

PARTICIPANT ID \_\_\_ / \_\_\_ / \_\_\_\_\_

For data entry:

FFQ record no.	
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Socio record no.	
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**FIRST NATIONS FOOD, NUTRITION AND ENVIRONMENT STUDY (FNFNES)**

**Manitoba Fall 2010  
QUESTIONNAIRE AND CODEBOOK**

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

		<b>CHECK WHEN COMPLETED</b>	
		<b>CRA</b>	<b>NRC</b>
I.	Consent Form	_____	_____
II.	Traditional Food & Water Questionnaire	_____	_____
III.	24-hr recall	_____	_____
IV.	Social, Health and Lifestyle Questionnaire	_____	_____
V.	Food Security Questionnaire	_____	_____
VI.	Hair sample	_____	_____
VII.	Water sample ( <i>if applicable</i> )	_____	_____
VIII.	Repeated 24hr recall ( <i>if applicable</i> )	_____	_____

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## I. TRADITIONAL FOOD AND WATER QUESTIONNAIRE

Community Number **SITE** \_\_\_\_\_

Participant's gender (1=female, 2=male) **GENDER** \_\_\_\_\_ Household number **HH** \_\_\_\_\_

Participant's age **AGE** \_\_\_\_\_

Age group **AGEGROUP**  
19-30 years old \_\_\_\_\_ 31-50 years old \_\_\_\_\_ 51-70 years old \_\_\_\_\_  
71+ years \_\_\_\_\_

### For WOMEN only:

Currently pregnant: Yes  No  **PREGNANT**

Currently breastfeeding: Yes  No  **BREASTFEEDING**

Interview language: English  Other, please specify **LANGUAGE** \_\_\_\_\_ **OTHERLANGUAGE** \_\_\_\_\_

Interviewer's Initials **INTERVIEWERID** \_\_\_\_\_

Date of interview (dd/mm/yyyy) **DATE** \_\_\_\_\_

This section contains 2 parts. The first part asks about the traditional foods that you have eaten in the past year and how often you ate them. The second part asks about the sources of water in your house, your average consumption of beverages and soups likely to contain water and the different sources water in your home used to make the beverages and soups.

### A. TRADITIONAL FOOD

This part is about traditional food – that is, food harvested within Manitoba. 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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**FISH**

I. 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.

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)  (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
	NO =0 YES=1	Range 0-90			
1. Trout (all combined)	TF1	SUMMER1	SPRING1	WINTER1	FALL1
2. Trout, Brook	TF2	SUMMER2	SPRING2	WINTER2	FALL2
3. Trout, Lake	TF3	SUMMER3	SPRING3	WINTER3	FALL3
4. Trout, Rainbow	TF4	SUMMER4	SPRING4	WINTER4	FALL4
5. Trout, Brown	TF5	SUMMER5	SPRING5	WINTER5	FALL5
6. Trout, Kokanee	TF6	SUMMER6	SPRING6	WINTER6	FALL6
7. Trout, Cutthroat	TF7	SUMMER7	SPRING7	WINTER7	FALL7
8. Cisco	TF8	SUMMER8	SPRING8	WINTER8	FALL8
9. Arctic grayling	TF9	SUMMER9	SPRING9	WINTER9	FALL9
10. Whitefish, lake	TF10	SUMMER10	SPRING10	WINTER10	FALL10
11. Whitefish, round	TF11	SUMMER11	SPRING11	WINTER11	FALL11
12. Bluegill	TF12	SUMMER12	SPRING12	WINTER12	FALL12
13. Sunfish (pumpkinseed)	TF13	SUMMER13	SPRING13	WINTER13	FALL13
14. Smallmouth Bass	TF14	SUMMER14	SPRING14	WINTER14	FALL14
15. Largemouth Bass	TF15	SUMMER15	SPRING15	WINTER15	FALL15
16. Rock Bass	TF16	SUMMER16	SPRING16	WINTER16	FALL16
17. White perch/White Bass	TF17	SUMMER17	SPRING17	WINTER17	FALL17
18. Sauger	TF18	SUMMER18	SPRING18	WINTER18	FALL18
19. Yellow Perch	TF19	SUMMER19	SPRING19	WINTER19	FALL19
20. Mooneye	TF20	SUMMER20	SPRING20	WINTER20	FALL20
21. Walleye (yellow pickerel)	TF21	SUMMER21	SPRING21	WINTER21	FALL21
22. Northern pike	TF22	SUMMER22	SPRING22	WINTER22	FALL22
23. Muskie	TF23	SUMMER23	SPRING23	WINTER23	FALL23
24. Burbot (Ling or Maria)	TF24	SUMMER24	SPRING24	WINTER24	FALL24

