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ᓂᓐᓂᓐ 2017  
NUNAVIK

# METHODOLOGICAL REPORT

## QANUILIRPITAA? 2017

Nunavik Inuit Health Survey



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RÉGIE RÉGIONALE DE LA NUNAVIK REGIONAL  
SANTÉ ET DES SERVICES BOARD OF HEALTH  
SOCIAUX DU NUNAVIK AND SOCIAL SERVICES



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# QANUILIRPITAA? 2017 HEALTH SURVEY

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*In memory of Audrey Flemming and Linda Shipaluk.*

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\* Each name is listed only once even though it may have been mentioned in more than one category.



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# LIST OF ACRONYMS

“Leg” is a technical term that refers to a distinct period of time that a crew spends on board a ship. During the survey, a change of crew took place on September 14, at which time a number of the survey staff were replaced as well. In this report, the first “leg” refers to the period of data collection occurring from August 19 to September 13, and the second “leg” to data collection occurring from September 15 to October 5.

<b>BIESP:</b>	Bureau d’information et d’études en santé des populations
<b>BMI:</b>	Body mass Index
<b>CCGS <i>Amundsen</i>:</b>	Canadian Coast Guard Ship ( <i>Amundsen</i> )
<b>CCHS:</b>	Canadian Community Health Survey
<b>CHMS:</b>	Canadian Health Measures Survey
<b>CHU de Québec:</b>	Centre hospitalier universitaire de Québec
<b>CLSC:</b>	local community service centres
<b>COPD:</b>	Chronic obstructive pulmonary disease
<b>CTQ:</b>	Centre de toxicologie du Québec
<b>MUHC:</b>	McGill University Health Centre
<b>DMC:</b>	Data Management Committee
<b>ICD:</b>	International Classification of Diseases
<b>ICDAS:</b>	International Caries Detection and Assessment System
<b>ID sheet:</b>	Identification sheet
<b>INSPQ:</b>	Institut national de santé publique du Québec
<b>ISQ:</b>	Institut de la statistique du Québec
<b>JBNQA:</b>	James Bay and Northern Quebec Agreement
<b>KI:</b>	Kativik Ilisarniliriniq
<b>KRG:</b>	Kativik Regional Government
<b>NHANES:</b>	National Health and Nutrition Examination Survey
<b>NRBHSS:</b>	Nunavik Regional Board of Health and Social Services
<b>OCAP®:</b>	Ownership, Control, Access and Possession
<b>SPSS:</b>	Statistical Package for Social Sciences
<b>STBBI:</b>	Sexually transmitted and blood-borne infections



# 1 INTRODUCTION

The *Qanuillirpita?* Health Survey was conducted from late August to early October 2017 to update the information regarding various aspects of the physical and psychological health of Nunavimmiut. The aim of this report is to describe the methodology used in the different stages of the survey as it bears an impact on the findings. The first section briefly reviews the context surrounding the survey and its goals. The second focuses on the methodology used for sampling. The third discusses the data collection methods, including measuring instruments. The fourth section describes data processing and discusses data

quality measurement and weighting in particular. The last section provides specific details on how the survey data can be usefully analyzed.

Instead of a traditional conclusion, this document provides an introduction to the full set of thematic reports drafted by the research teams, outlines the problems encountered over the course of the survey, and offers a number of future-oriented recommendations.

# 2 CONTEXT AND SURVEY OBJECTIVES

## 2.1 CONTEXT

Measuring the health status of Inuit is an important challenge for Nunavik health authorities. Unlike in other regions of Québec, medico-administrative data cannot be used to establish the incidence and prevalence of chronic diseases. Québec and Canadian surveys on diseases, lifestyles and other health determinants have never extended beyond the 49th parallel. There are several reasons for this: linguistic and cultural barriers, methodological and logistical considerations, the need to adapt tools, and transportation costs. As of early 2017, two surveys had been conducted by Nunavik authorities: the Santé Québec Survey in 1992 and the *Qanuippitaa?* (How are we?) health survey in 2004. Thus, the overall aim of the *Qanuilirpitaa?* (How are we now?) 2017 health survey was to establish a recent portrait of the health status of Nunavimmiut aged 16 and older and to document new health priorities.

In February 2014, the Board of Directors of the Nunavik Regional Board of Health and Social Services (NRBHSS), composed of representatives from the region's 14 communities and from its two health centres, unanimously adopted a resolution to conduct a new health survey focusing on three components: adult health, youth health and community health. It was decided that the survey should be conducted in all Nunavik communities, in support of the Strategic Regional Plan.

## 2.2 OBJECTIVES

The objectives of the *Qanuilirpitaa?* 2017 Health Survey were to:

- Provide an overall population health profile to support healthy community development;
- Provide a baseline assessment of health and social conditions in Nunavik communities that may be affected by forthcoming economic and resource development in the region (Plan Nord);

- Assess adult health status in 2017 and follow up on the health and determinants of adult participants since 2004;
- Assess the health status of Nunavik youth;
- Assess the intergenerational evolution of health and its determinants in the 16-30 age group;
- Improve our understanding of health and social issues;
- Provide essential information to support the next Strategic Regional Plan of the health and social services sector;
- Nurture the research competencies and skills of Inuit;
- Identify health profiles and assets of communities;
- Help identify future research needs.

An additional goal was to achieve continuity between this and previous surveys so as to assess the evolution of certain trends. Furthermore, in accordance with contemporary paradigms for developing knowledge in Aboriginal communities, the *Qanuilirpitaa?* 2017 Health Survey has strived to move beyond traditional survey approaches and sought to rigorously document the situation of youth and communities.

## 2.3 SURVEY COMPONENTS

- 1) Adult component: 1) to document the mental and physical health status of adults aged 31 and over in 2017 and 2) to follow up on the adult cohort of 2004 (n = 1,000).
- 2) Youth component: 1) to establish a new cohort of Inuit youth aged 16 to 30 (n = 1,000) and 2) to document their mental and physical health status. Proportionally speaking, the youth demographic is greater in Nunavik than in the rest of Quebec.

- 3) Community component: to establish the health profiles and assets of communities in a participatory research approach.
- 4) Community mobilization project: to mobilize communities and foster their development, in line with Inuit aspirations. The community mobilization project will be carried out following the survey.

## 2.4 PARTICIPATORY APPROACH

This health survey relied on partnerships with all major Nunavik organizations (Nunavik Regional Board of Health and Social Services (NRBHSS), Makivik Corporation, Kativik Regional Government (KRG), Kativik Ilisarniliriniq (KI), Avataq Cultural Institute, Qarjuit Youth Council, Inuulitsivik Health Centre, Ungava Tulattavik Health Centre), the two health centres as well as representatives of the community mayors, and also a partnership between Nunavik, the *Institut national de santé publique du Québec* (INSPQ) and academic researchers from Université Laval, McGill University and Trent University. This participatory approach was based on the following principles:

- > Strengthening of local capacities and empowerment through individual and collective involvement in the survey process, from defining of objectives to results dissemination;
- > Appropriation of information by individuals and communities throughout the initiative in order to foster their active involvement, actions and interventions;
- > Adoption of an approach based not only on identification of problems, but also on identifying the assets and capacities of both individuals and communities, as well as identifying levers for action;
- > Adoption of an approach based on two perspectives – Inuit and non-Inuit – throughout the process;
- > Broadening of cross-sector partnerships by involving regional and community leaders from the outset.

## 2.5 VALUES AND PRINCIPLES

Ownership, Control, Access and Possession (OCAP®) are an important reference in terms of participatory research by and for Indigenous people (First Nations Information Governance Centre, 2016). The core principles of this approach are:

**Ownership:** Ownership refers to the relationship of Inuit to their cultural knowledge, data and information. This principle states that a community or group owns information collectively in the same way that an individual owns their personal information.

