

For data entry:

PARTICIPANT ID

Epi Info record no.	<input type="text"/>
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## FIRST NATIONS FOOD, NUTRITION AND ENVIRONMENT STUDY (FNFNES)

### Saskatchewan 2015

**INTERVIEWER**, KEEP THIS FORM ATTACHED TO THE QUESTIONNAIRE AND USE IT TO CHECK THE RECORD FOR COMPLETENESS. THE NUTRITION RESEARCH COORDINATOR WILL CHECK AGAIN.

	CHECK WHEN COMPLETED	
	CRA	NRC
A. Consent Form	_____	_____
B. Survey		
1. General Information	_____	_____
2. Traditional Food & Water Questionnaire	_____	_____
3. 24-hr recall, supplement form, food intolerances	_____	_____
4. Anthropometrics	_____	_____
5. Hair sample	_____	_____
6. Social, Health and Lifestyle Questionnaire	_____	_____
7. Food Security Questionnaire	_____	_____
8. Water sample ( <i>if applicable</i> )	_____	_____
9. Repeated 24hr recall ( <i>if applicable</i> )	_____	_____

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## 1. GENERAL INFORMATION

Community Number

Participant's gender (1=female, 2=male)

Randomly assigned Household Number

Participant Identification Number

Participant's age

Age group: 19-30 years old

31-50 years old

51-70 years old

71+ years old

### For WOMEN only:

Currently pregnant: Yes  No

Currently breastfeeding: Yes  No

Interview language: English

Mix of English and other language  please specify \_\_\_\_\_

Other  please specify \_\_\_\_\_

Interviewer's Initials

Date of interview  2015

## 2. TRADITIONAL FOOD AND WATER QUESTIONNAIRE

### i) TRADITIONAL FOOD FREQUENCY QUESTIONNAIRE

This first section is about traditional food – that is, food harvested within the local environment. It can be in any form – for example: dried, smoked, fermented, fresh, frozen...

I will begin by asking about fish that were harvested within the past year.

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A. In the past year, have you eaten any **FISH**?

Yes  For each of the following species, I will be asking you if, in the past year you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  (If No, go to next section – LAND MAMMALS)

FISH SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN? (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
1. Trout (all combined)	No Yes				
2. Brook trout (speckle)	No Yes→				
3. Lake trout	No Yes→				
4. Rainbow trout	No Yes→				
5. Brown trout	No Yes→				
6. Cutthroat trout	No Yes→				
7. Tiger trout	No Yes→				
8. Splake trout	No Yes→				
9. Lake whitefish	No Yes→				
10. Round whitefish	No Yes→				
11. Arctic grayling	No Yes→				
12. Rock bass	No Yes→				
13. Small/Largemouth bass	No Yes→				
14. Goldeye	No Yes→				
15. Mooneye	No Yes→				
16. Carp	No Yes→				
17. Yellow perch	No Yes→				
18. Walleye	No Yes→				
19. Sauger	No Yes→				
20. Northern pike	No Yes→				
21. Burbot (ling)	No Yes→				
22. Bullhead (black, brown)	No Yes→				
23. Channel catfish	No Yes→				
24. Sucker (longnose, white, redhorse, quillback)	No Yes→				

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FISH SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN? (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
25. Sturgeon	No Yes→				
26. Other fish? specify:	No Yes→				

B. In the past year, have you eaten any wild game (**LAND MAMMALS**)?

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  *(If No, go to next section - WILD BIRDS)*

LAND MAMMAL SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
27. Deer meat	No Yes→				
28. Deer liver	No Yes→				
29. Deer kidney	No Yes→				
30. Pronghorn meat	No Yes→				
31. Pronghorn liver	No Yes→				
32. Pronghorn kidney	No Yes→				
33. Elk meat	No Yes→				
34. Elk liver	No Yes→				
35. Elk kidney	No Yes→				
36. Caribou meat	No Yes→				
37. Caribou liver	No Yes→				
38. Caribou kidney	No Yes→				
39. Moose meat	No Yes→				
40. Moose liver	No Yes→				

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LAND MAMMAL SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
41. Moose kidney	No Yes→				
42. Bison meat	No Yes→				
43. Bison liver	No Yes→				
44. Bison kidney	No Yes→				
45. Black bear meat	No Yes→				
46. Black bear fat	No Yes→				
47. Rabbit meat	No Yes→				
48. Jackrabbit/snowshoe hare meat	No Yes→				
49. Muskrat meat	No Yes→				
50. Beaver meat	No Yes→				
51. Porcupine meat	No Yes→				
52. Groundhog/woodchuck (marmot) meat	No Yes→				
53. Prairie dog	No Yes→				
54. Squirrel meat	No Yes→				
55. Other land mammals? specify:	No Yes→				

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C. In the past year, have you eaten any **WILD BIRDS** such as ducks, geese, grouse?

