- N’Amerind Friendship Centre
- SOAHAC - London location
- SOAHAC - Chippewa location
- Indigenous Services - Western University
- First Nations Centre - Fanshawe College
- Nokee Kwe (employment centre)
- Nimkee Nupigawagan Healing Centre
- Kiikeewanniikaan Southwest Regional Healing Lodge/Shelter
- Mnaasged Child and Family Services
- Eagle Circles the Nest
- London Intercommunity Health Centre
- My Sister’s Place
- Child and Parent Resource Institute (CPRI)
- Community Care Access Centre (CCAC)
- Addiction Services of Thames Valley
- Regional HIV/AIDS Connection - Counterpoint Needle & Syringe Program
- Other (Please specify)
- Interviewer Use Only

If other, please specify

22.2b  For what reasons do you avoid these services?


Community Resource Adequacy

22.3  Do you think there are adequate community resources serving Aboriginal people in London to address the following issues:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Interviewer Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.3a Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3b Youth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3c Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3d Mothers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3e Fathers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We would now like to ask you about your **total** household income. This is the sum of the total incomes of all members of the household (from all sources) before taxes and deductions in the past 12 months.

23.1 **What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

*Interviewer: DO NOT use commas or decimal places.*

**SKIP INSTRUCTION:** If the participant is unsure of the total income, leave this field blank and ask 23.2.

Income ($)

23.1a *Interviewer: The income entered in 23.1 is greater than $50,000. Is this correct? If so, select ‘Yes’ below. If not, go back and correct the amount entered in 23.1.*

☐ Yes
23.2 Can you estimate in which of the following groups your household income falls? Was the total household income from all sources...

- Less than $20,000
- $20,000 to less than $30,000
- $30,000 to less than $40,000
- $40,000 to less than $50,000
- $50,000 to less than $60,000
- $60,000 to less than $70,000
- $70,000 to less than $80,000
- $80,000 to less than $90,000
- $90,000 to less than $100,000
- More than $100,000

*Interviewer: Start asking ranges from here*

23.3 Including yourself, how many people rely on this income?

# of people

24.1 How tall are you without your shoes on?

*Interviewer: Enter in centimetres OR feet and inches.*

Centimetres

Feet

Inches (Record full inches. E.g. do not record 1/2". Round up/down to nearest inch)

24.2 How much do you weigh?

*Interviewer: 1) Enter in kilograms OR pounds, 2) If respondent is pregnant, ask her what was her pre-pregnancy weight?*

Kilograms

Pounds

*Interviewer: For 5.2b "Have you received adequate supports and resources for FASD/FAS/FAE?" the participant responded [{Q5.2b}]. Please remember to provide the participant with resources at the end of the survey.*
Interviewer: For 18.17 "Are you currently accessing health or social services regarding your experiences of suicide?" the participant responded {{Q18.17}}. Please remember to provide the participant with resources at the end of the survey.

Interviewer: For 19.8a "Would you like information about where to get clean needles/clean works in London?" the participant responded {{Q19.8a}}. Please remember to provide the participant with resources at the end of the survey.

Interviewer: Based on what you have entered in 1.6 of SECTION 1 - SCREENING QUESTIONS (CONTINUED), there is/are {{Q1.6}} child(ren) that the participant is willing to complete a child survey for. Submit this survey and continue to the child survey.

Interviewer: The participant is {{Age}} years old and is not eligible to complete this survey. END survey.

Unfortunately you do not meet our inclusion criteria to participate in the survey. We would like to thank for your time and your willingness to complete the Our Health Counts London - Respectful Health Survey.

END OF ADULT SURVEY