**Control:** The principle of control affirms that Inuit, their communities and representative bodies are within their rights in seeking control over all aspects of research and information management processes that impact them. Inuit control can be applied throughout all stages of a particular research project, from start to finish. The principle extends to the control of resources and review processes, the planning process, management of information, etc.

**Access:** Inuit must have access to the information and data concerning themselves and their communities, regardless of where it is currently held. The principle also refers to the right of Inuit communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.

**Possession:** While ownership identifies the relationship between a people and their information, possession or stewardship is more concrete. It refers to the physical control of data. Possession is a mechanism by which ownership can be asserted and protected.

Furthermore, the following values and principles have also been adopted for the conduct of the overall project.

### Empowerment and self-determination

- > Recognizes the self-determination of Nunavimmiut with respect to making decisions about research and health surveys;
- > Enhances the capacity of Nunavimmiut to maintain their culture, language and identity;
- > Enhances and strengthens the capacity of individuals and communities to lead and take action to affect their health and well-being;
- > Provides opportunities for the involvement and development of community researchers and community resources.

## Respect

- > For Inuit identity, culture, knowledge systems and community practices;
- > For the prerogative of individuals and communities to determine the degree of their participation in the survey;
- > For academic researchers, to enable them to fulfill their professional obligations in knowledge creation and dissemination;
- > For the responsibilities and priorities of authorities within regional organizations;
- > For different types of expertise and their integration;
- > For the views of all relevant sectors/subgroups that may be affected by the survey

## Utility, relevance, usefulness

- > Responds to the needs and priorities of Nunavik communities;
- > Has the potential to produce valued outcomes from the perspective of the communities.

## Trust

- > Ensures that trust is built between the different organizations' representatives, researchers and communities through transparent communication and discussion at all levels.

## Transparency

- > Minutes of meetings of all committees and subcommittees are made available to all partners;
- > Decisions are explained and made after different points of view have been expressed and discussed.

## Engagement

- > Applies a collaborative/participatory approach;
- > Seeks and facilitates community representatives' participation in the survey process: definition (choice of topics and methods), collection of data and data analyses, and production of final reports and their recommendations for action and subsequent relevant publications.

## Scientific rigour

- > Uses recognized scientific methods and expertise for the survey design, data collection and analyses.

## Realistic approach

- > Does not create expectations that are unrealistic and for which deliverables cannot be met.

## 2.6 GOVERNANCE

The established governance structure called for the participation of several representatives from Nunavik's communities, reflecting the participatory approach that characterized this survey. Governance was overseen by a steering committee composed of the main regional leaders and key representatives of the Nunavik community: Nunavik Regional Board of Health and Social Services (NRBHSS), Kativik Regional Government (KRG), Makivik Corporation, Kativik Ilisarniliriniq (KI), Avataq Cultural Institute, Qarjuit Youth Council, Inuulitsivik Health Centre, Ungava Tulattavik Health Centre and mayors representing the communities. Representatives of two major organizations, the INSPQ and Centre de recherche du CHU de Québec-Université Laval, were also key members of the Steering Committee. The NRBHSS chaired the Steering Committee and was responsible for the overall survey.

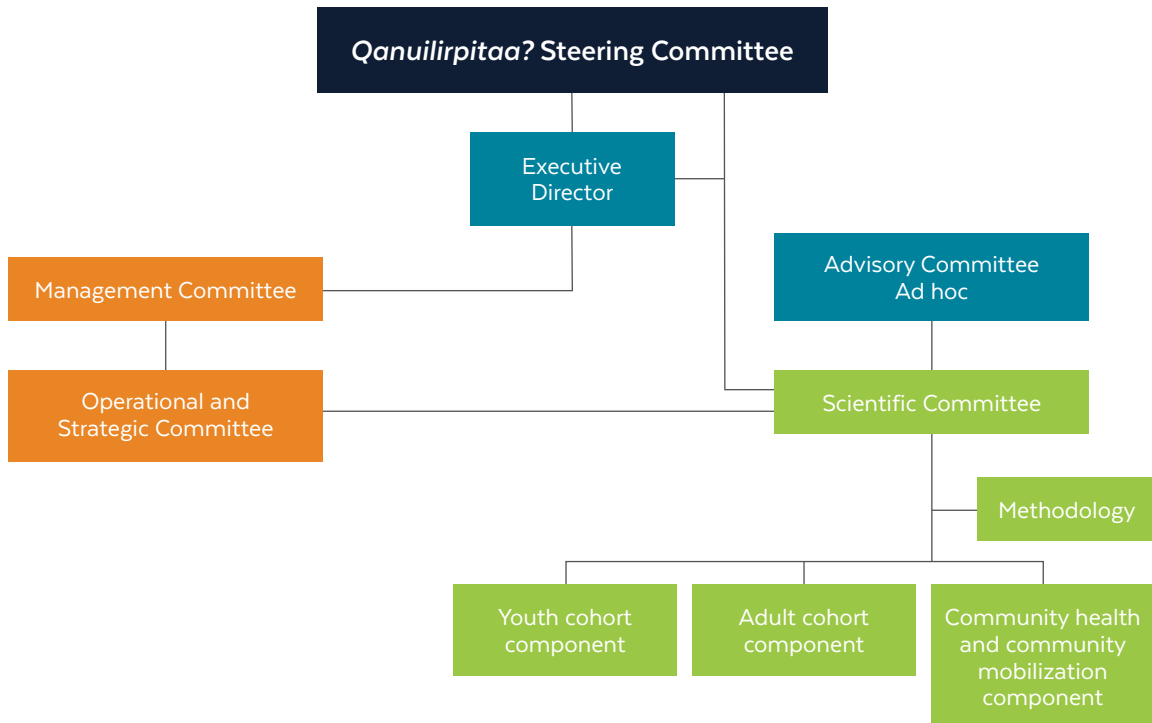
Three partners worked together to conduct this survey: NRBHSS, INSPQ and the *Centre de recherche du CHU de Québec-Université Laval*. The INSPQ was mandated to ensure the project's overall co-ordination and administrative management.

This decision-making structure, coupled with the active community involvement at the core of this project, were intended to allow the Nunavimmiut to appropriate all phases of this health survey and the results. This strengthened Nunavimmiut autonomy and their ability to manage their health.

The governance structure comprised different committees and subcommittees composed of individuals from the NRBHSS, principal investigators, representatives from Inuit communities and organizations, the principal investigators, and the INSPQ. Figure 1 presents the different committees.

This survey received ethical approval by the *Comité d'éthique de la recherche du Centre Hospitalier Universitaire de Québec*

**Figure 1** Governance structure of Qanuilirpitaa? 2017 Health Survey



# 3 SAMPLE DESIGN

Sampling design is a major component of any population-based survey. It encompasses: a description of the units or individuals comprising the target population; the survey frame in which individuals are selected for sampling purposes; the survey sampling plan; the survey sampling method, which describes the approach used to select these individuals; and, lastly, the size and distribution of the sample among the strata included in the survey sampling plan.

## 3.1 TARGET POPULATION AND SURVEY FRAME

The target population for this survey was made up of all permanent residents of Nunavik aged 16 years and over. It did not include people living in institutional settings (e.g., homes for the elderly, healthcare facilities, or prisons) or people suffering from tuberculosis. In contrast with the 2004 survey, Caucasian (i.e., non-Inuit) people were included in the 2017 target population, provided that they were on Makivik Corporation's Nunavik Inuit Beneficiaries Register (see below).