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  (If No, go to next section – *BERRIES/FRUIT*)

WILD BIRD SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
<b>DUCKS</b>					
56. Ducks (all combined)	No Yes				
57. Long-tailed duck	No Yes→				
58. Wood Duck	No Yes→				
59. Ruddy Duck	No Yes→				
60. American Wigeon	No Yes→				
61. Northern Pintail	No Yes→				
62. Northern Shoveler	No Yes→				
63. Mallard	No Yes→				
64. Gadwall	No Yes→				
65. American black duck	No Yes→				
66. Teal	No Yes→				
67. Canvasback	No Yes→				
68. Redhead	No Yes→				
69. Ring-necked duck	No Yes→				
70. Scaup	No Yes→				
71. Scoter	No Yes→				
72. Golden eye	No Yes→				
73. Bufflehead	No Yes→				
74. Merganser	No Yes→				
<b>GEESE and OTHER BIRDS</b>					
75. Goose (Canada, brant)	No Yes→				
76. Snow goose (blue goose)	No Yes→				

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WILD BIRD SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
77. Greater white-fronted goose (speckle belly)	No Yes→				
78. Swan (tundra)	No Yes→				
79. Loon	No Yes→				
80. Mudhen (American coot)	No Yes→				
81. Grouse (blue, ruffed, sharp-tailed/prairie chicken)	No Yes→				
82. Ptarmigan (willow, rock)	No Yes→				
83. Gray partridge	No Yes→				
84. Other wild bird? specify:	No Yes→				
<b>BIRD EGGS</b>					
85. Bird eggs (specify type):	No Yes→				

D. In the past year have you eaten any **WILD BERRIES OR WILD FRUIT or SEEDS?**

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  *(If No, go to next section - WILD RICE, PLANTS)*

WILD BERRIES/FRUIT	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
86. Bunchberries	No Yes→				
87. Crowberry	No Yes→				
88. Buffaloberry (soapberry)	No Yes→				

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WILD BERRIES/FRUIT	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
89. Bearberry (Kinnickinnick)	No Yes→				
90. Cloudberry (bakeapple)	No Yes→				
91. Wild Strawberry	No Yes→				
92. Dewberry (dwarf raspberry, trailing)	No Yes→				
93. Raspberry (tall)	No Yes→				
94. Saskatoons	No Yes→				
95. Rosehips	No Yes→				
96. Blueberry (bilberry, huckleberry)	No Yes→				
97. Cranberry, bog, swamp (mossberry)	No Yes→				
98. Cranberry, mountain (lingonberry, partridge berry)	No Yes→				
99. Mooseberry, squashberry (low bush cranberry)	No Yes→				
100. High bush cranberry (pembina)	No Yes→				
101. Gooseberry	No Yes→				
102. Black currant	No Yes→				
103. Red currant	No Yes→				
104. Cherry (pin, chokecherry)	No Yes→				
105. Crabapple	No Yes→				
<b>NUTS/SEEDS</b>					
106. Sunflower seeds	No Yes→				
107. Other berries, fruit, nuts/seeds? specify:	No Yes→				



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E. In the past year have you eaten any **WILD PLANTS**?

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  (If No, go to next section, **TREE FOODS**)

PLANTS	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
108. Wild rice	No Yes→				
109. Wild onion/chives	No Yes→				
110. Fiddleheads	No Yes→				
111. Wild asparagus	No Yes→				
112. Cow parsnip	No Yes→				
113. Lamb's quarters	No Yes→				
114. Fireweed	No Yes→				
115. Plantain	No Yes→				
116. Dandelions	No Yes→				
117. Stinging nettle	No Yes→				
118. Rhubarb	No Yes→				
119. Yellow pond lily (bullhead)	No Yes→				
<b>MEDICINAL AND TEA PLANTS</b>					
120. Rat root (wihkes, sweet flag)	No Yes→				
121. Raspberry leaves	No Yes→				
122. Sweetgrass	No Yes→				
123. Yarrow	No Yes→				
124. Pineapple weed	No Yes→				
125. Sage	No Yes→				
126. Golden rod tea					
127. Labrador Tea	No Yes→				
128. Red paintbrush	No Yes→				
129. Mint	No Yes→				