FISH SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN? (ie. How many DAYS per season)  (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
25. Brown bullhead catfish	TF25	SUMMER25	SPRING25	WINTER25	FALL25
26. Channel Catfish	TF26	SUMMER26	SPRING26	WINTER26	FALL26
27. Red (longnose) Sucker	TF27	SUMMER27	SPRING27	WINTER27	FALL27
28. White Sucker	TF28	SUMMER28	SPRING28	WINTER28	FALL28
29. Bigmouth buffalo sucker	TF29	SUMMER29	SPRING29	WINTER29	FALL29
30. Sturgeon (lake)	TF30	SUMMER30	SPRING30	WINTER30	FALL30
31. <b>OTHER FISH?</b> <b>LIST:</b>  <b>TF31OTHER</b>	TF31	SUMMER31	SPRING31	WINTER31	FALL31

**LANDMAMMAL**

II. 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.

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)  (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
32. Deer meat	TF32	SUMMER32	SPRING32	WINTER32	FALL32
33. Deer liver					
34. Deer kidney					
35. Elk meat					
36. Elk liver					
37. Elk kidney					
38. Moose meat					
39. Moose liver					

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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)
40. Moose kidney	TF40	SUMMER40	SPRING40	WINTER40	FALL40
41. Caribou meat	TF41				
42. Caribou liver	TF42				
43. Caribou kidney	TF43				
44. Bison meat	TF44				
45. Rabbit	TF45				
46. Beaver meat	TF46				
47. Groundhog meat	TF47				
48. Muskrat meat	TF48				
49. Mink	TF49				
50. Weasel	TF50				
51. River otter	TF51				
52. Lynx	TF52				
53. Black bear meat	TF53				
54. Black bear fat	TF54				
55. <b>OTHER LAND MAMMALS? LIST:</b>  TF55OTHER	TF55				

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**WILDBIRDS**

III. 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.

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

WILD BIRD SPECIES	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
<b>DUCKS</b>					
<b>56. Ducks (all combined)</b>	<b>TF56</b>	<b>SUMMER56</b>	<b>SPRING56</b>	<b>WINTER56</b>	<b>FALL56</b>
57. Scoter (surf, white winged, black)	<b>TF57</b>	YN SUMMER57 Values=0, 1	YN SPRING57	YN WINTER57	YN FALL57
58. Redhead	<b>TF58</b>	YN SUMMER58	YN SPRING58	YN WINTER58	YN FALL58
59. Canvasback	<b>TF59</b>	YN SUMMER59	YN SPRING59	YN WINTER59	YN FALL59
60. Wood Duck	<b>TF60</b>	YN SUMMER60	YN SPRING60	YN WINTER60	YN FALL60
61. Ring necked Duck	<b>TF61</b>	YN SUMMER61	YN SPRING61	YN WINTER61	YN FALL61
62. Ruddy Duck	<b>TF62</b>	YN SUMMER62	YN SPRING62	YN WINTER62	YN FALL62
63. American Wigeon	<b>TF63</b>	YN SUMMER63	YN SPRING63	YN WINTER63	YN FALL63
64. Northern Pintail	<b>TF64</b>	YN SUMMER64	YN SPRING64	YN WINTER64	YN FALL64
65. Northern Shoveler	<b>TF65</b>	YN SUMMER65	YN SPRING65	YN WINTER65	YN FALL65
66. Gadwall	<b>TF66</b>	YN SUMMER66	YN SPRING66	YN WINTER66	YN FALL66
67. Mallard	<b>TF67</b>	YN SUMMER67	YN SPRING67	YN WINTER67	YN FALL67
68. American black	<b>TF68</b>	YN SUMMER68	YN SPRING68	YN WINTER68	YN FALL68
69. Teal (blue-winged )	<b>TF69</b>	YN SUMMER69	YN SPRING69	YN WINTER69	YN FALL69
<b>FISH EATING BIRDS</b>					
70. Golden eye	<b>TF70</b>	<b>SUMMER70</b>	<b>SPRING70</b>	<b>WINTER70</b>	<b>FALL70</b>
71. Bufflehead	<b>TF71</b>	<b>SUMMER71</b>	<b>SPRING71</b>	<b>WINTER71</b>	<b>FALL71</b>
72. Loon (common, red throated)	<b>TF72</b>	<b>SUMMER72</b>	<b>SPRING72</b>	<b>WINTER72</b>	<b>FALL72</b>
73. Merganser (common, hooded)	<b>TF73</b>	<b>SUMMER73</b>	<b>SPRING73</b>	<b>WINTER73</b>	<b>FALL73</b>
<b>GEESE/GROUSE/PHEASANT</b>					
74. Geese (Canada)	<b>TF74</b>	<b>SUMMER74</b>	<b>SPRING74</b>	<b>WINTER74</b>	<b>FALL74</b>

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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)  (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
75. Grouse (Blue, Ruffed, sharptailed)	TF75	SUMMER75	SPRING75	WINTER75	FALL75
76. Gray Partridge	TF76				
77. Prairie Chicken, greater	TF77				
78. Wild turkey	TF78				
79. Woodcock	TF79				
<b>BIRD EGGS</b>					
80. Bird eggs (specify):	TF80				
81. OTHER WILD BIRD (specify):  TF81OTHER	TF81				

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This last section asks about your use of wild berries, roots, shoots, greens, tree foods and mushrooms over the last year. At the end, we will also ask about plants obtained from your garden.