People participating in the survey had to be able to come aboard the ship for the interviews and the clinical tests. They could not be a member of the interview team. Consequently, the actual survey population differed slightly from the initial target population, since it excluded people who were unable to participate for health or logistical reasons.

The survey frame used to select survey participants was based on the register of the beneficiaries of the James Bay and Northern Quebec Agreement (JBNQA), which includes residents of Nunavik's 14 communities. Makivik Corporation provided the most up-to-date version of the register in spring 2017. Some processing was required in

order to exclude cases of tuberculosis as well as recent deaths. Additional work was also required to pair this list with the file of participants from the 2004 cohort, for the purpose of accurately identifying cohort members aged 31 years and over who would be invited to participate to the 2017 survey. The final list included 8 436 inhabitants aged 16 years and over. The list featured basic information such as age, sex and place of residence, but did not include other variables that can be useful for determining eligibility. Furthermore, while the data were being collected, other changes may have occurred, such as additional deaths and relocations.

## 3.2 SAMPLE DESIGN

The selected sample design had to reflect, as much as possible, the survey's basic objectives; specifically, it had to produce reliable estimates for two age groups (16 to 30 years old and 31 years old and over) and certain community groupings. Non-proportional stratified sampling was the most appropriate approach for achieving these objectives, since it made it possible to obtain quite similar sample sizes for the two age groups of interest while accounting for the fact that the two age groups were not distributed equally within the population. The strata were formed according to sex, age group (16-19 years old, 20-30 years old, and 31 years old and over) and community. For the 16-30 age group, individuals were selected within each stratum using simple random sampling without replacement. For the older group, the basic sample consisted of members of the 2004 cohort, plus an additional sample selected using simple random sampling without replacement in each stratum. This approach proved to be a compromise that enabled longitudinal monitoring of the 2004 cohort and the production of estimates for the older age group in 2017.

### 3.3 SAMPLE SIZE AND DISTRIBUTION

The global sample size had to take into account not only estimate precision requirements and financial resources, but also the logistics surrounding data collection (process and time frame). Good precision stemming from a fairly large sample size is essential for detecting significant differences between two proportions or for determining odds. To obtain a statistical power of approximately 80%, the required number of participants in the survey was 1,000 for each of the two age groups of interest (for more details, see Appendix D.1).

To ensure that each community was represented adequately, it was preferable to allocate the samples proportionally between the two age groups according to community size. However, there was also a need to factor for logistical constraints – namely, the ship had to stay for a certain number of days in each community in order to obtain the required sample size. A maximum of 44 participants could be seen daily, except on the first and

second days, when the number of participants that could be seen was 20 and 35, respectively. Therefore, the optimal number of days that could be spent in each community was determined so as to be proportional to community size. Table 1 shows the number of participants that were anticipated in each community for the two age groups.

Additional individuals were sampled in order to take into account the low anticipated response rates. In 2004 (Rochette et al., 2007), the survey’s response rate was roughly 50% and this was deemed conservative by people consulted prior to the survey who were familiar with the situation on the ground in Nunavik communities. In fact, it was anticipated that the total sample could reach up to 2,000 individuals per age group. The sampling strategy applied by the recruitment team originally involved working with the first 1,000 individuals sampled and replacing them only in cases of refusal or non-contact for known reasons (see Appendix C.4: “*Consignes pour l’échantillonnage lors du recrutement des participants*” (Sampling guidelines during the participant recruitment phase)).

**Table 1** Initial distribution of the sample of 2,000 participants, proportional to community population size and based on constraints associated with the *Amundsen* icebreaker, by age group, *Qanuillirpita? 2017* Health Survey

Coast	Community	Allocation proportional to population size				Constraints associated with the ship			
		16-30 years	≥ 31 years <sup>1</sup>		Total number of participants required	Optimal number of days	Total number of participants anticipated <sup>2</sup>		
			2004 cohort	Add'l.			16-30 years	≥ 31 years	Total
Hudson	Kuujuarapik	48	33	15	96	3	49	50	99
	Umiujaq	38	24	13	75	2	44	44	88
	Inukjuak	132	90	43	265	6	132	132	264
	Puvirnituq	136	84	42	262	6	132	132	264
	Akulivik	50	41	9	100	2	44	44	88
	Ivujivik	28	25	3	56	1	22	22	44
	Salluit	111	81	30	222	5	110	110	220
Ungava	Kangiqsujuaq	68	47	19	134	3	66	66	132
	Quaqtaq	34	18	16	68	1	22	22	44
	Kangirsuk	52	38	13	103	2	44	44	88
	Aupaluk	18	14	4	36	1	22	22	44
	Tasiujaq	30	14	17	61	1	22	22	44
	Kangiqsualujjuaq	86	70	15	171	4	88	88	176
	Kuujuuaq	181	119	62	362	10	200	200	400
Nunavik		1002	698	301	2001	47	997	998	1995

1. The sample for the 31 and over age group had to include the 2004 participant cohort plus an additional sample (Add'l) of participants from that age group in order to reach the total target of 1,000 participants.

2. Estimated number of participants based on the following assumption: an average of 44 participants per day except on the first two days (Day 1: 20; Day 2: 35) and in Kuujuaq (40 per day).

# 4 PROMOTIONAL CAMPAIGN

The promotional campaign aimed to inform Nunavimmiut about the survey, its goals, and the collective benefits it had to offer. The campaign was also a way to foster community spirit. In co-operation with the mayors, who were partners in the *Qanuilirpitaa?* 2017 Health Survey, the NRBHSS initiated an information and promotional campaign targeting Nunavimmiut and regional organizations.

The first objective of the campaign was to publicize the *Qanuilirpitaa?* 2017 Health Survey among Nunavimmiut in order to demonstrate the need for such a survey at this time, as well as to ensure optimal participation of the population and highlight the overall benefits of the survey for the region. The second objective was to publicize the survey among Nunavik decision-makers so as to mobilize them for the duration of the survey and secure their involvement in future actions. The priority was to foster Nunavimmiut empowerment because, as stated repeatedly, this study was conducted by and for Inuit. The goal was to encourage community mobilization and local leadership leading to grassroots solutions to current health issues. These platforms also provided an opportunity to show how the survey would contribute to meeting the future health needs of each of the 14 Nunavik communities.

Several communication tools were used to attain the objectives laid out in the communication plan. A Facebook page was created to allow easy access to online videos produced before and during the survey. Scripted radio messages were recorded and aired on regional and local radio stations prior to the survey. Radio messages were delivered on local FM radio stations in each community in the days leading up to the ship's arrival. Both Facebook and local FM stations clearly proved to be the most efficient way to communicate our message to the population and create a branding that helped communities identify with the survey.

Posters displaying the *Qanuilirpitaa?* 2017 logo and the ship's schedule were delivered to all communities in the weeks prior to the survey. The logo was largely inspired by the one used for the *Qanuippitaa?* 2004 Health Survey and represented a Canadian icebreaker floating in Nunavik seas with a person standing on the prow looking at the horizon with a telescope. The poster served as a visual reinforcement for the messages delivered both on social media and on radio stations.

This poster, which could also be viewed on the electronic billboard at the Kuujuaq airport to ensure even greater visibility, was displayed as well in local Co-op stores, municipal offices, schools, daycare centres and local health clinics, to name a few. Promotional items such as coffee cups, pens and other trinkets promoting the *Qanuilirpitaa?* 2017 brand were handed out in all communities. Participants were also given a health passport and a pamphlet explaining in detail how the survey would be conducted and the responsibilities they had to shoulder to ensure its success.

