

For data entry:

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

Epi Info record no.	
---------------------	--



**FIRST NATIONS FOOD, NUTRITION AND ENVIRONMENT STUDY (FNFNES)**

**Ontario 2012**

**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.	Hair sample	_____	_____
V.	Social, Health and Lifestyle Questionnaire	_____	_____
VI.	Food Security Questionnaire	_____	_____
VII.	Water sample ( <i>if applicable</i> )	_____	_____
VIII.	Repeated 24hr recall ( <i>if applicable</i> )	_____	_____

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

## I. TRADITIONAL FOOD AND WATER QUESTIONNAIRE

Community Number \_\_\_\_\_

Participant's gender (1=female, 2=male) \_\_\_\_\_ Household 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 (dd/mm/yyyy) \_\_\_\_\_

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 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.

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

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)
1. Trout (all combined)	No Yes				
2. Trout, speckle (brook)	No Yes→				
3. Trout, Lake	No Yes→				
4. Trout, Rainbow	No Yes→				
5. Trout, Brown	No Yes→				
6. Trout, splake	No Yes→				
7. Salmon, chinook	No Yes→				
8. Lake herring (Cisco)	No Yes→				
9. Smelt	No Yes→				
10. Whitefish, lake	No Yes→				
11. Whitefish, round	No Yes→				
12. Sunfish, Bluegill	No Yes→				
13. Sunfish, Pumpkinseed	No Yes→				
14. Smallmouth Bass	No Yes→				
15. Largemouth Bass	No Yes→				
16. Rock Bass	No Yes→				
17. White perch/White Bass	No Yes→				
18. Sauger	No Yes→				
19. Yellow Perch	No Yes→				
20. Mooneye	No Yes→				
21. Walleye (yellow pickerel)	No Yes→				
22. Northern pike	No Yes→				
23. Muskie	No Yes→				
24. Ling (Burbot or Maria)	No Yes→				
25. Brown bullhead catfish	No Yes→				
26. Channel Catfish	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)
27. Red (longnose) Sucker	No Yes→				
28. White Sucker	No Yes→				
29. Sturgeon (lake)	No Yes→				
30. Eel	No Yes→				
31. <b>OTHER FISH? LIST:</b>	No Yes→				

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) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
32. Deer meat	No Yes→				
33. Deer liver	No Yes→				
34. Deer kidney	No Yes→				
35. Elk meat	No Yes→				
36. Elk liver	No Yes→				
37. Elk kidney	No Yes→				
38. Moose meat	No Yes→				
39. Moose liver	No Yes→				
40. Moose kidney	No Yes→				
41. Caribou meat	No Yes→				

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

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)
42. Caribou liver	No Yes→				
43. Caribou kidney	No Yes→				
44. Black bear meat	No Yes→				
45. Black bear fat	No Yes→				
46. Rabbit meat	No Yes→				
47. Muskrat meat	No Yes→				
48. Beaver meat	No Yes→				
49. Groundhog meat	No Yes→				
50. River otter meat	No Yes→				
51. Red squirrel meat	No Yes→				
52. Ground squirrel meat	No Yes→				
53. <b>OTHER LAND MAMMALS? LIST:</b>	No Yes→				

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

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>54. Ducks (all combined)</b>	No Yes				
55. Scoter (surf, white winged, black)	No Yes→				
56. Redhead	No Yes→				
57. Canvasback	No Yes→				
58. Wood Duck	No Yes→				
59. Ring necked Duck	No Yes→				
60. Ruddy Duck	No Yes→				
61. American Wigeon	No Yes→				
62. Northern Pintail	No Yes→				
63. Northern Shoveler	No Yes→				
64. Gadwall	No Yes→				
65. Mallard	No Yes→				
66. American black	No Yes→				
67. Teal	No Yes→				
68. Golden eye	No Yes→				
69. Bufflehead	No Yes→				
70. Loon	No Yes→				
71. Merganser	No Yes→				
<b>GEESE</b>					
72. Geese, Canada	No Yes→				
73. Geese, Snow	No Yes→				
<b>Other Birds</b>					
74. Grouse (Blue, Ruffed,)	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) <i>(If never eaten write 0 across)</i>			
		Summer (June-Aug)	Spring (March-May)	Winter (Dec-Feb)	Fall (Sept-Nov)
75. Gray Partridge	No Yes→				
76. Pheasant, ring-necked	No Yes→				
77. Wild turkey	No Yes→				
<b>BIRD EGGS</b>					
78. Bird eggs (specify):	No Yes→				
79. OTHER WILD BIRD (specify):	No Yes→				

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

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.