**BERRIESNUTS**

IV. In the past year have you eaten any **WILD BERRIES or WILD NUTS?**

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.

No  (If No, go to next section - WILD PLANT ROOTS, SHOOTS OR GREENS)

WILD BERRIES	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)
82. Bunchberries	TF82	SUMMER82	SPRING82	WINTER82	FALL82
83. Crowberry	TF83				
84. Teaberry (wintergreen)	TF84				
85. Soapberries (buffaloberry)	TF85				
86. Kinnikinnick Bearberry	TF86				
87. Wild Strawberry	TF87				
88. Thimbleberries	TF88				
89. Cloudberries (bakeapple)	TF89				
90. Blackberry, large (himalyan)	TF90				
91. Black raspberry (thimbleberry)	TF91				
92. Raspberry (wild, dewberry)	TF92				
93. Blueberries	TF93				
94. Cranberry (low-bush/lingonberry, bog)	TF94				
95. Highbush Cranberry (Squashberry, Mooseberry)	TF95				
96. Blue huckleberry	TF96				
97. Gooseberry/currant	TF97				
98. Rose hips (prickly rose)	TF98				
99. False Solomon's Seal berries	TF99				
100. Hawthorn (black, red)	TF100				
101. Saskatoon berry	TF101				
102. Chokecherry	TF102				



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	Did you have ANY during the past year? <i>(circle the correct answer)</i>	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)
<b>WILD BERRIES</b>					
103. Crabapple	<b>TF103</b>	SUMMER103	SPRING103	WINTER103	FALL103
104. Sumac	<b>TF104</b>				
105. Juniper berries	<b>TF105</b>				
<b>WILD NUTS</b>					
106. Hazelnut	<b>TF106</b>				
107. Acorns	<b>TF107</b>				
108. Walnuts	<b>TF108</b>				
<b>109. OTHER BERRIES LIST:</b>	<b>TF109</b>				
<b>TF109OTHER</b>					

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**WILDPLANTS**

V. In the past year have you eaten any **WILD PLANT ROOTS, SHOOTS OR GREENS?**

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.

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

WILD PLANT ROOTS, SHOOTS AND GREENS	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY 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)
<b>ROOTS</b>					
110. Wild onion (prairie, Canada, nodding)	<b>TF110</b>	SUMMER110	SPRING110	WINTER110	FALL110
111. Wild leek	<b>TF111</b>				
112. Breadroot (prairie turnip)	<b>TF112</b>				
113. Wild rice	<b>TF113</b>				
114. Jerusalem artichoke	<b>TF114</b>				
115. Thistle	<b>TF115</b>				
116. Indian potato (Bear root, Eskimo potato, Alaska carrot, sweet vetch, licorice root)	<b>TF116</b>				
117. Wood Lily	<b>TF117</b>				
118. Yellow Pond lily (bullhead)	<b>TF118</b>				
119. Arrowhead	<b>TF119</b>				
120. Tule	<b>TF120</b>				
121. Rat root	<b>TF121</b>				
<b>SHOOTS</b>					
122. Thimbleberry, salmonberry shoots	<b>TF122</b>				
123. Fiddleheads (Spiny wood fern)	<b>TF123</b>				
124. Cattail shoots	<b>TF124</b>				
125. Horsetail shoots	<b>TF125</b>				
<b>GREENS</b>					
126. Lamb's quarters	<b>TF126</b>				
127. Sorrel	<b>TF127</b>				
128. Fireweed	<b>TF128</b>				
129. Dandelions	<b>TF129</b>				

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WILD PLANT ROOTS, SHOOTS AND GREENS	Did you have ANY during the past year? (circle the correct answer)	APPROXIMATELY 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)
130. Western Dock	<b>TF130</b>	SUMMER130	SPRING130	WINTER130	FALL130
131. Cow parsnip	<b>TF131</b>				
132. Raspberry leaves	<b>TF132</b>				
133. Labrador Tea leaves	<b>TF133</b>				
134. Wintergreen (teaberry) leaves	<b>TF134</b>				
135. Bunchberry leaves	<b>TF135</b>				
136. Mint leaves	<b>TF136</b>				
137. Stinging nettle leaves	<b>TF137</b>				
138. Hemp nettle leaves	<b>TF138</b>				
<b>139. OTHER PLANTS LIST:</b>	<b>TF139</b>				
<b>TF139OTHER</b>					