Mayors and other local leaders were recruited to publicize the survey on local FM radio stations. They were given a list of key messages to deliver to the population, who were invited to follow the ongoing survey on social media and the NRBHSS website, where detailed information explaining the survey was made available. Sound bites produced on board the ship with interviews of participants and staff members describing their experience were aired on the regional radio network. Press releases, leaflets, an information package on the NRBHSS website and face-to-face meetings with mayors and town councillors were used to promote the survey, explain its objectives and gain community support.



Employers and schools were strongly encouraged to facilitate participation by allowing people to take time off from work and classes to take part in the survey on board the CCGS *Amundsen*. Employers were asked to co-operate by making it possible for their employees to participate without loss of pay. Employees were given a health passport that was stamped by organizers as proof of participation in the survey during time off work. Secondary schools in each community were invited to send two students on board the ship to witness how the survey was being conducted. This was part of an effort to stimulate the students' interest in scientific studies in the hope of one day creating a future generation of Inuit researchers and scientists.

As the *Amundsen* made its way along the Hudson Bay and Ungava Bay coasts, it created a sense of curiosity in the communities and shed a positive light on the *Qanuilirpitaa? 2017 Health Survey*. In each village, Nunavimmiut were invited to call the local centre, where recruiters were set up to welcome people seeking more information about the survey.

To further encourage the participation of those invited to take part in the survey to come on board the ship, a drawing was held at the end of the survey in each community for a pair of Air Inuit tickets that could be used to fly anywhere in Nunavik. A drawing for a pair of First Air tickets to Montreal was also held at the end of the survey among people who had participated throughout Nunavik.

The final phase of the *Qanuilirpitaa? 2017 Health Survey* communications strategy will use tools similar to those employed during the survey. These tools will be deployed in order to inform Nunavimmiut about the results of the survey.



# 5 DATA COLLECTION

## 5.1 OVERVIEW

Data were collected in the 14 Nunavik communities from respondents aged 16 years and older. From August 19 to October 5, 2017, participants came aboard the *Amundsen*, a Canadian Coast Guard icebreaker, converted into a scientific research ship. Participants were invited on board the ship, where data were gathered. Questionnaires were administered, clinical tests and laboratory analyses were performed, and some information was obtained from participants' medical records in hospitals or local community service centres (CLSCs).

The first part of this section describes the survey content and details the various data collection instruments used in the survey, while the second part discusses the pre-tests, the training process, and the role of the staff in charge of administering the collection instruments. The data collection process is then described in detail. The last part briefly discusses privacy protection and data confidentiality.

## 5.2 SURVEY CONTENTS

The aim of the *Qanuilirpitaa? 2017* Health Survey was to update our knowledge of the health of Nunavimmiut by collecting representative data for the purpose of monitoring various health indicators, social conditions, and environmental and community characteristics. The survey allows stakeholders and authorities to update Nunavik programs and measures and thereby improve the health and well-being of the Inuit population. An extensive consultation took place in Kuujuaq on January 27 and 28, 2015 to consult key members of communities and organizations from the Ungava and Hudson coasts on the themes and topics that were to be prioritized in the *Qanuilirpitaa? 2017*. Other consultations held in 2015 and 2016 led to the selection of the themes presented in the table below:

**Table 2** Themes selected for the Qanuilirpitaa? 2017 Health Survey

Themes	Target cohort(s) <sup>1</sup>
Sociodemographic information (including education, income, employment)	Youth and adults
Subjective rating of overall mental and physical health (quality of life, self-rated health, satisfaction in life)	Youth and adults
Mental health and well-being (psychological distress, stress, suicide, traumas, historical loss, community attitudes toward mental health)	Youth and adults
Resilience Self-esteem	Youth and adults
Social support	Youth and adults
Victimization	
> Crime against property	Youth and adults
> Physical and sexual abuse	Youth (18-30 years) and adults
> Childhood trauma	Youth (18-30 years) and adults
> Elder victimization	Adults 55 and older
> Bullying	Youth
Sexual health (sexual attraction, perceived benefits of childbearing, risky sexual behaviours in association with STIs)	Youth
Reproductive history	Youth and adults (men and women)
Adolescent pregnancy (socio-cultural factors influencing teenage pregnancy)	16-20 years
Justice	Youth and adults
Substance use and dependence, gambling	Youth and adults
Media	Youth and adults
Family (family relations and support, cohesion, family traumas (stressors, residential school, foster care))	Youth and adults
Socio-cultural determinants of health (incl. cultural identity, community involvement, equity and discrimination, social integration and exclusion, spirituality)	Youth and adults
Housing and homelessness	Youth and adults
Cardiometabolic health	Youth and adults
Acute gastroenteritis infection and <i>Cryptosporidium</i> spp.	Youth and adults
Zoonosis (rabies infection and risk of bites)	Youth and adults
Zoonosis: <i>Toxoplasma gondii</i> and <i>Trichinella</i> spp.	Youth and adults
<i>Helicobacter pylori</i>	Youth and adults
Oral health	Youth and adults
Respiratory health	Youth and adults
Men's health	Men from both cohorts
Women's health	Women from both cohorts
Nutrition and anemia, food security, contaminants	Youth and adults
Hunting and fishing	Youth and adults

1. Youth cohort: 16-30 years; Adult cohort: 31 years and over

## 5.2.1 Questionnaires

Questionnaires were developed for several themes in order to address most of the concerns mentioned above. The questionnaires were designed according to certain basic principles:

- > The *Qanuillirpita? 2017 Health Survey* was a participatory approach survey. As noted above, the themes were chosen following numerous consultations with key Inuit stakeholders. It is also important to stress that the Inuit consulted were adamant about the need to document positive data that could foster future actions.
- > The questionnaires for each theme were developed by researchers with experience in working with Inuit co-leaders. A scientific committee oversaw the entire process through regular meetings. Researchers, the INSPQ, the NRBHSS as well as Inuit co-leaders for each component (adult, youth, community health) were part of this committee. Where specific expertise was missing, the scientific committee collaborated with other experts (ad hoc advisory committees). Each person who contributed was identified as being responsible for a particular tool or as a resource person.
- > The questions were selected to 1) enable comparisons to be drawn with the 2004 health survey; 2) enable comparisons to be drawn with other Canadians; and 3) provide a useful tool for the region. Thus, questions that were not well understood or useful in 2004 were not included in the 2017 questionnaires. They were replaced by new, more relevant questions that met the following criteria: they had been tested and validated with Indigenous people and they were short, and easy to understand. This made it possible to include more questions on Inuit activities, values or experiences.

Accurate translation from English to Inuktitut was essential, as the survey was to be administered to all people living in Nunavik. A translation of the questionnaires was provided by an Inuk employed at the NRBHSS and verified by another translator at the NRBHSS. The questionnaires in Inuktitut were pre-tested in Inukjuak and were well received by the Inuit interviewers hired for the occasion.

The questionnaires were administered through computer-assisted interviews in English or French and were programmed by VOXCO (a firm specialized in computer-assisted questionnaires) using “Interviewer” software<sup>1</sup>. However, the technology employed (VOXCO CATI software) did not allow us to use Inuktitut in the electronic

version of the questionnaires. Therefore, interviewers had access to printed questionnaires in Inuktitut and English or in Inuktitut and French that enabled them to ask questions in Inuktitut and to transcribe the answers in English or French on a laptop. The layout of the printed versions was the same as in 2004, with Inuktitut on the left and French or English on the right.

