

PARTICIPANT ID _____

For data entry only:

Epi Info record no.	
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FIRST NATIONS FOOD, NUTRITION AND ENVIRONMENT STUDY (FNFNES)

Alberta 2013

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
1. Consent Form	_____	_____
2. Traditional Food & Water Questionnaire	_____	_____
3. 24-hr recall	_____	_____
4. Anthropometrics and Hair sample	_____	_____
5. Social, Health and Lifestyle Questionnaire	_____	_____
6. Food Security Questionnaire	_____	_____
7. Water sample (<i>if applicable</i>)	_____	_____
8. Repeated 24hr recall (<i>if applicable</i>)	_____	_____

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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

Other please specify _____

Interviewer's Initials |_|_|_|

Date of interview |_d_|_|m_|_|y_|_|y_|_|y_|_|

1. 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.

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

FISH SPECIES	Did you have ANY during the past year? (circle No or Yes)	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)
1. Trout (all combined)	No Yes				
2. Trout, Brook	No Yes→				
3. Trout, Lake	No Yes→				
4. Trout, Rainbow	No Yes→				
5. Trout, Brown	No Yes→				
6. Trout, Bull	No Yes→				
7. Trout, Cutthroat	No Yes→				
8. Cisco, shortjaw	No Yes→				
9. Arctic grayling	No Yes→				
10. Whitefish, lake	No Yes→				
11. Whitefish, mountain	No Yes→				
12. Inconnu	No Yes→				
13. Goldeye	No Yes→				
14. Yellow perch	No Yes→				
15. Sauger	No Yes→				
16. Walleye (pickerel)	No Yes→				
17. Northern pike (jackfish)	No Yes→				
18. Burbot (Mariah, ling)	No Yes→				
19. Sucker, longnose	No Yes→				
20. Sucker, white	No Yes→				
21. Sucker, quillback	No Yes→				
22. Sucker, redhorse	No Yes→				
23. Sturgeon	No Yes→				
24. Freshwater clams	No Yes→				
25. Fish eggs (specify type of fish)	No Yes→				
26. Other Fish? Name:	No Yes→				

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B. In the past year, have you eaten any 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 the next section – C. WILD BIRDS)

LAND MAMMAL SPECIES	Did you have ANY during the past year? (circle No or Yes)	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. Elk meat	No Yes→				
31. Elk liver	No Yes→				
32. Elk kidney	No Yes→				
33. Moose meat	No Yes→				
34. Moose liver	No Yes→				
35. Moose kidney	No Yes→				
36. Caribou meat	No Yes→				
37. Caribou liver	No Yes→				
38. Caribou kidney	No Yes→				
39. Pronghorn meat	No Yes→				
40. Bison meat	No Yes→				
41. Sheep, bighorn	No Yes→				
42. Goat, mountain	No Yes→				
43. Rabbit	No Yes→				
44. Jackrabbit, white-tailed	No Yes→				
45. Hare, snowshoe	No Yes→				
46. Beaver meat	No Yes→				
47. Muskrat meat	No Yes→				
48. Groundhog/Marmot (woodchuck, hoary, yellow-bellied)	No Yes→				
49. Badger	No Yes→				

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LAND MAMMAL SPECIES	Did you have ANY during the past year? (circle No or Yes)	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)
50. Marten	No Yes→				
51. Mink	No Yes→				
52. Fisher	No Yes→				
53. Wolverine	No Yes→				
54. Northern river otter	No Yes→				
55. Porcupine	No Yes→				
56. Cougar	No Yes→				
57. Lynx	No Yes→				
58. Black bear meat	No Yes→				
59. Black bear fat	No Yes→				
60. Grizzly bear meat	No Yes→				
61. Other Land Mammal? Name:	No Yes→				

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C. In the past year, have you eaten any **WILD BIRDS** such as ducks, geese, and 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 the next section – D. WILD BERRIES AND NUTS)

WILD BIRD SPECIES	Did you have ANY during the past year? (circle No or Yes)	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)
DUCKS					
62. Ducks (all combined)	No Yes				
63. Long-tail duck	No Yes→				
64. Wood Duck	No Yes→				
65. Ruddy Duck	No Yes→				
66. Wigeon	No Yes→				
67. Northern Pintail	No Yes→				
68. Mallard	No Yes→				
69. Northern Shoveler	No Yes→				
70. Teal (blue-winged, green-winged, cinnamon winged)	No Yes→				
71. Gadwall	No Yes→				
72. American black	No Yes→				
73. Canvasback	No Yes→				
74. Redhead	No Yes→				
75. Ring necked Duck	No Yes→				
76. Scaup (greater, lesser)	No Yes→				
77. Eider (King, common)	No Yes→				
78. Harlequin Duck	No Yes→				
79. Scoter (surf, white winged, black)	No Yes→				
FISH EATING BIRDS	No Yes				
80. Golden eye	No Yes→				
81. Bufflehead	No Yes→				
82. Loon (common, red throated)	No Yes→				

