

OUR HEALTH COUNTS TORONTO Respectful Health Survey

Adult Survey

Version: November 18, 2015

Developing a Population Based Urban Aboriginal Cohort to Assess and Enhance Individual, Family, and Community Health and Wellbeing



Well Living House

Interviewer

- | | |
|-------------------------------------|--------------------------------------|
| <input type="radio"/> Interviewer 1 | <input type="radio"/> Interviewer 7 |
| <input type="radio"/> Interviewer 2 | <input type="radio"/> Interviewer 8 |
| <input type="radio"/> Interviewer 3 | <input type="radio"/> Interviewer 9 |
| <input type="radio"/> Interviewer 4 | <input type="radio"/> Interviewer 10 |
| <input type="radio"/> Interviewer 5 | <input type="radio"/> Interviewer 11 |
| <input type="radio"/> Interviewer 6 | <input type="radio"/> Interviewer 12 |

DISCLAIMER:

This survey is formatted for the web and not for paper. The layout will be different due to programming for the web.

Survey ID

{ID.name}

Interview Site

- Queen West
- Seventh Generation Midwives Toronto
- Native Canadian Centre
- Home Visits
- Other (Please specify)

If other, please specify

SECTION 1 - SCREENING QUESTIONS (CONTINUED)

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 Metis)?"

- 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 the city of Toronto?"

- Participant lives in Toronto. Ask mobility questions.
- Participant does not live in Toronto. 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.

Interviewer: You selected the following responses:

1) 1.2 - **[{Q1.2}]** AND

2) 1.3 - **[{Q1.3}]**

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.

Interviewer: You selected the following responses:

1) 1.2 - **[{Q1.2}]** AND

2) 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.

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 Toronto - Respectful Health Survey.

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 Toronto. 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 a, b & c)
- Métis (If Métis: complete Métis a, a1, b & b1)
- Inuit (If Inuit: complete Inuit a & 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*

2.4a 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 Toronto. 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: 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, aunties, 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, aunties, 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, aunties, 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 language or languages do you speak?**

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

of languages

2.12 Interviewer: Show card Language. Select Language 1 (Go to 2.12a)

- | | | | |
|----------------------------------|--|--|---|
| <input type="radio"/> 1 | <input type="radio"/> 13 c. | <input type="radio"/> 15 a. | <input type="radio"/> 18 a. |
| <input type="radio"/> 2 | <input type="radio"/> 13 d. | <input type="radio"/> 15 b. | <input type="radio"/> 18 b. |
| <input type="radio"/> 3 | <input type="radio"/> 13 e. | <input type="radio"/> 15 c. | <input type="radio"/> 18 c. (Other) |
| <input type="radio"/> 4 | <input type="radio"/> 13 f. | <input type="radio"/> 15 d.
(Other) | <input type="radio"/> 19 |
| <input type="radio"/> 5 | <input type="radio"/> 13 g. | <input type="radio"/> 16 | <input type="radio"/> 20 |
| <input type="radio"/> 6 | <input type="radio"/> 13 h. | <input type="radio"/> 17 a. | <input type="radio"/> 21 |
| <input type="radio"/> 7 | <input type="radio"/> 13 i. | <input type="radio"/> 17 b. | <input type="radio"/> 22 a. |
| <input type="radio"/> 8 | <input type="radio"/> 13 j. | <input type="radio"/> 17 c. | <input type="radio"/> 22 b. |
| <input type="radio"/> 9 | <input type="radio"/> 13 k. | <input type="radio"/> 17 d. | <input type="radio"/> 22 c. |
| <input type="radio"/> 10 | <input type="radio"/> 13 l. | <input type="radio"/> 17 e. | <input type="radio"/> 22 d.
(Other) |
| <input type="radio"/> 11 (Other) | <input type="radio"/> 13 m. | <input type="radio"/> 17 f. | <input type="radio"/> 23 (Other) |
| <input type="radio"/> 12 | <input type="radio"/> 13 n.
(Other) | <input type="radio"/> 17 g. | <input type="radio"/> Interviewer
Use Only |
| <input type="radio"/> 13 a. | <input type="radio"/> 14 | <input type="radio"/> 17 h.
(Other) | |
| <input type="radio"/> 13 b. | | | |