All of the laptops on board the ship were connected to a network, allowing interviewers access to all of the questionnaires at various stages of completion. Therefore, even if a particular interviewer was initially assigned to a participant, others could take over. In addition, interviewers could stop administering a questionnaire and exit the software at any time (e.g., during breaks or clinical tests) and then resume the interview when appropriate. Copies were backed up throughout the day.

To make the questionnaires easier to administer, it was divided into five blocks, with an additional identification sheet (see Appendix A). Except in the case of Block 5, the blocks were administered in sequence, with each participant starting with Block 1 and ending with Block 4. A block of questions had to be completed before moving on to the next one.

### **Identification sheet (ID sheet)**

To access the questionnaire online, participants had to fill out the identification sheet found on the first page, which included their assigned identification number, which allowed the research team to track their progress. The following information was entered on this sheet: the participant’s last name, first name, sex, date of birth and address (see Appendix A.1).

1. Throughout the rest of this document, “VOXCO questionnaire” is used to refer to the survey’s questionnaire.

**Blocks 1 and 3: Psychosocial Interview**

The psychosocial questionnaire was divided into two separate blocks since it was difficult for the participants to answer the questions without a break. The first part (Block 1, see Appendix A.2) included the following themes:

- > Section 1 – Identity and spirituality
- > Section 2 – Well-being and support
- > Section 3 – Substance use and gambling  
(Tobacco – Alcohol – Drugs – Gambling – Internet and media)
- > Section 4 – Family

As for the second part (Block 3, see Appendix A.4), it comprised the themes listed below:

- > Section 5 – Victimization
  - > 5.1 Adverse experience during childhood – answered only by participants aged 18 and over
  - > 5.2 Adverse experience during adulthood – answered only by participants aged 18 and over
  - > 5.3 Elder victimization
  - > 5.4 Bullying – Youth cohort only
  - > 5.5 Discrimination
  - > 5.6. Community safety
- > Section 6 – Men’s health (men only)
- > Section 7 – Reproductive health
- > Section 8 – Sexual health (youth cohort only)
- > Section 9 – Housing

**Block 2: Physical health and food security Interview (see Appendix A.3)**

Block 2 dealt with physical health and food security and included the following themes:

- > Section 1 – Self-rated physical health
- > Section 2 – Non-intentional injury
- > Section 3 – Respiratory health
- > Section 4 – Oral health
- > Section 5 – Zoonosis
- > Section 6 – Gastro-intestinal illness
- > Section 7 – Hunting and fishing
- > Section 8 – Contaminants and risk communication/perception
- > Section 9 – Food security

**Block 4: Food frequency questionnaire**

The questionnaire collected information on the frequency of food and nutrient intakes according to two sources: country food and market food. The goal was not to determine exactly the quantity of a particular food consumed, but rather if it was eaten on a regular basis or not. Since the questionnaire was not administered by nutritionists or by staff who were used to dealing with variables in nutrition, and given that the time set aside for interviews had to be shortened, no questions related to portion size were asked. See Appendix A.5 for the content description.

**Block 5: Sociodemographic interview**

It was decided that this part of the questionnaire would be administered by the recruitment team. The main reason for such an approach was to prevent essential information from being excluded if a participant did not have enough time to complete the entire questionnaire on the ship. A paper questionnaire was first filled out by the recruitment team and then all of the information was entered into the VOXCO application by authorized persons on the ship. This part of the questionnaire mainly contained questions about household composition, education, employment and income. See Appendix A.6 for the content description.

**5.2.2 Clinical session**

In addition to providing self-reported health indicators as well as certain psychosocial aspects of participants’ lives, the survey was designed to obtain clinically measured indicators. Participants were asked to provide biological samples for laboratory analyses. They also had to undergo a few clinical examinations and anthropometric measurements as described in Table 3.

**Table 3** List of clinical tests selected for the Qanuilirpitaa? 2017 Health Survey

Theme	Test/measurement	Target cohort	Rationale for inclusion in 2017
<b>Anthropometric measurements</b>	Height, weight, waist circumference and BMI Body composition (bioelectrical impedance analysis)	Youth and adults	Risk factor for diabetes, cardiovascular diseases, metabolic syndrome
<b>Cardiovascular health</b>	Blood pressure (BP) Heart rate	Youth and adults	Cardiovascular health, metabolic syndrome
<b>Oral health</b>	Oral exam including 1) dentate status; 2) utilization of removable prostheses; 3) dental trauma; 4) gingival status; 5) debris and calculus assessment; 6) dental caries and associated conditions (ICDAS II); 7) clinical consequences of untreated dental caries	Youth and adults	Complete oral exam
<b>Lung health</b>	Spirometry	Youth and adults	Asthma/COPD

### 5.2.2.1 Biological samples

Different biological samples were collected on board the CCGS *Amundsen*. Four nurses took blood samples (67 mL) and oropharyngeal swabs, while participants collected their own urine samples (on the ship) and stool samples (at home). Women aged 16 to 30 collected their own vaginal swabs (on the ship). The list of laboratory analyses

performed on biological samples is presented in Table 4. A more detailed document describing the analyses performed on biological samples, *Qanuilirpitaa? – How are we now? Nunavik Inuit Health Survey – 2017 Methodological Report Laboratory Component* is available upon request (not published).

**Table 4** List of laboratory analyses performed on biological samples from participants in the Qanuilirpitaa? 2017 Health Survey

Biological sample	Laboratory analysis	Targeted cohort	Rationale for inclusion in 2017
<b>Blood</b>	Complete blood count Clinical biochemistry Vitamins, micronutrients, etc. Contaminants Specific IgEs Antibody titers ( <i>Cryptosporidium sp.</i> , <i>Trichinella sp.</i> , <i>Toxoplasma gondii</i> , <i>Helicobacter pylori</i> ) Syphilis	Youth and adults	Screening for anemia, allergies, cardiovascular disease risk factors, diabetes, kidney and liver diseases, nutritional deficiencies, exposure to contaminants, zoonosis and other infections. Sexually transmitted and blood-borne infections (STBBI) screening
<b>Urine</b>	Clinical biochemistry Contaminants	Youth and adults	Screening for kidney diseases, nutritional deficiencies, exposure to contaminants
	Chlamydia and gonorrhoea	Youth – men and Youth – women having their period or pregnant	STBBI screening
<b>Vaginal swab</b>	Chlamydia and gonorrhoea	Youth–women not having their period and not pregnant	STBBI screening
<b>Stool sample</b>	<i>H. pylori</i> (antigen) Presence of occult blood	Youth and adults	Screening for active <i>H. pylori</i> infection Colorectal cancer screening (50 years and over)

### 5.2.2.2 Anthropometric measurements

The survey's anthropometric measurements included:

- > Height and waist circumference in centimeters taken by nurses or trained interviewers and recorded on the clinical form (see Appendix B.3);
- > Weight and body composition assessments based on bioelectrical impedance, performed using a validated InBody device (Faria et al., 2014).

To be eligible for InBody measurements (except weight), women could not be menstruating or be pregnant. In addition, waist circumference was not measured for pregnant women.

No nominative information (i.e., information that could identify a participant) was entered into the impedance device. Each participant received their results in a “health passport.” All recorded results were then stored on a hard drive and a laptop. Back-up copies were made at the end of each day.

### 5.2.2.3 Cardiovascular health

Blood pressure was measured according to the 2005 Canadian Hypertension Education Program (Hemmelgarn et al. 2005), whose recommendations are as follows: “The patient should be resting comfortably for 5 minutes in the seated position with back support. The arm should be bare and supported with the BP cuff at heart level, as a lower position will result in an erroneously higher SBP and DBP. There should be no talking, and patients’ legs should not be crossed. At least three measurements should be taken in the same arm with the patient in the same position. The first reading should be discarded and the latter two averaged.” These recommendations are similar to the American Heart Association Scientific Statement “Recommendations for Blood Pressure Measurement in Humans” (Pickering et al., 2005).

