

For data entry:

PARTICIPANT ID ___ / ___ / _____

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

**Atlantic 2014
(Nova Scotia, New Brunswick and Newfoundland)**

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>)	_____	_____

PARTICIPANT ID ___ / ___ / ___

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 |_d_|_|m_|_| 2|_0|_|1|_|4|

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.

No (If No, go to next section – SHELLFISH, CRUSTACEANS, SQUID and SEAL)

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. Atlantic salmon	No Yes→				
7. Shad	No Yes→				
8. Gaspereau	No Yes→				
9. Herring	No Yes→				
10. Capelin	No Yes→				
11. Smelt (American/rainbow)	No Yes→				
12. Lake whitefish	No Yes→				
13. Sunfish	No Yes→				
14. Smallmouth bass	No Yes→				
15. White perch/bass	No Yes→				
16. Striped bass	No Yes→				
17. Yellow perch	No Yes→				
18. Chain pickerel (jackfish)	No Yes→				
19. Muskie	No Yes→				
20. Burbot (ling)	No Yes→				
21. Bullhead (catfish)	No Yes→				
22. White sucker	No Yes→				
23. American eel	No Yes→				
24. Sturgeon	No Yes→				
25. Halibut	No Yes→				

PARTICIPANT ID ___ / ___ / ___

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)
26. American plaice (sole)	No Yes→				
27. Flounder	No Yes→				
28. Skate	No Yes→				
29. Cod	No Yes→				
30. Haddock	No Yes→				
31. Tomcod	No Yes→				
32. Pollock	No Yes→				
33. Hake	No Yes→				
34. Sablefish	No Yes→				
35. Ocean perch	No Yes→				
36. Mackerel	No Yes→				
37. Bluefin tuna	No Yes→				
38. Swordfish	No Yes→				
39. Other fish? specify:	No Yes→				

PARTICIPANT ID ___ / ___ / _____

B. In the past year, have you eaten any **SHELLFISH, CRUSTACEANS (shrimp, crab, lobsters), SQUID or SEAL?**

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)

SHELLFISH, CRUSTACEANS, SQUID, SEAL	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)
40. Quahog clam	No Yes→				
41. Soft clam	No Yes→				
42. Razor clam	No Yes→				
43. Mussels	No Yes→				
44. Oysters	No Yes→				
45. Scallops	No Yes→				
46. Lobster	No Yes→				
47. Crab (snow, rock, Jonah, green)	No Yes→				
48. Sea Urchin	No Yes→				
49. Shrimp	No Yes→				
50. Squid	No Yes→				
51. Seal meat	No Yes→				
52. Seal fat	No Yes→				
53. Other? specify:	No Yes→				

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C. 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) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
54. Deer meat	No Yes→				
55. Deer liver	No Yes→				
56. Deer kidney	No Yes→				
57. Moose meat	No Yes→				
58. Moose liver	No Yes→				
59. Moose kidney	No Yes→				
60. Black bear meat	No Yes→				
61. Black bear fat	No Yes→				
62. Hare meat	No Yes→				
63. Muskrat meat	No Yes→				
64. Beaver meat	No Yes→				
65. Porcupine meat	No Yes→				
66. Groundhog meat	No Yes→				
67. Squirrel meat	No Yes→				
68. Other land mammals? specify:	No Yes→				

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D. 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/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) (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
DUCKS					
69. Ducks (all combined)	No Yes				
70. Scoter	No Yes→				
71. Canvasback	No Yes→				
72. Wood Duck	No Yes→				
73. Harlequin Duck	No Yes→				
74. Ruddy Duck	No Yes→				
75. American Wigeon	No Yes→				
76. Northern Pintail	No Yes→				
77. Northern Shoveler	No Yes→				
78. Gadwall	No Yes→				
79. Mallard	No Yes→				
80. American black duck	No Yes→				
81. Teal	No Yes→				
82. Long-tailed duck	No Yes→				
83. Eider (common, king)	No Yes→				
84. Scaup	No Yes→				
85. Golden eye	No Yes→				
86. Bufflehead	No Yes→				
GEESE					
87. Canada goose, brant	No Yes→				
88. Snow goose (blue goose)	No Yes→				
89. Greater white-fronted goose (speckle belly)	No Yes→				

PARTICIPANT ID ___ / ___ / ___

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)
Other Birds					
90. Merganser	No Yes→				
91. American woodcock	No Yes→				
92. Wilson's snipe	No Yes→				
93. Grouse (spruce, ruffed)	No Yes→				
94. Pheasant, ring-necked	No Yes→				
95. Puffin	No Yes→				
BIRD EGGS					
96. Bird eggs (specify):	No Yes→				
97. Other wild bird? specify:	No Yes→				

PARTICIPANT ID ___ / ___ / ___

E. In the past year have you eaten any **WILD BERRIES AND/OR WILD FRUIT?**

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 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) (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
98. Teaberry (wintergreen, checkerberry)	No Yes→				
99. Kinnickinnick (Bearberry)	No Yes→				
100. Wild Strawberry	No Yes→				
101. Blackberry, large	No Yes→				
102. Dewberry	No Yes→				
103. Raspberry (wild)	No Yes→				
104. Partridge berry	No Yes→				
105. Huckleberry	No Yes→				
106. Blueberry	No Yes→				
107. Cranberry (low-bush/ bog)	No Yes→				
108. Highbush Cranberry (Nannyberry)	No Yes→				
109. Gooseberry	No Yes→				
110. Currant	No Yes→				
111. Juneberry (shad-bush)	No Yes→				
112. Cherry (pin, sand, chokecherry)	No Yes→				
113. Plum	No Yes→				
114. Crabapple	No Yes→				
115. Hawthorn	No Yes→				
116. Sumac	No Yes→				
117. Elderberry	No Yes→				
118. Other berries? specify:	No Yes→				