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

2.13 Interviewer: Show card Language. Select Language 2 (Go to 2.13a)

- | | | | |
|----------------------------------|--|--|---|
| <input type="radio"/> 1 | <input type="radio"/> 13 c. | <input type="radio"/> 15 a. | <input type="radio"/> 18 a. |
| <input type="radio"/> 2 | <input type="radio"/> 13 d. | <input type="radio"/> 15 b. | <input type="radio"/> 18 b. |
| <input type="radio"/> 3 | <input type="radio"/> 13 e. | <input type="radio"/> 15 c. | <input type="radio"/> 18 c. (Other) |
| <input type="radio"/> 4 | <input type="radio"/> 13 f. | <input type="radio"/> 15 d.
(Other) | <input type="radio"/> 19 |
| <input type="radio"/> 5 | <input type="radio"/> 13 g. | <input type="radio"/> 16 | <input type="radio"/> 20 |
| <input type="radio"/> 6 | <input type="radio"/> 13 h. | <input type="radio"/> 17 a. | <input type="radio"/> 21 |
| <input type="radio"/> 7 | <input type="radio"/> 13 i. | <input type="radio"/> 17 b. | <input type="radio"/> 22 a. |
| <input type="radio"/> 8 | <input type="radio"/> 13 j. | <input type="radio"/> 17 c. | <input type="radio"/> 22 b. |
| <input type="radio"/> 9 | <input type="radio"/> 13 k. | <input type="radio"/> 17 d. | <input type="radio"/> 22 c. |
| <input type="radio"/> 10 | <input type="radio"/> 13 l. | <input type="radio"/> 17 e. | <input type="radio"/> 22 d.
(Other) |
| <input type="radio"/> 11 (Other) | <input type="radio"/> 13 m. | <input type="radio"/> 17 f. | <input type="radio"/> 23 (Other) |
| <input type="radio"/> 12 | <input type="radio"/> 13 n.
(Other) | <input type="radio"/> 17 g. | <input type="radio"/> Interviewer
Use Only |
| <input type="radio"/> 13 a. | <input type="radio"/> 14 | <input type="radio"/> 17 h.
(Other) | |
| <input type="radio"/> 13 b. | | | |

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 card Language. Select Language 3 (Go to 2.14a)

- | | | | |
|----------------------------------|--|--|---|
| <input type="radio"/> 1 | <input type="radio"/> 13 c. | <input type="radio"/> 15 a. | <input type="radio"/> 18 a. |
| <input type="radio"/> 2 | <input type="radio"/> 13 d. | <input type="radio"/> 15 b. | <input type="radio"/> 18 b. |
| <input type="radio"/> 3 | <input type="radio"/> 13 e. | <input type="radio"/> 15 c. | <input type="radio"/> 18 c. (Other) |
| <input type="radio"/> 4 | <input type="radio"/> 13 f. | <input type="radio"/> 15 d.
(Other) | <input type="radio"/> 19 |
| <input type="radio"/> 5 | <input type="radio"/> 13 g. | <input type="radio"/> 16 | <input type="radio"/> 20 |
| <input type="radio"/> 6 | <input type="radio"/> 13 h. | <input type="radio"/> 17 a. | <input type="radio"/> 21 |
| <input type="radio"/> 7 | <input type="radio"/> 13 i. | <input type="radio"/> 17 b. | <input type="radio"/> 22 a. |
| <input type="radio"/> 8 | <input type="radio"/> 13 j. | <input type="radio"/> 17 c. | <input type="radio"/> 22 b. |
| <input type="radio"/> 9 | <input type="radio"/> 13 k. | <input type="radio"/> 17 d. | <input type="radio"/> 22 c. |
| <input type="radio"/> 10 | <input type="radio"/> 13 l. | <input type="radio"/> 17 e. | <input type="radio"/> 22 d.
(Other) |
| <input type="radio"/> 11 (Other) | <input type="radio"/> 13 m. | <input type="radio"/> 17 f. | <input type="radio"/> 23 (Other) |
| <input type="radio"/> 12 | <input type="radio"/> 13 n.
(Other) | <input type="radio"/> 17 g. | <input type="radio"/> Interviewer
Use Only |
| <input type="radio"/> 13 a. | <input type="radio"/> 14 | <input type="radio"/> 17 h.
(Other) | |
| <input type="radio"/> 13 b. | | | |

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 card Language. Select Language 4 (Go to 2.15a)