Nurses used a Welch Allyn ProBP 2400 Digital Blood Pressure Device to measure blood pressure and pulse and compiled the information on the clinical form (see Appendix B.3) and in participants’ health passports.

### 5.2.2.4 Oral health

Prior to the oral health examination, participants had to answer certain questions related to specific medical conditions that they might have and that could prevent part of the examination from taking place. Participants with any of the following medical conditions were excluded from the gingival index, in accordance with NHANES 2011-2012 guidelines (NHANES: Analytic Guidelines, 2011-2012, 2013):

- > a prosthetic cardiac valve or prosthetic material used for cardiac valve repair;
- > a history of infective endocarditis;
- > a cardiac transplant that has developed cardiac valvulopathy;
- > any of the following congenital heart diseases:
  - > unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
  - > a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  - > any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device (that inhibits endothelialization)

All clinical measures were collected by a computerized collection tool created with UDATA software and presented to the examiners and research assistants during the training session. The dentist examiners dictated their observations to the research assistants who recorded them on a laptop, using the data collection tool. The tool was designed in such a way that each dentist-examiner could access only data for the participants that they had examined. Data back-ups were made at the end of each day.

The computerized data collection tool had four main components (see Appendix B.4):

Exam list – This part presented a list of all the examinations done by a dentist and the number of examinations that they had performed.

Oral clinical exam information – This part included the identification of the participant and the characteristics of the exam.

Oral clinical exam data – This part contained all of the dentist-examiners’ observations related to the seven clinical measures presented in Table 3, for a given participant.

Validation component – The last part of the collection tool grouped certain clinical data for the current examination into a table where coherence failures were highlighted, thus prompting the recorder to validate and correct data where required. This validation component ensured, for example, that a tooth marked as present was declared as such in all sub-sections where it was used as a control tooth. The examination could end only if there were no errors in the table and after the participant’s ID had been entered again.



At the end of the examination, the dentist-examiner had to note in the participant's health passport any significant oral health problems that they had noticed, for the purpose of additional urgent or regular referrals to a dentist.

### 5.2.2.5 Lung health

Prior to the actual spirometry test, a questionnaire setting out a number of eligibility criteria had to be administered to the participant by a nurse from the clinical team in order to assess their overall health status (see Appendix B.2). The participant was excluded from the test if one of the criteria was not met.

#### Pulmonary function testing

Spirometry is the most reproducible and objective measurement of airflow limitation (GOLD, 2017). Each participant had to perform a spirometry test following the protocol elaborated for the CanCold study (Bourbeau et al., 2012).

#### Exclusion criteria

The exclusion criteria were the same as those elaborated for the "spirometry component" of the Canadian Health Measures Survey (CHMS) survey (2010):

- > Participant was more than 27 weeks pregnant;
- > Participant had suffered a heart attack within the last 3 months;
- > Participant had major surgery on their chest or abdomen within the last 3 months;
- > Participant had eye surgery within the last 6 weeks;
- > Participant was taking medication for tuberculosis;
- > Participant had a stoma (tracheostomy);
- > Participant had extreme difficulty breathing at rest;
- > Participant suffered from an acute condition that prevented them from performing the test (e.g., persistent cough);
- > Participant suffered from a chronic condition that prevented them from performing the test (e.g., persistent cough);
- > Any other reason as assessed by the technician in charge of the test.

### 5.2.3 Community health component

The community component of the survey comprised two phases. The objective of Phase 1 was to describe community conditions that are relevant to the health of Nunavimmiut from an Inuit perspective so that community-level strengths and challenges could be addressed effectively. Both qualitative and quantitative

tools were used to define the scope of the survey and the topics to be discussed. Workshops, focus groups and interviews made it possible to develop conceptual domains and indicators of community conditions that are relevant to the health and well-being of people in the different communities. Consultation with local and regional decision-makers allowed the indicators to be validated and prioritized. Other sources of information for the community health component consisted of historical and archival materials, interviews with key community members, mapping of community resources, and quantitative data collected from various sources, including the questionnaires.

A historical profile was drawn up for each community, focusing on the events and processes that were specific to the community and their impact on conditions of community health and well-being. The goal was to situate the contemporary municipality within an Inuit cultural and historical framework.

We anticipated using a mix of individual semi-directed thematic interviews and small-group discussions with four to six people in each community. Community resources were mapped to document local resources associated with each of the broad community conditions domains that were identified, through the workshops, as being important for health and well-being. In addition to the workshops, two sources of information were used to document the community conditions quantitatively. First, indicators of community conditions were retrieved from organizational sources to document, for example, socioeconomic conditions (Canadian census data); safety and crime (e.g., police records); high school graduation rates (Kativik Ilisarniliriniq School Board data); and turnout for municipal and regional elections (Makivik Corporation data). Second, questions were added to the survey to document Nunavimmiut perceptions of community conditions, such as perceived social cohesion, safety, participation in local events, etc.

Phase 2 will focus on community mobilization and will be developed in collaboration with community leaders. This second phase of the community component aims at engaging local leaders and residents in community development initiatives by addressing specific targets/objectives for development identified during Phase 1.

### 5.2.4 Medical review

At the same time as the data were being collected, an initial review was undertaken of the medical records of the adults who were part of the 2004 cohort (n = 853). This review was carried out by a nurse in each of the communities along both the Hudson and Ungava coasts. The nurse left the ship early in the morning on the first barge or helicopter that went to pick up the participants.



Once on shore, she went to the community’s CLSC, where she had access to the records and was provided with office space. Logistics agreements were drawn up for that purpose. As with previous medical reviews, this one aimed to collect information on different pathologies (ischemic heart disease, cancer, metabolic disorders including diabetes, neurological affections, musculo-skeletal problems) diagnosed using the International Classification of Diseases (ICD). New information on respiratory health and *Helicobacter pylori* infection was also recorded. The data from the medical review questionnaire were entered directly into a laptop and a back-up copy was made daily, once the nurse returned on board the *Amundsen* at the end of the day. If necessary, photographs were taken of lung X-ray reports and the cause of death form.

It was necessary to return to the field in early 2018 in order to complete the medical review of the cohort and perform a review of the new participants recruited during data collection in fall 2017 (Phase 2). Three nurses were hired for that purpose. The new participants in 2017 had to consent to the following in regard to this medical review: “A research nurse will record information from your medical file on the identification of diagnosed cases of heart disease, cancers, and metabolic disorders such as diabetes (including gestational diabetes), brain injury and associated conditions, respiratory health and past infectious diseases” (see Appendix C.1).

## 5.3 QUESTIONNAIRE PRE-TEST

Before the pre-test, several consultations were held with Nunavimmiut to validate each theme and specific questions. The questionnaires were pre-tested in November 2016. The pre-test was conducted with people from the Inukjuak community to verify question phrasing, understanding of questions, questionnaire administration time, possible laptop errors, other problems related to questionnaire administration, and the overall receptivity of the community being surveyed. Since the pre-test revealed that it took too long to administer the questionnaires, several questions were eliminated. Moreover, given that certain questions were difficult to understand, some questions were modified or removed and new ones were added. The questionnaires and the informed consent form for the pre-test were submitted to the ethics committee on September 23, 2016 and approval obtained in November 2016. The report presenting the results of the pre-test can be found in Appendix E.