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WILD BIRD SPECIES	Did you have ANY during the past year? (circle No or Yes)	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)
83. Merganser (common, hooded)	No Yes→				
GEESE, GROUSE, PHEASANTS	No Yes				
84. Goose (Canada, Brant)	No Yes→				
85. Goose, Snow	No Yes→				
86. Goose, White-fronted	No Yes→				
87. Goose fat	No Yes→				
88. Swan (trumpeter, tundra)	No Yes→				
89. Grouse (Blue, Ruffed, sharp-tailed)	No Yes→				
90. Ptarmigan (willow, white-tail)	No Yes→				
91. Gray Partridge	No Yes→				
92. Prairie Chicken, greater	No Yes→				
93. Wild turkey	No Yes→				
94. Pheasant, ring-necked	No Yes→				
BIRD EGGS and OTHER BIRDS	No Yes				
95. Bird eggs (specify type)	No Yes→				
96. Other Wild Bird? Name:	No Yes→				

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D. In the past year have you eaten any **WILD BERRIES** or **WILD NUTS/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.

No (If No, go to the next section – E. WILD PLANTS)

WILD BERRIES/NUTS/SEEDS	Did you have ANY during the past year? (circle No or Yes)	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)
97. Bunchberries	No Yes→				
98. Dogwood berries	No Yes→				
99. Crowberry	No Yes→				
100. Wild Strawberry	No Yes→				
101. Buffaloberry (soapberry)	No Yes→				
102. Kinnikinnick (bearberry)	No Yes→				
103. Oregon grape	No Yes→				
104. Raspberry (wild, dewberry)	No Yes→				
105. Cloudberries (bakeapple)	No Yes→				
106. Thimbleberry	No Yes→				
107. Black huckleberry	No Yes→				
108. Blueberries	No Yes→				
109. Cranberry (low bush/ bog)	No Yes→				
110. Squashberry/mooseberry (Highbush Cranberry)	No Yes→				
111. Cherry (pin, chokecherry)	No Yes→				
112. Gooseberry/currant	No Yes→				
113. Saskatoon berry	No Yes→				
114. Elderberry, blue	No Yes→				
115. Hawthorn, black	No Yes→				
116. Sourberry (3 leaved sumac)	No Yes→				
117. Rose hips (prickly rose)	No Yes→				
118. Pincushion cactus fruit	No Yes→				
119. Hazelnuts/filberts	No Yes→				
120. Sunflower seeds	No Yes→				
121. Any other berries/seeds? Name:	No Yes→				

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E. In the past year have you eaten any **WILD PLANTS including ROOTS or LEAVES?**

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 the next section- F. TREE FOODS)

WILD PLANTS	Did you have ANY during the past year? (circle No or Yes)	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)
ROOTS					
122. Wild onion	No Yes→				
123. Balsamroot	No Yes→				
124. Breadroot (prairie turnip)	No Yes→				
125. Bitterroot	No Yes→				
126. Jerusalem artichoke	No Yes→				
127. Indian potato (Bear root, Eskimo potato, sweet vetch, licorice root)	No Yes→				
128. Arrowhead	No Yes→				
129. Wihkes (muskrat/rat root)	No Yes→				
GREENS					
130. Fiddleheads	No Yes→				
131. Sorrel	No Yes→				
132. Fireweed shoots	No Yes→				
133. Cow parsnip shoots	No Yes→				
134. Dandelions	No Yes→				
135. Stinging nettle leaves	No Yes→				
136. Plantain	No Yes→				
137. Mint	No Yes→				
138. Bergamot	No Yes→				
139. Labrador tea	No Yes→				
140. Raspberry leaves	No Yes→				
141. Sweetgrass (tea)	No Yes→				
142. Mullein	No Yes→				
143. Other plants? Name:	No Yes→				

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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.

No (If No, go to the next section- G. MUSHROOMS)

TREE FOODS Inner bark=cambium Gum=pitch	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)
144. Spruce pitch	No Yes→				
145. Birch sap	No Yes→				
146. Balsam poplar sap	No Yes→				
147. Other Tree Products? Name:					

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.

No (If No, go to the next section- H.)

MUSHROOMS	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)
148. Puffball	No Yes→				
149. Morel	No Yes→				
150. Chanterelle	No Yes→				
151. Other Mushrooms? Name:	No Yes→				

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

No (If No, go to the 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. 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.

A. 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.

1. Does your house have tap water?

YES If yes, GO to Question 2

NO If no:

a) what main type of water do you use for **drinking**? _____

b) what main type of water do you use for **cooking**? _____

➤ Skip Questions 2-4 and GO to Question 5

2. a) Do you drink the tap water in your house?

YES If yes, GO to Question 2b

NO If no, what main type of water do you use for **drinking**? _____

➤ Skip question 2b and GO to Question 3

b) Does the taste of chlorine prevent you from drinking the tap water?