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PLANTS	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
130. Bergamot	No Yes→				
131. Sarsaparilla root	No Yes→				
132. Other wild plants? specify:	No Yes→				

F. In the past year have you eaten any **TREE FOODS**?

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  *(If No, go to next section- MUSHROOMS)*

TREE FOODS	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
133. Maple syrup	No Yes→				
134. Beaked Hazelnuts	No Yes→				
135. Birch syrup	No Yes→				
136. Birch twig tea	No Yes→				
137. Juniper (stem, root) tea	No Yes→				
138. Balsam fir bark tea	No Yes→				
139. Balsam fir sap	No Yes→				
140. Tamarack bark tea	No Yes→				
141. Tamarack gum	No Yes→				
142. White Spruce bark tea	No Yes→				
143. Spruce pitch/gum	No Yes→				
144. Balsam poplar bark	No Yes→				
145. Balsam poplar sap	No Yes→				

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TREE FOODS	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
146. Trembling aspen inner bark	No Yes→				
147. Trembling aspen syrup	No Yes→				
148. Other tree products? specify:	No Yes→				

G. In the past year, have you eaten any **MUSHROOMS**?

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  *(If No, go to next section- CULTIVATED TRADITIONAL FOOD)*

MUSHROOMS	Did you have ANY during the past year? (circle the correct answer)	HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
149. Puffball	No Yes→				
150. Morel	No Yes→				
151. Chanterelle	No Yes→				
152. Bolete	No Yes→				
153. Shaggy mane	No Yes→				
154. Other mushrooms? specify:	No Yes→				

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H. In the past year have you eaten any other **CULTIVATED TRADITIONAL FOOD**?

Yes  For each of the following species, I will be asking you if, in the past year, you ate it and if so, the number of times that you believe you ate this food in each season, starting from this past summer.

No  (If No, go to next section-I)

	Did you have ANY during the past year? (circle the correct answer)	HOW OFTEN (ie. How many DAYS per season) (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
155. Corn/hominy	No Yes→				
156. Beans	No Yes→				
157. Squash	No Yes→				
158. Other traditional cultivated food? specify:	No Yes→				

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I. In the past year, have you eaten any vegetables and fruit from **your garden or a community garden**?

No  (If No, go to next section- DRINKING AND COOKING WATER)

Yes  If yes, what type of garden? (check one):  
[ ] a) private garden (family/friend's garden)  
[ ] b) community garden  
[ ] c) both a + b

If yes, please list the garden grown fruits and vegetables that you ate in the past year:

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.



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ii) If **NO** OR **SOMETIMES**, what other main type of water do you use for **drinking**?

- Bottled, from store
- Bottled water, distributed from band
- Hauled from stream/river
- Hauled from lake/pond
- Rainwater
- Private well

3. Do you use the tap water in your house to **prepare food or beverages**?

**YES** If yes, from which taps do you take water from to prepare your food or beverages:

- Cold water tap only
- Hot water tap only
- Both cold and hot water taps

**NO** If no, what main type of water do you use for **preparing food or beverages**?

- Bottled, from store
- Bottled water, distributed from band
- Hauled from stream/river
- Hauled from lake/pond
- Rainwater
- Private well

4. Where does your tap water come from? Please check off **ONE** answer below:

- \_\_\_\_\_ Community treatment plant, piped
- \_\_\_\_\_ Community treatment plant, trucked-in
- \_\_\_\_\_ Nearby municipality, piped
- \_\_\_\_\_ Nearby municipality, trucked in
- \_\_\_\_\_ Commercial water source, trucked in
- \_\_\_\_\_ Private well
- \_\_\_\_\_ Lake
- \_\_\_\_\_ River

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5. a) Do you treat the tap water in your house (e.g. filters, boil, tablets, softeners, etc.)?

- YES if yes, please check off all the methods that you use to treat your tap water:
  - boil
  - filter (Brita, ultraviolet)
  - bleach
  - softeners
  - reverse osmosis
  - other, please specify \_\_\_\_\_
  
- NO

6. Do I have your permission to look under the kitchen sink to determine the material that the incoming pipes are made out of?