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**TREEFOOD**

VI. 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.

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

<b>TREE FOODS</b> Inner bark=cambium Gum=pitch	Did you have ANY during the past year? <i>(circle the correct answer)</i>	APPROXIMATELY HOW OFTEN (ie. How many DAYS per season) <i>(If never eaten write 0 across)</i>			
		<b>Summer</b> (June-Aug)	<b>Spring</b> (March-May)	<b>Winter</b> (Dec-Feb)	<b>Fall</b> (Sep-Nov)
		SUMMER140	SPRING140	WINTER140	FALL140
140. Jack pine inner bark	<b>TF140</b>				
141. Pine needle/ twig tea	<b>TF141</b>				
142. Pine pitch	<b>TF142</b>				
143. White Pine seeds/nuts	<b>TF143</b>				
144. Poplar (cottonwood) inner bark	<b>TF144</b>				
145. Poplar buds	<b>TF145</b>				
146. Birch inner bark	<b>TF146</b>				
147. Spruce (black or white) inner bark	<b>TF147</b>				
148. Spruce (black or white) pitch	<b>TF148</b>				
149. Aspen bark, twigs	<b>TF149</b>				
<b>150. Other Tree Products</b> (specify)  <b>TF150OTHER</b>	<b>TF150</b>				

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

No  (If No, go to next section of survey)

<b>MUSHROOMS</b>	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)			
		<b>Summer (June-Aug)</b>	<b>Spring (March-May)</b>	<b>Winter (Dec-Feb)</b>	<b>Fall (Sep-Nov)</b>
151. Pine mushroom (White Matsutake)	<b>TF151</b>	<b>SUMMER151</b>	<b>SPRING151</b>	<b>WINTER151</b>	<b>FALL151</b>
152. Chanterelle	<b>TF152</b>				
<b>153. Other Mushrooms (specify)</b>  <b>TF153OTHER</b>	<b>TF153</b>				

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**VIII In the past year, have you eaten any vegetables and fruit from your garden or a community garden (Y/N)? GARDEN**

No  (If No, go to section B of survey)

Yes  If yes, did you eat vegetables and fruit from (please circle): **GARDENTYPE**

a) a private garden (family/friend's garden)

b) a community garden

c) both a + b

Please list the garden grown fruits and vegetables that you ate:

1. <b>GARDEN1</b>	11. <b>GARDEN11</b>
2. <b>GARDEN2</b>	12. <b>GARDEN12</b>
3. <b>GARDEN3</b>	13. <b>GARDEN13</b>
4. <b>GARDEN4</b>	14. <b>GARDEN14</b>
5. <b>GARDEN5</b>	15. <b>GARDEN15</b>
6. <b>GARDEN6</b>	16. <b>GARDEN16</b>
7. <b>GARDEN7</b>	17. <b>GARDEN17</b>
8. <b>GARDEN8</b>	18. <b>GARDEN18</b>
9. <b>GARDEN9</b>	19. <b>GARDEN19</b>
10. <b>GARDEN10</b>	20. <b>GARDEN20</b>

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## B. DRINKING AND COOKING WATER

This part of the interview pertains to the drinking water that you consume. It is divided into two sections. In the first section, I will be asking about the sources of water in your house. Then, I will ask about your average consumption of beverages and soups likely to contain water and the different sources water in your home used to make the beverages and soups.

### QUESTIONS ABOUT SOURCE OF WATER

First, I would like to ask a few questions about your home that will provide important background information about how you obtain the water you use in your home.

**WATER1** 1. Does your house have tap water? YES  NO   
[If yes, GO to 2a. If no, GO to 5].

**WATER2** 2a. Do you drink the tap water in your house? YES  NO

**WATER2b** 2b. Does the taste of chlorine prevent you from drinking the tap water?  
YES  NO  SOMETIMES

**WATER3** 3. Do you use the tap water in your house to prepare food? YES  NO

**WATER4** 4. If your house has tap water, where does it come from?  
\_\_\_\_ Treatment plant  
\_\_\_\_ Well  
\_\_\_\_ Spring  
\_\_\_\_ Stream/river  
\_\_\_\_ Lake/Pond  
\_\_\_\_ Rainwater cistern  
\_\_\_\_ Trucked-in **WATER4OTHER**  
\_\_\_\_ Other, please specify: \_\_\_\_\_

**WATER5** 5. If your house does not have tap water or you do not always drink tap water, what type of water do you use for drinking?  
\_\_\_\_ Bottled water  
\_\_\_\_ Well  
\_\_\_\_ Spring  
\_\_\_\_ Stream/river  
\_\_\_\_ Lake/Pond  
\_\_\_\_ Rainwater cistern  
\_\_\_\_ Trucked-in water **WATER5OTHER**  
\_\_\_\_ Other, please specify: \_\_\_\_\_  
\_\_\_\_ Not applicable

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**WATER6** 6. If your house does not have tap water or you do not use the tap water to prepare foods and beverages, what type of water do you use for cooking?