## 5.4 SURVEY STAFF TRAINING SESSION

In addition to attending a half-day general presentation on the survey, including a brief look at life on board the *Admundsen* and the basic rules that had to be followed, all individuals assigned to the project had to follow a training session focused on their particular tasks. Below is a short description of the survey staff that was on board the ship for data collection:

- > 1 mission head
- > 1 clinical co-ordinator
- > 16 interviewers, 8 of whom were Inuit
- > 5 nurses
- > 1 laboratory co-ordinator
- > 2 laboratory technicians
- > 2 respiratory therapists
- > 2 dentists
- > 1 dental assistant
- > 1 dental hygienist
- > 1 computer technician

The staff also included 15 people on the ground in each community who were in charge of recruiting participants. The following sections discuss the training provided to interviewers, health professionals and recruiters.

### 5.4.1 Interviewers

A team of 24 interviewers, 12 of whom were Inuit, was set up to administer the questionnaires. These interviewers did not necessarily work for the entire data collection period. At least 8 Inuit interviewers had to be present for each leg of the survey.

Approximately one week prior to the survey, all interviewers received two and a half days of training under the supervision of a doctoral candidate in psychology and research professional at the CHU de Québec. This training session covered the different blocks<sup>2</sup> of the questionnaire (relevance and importance of the questions), how to conduct interviews using a standardized approach, and case studies involving potentially difficult situations. In addition, a nutrition specialist gave a presentation on the food frequency questionnaire section. Training was rounded off by a series of practice exercises. The interviewers were asked to fill out the questionnaires in order to familiarize themselves with the way in which the questions were formulated and gain a good grasp of how

2. Except for Block 5 on the sociodemographic questions. This task fell to the recruiters.

the data entry software worked.

## 5.4.2 Health Professionals

Several health professionals had to be trained for the clinical part of the survey. Eight nurses, at least five per leg, were responsible for collecting biological samples and performing certain clinical measurements, according to the procedures and protocols described in sub-sections 5.2.2.1, 5.2.2.4 and 5.2.2.5. Training under the supervision of the clinical co-ordinator was required in order to standardize the procedures. Furthermore, a Canadian Coast Guard nurse, who was present on the ship, collaborated on the training. Nurses were also able to support the team of interviewers if required.

Two respiratory therapists in charge of the lung health component were given a one-day training session a few weeks before the survey began. Their training took place at the McGill University Health Centre (MUHC) and was designed to ensure that they had a clear understanding of the spirometry procedures.

Four dentists (two for each leg) and two data entry assistants (one dental hygienist and one dental assistant for the duration of the survey) oversaw the oral health component. These staff members received four days of training in Montreal (two and a half days for the assistants). The first two days (one half day for the assistants) were devoted to theoretical training, during which participants learned about the required clinical measures, the material and equipment, and the data collection tool. Also, at that time, practice exercises were performed, and the dentists had to complete three clinical judgment correlation tests. The last two days of the training took place in a real setting where a clinical examination was reproduced with volunteers who had agreed to undergo the exam. The aim of this activity was to ensure that the criteria and codes associated with the various oral health conditions undergoing examination were not only properly understood and interpreted but were also uniformly applied. This part of the training also gave the staff a chance to familiarize themselves with the operation of the data collection tool. Prior to the beginning of the second leg, the dentist-examiners received a quick review of the initial training, along with instructions regarding specific dental observations already made during the first leg.

## 5.4.3 Recruiters

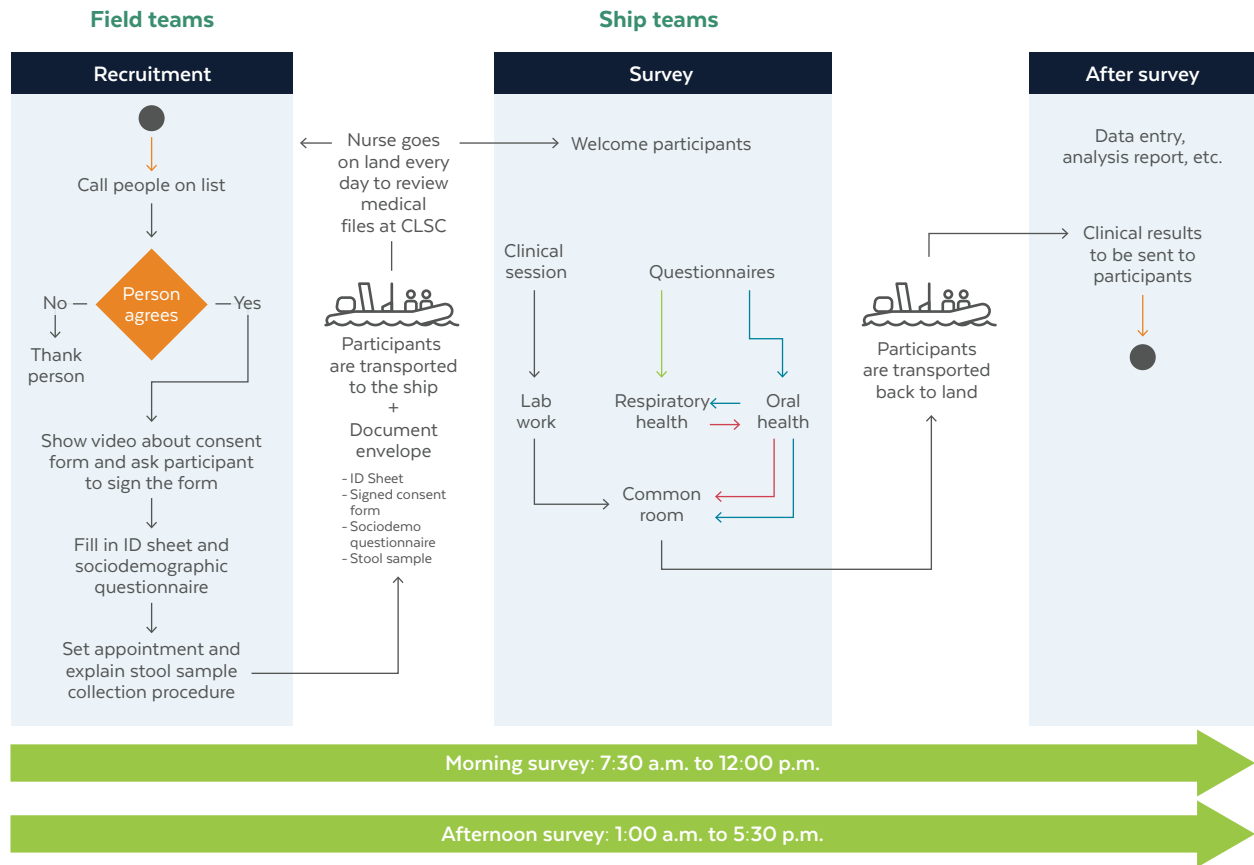
Two teams of four recruiters were trained for each leg of the survey for the purpose of recruiting participants. The recruiters received a half day of training from the person in charge of recruitment, who explained the anticipated aspects of their work, including the recruitment of people who would assist them in each community, the strategies for finding office space, and so forth. The recruiters also had to have a good grasp of the selection process used with samples from participants (see Appendix C.4) and the procedures to be followed in making appointments for participants on the ship.<sup>3</sup> Finally, the training included a component on how to complete the various forms during recruitment, namely, the consent forms (see Appendix C.1) and the participant identification sheets<sup>4</sup> (see Appendix A.1), how to administer the block of sociodemographic questions<sup>5</sup> (see Appendix A.6), and how to provide instructions for the stool sample collection (see Appendix C.3).

## 5.5 DATA COLLECTION STEPS

The data collection procedure for the survey comprised two phases: the recruitment of participants in the community and data collection on board the ship. These steps are outlined in the left and centre boxes in Figure 2.