- | | | | |
|----------------------------------|--|--|---|
| <input type="radio"/> 1 | <input type="radio"/> 13 c. | <input type="radio"/> 15 a. | <input type="radio"/> 18 a. |
| <input type="radio"/> 2 | <input type="radio"/> 13 d. | <input type="radio"/> 15 b. | <input type="radio"/> 18 b. |
| <input type="radio"/> 3 | <input type="radio"/> 13 e. | <input type="radio"/> 15 c. | <input type="radio"/> 18 c. (Other) |
| <input type="radio"/> 4 | <input type="radio"/> 13 f. | <input type="radio"/> 15 d.
(Other) | <input type="radio"/> 19 |
| <input type="radio"/> 5 | <input type="radio"/> 13 g. | <input type="radio"/> 16 | <input type="radio"/> 20 |
| <input type="radio"/> 6 | <input type="radio"/> 13 h. | <input type="radio"/> 17 a. | <input type="radio"/> 21 |
| <input type="radio"/> 7 | <input type="radio"/> 13 i. | <input type="radio"/> 17 b. | <input type="radio"/> 22 a. |
| <input type="radio"/> 8 | <input type="radio"/> 13 j. | <input type="radio"/> 17 c. | <input type="radio"/> 22 b. |
| <input type="radio"/> 9 | <input type="radio"/> 13 k. | <input type="radio"/> 17 d. | <input type="radio"/> 22 c. |
| <input type="radio"/> 10 | <input type="radio"/> 13 l. | <input type="radio"/> 17 e. | <input type="radio"/> 22 d.
(Other) |
| <input type="radio"/> 11 (Other) | <input type="radio"/> 13 m. | <input type="radio"/> 17 f. | <input type="radio"/> 23 (Other) |
| <input type="radio"/> 12 | <input type="radio"/> 13 n.
(Other) | <input type="radio"/> 17 g. | <input type="radio"/> Interviewer
Use Only |
| <input type="radio"/> 13 a. | <input type="radio"/> 14 | <input type="radio"/> 17 h.
(Other) | |
| <input type="radio"/> 13 b. | | | |

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
- Child Tax Benefit
- 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*

Food Consumption & Security

3.6 Thinking about the past week (on average), how often do you eat or drink the following foods? Please choose the answer that best describes the way you normally eat.

		Several times a day	Once a day	A few times a week	About once a week	Never /hardly ever	<i>Interviewer Use Only</i>
3.6a	Milk, cheese, yogurt and other milk products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6b	Protein (Beef, Chicken, Pork, Fish, Lamb, Eggs, Beans, Tofu)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6c	Vegetables (Green salad and other vegetables) Excluding: French fries and potato chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6d	Fruit (Excluding: fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6e	Bread, Cereal, Rice, Pasta and Grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6f	Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6g	Juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6h	Soft Drinks/Pop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6i	Fast food (e.g. burgers, hotdogs, pizza, frozen pizzas, French fries etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6j	Sweets (e.g. candies, cookies and cake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.7 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 3.8)
- Interviewer Use Only (Skip to 3.8)*

3.7a 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

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

- Yes
- No
- Neutral
- Interviewer Use Only*

3.9 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*

3.10 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
- Interviewer Use Only*

3.11 **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
- Interviewer Use Only*

SKIP INSTRUCTION: Not living in Toronto - Skip to 3.15.

Mobility

We are now going to ask about your housing and mobility.

3.12 **Where did you live before you moved to Toronto?**

- I have lived in Toronto all my life
- First Nation reserve in Canada (Go to 3.12a)
- Métis settlement in Canada (Go to 3.12a)
- Inuit land claim territory in Canada (Go to 3.12a)
- Small town or rural area in Canada (Go to 3.12a)
- Canadian city (Go to 3.12a)
- US (Go to 3.12a)
- International (Go to 3.12a)
- Interviewer Use Only*

3.12a **What were your reasons for moving to Toronto?**

Interviewer: Check all that apply.

- Family/ Friends/ Social Networks
- Employment
- Education
- Housing
- Healthcare
- Safety
- Other (Please specify)
- Interviewer Use Only*

If other, please specify

3.13 **How many times, if any, have you moved in the past 1 year?** (if 0 , skip to 3.15)

of moves

3.13a **Were these moves within the city?**

- All
- Some
- None
- Interviewer Use Only

3.14 **How many times have you moved in the past 5 years?** (if 0 , skip to 3.15)

Interviewer: The participant responded [Q3.13] to 3.13 (i.e. moves in past year). The number of moves you enter below should be equal to or greater than [Q3.13].