\_\_\_\_\_ Bottled water

\_\_\_\_\_ Well

\_\_\_\_\_ Spring

\_\_\_\_\_ Stream/river

\_\_\_\_\_ Lake/Pond

\_\_\_\_\_ Rainwater cistern

\_\_\_\_\_ Trucked-in water

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

\_\_\_\_\_ Not applicable

**WATER6OTHER**

**WATER7** 7. In what year was this home built? \_\_\_\_\_ Do not know  **WATER7DK**

**WATER8A** 8a. Has the plumbing been upgraded? YES  NO  (if NO, go to Q. 9)  
Do not know  (if do not know, go to Q. 9)

**WATER8B** 8b. In what year? \_\_\_\_\_ Do not know  **WATER8DK**

**WATER8C** 8c. Please describe the upgrades: \_\_\_\_\_

**WATER9A** 9a. Do you treat the water in your house (e.g. filters, boil, tablets, softeners)?  
YES  NO  (if NO, go to Q. 10)

**WATER9B** 9b. Please describe: \_\_\_\_\_

**WATER10A** 10a. Do you have a water storage system?  
YES  NO  (if NO, go to Q. 11) **WATER10BB**

**WATER10B** 10b. Is it inside , or outside , able to be carried (bucket) , or fixed in place ?

**WATER10C** 10c. What is it made out of (for example, plastic or galvanized iron)?  
\_\_\_\_\_

**WATER10D** 10d. How big is it (volume of tank)? \_\_\_\_\_

11. **IMPORTANT:** Ask the participant's permission to look under the sink to determine the types of pipes.

**WATER11** **Permission Granted: YES NO**

Once the participant has agreed, look under the sink and record if the pipes are made of metal or PVC plastic:

**WATER11A** \_\_\_\_\_ Plastic pipes

\_\_\_\_\_ Metal pipes. Specify type of metal: **WATER11B** \_\_\_\_\_ **WATER11C**

\_\_\_\_\_ Plastic pipes with metal fittings Specify type of metal: \_\_\_\_\_

\_\_\_\_\_ Other, please specify **WATER11D** \_\_\_\_\_



PARTICIPANT ID \_\_\_ / \_\_\_ / \_\_\_\_\_

### **QUANTIFICATION OF WATER CONSUMPTION**

Now, I want to quantify your average consumption of beverages and soups likely to contain water and to identify the different sources of the tap water in your home used to make the beverages and soups. In order to quantify your average consumption of beverages and soups, we will use a cup (250 ml) as a reference (at this point, the interviewer will show the cup to the participant).

On average, how many cups per day of each of the following items do you drink or eat?

<b>ITEM</b>	<b>Daily Use (cups per day)</b>	<b>Main source of water</b>
1. Water	<b>WATER12</b>	<b>WATERS12</b>
2. Coffee	<b>WATER13</b>	<b>WATERS13</b>
3. Tea (any kind)	<b>WATER14</b>	<b>WATERS14</b>
4. Hot chocolate	<b>WATER15</b>	<b>WATERS15</b>
5. Juice made from concentrate or crystals	<b>WATER16</b>	<b>WATERS16</b>
6. Powdered milk	<b>WATER17</b>	<b>WATERS17</b>
7. Broth	<b>WATER18</b>	<b>WATERS18</b>
8. Soup	<b>WATER19</b>	<b>WATERS19</b>
9. Stew	<b>WATER20</b>	<b>WATERS20</b>
10. <b>Other food or beverage. Please specify:</b> a) <b>WATER21A1</b> b) <b>WATER21B1</b> c) <b>WATER21C1</b> d) <b>WATER21D1</b> e) <b>WATER21E1</b>	<b>WATER21A</b> <b>WATER21B</b> <b>WATER21C</b> <b>WATER21D</b> <b>WATER21E</b>	<b>WATERS21A</b> <b>WATERS21B</b> <b>WATERS21C</b> <b>WATERS21D</b> <b>WATERS21E</b>

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

**II. 24-HR RECALL**

DATE: \_\_\_\_\_

START TIME (hh:mm) \_\_\_\_\_

**DAY 1**

**Interviewer, please read to the participant:**

Please, recall as exactly as possible what you ate yesterday, \_\_\_\_\_ (write which day of the week), from this time (start time) \_\_\_\_\_, yesterday.

			AMOUNT			
			Food Model			Other
Time	AM/PM	FOOD DESCRIPTION	# of Portions	Model or Measure	Thickness	(Report grams or ml)

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

			AMOUNT			
			Food Model			Other
Time	AM/PM	FOOD DESCRIPTION	# of Portions	Model or Measure	Thickness	(Report grams or ml)