YES

NO

SOMETIMES

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

YES

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

4. Where does your tap water come from?

Treatment plant

Well

Spring

Stream/river

Lake/Pond

Rainwater cistern

Trucked-in, please specify from where _____

Other, please specify: _____

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5. In what year was this home built? _____ Do not know
6. a) Does your house have indoor plumbing?
YES NO (if NO, go to question 7)
- b) Has the **kitchen plumbing** been upgraded?
YES NO Do not know (if NO or Do not know, GO to question 7)
- c) In what year? _____ Do not know
- d) Please describe the upgrades to the kitchen plumbing:
 Changed to plastic pipes under the kitchen sink
 Changed to copper pipes under the kitchen sink
 Other, please specify _____
7. a) Do you regularly (i.e. every day) treat the drinking water in your house (e.g. filters, boil, tablets, softeners)?
YES NO (if NO, go to Question 8)
- b) If yes above, please check all the methods that apply:
 Boil
 Filter (Brita, ultraviolet)
 Bleach
 Softeners
 Reverse osmosis
 Other, please specify _____

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8. a) Do you have a water storage system?
YES NO (if NO, go to Question 9)
- b) Is it: inside OR outside ?
- c) Is it: able to be carried (bucket)? OR is it fixed in place?
- d) What is it made out of?
 plastic galvanized iron stainless steel do not know
 other, please specify _____
- e) How big is it (volume of tank)? _____
9. Do I have your permission to look under the kitchen sink to determine the material that the incoming pipes are made out of?
- YES (if Yes, look under the sink and record what type of material the incoming pipes are made of below)
- NO (if NO, go to the next section- B. QUANTIFICATION OF WATER CONSUMPTION FROM HOME)
- Self-reported answer: interview conducted outside of home and/or answer self-reported (record what type of material the incoming pipes are made of below)
- Not applicable: household does not have plumbing

Type of incoming pipes under the kitchen sink:

- [] Plastic pipes
[] Metal pipes; *specify type of metal:* _____
[] Plastic pipes with metal fittings; *specify type of metal:* _____
[] Copper with braided flex line
[] Braided flex line
[] Steel flex line
[] Other, *please specify* _____

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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 consume from beverages and foods 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 (example, bottled water, tap water) used to make this beverage/food**

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 in the past week at home?	1 day	2 days	3 days	4 days	5 days	6 days	7 days	Amount (cups per day)	Main Source of water (bottle, tap, barrel)
1. Water	YES NO									
2. Coffee	YES NO									
3. Tea (any)	YES NO									
4. Hot chocolate	YES NO									
5. Juice made from concentrate or crystals	YES NO									
6. Powdered milk	YES NO									
7. Broth/soup	YES NO									
8. Stew	YES NO									
9. Other food/drink Name:	YES NO									

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2 i) 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: _____

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. FOOD INTOLERANCE, HEIGHT/WEIGHT AND HAIR SAMPLING

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

YES

If yes, which ones?

NO (if No, go to Question 1b)

b) 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)

If participant agreed to hair sample, was the sample obtained from participant?

YES

NO if unable to obtain hair sample, please explain _____

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4. 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)
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 _____
 - b. How many are between 15 and 65 _____
 - c. How many are over 65 _____

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 (≥ 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
 - 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, please specify _____

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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 of traditional food? Please state as many as you wish.

b) What do you think are the most important benefits of store-bought food? Please state as many as you wish.

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

YES NO (if NO, go to Question 8c)

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

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8. 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) Can you tell me one way how climate change has affected traditional food availability in your household?

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, please specify: _____

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

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

Participant ID: _____

5. 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]**

Questions	Often true	Sometimes true	Never true	<i>Don't know or refused</i>
Q1. "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?				
Q2. "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?				
Q3. "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 29

Participant ID: _____

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 4 and 5:	Often true	Sometimes true	Never true	<i>Don't know or refused</i>
Q4. “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?				
Q5. “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 29


Question	Often true	Sometimes true	Never true	<i>Don't know or refused</i>
Q6. “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?				

Participant ID: _____

Questions	Yes	No	Don't know or refused
Q7. 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?"			
IF Yes to Question 7, go to Question 8			
IF No, go to Question 9			
Q8. 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
Q9. 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?			
Q10. In the last 12 months, were <u>you</u> ever hungry but did not eat because you couldn't afford enough food?			
Q11. 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 29

Questions	Yes	No	Don't know or refused
Q12. 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?			
IF Yes to Question 12, go to Question 13 IF No and there are children in the household under 18 years old, go to Question 14 IF No and there are no children in the household, go to Additional Comments, Page 29			
Q13. 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"/>			
 IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 14 to 18; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 29			
Questions	Yes	No	Don't know or refused
Q14. 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?			
Q15. In the last 12 months, did any of the children ever skip meals because there wasn't enough money for food?			
IF Yes to Question 15, go to Question 16 IF No go to Question 17			
Q16. 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
Q17. In the last 12 months, were the children ever hungry but you just couldn't afford more food?			
Q18. 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: _____

6. WATER SAMPLE AND REPEATED 24-HR RECALL

Some houses will have their tap water sampled and asked to complete a 2nd 24-hr recall.

Would you agree to having your tap water sampled and completing a 2nd 24-hour recall?

YES (If YES, tell the participant: "We will contact you if your house is selected".)

NO

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?

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(s) refused to fill out, please specify
-

Other NRC comments