of moves

3.14a **Were these moves within the city?**

- All
- Some
- None
- Interviewer Use Only

Housing

3.15 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 (i.e. Wigwamen, Nishnawbe Homes, Gabriel Dumont)
- Public Housing/Community Housing
- Co-operative Housing
- Stay at a friend's/family/partner or ex-partner's house or apartment (Skip to 3.16)
- Rooming house/ boarding home/ Group home (Skip to 3.20)
- Nursing Home (Skip to 3.20)
- Homeless Shelter (Skip to 3.20)
- Student Housing (Skip to 3.20)
- Motel or Hotel (Skip to 3.20)
- Recovery House/Second Stage housing (i.e. Nekenaan) (Skip to 3.20)
- Medical Hospital (Skip to 3.20)
- Psychiatric Hospital (Skip to 3.20)
- Drug/Alcohol/Addiction treatment or detox facility (Skip to 3.20)
- Homeless (i.e. on the streets/living rough) (Skip to 3.20)
- Other (Please specify) (Skip to 3.20)
- Interviewer Use Only (Skip to 3.20)*

If other, please specify

3.15a Is your home:

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

3.16 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

- 3.17 **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*

- 3.18 **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*
- 3.19 **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*

3.20 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

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

No

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

Diabetes

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

Yes

No (Skip to 6.1)

Interviewer Use Only (Skip to 6.1)

5.3 **Do you currently take insulin for your diabetes?**

- Yes
- No
- Interviewer Use Only

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

- Yes
- No
- Interviewer Use Only

5.5 **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

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

- Yes
- No
- Interviewer Use Only

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

- Yes
- No
- Interviewer Use Only

5.8 **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 5.9)
- Interviewer Use Only (Skip to 5.9)

5.8a **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*

5.9 **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. Michael's Hospital Academic Family Health Team - Family Practice Unit - Diabetes Comprehensive Care Program; Women's College Hospital - Women's Diabetes Program)
- Community support program
- Foot clinic
- Diabetes education program (e.g. Run through Community Health Centres: Queen West Health Centre, Parkdale Community Health Centre, Regent Park Community Health Centre etc.)
- Anishnawbe Health Toronto-Diabetes Education Program
- 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 Toronto Public health 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}]***

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

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
- Gonorrhoea
- Syphilis
- Other (Please specify)
- None
- Interviewer Use Only

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?

10.2 *Interviewer: The following was selected for 1.1a, [Q1.1a] Ask the following:*

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	<input type="text"/>
Child 2	<input type="text"/>
Child 3	<input type="text"/>
Child 4	<input type="text"/>
Child 5	<input type="text"/>
Child 6	<input type="text"/>
Child 7	<input type="text"/>
Child 8	<input type="text"/>

Child 9

Child 10

10.4b *Interviewer: The following has been left blank for 10.4a. Is this correct? If so, select 'Yes'. If not, go back and fill out the DOB.*

Yes

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

Child 7

Child 8

Child 9

Child 10

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 visit for prenatal care?**

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
- Nurse or nurse practitioner
- Other (Please specify)
- Interviewer Use Only (Skip to 10.8)*

If other, please specify

10.7a **Was this your preferred prenatal care provider?**

- Yes
- No
- 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).

10.8 **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*

10.8a **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 as well as your concerns as a parent. We are also 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)
- Interviewer Use Only*

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)
- Interviewer Use Only*

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)
- Interviewer Use Only*

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*

Discrimination by a Health Care Professional

- 12.7 **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 13.1)
 - Interviewer Use Only (Skip to 13.1)*

- 12.8 **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*

12.9 In the past 5 years, did this stop/prevent/delay you from returning to health services?

- Yes
- No
- Interviewer Use Only

12.10 How would you rate the overall level of access to health care services available to Aboriginal peoples in Toronto compared to Canadians generally?

- Same level of access
- Less access
- Better access
- Interviewer Use Only

SECTION 13 - CHILD PROTECTION AGENCY INVOLVEMENT

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)
- Interviewer Use Only (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)
- Interviewer Use Only (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, 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 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
- 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
- No impact
- Interviewer Use Only

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 Toronto?**

- Extremely high
- High
- Moderate
- Low
- None
- Interviewer Use Only*

16.2 **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...