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

**RECIPE FORM # 1**

Name of Recipe: \_\_\_\_\_

INGREDIENTS	QUANTITY

TOTAL YIELD: \_\_\_\_\_

**RECIPE FORM # 2**

Name of Recipe: \_\_\_\_\_

INGREDIENTS	QUANTITY

TOTAL YIELD: \_\_\_\_\_

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

**SUPPLEMENT FORM**

1. Yesterday, did you take any of the following: nutritional supplements, vitamins, minerals, or herbal, botanical or homeopathic preparations? Y / N      SUPPLEMENTYN1
2. In the last month, did you take any other nutritional supplements, vitamins, minerals or herbal, botanical or homeopathic preparations? Y / N      SUPPLEMENTYN2
3. Please tell me the name of all these products with their DIN/NPN (when available) that you took yesterday or during the last month. (DIN is a Drug Id. # and NPN is a Natural Product Id.#)
4. Yesterday, at what time did you take your supplements and how many pills (or tablets, capsules, teaspoons, etc.) were taken at each time?
5. In the last month, how often was each of these supplements taken? (Number of times per day, per week or per month)
6. How many pills (or tablets, capsules, teaspoons, etc.) were usually taken on each occasion?

SUPPLEMENT NAME	DIN/NPN	In the past 24 hrs		DURING THE LAST MONTH			
				HOW OFTEN			HOW MUCH
		AT WHAT TIME?	#PILLS, TABS, CAPS, TSP...	DAY	WEEK	MONTH	#PILLS, TABS, CAPS, TSP...
SUPPLEMENT1	DIN1	TIME1	DAILYQTY1	TIMESPDAY1	TIMESPWEEK1	TIMESPMONTH1	MONTHLYQTY1
SUPPLEMENT2	DIN2	TIME2	DAILYQTY2	TIMESPDAY2	TIMESPWEEK2	TIMESPMONTH2	MONTHLYQTY2
SUPPLEMENT3	DIN3	TIME3	DAILYQTY3	TIMESPDAY3	TIMESPWEEK3	TIMESPMONTH3	MONTHLYQTY3
SUPPLEMENT4	DIN4	TIME4	DAILYQTY4	TIMESPDAY4	TIMESPWEEK4	TIMESPMONTH4	MONTHLYQTY4

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

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

2. Do you know your height? YES  NO  **KNOWHEIGHT**  
Reported height **RHTCM** \_\_\_\_\_(centimeters) OR **RHTFEET** \_\_\_\_\_ **RHTINCHES** (feet and inches)

3. Do you know your weight? YES  NO  **KNOWWEIGHT**  
Reported weight \_\_\_\_\_ (pounds) **RWTLBS**

4. Do you want to have your height and weight measured now? YES  NO  **MEASUREYN**  
Measured height \_\_\_\_\_(centimeters) **MHTCM**  
Measured weight \_\_\_\_\_(pounds) **MWTLBS**

Quality control

Second measured weight \_\_\_\_\_ (pounds) **MWTLBS2**

NRC comments **MRCcommentsHTWT** \_\_\_\_\_

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

### III. SOCIAL, HEALTH AND LIFESTYLE QUESTIONNAIRE

This questionnaire is short and 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. Can I start with the first question?

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

- a. How many are less than 15 yrs of age \_\_\_\_\_ **Q1A**
- b. How many are between 15 and 65 \_\_\_\_\_ **Q1B**
- c. How many are over 65 \_\_\_\_\_ **Q1C**

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) \_\_\_\_\_ **Q2A**
- b. Part-time ( $< 35$  hours/week) \_\_\_\_\_ **Q2B**

**Q3** 3. What is your main source of income? (*circle one*)

- a. Wages/salary/self-employment
- b. Pension/seniors benefits
- c. Social assistance
- d. Worker's compensation/employment insurance

**Q4** 4. How many years of school have you completed? Please don't count partial years, kindergarten or grades repeated \_\_\_\_\_ years

4b. Have you obtained the following diplomas, certificates, or degrees?:

- a. High school diploma YES  NO
- Q4BA-BG** b. GED (high school equivalency) YES  NO  Not applicable
- c. Vocational training certificate YES  NO
- d. CEGEP diploma (Quebec only) YES  NO  Not applicable
- e. Bachelor's degree YES  NO
- f. Master's degree YES  NO
- g. Doctorate degree YES  NO

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

5. During the past year, did you personally:

- Q5A-E**
- 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:

- Q6A-E**
- 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

7. In the following question, we would like to know how you compare traditional (wild) and market (store-bought) foods:

a. What do you think are the most important benefits of traditional food? Please state as many as you wish.

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- **Q7A1** \_\_\_\_\_

- **Q7A2** \_\_\_\_\_

- **Q7A3** \_\_\_\_\_

---

Traditional Food Attributes:

- ADVTF1**= healthy/nutritious
- ADVTF2**= natural/safe
- ADVTF3**= availability
- ADVTF4**= cheap/free
- ADVTF5**= taste
- ADVTF6**= cultural
- ADVTF7**= variety
- ADVTF8**= filling
- ADVTF9**= medicinal
- ADVTF10**= physical activity
- ADVTF11**= family time
- ADVTF12**= fresh
- ADVTF13**= prepare way you want
- ADVTF14**= no parts wasted
- ADVTF15**= helps you live longer
- ADVTF16**= everything good
- ADVTF17**= lasts longer
- ADVTF18**= get more meat
- ADVTF19**= no answer, don't know
- ADVTF20**= other



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

b. What do you think are the most important benefits of market food? Please state as many as you wish.