- NO
- Not applicable (survey conducted outside of home and don't know)
- YES (if Yes, look under the sink and record what type of material the incoming pipes are made of below. If survey is being conducted outside of the home and participant knows what type of pipes are under the kitchen sink, record type of material below.)

Type of incoming pipes under the kitchen sink:

- [ ] Plastic pipes with plastic fittings only (includes PEX pipes)
- [ ] Plastic pipes with metal fittings; *specify type of metal:* \_\_\_\_\_
- [ ] Metal pipes only; *specify type of metal:* \_\_\_\_\_
- [ ] Metal pipes, specify type of metal: \_\_\_\_\_ attached to  
**circle one** (plastic/PEX, braided flex line, steel flex line)
- [ ] Braided (PVC/plastic) flex line only
- [ ] Steel flex line only
- [ ] Other, *please specify* \_\_\_\_\_



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7. a) Has the **water supply line/pipe** under the kitchen sink ever been replaced?

- YES
- NO (if NO, GO to Question 8)
- Do not know (if Do not know, GO to Question 8)

b) In what year? \_\_\_\_\_ Do not know

c) Please describe the upgrades:

- Changed to plastic pipes, PEX, or flex lines under the kitchen sink
- Changed to copper pipes under the kitchen sink
- Other, please specify \_\_\_\_\_

8. a) Do you have a water storage system?

- YES
- NO (if NO, GO to Question 9)

b) Is it:  inside the house OR  
 outside the house ?

c) Is it:  able to be carried (bucket) OR  
 is it fixed in place?

d) What is it made out of?

- plastic
- iron
- steel
- do not know
- other, please specify \_\_\_\_\_

e) How big is it (volume of tank)? \_\_\_\_\_ Do not know

9. In what year was this home built? \_\_\_\_\_ Do not know

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**B. QUANTIFICATION OF WATER CONSUMPTION FROM HOME**

**[INTERVIEWER, READ OUT THE FOLLOWING]**

In this section of the questionnaire, we would like to understand how much water you get from beverages and food made with water from your home. We will use a MUG (**INTERVIEWER, bring out the MUG**) to quantify your **daily** amount.

For each item listed below, please tell me

- a) if you had it in the last week [**INTERVIEWER, circle YES or NO for each item**]
- b) how many days you had it in the last week
- c) how many cups [**INTERVIEWER, bring out the MUG** ] you would have on the day you had the item
- d) the main source of water used to make this beverage/food (if other, please specify)

If there are other items that are not on the list that you consume daily and are likely to contain water, please let me know and we will add it to the list.

ITEM	Did you have ANY at home in the past week?	Number of days beverage or food item consumed in the past week (enter 1-7)	Amount (cups per day)	Main Source of water (check 1)			
				tap	bottle	tap & bottle	other (please specify)
1. Water	No Yes→						
2. Coffee	No Yes→						
3. Tea (any)	No Yes→						
4. Hot chocolate	No Yes→						
5. Juice/drinks made from concentrate or crystals	No Yes→						
6. Powdered milk	No Yes→						
7. Broth/soup	No Yes→						
8. Stew	No Yes→						
9. Oatmeal	No Yes→						
10. Ice	No Yes→						
11. Other food/drink Name:	No Yes→						







Participant ID: \_\_\_\_ \_

**3. ii) SUPPLEMENT FORM**

1. In the last month, did you take any of the following: nutritional supplements, vitamins, minerals, or herbal, botanical or homeopathic preparations?  
 Yes  No  (if No, GO to next page)
2. Please tell me the name of all these products (can I see the bottles for DIN/NPN number?)
3. In the last month, how often was each of these supplements taken?
4. How many pills (or tablets, capsules, teaspoons, etc.) were usually taken on each occasion?
5. In what form was the supplement (pills, tablets, capsules, teaspoons, etc.)?

SUPPLEMENT NAME	DIN/NPN	DURING THE LAST MONTH						
		HOW OFTEN per MONTH? (check 1)					Amount each time	In what form? (pills, tabs, caps, teaspoon, tinctures, etc)
		Every day	Every other day	Twice a week	Once a week	Once or twice per month		

Participant ID: \_\_\_\_\_

### 3. *iii*) **FOOD INTOLERANCE**

1. Are there foods or beverages that you avoid because of intolerance (food gives you an upset stomach, cramping, diarrhea, etc)?