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 PLANTS)

	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>WILD BERRIES</b>					
80. Bunchberries	No Yes→				
81. Crowberry	No Yes→				
82. Teaberry (wintergreen)	No Yes→				
83. Buffaloberry	No Yes→				
84. Bearberry	No Yes→				
85. Wild Strawberry	No Yes→				
86. Thimbleberries (salmonberry)	No Yes→				
87. Cloudberries (bakeapple)	No Yes→				
88. Blackberry, large	No Yes→				
89. Black raspberry	No Yes→				
90. Raspberry (wild)	No Yes→				
91. Blueberries	No Yes→				
92. Cranberry (low-bush/lingonberry, bog)	No Yes→				
93. Highbush Cranberry (Squashberry, Mooseberry)	No Yes→				
94. Blue huckleberry	No Yes→				
95. Gooseberry/currant	No Yes→				
96. Serviceberry (juneberry, Saskatoon)	No Yes→				
97. Rose hips (prickly rose)	No Yes→				
98. Cherry (pin, chokecherry)	No Yes→				
99. Hawthorn	No Yes→				



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

	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)
<b>WILD BERRIES</b>					
100. Crabapple	No Yes→				
101. Sumac	No Yes→				
102. Juniper	No Yes→				
<b>WILD NUTS</b>					
103. Hickory nuts	No Yes→				
104. Hazelnut	No Yes→				
105. Acorns	No Yes→				
106. Walnuts	No Yes→				
<b>107. OTHER BERRIES LIST:</b>	No Yes→				

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

V. In the past year have you eaten any **WILD PLANTS, TREE FOODS or 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 VI Other Cultivated Traditional Food)

	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)
108. Wild onion (Canada)	No Yes→				
109. Wild leek	No Yes→				
110. Wild ginger	No Yes→				
111. Wood Lily	No Yes→				
112. Jerusalem artichoke	No Yes→				
113. Thistle	No Yes→				
114. Indian cucumber	No Yes→				
115. Wild iris	No Yes→				
116. Arrowhead	No Yes→				
117. Bulrush/catail	No Yes→				
118. Wihkes (Sweet flag/ Muskrat root)	No Yes→				
119. Wild rice	No Yes→				
120. Fiddleheads (Ostrich fern)	No Yes→				
121. Thimbleberry, salmonberry shoots	No Yes→				
122. Horsetail shoots	No Yes→				
123. Lamb's quarters	No Yes→				
124. Sorrel	No Yes→				
125. Fireweed	No Yes→				
126. Dandelions	No Yes→				
127. Dock	No Yes→				
128. Cow parsnip	No Yes→				
129. Raspberry leaves	No Yes→				
130. Labrador Tea leaves	No Yes→				

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

	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)
131. Wintergreen (teaberry) leaves	No Yes→				
132. Bunchberry leaves	No Yes→				
133. Mint leaves	No Yes→				
134. Stinging nettle leaves	No Yes→				
135. Hemp nettle leaves	No Yes→				
136. Wild basil	No Yes→				
137. Gold thread root tea	No Yes→				
138. Maple syrup	No Yes→				
139. Jack pine needle tea	No Yes→				
140. Pine pitch	No Yes→				
141. White Pine seeds/nut	No Yes→				
142. Poplar (cottonwood) inner bark	No Yes→				
143. Poplar buds	No Yes→				
144. Spruce (black or white) inner bark	No Yes→				
145. Spruce (black or white) pitch	No Yes→				
146. Aspen bark, twigs	No Yes→				
147. Mullein	No Yes→				
148. Pine mushroom (White Matsutake)	No Yes→				
149. Chanterelle	No Yes→				
150. Other wild plants (specify):	No Yes→				

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

VI. 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 of survey)

	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)
151. Corn/hominy	No Yes→				
152. Beans	No Yes→				
153. Squash	No Yes→				
154. Other cultivated traditional food (specify):	No Yes→				
155. Other cultivated traditional food (specify):	No Yes→				
156. Other cultivated traditional food (specify):	No Yes→				

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

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

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

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

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

## 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.

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

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

2b. Does the taste of chlorine prevent you from drinking the tap water?