\_\_\_ **Q7B1** \_\_\_\_\_  
\_\_\_ **Q7B2** \_\_\_\_\_  
\_\_\_ **Q7B3** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Market Food Attributes:

**ADVMF1**= availability/ convenient

**ADVMF2**= variety

**ADVMF3**= healthy/ nutritious

**ADVMF4**= labelling

**ADVMF5**= fresh

**ADVMF6**= survival

**ADVMF7**= taste

**ADVMF8**= food safety

**ADVMF9**= cheaper

**ADVMF10**= portioned

**ADVMF11**= no answer/ don't know/ none

**ADVMF12**= other

**ADVMF13**= alternate food source

**ADVMF14**= shelf life

**Q8A**

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

YES  NO  (if NO, go to Q. 9)

**Q8B**

8b. Can you tell me what prevents your household from using more traditional food?

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

**BARRIER1**= lack of equipment/ transportaion

**BARRIER2**= lack of hunter

**BARRIER3**= lack of time

**BARRIER4**= lack of availability

**BARRIER5**= lack of money to buy

**BARRIER6**= lack of knowledge

**BARRIER7**= difficult to access

**BARRIER8**= Government/FAC regulations

**BARRIER9**= physical/ health reasons

**BARRIER10**= cost of equipment/ gas

**BARRIER11**= too lazy

**BARRIER12**= pesticides/contaminants

**BARRIER13**= don't eat TF

**BARRIER14**= industry activity

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

- BARRIER15**= no answer/don't know
- BARRIER16**= no barrier/ have enough TF
- BARRIER17**= other
- BARRIER18**= HH members don't like TF
- BARRIER19**= lack of freezer space
- BARRIER20**= lack of childcare

**Q8C** 8c. 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

**Q8D** 8d. 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

**Q9A** 9a. Have you noticed any significant climate change in your traditional territory in the last 10 years?

YES  NO  (if NO, go to Q. 10)

**Q9B** 9b. Can you tell me one way how this has affected traditional food availability in your household?

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

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

**Q10AA-  
Q10AK**

- |                               |                              |                             |                                      |
|-------------------------------|------------------------------|-----------------------------|--------------------------------------|
| 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, please specify: **Q10AKother** \_\_\_\_\_

10b. Are any of the following traditional foods less available because of the above limits?

**Q10BA-  
Q10BJ**

- |            |                              |                             |                                      |
|------------|------------------------------|-----------------------------|--------------------------------------|
| a. Moose   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| b. Deer    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| c. Beaver  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| d. Muskrat | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| e. Rabbit  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| f. Fish    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

if yes, please specify which fish: \_\_\_\_\_ **Q10BFother**

- |                 |                              |                             |                                      |
|-----------------|------------------------------|-----------------------------|--------------------------------------|
| g. Duck         | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| h. Berries      | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| i. Other plants | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

if yes, please specify which plants: \_\_\_\_\_ **Q10Blother**

- |                            |                              |                             |                                      |
|----------------------------|------------------------------|-----------------------------|--------------------------------------|
| j. Other traditional foods | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
|----------------------------|------------------------------|-----------------------------|--------------------------------------|

if yes, please specify which TF: \_\_\_\_\_ **Q10BJother**

- Q11** 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

- Q12** 12. Which of the following statements 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.

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

- Q13** 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

**Q14A** 14a. Did you smoke cigarettes yesterday? YES  NO

**Q14B** 14b. **[IF YES ABOVE, ASK]** How many? \_\_\_\_\_

**Q15A** 15. Have you ever been told by a health care provider that you have:

- a. diabetes YES  NO

If yes, "how long ago were you diagnosed?" \_\_\_\_\_ # years **Q15B**

\_\_\_\_\_ don't know **Q15Bdk**

If yes, circle type if known: Type 1 / Type 2 / unknown **Q15Btype**

#### IV. FOOD SECURITY QUESTIONNAIRE

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. However, this information will help community and health leaders to have a better understanding of problems facing families in this community and to design better programs to help. 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.