16.3a **Physically hurt you?**

- Yes (Go to 16.3a1)
- No
- Interviewer Use Only*

16.3b **Insulted or talked down to you?**

- Yes (Go to 16.3b1)
- No
- Interviewer Use Only*

16.3c **Threatened you with harm?**

- Yes (Go to 16.3c1)
- No
- Interviewer Use Only*

16.3d **Screamed or cursed at you?**

- Yes (Go to 16.3d1)
- No
- Interviewer Use Only*

16.3e **Restricted your actions?**

- Yes (Go to 16.3e1)
- 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*

16.3a1 **If yes, has this happened in the last year?**

- Yes
- No
- Interviewer Use Only*

16.3b1 **If yes, has this happened in the last year?**

- Yes
- No
- Interviewer Use Only*

16.3c1 **If yes, has this happened in the last year?**

- Yes
- No
- Interviewer Use Only*

16.3d1 **If yes, has this happened in the last year?**

- Yes
- No
- Interviewer Use Only*

16.3e1 **If yes, has this happened in the last year?**

- Yes
- No
- Interviewer Use Only*

16.3f1 **If yes, has this happened in the last year?**

- Yes
- No
- Interviewer Use Only*

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

(Characters Left: left)

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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 Toronto?**

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 Toronto Aboriginal community?**

Yes

No

Interviewer Use Only

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

(Characters Left: left)

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...

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

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
- Interviewer Use Only*

18.4 How would you rate your ability to handle stress?

- Excellent
- Very good
- Good
- Fair
- Poor
- Interviewer Use Only*

18.5 **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)
- Interviewer Use Only*

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)
- Interviewer Use Only*

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*

18.9b	...feel so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9c	...feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9d	...feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9e	...feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9f	...feel so restless that you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9g	...feel without hope?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9h	...feel everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9i	...feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9j	...feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.9k	...feel angry with yourself or others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SKIP INSTRUCTION: 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...

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

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 experiences 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, this 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.

19.5a **Cannabis/ Marijuana (weed, grass, hash...)**

- Yes (Go to 19.5a1)
- No
- Interviewer Use Only*

19 **If yes...**

.5a1

- 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*

19.5b **Crack/Cocaine (rock, snow, freebase...)**

- Yes (Go to 19.5b1)
- No
- Interviewer Use Only*

19 **If yes...**

.5b1

- 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*

19.5c **Sedatives or Sleeping pills (Valium, Xanax, Nembutal, Ambien, etc.)**

- Yes (Go to 19.5c1)
- No
- Interviewer Use Only*

19 **If yes...**

.5c1

- 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*

19.5d **Heroin**

- Yes (Go to 19.5d1)
- No
- Interviewer Use Only*

19 **If yes...**

.5d1

- 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*

19.5e Prescription Opiates (Codeine, Morphine, Percodan, Tylenol 3, Fentanyl, Talwin, etc.)

- Yes (Go to 19.5e1)
- No
- Interviewer Use Only

19.5f Hallucinogens (Acid, LSD, Ecstasy, Magic mushrooms, Speed, PCP, etc.)

- Yes (Go to 19.5f1)
- No
- Interviewer Use Only

19.5g Amphetamines (Adderall, methamphetamine: Crystal meth, Ritalin, etc.)

- Yes (Go to 19.5g1)
- No
- Interviewer Use Only

19.5h Inhalants/Solvents (Glue, gas, paint, lighter fluid, cleaners, etc.)

- Yes (Go to 19.5h1)
- No
- Interviewer Use Only

19.5i Other (Please specify)

- Yes (Go to 19.5i1 & 19.5i2)
- No
- Interviewer Use Only

19 If yes...

.5e1

- 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 If yes...

.5f1

- 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 If yes...

.5g1

- 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 If yes...

.5h1

- 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 If other, please specify

.5i1

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 Toronto?**

- Yes (Skip to 19.9)
- No
- Interviewer Use Only*

19.8a **Would you like information about where to get clean needles/clean works in Toronto?**

- Yes (*Interviewer: If yes, provide information about services offering clean works at end of survey*)
- No
- Interviewer Use Only*

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

(Characters Left: left)

SKIP INSTRUCTION: Non-Aboriginal - Skip to 22.1.

SECTION 20 - CONNECTING TO IDENTITY & CULTURE

20.1 How strongly do you agree with the following statements?

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

	Strongly agree	Agree	Disagree	Strongly disagree	Interviewer Use Only
20.1a I have spent time trying to find out more about Aboriginal traditions and customs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1b I am active in organizations or social groups that include mostly Aboriginal people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1c I have a clear sense of my cultural background as an Aboriginal person and what that means to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1d I think a lot about how being Aboriginal influences my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1e I am happy that I am an Aboriginal person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1f I have a strong sense of belonging to an Aboriginal community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20.1g	I understand pretty well what being Aboriginal means to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1h	In order to learn more about being an Aboriginal person, I have often talked to other Aboriginal people about being Aboriginal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1i	I have a lot of pride in my Aboriginal identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1j	I participate in cultural practices, such as pow wows, Aboriginal day events, jigging/dancing, ceremonies, feasts, drumming, singing, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1k	I feel a strong attachment towards other Aboriginal people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.1l	I feel good about my Aboriginal background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