YES  If yes, please list below      NO  (if No, GO to next question)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. **ANTHROPOMETRICS (HEIGHT/WEIGHT)**

1. Yesterday, did you modify your diet to lose weight? YES  NO

2. Do you know your height? YES  NO

Reported height ' '' (feet and inches)

3. Do you know your weight? YES  NO

Reported weight  (pounds)

4. We will now measure your height and weight to ensure accuracy:

Measured height ' '' (feet and inches)

Measured weight  (pounds)

Quality control: Second measured weight  (pounds)

(NRC comments re: anthropometrics \_\_\_\_\_)

### 5. **HAIR SAMPLE**

Now, I would like to ask your permission for a hair sample to measure mercury? Can I explain? (EXPLAIN PROTOCOL AS OUTLINED IN GUIDE)

Do you agree to a hair sample? YES  NO

(If YES, proceed with hair sampling. If No, go to next section- SOCIAL, HEALTH AND LIFESTYLE QUESTIONNAIRE)

Which language would you prefer for communication of results of the hair mercury testing? (Check one):

English     Cree     Saulteaux     Other, please specify \_\_\_\_\_

Participant ID: \_\_\_ \_ \_ \_ \_

## 6. SOCIAL, HEALTH AND LIFESTYLE QUESTIONNAIRE

This section addresses questions about your household and the role and use of traditional food in your household. Remember, traditional food is food that is coming from the local land and environment, such as fish, birds, land animals and plants.

1. How many persons, including yourself, live in your household now\* (i.e., this month?)

Total number of people \_\_\_\_\_

- a. How many are less than 15 yrs of age \_\_\_\_\_
- b. How many are between 15 and 65 \_\_\_\_\_
- c. How many are over 65 \_\_\_\_\_

\*Include children and adults, but not visitors. To live in your household, this means that they have meals and sleep there at least 3 nights per week.

2. How many persons, including yourself, living in your household are either self-employed or an employee now? (i.e., this month)

- a. Full-time ( $\geq$  35 hours/week) \_\_\_\_\_
- b. Part-time (< 35 hours/week) \_\_\_\_\_

3. What is your main source of income? (*check one*)

- Wages/salary/self-employment
- Pension/seniors benefits
- Social assistance (example: income assistance, disability allowance, child tax benefits)
- Worker's compensation/employment insurance
- Other, please specify \_\_\_\_\_

4. a) How many years of school have you completed? Please don't count partial years, kindergarten or grades repeated.

\_\_\_\_\_ years

b) Have you obtained the following diplomas, certificates, or degrees?

- a. High school diploma YES  NO
- b. GED (high school equivalency) YES  NO  Not applicable
- c. Vocational training certificate YES  NO
- d. College diploma YES  NO
- e. Bachelor's degree YES  NO
- f. Master's degree YES  NO
- g. Doctorate degree YES  NO
- h. Other YES  NO

If other, please specify \_\_\_\_\_



Participant ID: \_\_\_ \_ \_ \_ \_

5. During the past year, did you personally:
- a. Hunt or set snares for food? YES  NO
  - b. Fish? YES  NO
  - c. Collect wild plant food? YES  NO
  - d. Collect seafood? YES  NO
  - e. Plant a garden? YES  NO

6. During the past year, did anyone else in your household:
- a. Hunt or set snares for food? YES  NO
  - b. Fish? YES  NO
  - c. Collect wild plant food? YES  NO
  - d. Collect seafood? YES  NO
  - e. Plant a garden? YES  NO
- NOT APPLICABLE (participant lives alone)

7. a) What do you think are the most important benefits (ie. the advantages or best things) of traditional food? Please state as many as you wish.

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- b) What do you think are the most important benefits (ie. the advantages or best things) of store-bought food? Please state as many as you wish.

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8. a) Would your household like to have more traditional food?

YES  NO  (if NO, go to Q. 8c)

- b) Can you tell me what prevents your household from using more traditional food?

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Participant ID: \_ \_ \_ \_ \_

c) Some families might say, “**We worried whether our traditional food would run out before we could get more.**” In the last 12 months, did that happen often, sometimes, or never for your household?

- a. Often
- b. Sometimes
- c. Never
- d. Don't know or refused

d) Some families might say, “**The traditional food that we got just didn't last, and we couldn't get any more.**” In the last 12 months, did that happen often, sometimes, or never for your household?