YES  NO  SOMETIMES  NOT APPLICABLE

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

4. *If your house has tap water, where does it come from?*

- Treatment plant
- Well
- Spring
- Stream/river
- Lake/Pond
- Rainwater cistern
- Trucked-in, please specify from where \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

5. What other types of water do you use for drinking in your house?

- Bottled water
- Well
- Spring
- Stream/river
- Lake/Pond
- Rainwater cistern
- Trucked-in water, please specify from where \_\_\_\_\_
- Other, please specify: \_\_\_\_\_
- Not applicable

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

6. What other types of water do you use for cooking in your house?

- \_\_\_\_\_ Bottled water
- \_\_\_\_\_ Well
- \_\_\_\_\_ Spring
- \_\_\_\_\_ Stream/river
- \_\_\_\_\_ Lake/Pond
- \_\_\_\_\_ Rainwater cistern
- \_\_\_\_\_ Trucked-in water, please specify from where \_\_\_\_\_
- \_\_\_\_\_ Other, please specify: \_\_\_\_\_
- \_\_\_\_\_ Not applicable

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

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)

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

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

9a. Do you treat the water in your house (e.g. filters, boil, tablets, softeners)?

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

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

10a. Do you have a water storage system?

- YES  NO  (if NO, go to Q. 11)

10b. Is it inside , or outside

10bb. Is it able to be carried (bucket) , or fixed in place ?

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

\_\_\_\_\_

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

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

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

**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:

- Plastic pipes
- Metal pipes. *Specify type of metal:* \_\_\_\_\_
- Plastic pipes with metal fittings *Specify type of metal:* \_\_\_\_\_
- Copper with braided flex line
- Other, *please specify* \_\_\_\_\_



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

## **QUANTIFICATION OF WATER CONSUMPTION**

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

In this section of the questionnaire, we would like to understand how much water you get from beverages and foods like soup and stew that are high in water. 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**.

<b>ITEM</b>	<b>Did you have ANY in the past week?</b>	<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>	<b>6 days</b>	<b>7 days</b>	<b>Amount (cups per day)</b>	<b>Main Source of water (bottle, tap, barrel)</b>
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. <b>Other food/drink Name:</b>	YES NO									







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

**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**
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, tsp, etc)
		Every day	Every other day	Twice a week	Once a week	Once or twice per month		

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

1a. Are there foods or beverages that you avoid because of intolerance (food gives you an upset stomach, cramping, diarrhea, etc)? YES  NO

If yes, which ones?

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

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

2. Do you know your height? YES  NO

Reported height \_\_\_\_\_(centimetres) OR \_\_\_\_\_ (feet and inches)

3. Do you know your weight? YES  NO

Reported weight \_\_\_\_\_ (pounds)

4. Do you want to have your height and weight measured now? YES  NO

Measured height \_\_\_\_\_(centimetres)

Measured weight \_\_\_\_\_(pounds)

Quality control

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

NRC comments re: anthropometrics\_\_\_\_\_

### III. 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   
(If YES, proceed with hair sampling)

Hair sample obtained from participant?

YES

NO  if unable to obtain hair sample, please explain\_\_\_\_\_

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

#### IV. 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 \_\_\_\_\_
  - 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 ( $\geq 35$  hours/week) \_\_\_\_\_
  - b. Part-time ( $< 35$  hours/week) \_\_\_\_\_
  
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
  - e. Other, please specify \_\_\_\_\_
  
- 4a. 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
  - 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

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

---

---

---

---

---

---

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

---

---

---

---

---

---

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

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

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

---

---

---

---

---

---



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

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

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

9a. 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 Q. 10)

9b. 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  NO  DO NOT KNOW
- b. Forestry YES  NO  DO NOT KNOW
- c. Oil and gas YES  NO  DO NOT KNOW
- d. Hydro YES  NO  DO NOT KNOW
- e. Farming YES  NO  DO NOT KNOW
- f. Sports Outfitters/Lodges YES  NO  DO NOT KNOW
- g. Recreation boaters/fishers YES  NO  DO NOT KNOW
- h. Snowmobiles/ATV's YES  NO  DO NOT KNOW
- i. Roadways YES  NO  DO NOT KNOW
- j. Government restrictions YES  NO  DO NOT KNOW
- k. Other YES  NO  DO NOT KNOW

if yes, 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 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.