PARTICIPANT ID ___ / ___ / _____

F. In the past year have you eaten any **WILD RICE or OTHER 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.

No (If No, go to next section, **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)
WILD RICE, PLANTS					
GRAINS/GREENS					
119. Wild rice	No Yes→				
120. Fiddleheads	No Yes→				
121. Lamb's quarters	No Yes→				
122. Wild mustard	No Yes→				
123. Labrador Tea	No Yes→				
124. Wintergreen (teaberry)	No Yes→				
125. Mint	No Yes→				
126. Stinging nettle	No Yes→				
127. Raspberry leaves	No Yes→				
128. Dandelions	No Yes→				
129. Yarrow	No Yes→				
ROOTS					
130. Wild leek	No Yes→				
131. Wild turnip	No Yes→				
132. Groundnut	No Yes→				
133. Jerusalem artichoke	No Yes→				
134. Burdock	No Yes→				
135. Sweet flag (wihkes)	No Yes→				
136. Iris	No Yes→				
137. Sarsaparilla root	No Yes→				
138. Gold thread root tea	No Yes→				
139. Cow parsnip	No Yes→				
140. Other wild plants? specify:	No Yes→				

PARTICIPANT ID ___ / ___ / ___

G. 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*)

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)
141. Hazelnuts	No Yes→				
142. Beech nut	No Yes→				
143. Butternut	No Yes→				
144. Acorns	No Yes→				
145. Maple syrup	No Yes→				
146. Birch syrup	No Yes→				
147. Birch twig tea	No Yes→				
148. Maple bark tea	No Yes→				
149. Juniper tea	No Yes→				
150. Cedar tea	No Yes→				
151. Tamarack bark tea	No Yes→				
152. Balsam fir bark tea	No Yes→				
153. White pine needle tea	No Yes→				
154. Spruce (black or white) bark tea	No Yes→				
155. Eastern hemlock bark	No Yes→				
156. Witch hazel leaf/twig tea	No Yes→				
157. Canada yew tea	No Yes→				
158. Cherry bark tea	No Yes→				
159. Other tree products? specify:	No Yes→				

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H. 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 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) (If never eaten write 0 across)			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sep-Nov)
160. Morel	No Yes→				
161. Chanterelle	No Yes→				
162. Hedgehog	No Yes→				
163. Other mushrooms? specify:	No Yes→				

I. 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.

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

	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)
164. Corn/hominy	No Yes→				
165. Beans	No Yes→				
166. Squash	No Yes→				
167. Insert name:	No Yes→				
168. Insert name:	No Yes→				

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J. 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.

ii). DRINKING AND COOKING WATER

This part of the interview is about the water used for drinking and preparation of food and beverages. First, I will ask about the sources of water in your house. Then, I will ask some questions about your use of beverages and food that are prepared using water from your home.

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 type of water do you use for **drinking**?

Bottled/jug Other, please specify _____

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

Bottled/jug Other, please specify _____

➤ **Skip Questions 2-7 and GO to Question 8 (page 17)**

2. Do you usually drink the tap water in your house? (Check one response and answer questions related to that response)

YES If yes, from which taps do you take your drinking water from:

Cold water tap only

Hot water tap only

Both cold and hot water taps

NO

SOMETIMES

i) If NO or SOMETIMES, what prevents you from drinking your tap water?

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

Bottled/jug

Other, please specify _____

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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 type of water do you use for **preparing food or beverages**?

- Bottled/jug
- Other, please specify _____

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
- _____ Well
- _____ Spring
- _____ Stream/river
- _____ Lake/Pond
- _____ Rainwater cistern
- _____ Other, please specify: _____

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

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6. 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)
- Not applicable - interview conducted outside of home and/or answer self-reported (record what type of material the incoming pipes are made of below)

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* _____

NO

7. a) Has the **kitchen plumbing** been upgraded?

- YES
- NO (if NO, GO to Question 8)
- Do not know (if Do not know, GO to Question 8, page 17)

b) In what year? _____ Do not know

c) Please describe the upgrades:

- Changed to plastic pipes under the kitchen sink
- Changed to copper pipes under the kitchen sink
- Other, please specify _____

PARTICIPANT ID ___ / ___ / _____

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
- galvanized iron
- stainless steel
- do not know
- other, please specify _____

e) How big is it (volume of tank)? _____

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 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. Other food/drink Name:	No Yes→						

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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 Mi'kmaq Maliseet Other, please specify _____

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 (≥ 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, 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.

- 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.

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?

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) Can you tell me one way how this 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 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]**

SECTION I. 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 32

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 32

SECTION II. Questions	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?				
Question	Yes	No	<i>Don't know or refused</i>	
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?"				
<i>IF Yes to Question 7, go to Question 8</i>				
<i>IF No, go to Question 9</i>				
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	<i>Don't know or refused</i>	
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 32

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 have children in the household under 18 years old, go to Question 14 IF No and don't have children, go to Additional Comments, Page 32			
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 32			
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: __ __ / __ / __ __ __

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

Some houses will have their drinking water sampled and/or asked to complete a 2nd 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 2nd 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?

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

- other question refused to fill out, please specify

Other NRC comments