- a. Often
- b. Sometimes
- c. Never
- d. Don't know or refused

9. a) Have you noticed any significant climate change in your traditional territory in the last 10 years?

YES  NO  DON'T KNOW  (if NO or DON'T KNOW, go to Question 10)

b) If yes, what climate change have you noticed?

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c) If yes, can you tell me one way how this has affected traditional food availability in your household?

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10. Do any of the following affect (or limit) where you can hunt, fish or collect berries?

- |                               |                              |                             |                                      |
|-------------------------------|------------------------------|-----------------------------|--------------------------------------|
| a. Mining                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| b. Forestry                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| c. Oil and gas                | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| d. Hydro                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| e. Farming                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| f. Sports Outfitters/Lodges   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| g. Recreation boaters/fishers | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| h. Snowmobiles/ATV's          | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| i. Roadways                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| j. Government restrictions    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| k. Other                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

if yes to other, please specify: \_\_\_\_\_

Participant ID: \_\_\_\_ \_

11. In general, compared to other people of your age, would you say your health is:

- a) Excellent
- b) Very good
- c) Good
- d) Fair
- e) Poor

12. Which statement below best describes your activities for most days when you are in the community?

- a) I am usually sitting and do not walk around very much.
- b) I stand or walk around quite a lot, but I do not have to carry or lift things very often.
- c) I usually lift or carry light loads or I have to climb stairs or walk up hills often.
- d) I do heavy work or carry heavy loads.

13. In general, compared to other people of your age, are you physically:

- a) More active
- b) Less active
- c) About average
- d) Don't know

14. Did you smoke cigarettes yesterday?

YES  If yes, how many cigarettes? \_\_\_\_\_

NO

15. Have you ever been told by a health care provider that you have **diabetes**, not including gestational diabetes (diabetes during pregnancy)?

YES  If yes:

i) How many years ago were you diagnosed?

\_\_\_\_\_ years ago      Don't know

ii) What type of diabetes do you have?

[ ] Type 1

[ ] Type 2

[ ] Unknown

NO  (if NO, GO to next section- FOOD SECURITY QUESTIONNAIRE)

Participant ID: \_\_\_\_\_

## 7. FOOD SECURITY QUESTIONNAIRE

Food security has been defined as: "... when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (World Food Summit, 1996).

This last section asks questions about being able to afford food for your household. Some of the questions are very personal and may be difficult for you to answer. Like the rest of the questionnaire, this information is strictly confidential and no names will be released to the community or government.

I'm going to read several statements that may be used to describe the food situation of a household.

Please tell me if the statement was true **often, sometimes or never** for your household in the last 12 months. **[INTERVIEWER, CHECK ONE BOX ONLY]**

<b>SECTION I. Questions</b>	<b>Often true</b>	<b>Sometimes true</b>	<b>Never true</b>	<i>Don't know or refused</i>
<b>Q1.</b> "You and other household (HH) members couldn't afford to eat balanced meals." Was that <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months?				
<b>Q2.</b> "You and other HH members worried food would run out before you got money to buy more." Was that <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months?				
<b>Q3.</b> "Food that you and other HH members bought didn't last and there wasn't any money to get more." Was that <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months?				

**Q3b.** Are there children living in the house who are under 18 years of age?

**Yes**  If 'Yes', GO TO **Q4**

**No**  ► If 'No' AND if ANY of **Q1, Q2 or Q3** was answered "**often or sometimes**",  
**GO TO Q7**

► If 'No' and if ALL of **Q1, Q2 and Q3** were answered "**never true**",  
**GO TO ADDITIONAL COMMENTS, PAGE 32**

Participant ID: \_ \_ \_ \_ \_

<b>IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 4 and 5:</b>	<b>Often true</b>	<b>Sometimes true</b>	<b>Never true</b>	<i>Don't know or refused</i>
<b>Q4.</b> “You or other adults in your HH relied on less expensive foods to feed the children because you were running out of money to buy food.” Was that <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months?				
<b>Q5.</b> “You or other adults in your HH couldn't afford to feed children a balanced meal.” Was that <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months?				