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

14a. Did you smoke cigarettes yesterday? YES  NO

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

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

- a. diabetes YES  NO
- b. If yes to 15a, how long ago were you diagnosed? \_\_\_\_\_ # years  
\_\_\_\_\_ don't know
- c. If yes to 15a, circle type if known: Type 1   Type 2   Unknown

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

## V. 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]**

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

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

Yes  **If 'Yes', GO TO Q4 AND Q5**

No  **1) If ANY of Q1, Q2 OR Q3 WAS ANSWERED "often or sometimes" GO TO Q7**

**2) IF ALL of Q1, Q2 and Q3 WERE ANSWERED "never true" GO TO ADDITIONAL COMMENTS, PAGE 31**

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




**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 31**

Was the following statement <u>often</u> true, <u>sometimes</u> true or <u>never</u> true in the last 12 months:	Often true	Sometimes true	Never true	<i>Don't know or refused</i>
<b>Q6.</b> Children were not eating enough because you and other adults in your HH just couldn't afford enough food				

<b>STAGE 2 QUESTIONS</b>	Yes	No	<i>Don't know or refused</i>
<b>Q7.</b> Since October last year, did you or other adults in your HH ever cut the size of your meals or skipped meals because there wasn't enough money for food?			
<b><i>IF Yes to Question 7, go to Question 8</i></b>			
<b><i>IF No, go to Question 9</i></b>			
<b>Q8.</b> How often did this happen... almost every month, some months but not every month, or in only 1 or 2 months? a. Almost every month <input type="checkbox"/> b. Some months but not every month <input type="checkbox"/> c. Only 1 or 2 months <input type="checkbox"/> d. Don't know or refused <input type="checkbox"/>			
Question	Yes	No	<i>Don't know or refused</i>
<b>Q9.</b> In the last 12 months, did <u>you</u> ever eat less than you felt you should because there wasn't enough money to buy food?			
<b>Q10.</b> In the last 12 months, were <u>you</u> ever hungry but did not eat because you couldn't afford enough food?			
<b>Q11.</b> In the last 12 months, did <u>you</u> lose weight because you didn't have enough money for food?			



**IF PARTICIPANT ANSWERED “Often” or “Sometimes” to Question 6, or “YES” TO ANY ONE OF QUESTIONS 7 TO 11, THEN CONTINUE TO Question 12; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 31**

STAGE 3 QUESTIONS	Yes	No	<i>Don't know or refused</i>
<b>Q12.</b> In the last 12 months, did you or other adults in your HH ever not eat for a whole day because there wasn't enough money for food?			
<b><i>IF Yes to Question 12, go to Question 13</i></b> <b><i>IF No and have children in the HH &lt;18, go to Question 14</i></b> <b><i>IF No and don't have children, go to Additional Comments, Page 31</i></b>			
<b>Q13.</b> How often did this happen... almost every month, some months but not every month, or in only 1 or 2 months? a. Almost every month <input type="checkbox"/> b. Some months but not every month <input type="checkbox"/> c. Only 1 or 2 months <input type="checkbox"/> d. Don't know or refused <input type="checkbox"/>			
 <b><i>IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK QUESTIONS 14 to 17; OTHERWISE, GO TO ADDITIONAL COMMENTS, PAGE 31</i></b>			
Question	Yes	No	<i>Don't know or refused</i>
<b>Q14.</b> In the last 12 months, did you or other adults in your HH ever cut the size of any of the children's meals because there wasn't enough money for food?			
<b>Q15.</b> In the last 12 months, did any of the children ever skip meals because there wasn't enough money for food?			
<b><i>IF <u>Yes</u> to Question 15, go to Question 16</i></b> <b><i>IF <u>No</u> go to Question 17</i></b>			
<b>Q16.</b> How often did this happen... almost every month, some months but not every month, or in only 1 or 2 months? a. Almost every month <input type="checkbox"/> b. Some months but not every month <input type="checkbox"/> c. Only 1 or 2 months <input type="checkbox"/> d. Don't know or refused <input type="checkbox"/>			
Question	Yes	No	<i>Don't know or refused</i>
<b>Q17.</b> In the last 12 months, were the children ever hungry but you just couldn't afford more food?			
<b>Q18.</b> In the last 12 months, did any your children ever not eat for a whole day because there wasn't enough money for food?			

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

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

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

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

YES  NO

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

**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: \_\_ \_\_ / \_\_ / \_\_ \_\_ \_\_

### **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 1 refused to fill out, please specify

---

other question 2 refused to fill out, please specify

Other NRC comments

---