- FSQ1** 1. You and other adults in your household couldn't afford to eat **balanced** meals. Was that often true, sometimes true or never true in the last 12 months?
- a. Often
  - b. Sometimes
  - c. Never
  - d. Don't know or refused
- FSQ2** 2. You and other adults in your household worried that food would run out before you got money to buy more? Was that often true, sometimes true or never true in the last 12 months?
- a. Often
  - b. Sometimes
  - c. Never
  - d. Don't know or refused
- FSQ3** 3. The food that you and other adults in your household bought just didn't last, and you didn't have money to get more? Was that often true, sometimes true or never true in the last 12 months?
- a. Often
  - b. Sometimes
  - c. Never
  - d. Don't know or refused

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

**[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 4 AND 5; OTHERWISE SKIP TO 1<sup>ST</sup> LEVEL SCREEN]**

- FSQ4** 4. You and other adults relied on less expensive foods to feed the children in your household because you were running out of money to buy food. Was that often true, sometimes true or never true in the last 12 months?
- a. Often
  - b. Sometimes
  - c. Never
  - d. Don't know or refused

- FSQ5** 5. You and other and other adults couldn't feed your children a balanced meal, because you couldn't afford it. Was that often true, sometimes true or never true in the last 12 months?
- a. Often
  - b. Sometimes
  - c. Never
  - d. Don't know or refused

**[1<sup>ST</sup> LEVEL SCREEN (SCREENER FOR STAGE 2): IF PARTICIPANT ANSWERS "OFTEN OR SOMETIMES" TO ANY ONE OF QUESTIONS 1 TO 5, THEN CONTINUE TO STAGE 2; OTHERWISE, GO TO *ADDITIONAL COMMENTS*, PAGE 34]**

**STAGE 2 [IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTION 6; IF NOT, SKIP TO QUESTION 7]**

- FSQ6** 6. The children in your household were not eating enough because you and other adults in your household just couldn't afford enough food. Was that often true, sometimes true or never true in the last 12 months?
- a. Often
  - b. Sometimes
  - c. Never
  - d. Don't know or refused

- FSQ7** 7. **Since October** last year, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
- a. Yes
  - b. No  (if No, go to Q. 9)
  - c. Don't know or refused  (if No, go to Q. 9)

- FSQ8** 8. **[IF YES ABOVE, ASK]** 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
  - b. Some months but not every month
  - c. Only 1 or 2 months
  - d. Don't know or refused

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

- FSQ9** 9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
- a. Yes
  - b. No
  - c. Don't know or refused

- FSQ10** 10. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
- a. Yes
  - b. No
  - c. Don't know or refused

- FSQ11** 11. In the last 12 months, did you lose weight because you didn't have enough money for food?
- a. Yes
  - b. No
  - c. Don't know or refused

**2<sup>ND</sup> LEVEL SCREEN (SCREENER FOR STAGE 3): [IF PARTICIPANT ANSWERED "YES" TO ANY ONE OF QUESTIONS 6 TO 11, THEN CONTINUE TO STAGE 3; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 34]**

**STAGE 3**

- FSQ12** 12. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?
- a. Yes
  - b. No  (if No, go to Q. 14)
  - c. Don't know or refused  (if No, go to Q.14)

- FSQ13** 13. **[IF YES ABOVE, ASK]** 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
  - b. Some months but not every month
  - c. Only 1 or 2 months
  - d. Don't know or refused

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

**[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 14 to 17; OTHERWISE, GO TO *ADDITIONAL COMMENTS*, PAGE 34]**

**The next 4 questions are about persons living in the household who are under 18 years of age.**

- FSQ14** 14. In the last 12 months (since October of last year), did you ever cut the size of their meals because there wasn't enough money for food?
- a. Yes
  - b. No
  - c. Don't know or refused
- FSQ15** 15. In the last 12 months, did any of the children ever skip meals because there wasn't enough money for food?
- a. Yes
  - b. No  (if No, go to Q. 17)
  - c. Don't know or refused  (if No, go to Q.17)
- FSQ16** 16. **[IF YES ABOVE, ASK]** 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
  - b. Some months but not every month
  - c. Only 1 or 2 months
  - d. Don't know or refused
- FSQ17** 17. In the last 12 months, were the children ever hungry but you just couldn't afford more food?
- a. Yes
  - b. No
  - c. Don't know or refused
- FSQ18** 18. In the last 12 months, did your children ever not eat for a whole day because there wasn't enough money for food?
- a. Yes
  - b. No
  - c. Don't know or refused



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

**ADDITIONAL COMMENTS**

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

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**COMMENTS**

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**COMMENTS2**

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

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

### V. 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)

Would you agree to a hair sample?      YES       NO       **AGREEHAIRSAMPLE**

*(If YES, proceed with hair sampling)*

***The following parts apply only for the 20 randomly-selected households on the list provided by the Nutrition Research Coordinator. Please check if the participant resides in one of those households. If not, end the interview and thank the participant for his/her time.***

### VI. WATER SAMPLE AND VII REPEATED 24-HR RECALL

I would like to come back and complete a 2<sup>nd</sup> 24-hr recall with you and collect a tap water sample. Can I explain? (EXPLAIN PROTOCOL AS OUTLINED IN GUIDE)

Would you agree?      YES       NO

*(If YES, record proposed date and time)*

Date: \_\_\_\_\_

**AGREEWATERSAMPLE**

Time: \_\_\_\_\_

***If the participant agrees to participate in the Drinking Water Component of the FNFNES, use Appendix 3 to make sure that all elements have been done and to record measured water quality parameters***