**IF PARTICIPANT ANSWERS “OFTEN” OR “SOMETIMES” TO ANY ONE OF QUESTIONS 1 TO 5, THEN CONTINUE TO Question 6; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 32**


Participant ID: \_ \_ \_ \_ \_

<b>SECTION II. Questions</b>	<b>Often true</b>	<b>Sometimes true</b>	<b>Never true</b>	<b><i>Don't know or refused</i></b>
<b>Q6.</b> "Children were not eating enough because you and other adults in your HH just couldn't afford enough food." Was that <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months?				
<b>Question</b>	<b>Yes</b>	<b>No</b>	<b><i>Don't know or refused</i></b>	
<b>Q7.</b> Since October last year, did you or other adults in your HH ever cut the size of your meals or skipped meals because there wasn't enough money for food?"				
<b><i>IF Yes to Question 7, go to Question 8</i></b>				
<b><i>IF No, go to Question 9</i></b>				
<b>Q8.</b> How often did this happen... almost every month, some months but not every month, or in only 1 or 2 months? a. Almost every month <input type="checkbox"/> b. Some months but not every month <input type="checkbox"/> c. Only 1 or 2 months <input type="checkbox"/> d. Don't know or refused <input type="checkbox"/>				
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b><i>Don't know or refused</i></b>	
<b>Q9.</b> In the last 12 months, did <u>you</u> ever eat less than you felt you should because there wasn't enough money to buy food?				
<b>Q10.</b> In the last 12 months, were <u>you</u> ever hungry but did not eat because you couldn't afford enough food?				
<b>Q11.</b> In the last 12 months, did <u>you</u> lose weight because you didn't have enough money for food?				



**IF PARTICIPANT ANSWERED “Often” or “Sometimes” to Question 6, or “YES” TO ANY ONE OF QUESTIONS 7 TO 11, THEN CONTINUE TO Question 12; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 32**

Participant ID: \_\_\_\_\_

Questions	Yes	No	Don't know or refused
<b>Q12.</b> In the last 12 months, did you or other adults in your HH ever not eat for a whole day because there wasn't enough money for food?			
<b>IF Yes to Question 12, go to Question 13</b> <b>IF No and have children in the household under 18 years old, go to Question 14</b> <b>IF No and don't have children, go to Additional Comments, Page 32</b>			
<b>Q13.</b> How often did this happen... almost every month, some months but not every month, or in only 1 or 2 months? a. Almost every month <input type="checkbox"/> b. Some months but not every month <input type="checkbox"/> c. Only 1 or 2 months <input type="checkbox"/> d. Don't know or refused <input type="checkbox"/>			
 <b>IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 14 to 18; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 32</b>			
Questions	Yes	No	Don't know or refused
<b>Q14.</b> In the last 12 months, did you or other adults in your HH ever cut the size of any of the children's meals because there wasn't enough money for food?			
<b>Q15.</b> In the last 12 months, did any of the children ever skip meals because there wasn't enough money for food?			
<b>IF Yes to Question 15, go to Question 16</b> <b>IF No go to Question 17</b>			
<b>Q16.</b> How often did this happen... almost every month, some months but not every month, or in only 1 or 2 months? a. Almost every month <input type="checkbox"/> b. Some months but not every month <input type="checkbox"/> c. Only 1 or 2 months <input type="checkbox"/> d. Don't know or refused <input type="checkbox"/>			
Questions	Yes	No	Don't know or refused
<b>Q17.</b> In the last 12 months, were the children ever hungry but you just couldn't afford more food?			
<b>Q18.</b> In the last 12 months, did any your children ever not eat for a whole day because there wasn't enough money for food?			

Participant ID: \_ \_ \_ \_ \_

**8. WATER SAMPLE AND 9. REPEATED 24-HR RECALL**

Some houses will have their drinking water sampled and/or asked to complete a 2<sup>nd</sup> food recall. You will be contacted only if you agree and your house is selected.

a) Do you agree to have your drinking water sampled?

YES

NO

b) Do you agree to complete a 2<sup>nd</sup> food recall?

YES

NO

**ADDITIONAL COMMENTS**

Do you have any additional comments to mention regarding traditional food, store-bought food, or any of the points we covered or may have missed?

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Thank you  
**[Interviewer, make sure all the pages have been completed]**



Participant ID: \_ \_ \_ \_ \_

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**NRC Documentation of Missing Questionnaire Data**

- participant refused to report age
- participant refused to report both age and age group
- participant refused to report if pregnant or not
- participant refused to report if lactating or not
- participant refused to report main source of income
- participant refused to report years of education
- participant refused to report diplomas, etc obtained
- participant refused to fill out food security questionnaire
- other question refused to fill out, please specify

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- other question refused to fill out, please specify

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Other NRC comments

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