- 2 Spirited People of the First Nations
- Aboriginal Legal Services Toronto
- Aboriginal Housing Support Centre
- Anduhyaun
- Anishnawbe Health Toronto-Gerrard
- Anishnawbe Health Toronto-Queen
- Anishnawbe Health Toronto-Vaughan
- Council Fire Native Cultural Centre
- Elizabeth Fry Toronto
- Gabriel Dumont Non Profit Housing
- Gizhaadaawgamlik Daycare
- John Howard Society of Toronto
- Miziwe Biik Aboriginal Employment and Training
- Na-Me-Res -Native Men's Residence
- Native Canadian Centre of Toronto
- Native Child & Family Services
- Native Women's Resources Centre
- Nekenaan Second Stage Housing
- Nishnawbe Homes Inc.
- Nishnawbe-Aski Legal Services Corporation
- Peel Aboriginal Network (PAN)
- Toronto District School Board Aboriginal Education Centre
- Wigwamen Inc.
- University or College-based Aboriginal Student Services
- Interviewer Use Only*

Avoiding Services

22.2 Are there health or social services in Toronto 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.

- Aboriginal specific health services/programs (i.e. Anishnawbe Health Toronto, health promotion programs run by Aboriginal organizations)
- Aboriginal specific family support services
- Aboriginal specific child protection services
- Aboriginal specific housing services
- Aboriginal specific legal services
- Other Aboriginal specific services (Please specify)
- Hospital services
- Non-Aboriginal specific health services (i.e. community health centres)
- Non-Aboriginal specific family support services
- Non-Aboriginal specific child protection services
- Non-Aboriginal specific housing services
- Non-Aboriginal specific legal services
- Other non-Aboriginal specific services (Please specify)
- Interviewer Use Only*

If other Aboriginal specific services, please specify

If other non-Aboriginal specific services, 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 Toronto to address the following issues:

	Yes	No	<i>Interviewer Use Only</i>
22.3a Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3b Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3c Men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3d Mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3e Fathers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3f Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3g Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22.3h	Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3i	Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3j	Legal services (e.g. justice system, going to court)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3k	Reproductive health/ Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3l	Fertility Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3m	Safe, private, easy to access and affordable therapeutic abortion services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3n	Primary health care (family doctors, nurse practitioners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3o	Sexual health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3p	The LGBTQQI Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3q	HIV Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3r	Pandemics such as H1N1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3s	Dealing with the impacts of incarceration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.3t	Dealing with the impacts of child welfare intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 23 - INCOME

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 (*Interviewer: Start asking ranges from here*)
- \$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 Use Only

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

of people

SECTION 24 - HEIGHT & WEIGHT

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

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

SECTION 25 - GROWTH & EMPOWERMENT MEASURE

Interviewer: Based on the participant's date of birth, s/he should complete the Growth & Empowerment Measure. Complete this section on paper and transfer the answers here once complete.

25.1 *Interviewer: Transfer the answer for question, "How do you deal with painful feelings and the bad things that have happened in your life?"*

So much pain, anger and bad feelings are bottled up inside me...

I can say that I have worked through or moved on from much of the bad experiences and struggles I've had...

25.2 *Interviewer: Transfer the answer for question, "How do you deal with safety for yourself and your family?"*

I just put up with things that harm me...

I have a strong ability to protect myself and my family from things that could harm us...

25.3 *Interviewer: Transfer the answer for question, "How do you feel about making changes in your life?"*

There are things that I should change in my life to be healthier and happy...

I have gained skills and confidence and have succeeded in making many important changes in my life...

25.4 *Interviewer: Transfer the answer for question, "Are you able to speak out and be heard in your community?"*

I am too shy or ashamed to speak out in this community...

I am fully part of the decision making process in this community as an individual or a member of an active group...

25.5 *Interviewer: Transfer the answer for question, "Do you have a strong sense of knowing who you are?"*

I don't know who I am...

I am very strong about who I am...

25.6 *Interviewer: Transfer the answer for question, "How do you see your relationships with other people?"*

I feel completely trapped in my relationships. I am dealing with things like: out of control kids, anger and fighting, gossiping, bullying...

My life is now rich and happier because of many good relationships...

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 Toronto?" 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 Toronto - Respectful Health Survey.

END OF ADULT SURVEY