- 
3. The clinical questions were explained to the recruiters, along with the cases where they would have to refuse participants (e.g., intoxication, intellectual or physical disability preventing the completion of certain tests or non-inclusion on the initial sample list).
  4. Presented by the clinical co-ordinator.
  5. To improve recruiters' understanding of this part of the questionnaire, the researcher in charge of this tool spent a few days with the recruiters in the first community to answer their questions.

**Figure 2** Data collection procedure, Qanuilirpitaa? 2017 Health Survey



### 5.5.1 Participant recruitment

According to the original schedule, teams of two recruiters were to arrive in each community two to three days before the ship’s arrival. They first had to find and organize office space for recruiting participants and hire people to assist them in this process – namely, drivers, interpreters and telephone operators who could initiate contact with future participants using the sampling lists provided for each community. The people contacted were then invited to go to the recruitment team’s office on their own or have someone drive them if they so wished.<sup>6</sup> Upon arriving, they were duly greeted by the recruiters in the presence of an interpreter, if necessary.

The discussion with each future participant was divided into five main parts. 1) They were given a brief description of the survey and were then invited to watch a short video on the consent form. 2) Once the person understood this first step and expressed a desire to participate, the recruiter obtained their consent by asking them to sign the consent form.<sup>7</sup> If the person refused to participate, the recruiter thanked them and let the person leave. 3) If the person agreed to participate, the recruiter filled out the ID sheet and the sociodemographic portion of the questionnaire (Block 5). 4) The recruiter then scheduled a morning or afternoon appointment on board the ship with the participant and recorded the information concerning the day selected on the appointment sheet.<sup>8</sup> The participant was then given an appointment slip as a reminder. 5) Lastly, the participant was asked what medication they were taking and were given containers along with a

6. In cases where it was difficult to contact people (e.g., they had no address or telephone number), messages were broadcasted on radio or social media to invite people to go to the recruiters’ office, in order to check whether their name was on the list of people sampled in their community.

7. The consent form and the video were approved by the ethics committee of the CHU de Québec.

8. Since a limited number of appointments could be made for both the morning and the afternoon, recruiters had to draw up the schedule, taking into account the age of participants and whether or not they had to arrive at their appointment on an empty stomach (see Appendix C.2 for an example of the appointment form).

description of the procedure for taking a stool sample.<sup>9</sup> Participants invited to the morning session were asked to arrive at their appointment after fasting for a minimum of 12 hours. At the end of each day, the recruitment team gave the clinical co-ordinator the list of appointments for the next day.

The consent form, ID sheet and sociodemographic block paper questionnaire were placed in an envelope for each person on the list of appointments for a given day. All envelopes were given to a person on the first barge of the day (or the first helicopter) who was responsible for giving them to the clinical co-ordinator upon boarding the ship. Participants brought their stool sample with them.

On days when survey activities were to be carried out on the ship, a recruitment team stayed on location to ensure that participants came to their scheduled appointments in the morning or the afternoon. If some people failed to show up, an effort was made to pick them up on land. Unfortunately, it was sometimes impossible to locate the people, or they were not fit to go aboard the ship.

## 5.5.2 Procedure on board the ship

Every day, almost without exception, two groups of participants were expected on the ship, one in the morning and the other in the afternoon. When they came aboard, they were greeted by an interviewer and taken to the team of nurses for the clinical session. A folder was created for each participant and was identified using a unique number. The folder contained the following documents:

- > Checklist (see Appendix B.1)
- > Consent form (see Appendix C.1)
- > ID sheet (see Appendix A.1)
- > Sociodemographic part of the VOXCO questionnaire (Block 5) (see Appendix A.6)
- > Screening spirometry questionnaire (see Appendix B.2)
- > Clinical form (see Appendix B.3)

The checklist made it possible to ensure that all the steps in the data collection process were completed on the ship.

The actual data collection process began when the morning participants, who had arrived on an empty stomach, were sent to the clinical session, where nurses were waiting to draw blood samples. The others were sent to different stations – i.e., specific areas on the vessel where the various clinical tests were conducted. While participants waited to undergo the tests, they answered

the questionnaire, in the order presented by the interviewer. An interviewer was assigned to each participant depending on the person's language of choice. The interviewer began by entering the information on the ID sheet in the VOXCO software. The data collection logistics co-ordinator maintained an appropriate pace of operations from one station to the next. The steps involved in collecting data on board the ship lasted between three and four hours and included several breaks. In some cases, there was not enough time to fill out parts of the questionnaire. At the end, each participant was given a health passport and \$75 worth of coupons to be spent at the local store (Co-op) as compensation for taking part in the survey.

## Quality control

Measures to ensure the data quality were instigated during the collection process. For data obtained by questionnaires, a supervisor was present during some of the interviews conducted at the beginning of the survey and when the team of interviewers changed midway into the collection process. In addition, meetings were held with the interviewers at the end of each data collection day to ensure that the survey questionnaires were appropriately administered and to answer the interviewers' questions, if necessary. A statistical program was then used to cross-tabulate certain answers and review, with the interviewers, the questions that seemed more complicated for participants to understand as well as possible contradictory answers.

The survey staff often met at the end of the day for a debriefing to discuss any problems encountered with the other data collection instruments and to implement corrective measures to improve data collection procedures in the days to come.

At the end of each day, a data collection report was produced concerning the list of appointments and the people who had failed to attend and who, from that point on, were referred to as “no-shows” and were included in the group of people who had refused to participate. In addition, a master list of participants was updated. A follow-up of the sample of participants was ensured by the numerous contacts with the recruitment teams and was necessary in order to meet the objectives regarding the number of participants recruited. Time permitting, certain members of the survey staff entered the data from the sociodemographic paper questionnaires into the VOXCO Interviewer software.

Participants could obtain their clinical results and share

9. A video explaining how to take a stool sample was sometimes shown as well.

them with their local CLSC if they had consented to share this information. All notifiable diseases had to be reported to the provincial monitoring system, regardless of consent.

## 5.6 PRIVACY PROTECTION, CONFIDENTIALITY AND DATA SECURITY

As in 2004, the data derived from the questionnaires, various clinical tools, as well as the biological samples, were stored at the INSPQ in accordance with its data storage policies. All data generated by the survey have been stored safely on protected electronic or physical media that may only be handled by certain authorised people. A Data Management Policy was developed to oversee the use of the data and biological samples collected in 2017 (see Appendix G).

### On board the ship

To ensure confidentiality during data collection procedures, interviews were conducted in private rooms. Survey staff (interviewers, nurses, co-ordinators, etc.) were informed of the confidentiality standards and were asked to sign a confidentiality agreement form. Moreover, since participants were identified by a number, no personal information was contained in any of the survey instruments. In addition, field personnel took steps to prevent any unauthorized people from accessing the completed documents.

In order to ensure data security, a back-up copy of all data was made every day on a server specially installed on the ship for that purpose. A data processor at the INSPQ was responsible for ensuring that the computerized questionnaire-based interviews using network-connected laptops went smoothly throughout the entire data collection process. Numerous preparatory meetings were held with the information technologies branch of the INSPQ to ensure that all the information collected would be protected and stored securely.

### Data management and storage

Information (names and civic addresses) that could be used to identify respondents are kept in separate files and stored in a secure place under lock and key at all times. During the study, forms and questionnaires were transferred from the interviewers to the field co-ordinator and then to the INSPQ, where they were coded upon receipt and managed until the data had been entered. Following the completion of the survey's data collection phase, ID sheets and consent forms, as well as the survey questionnaires have been stored under lock and key in INSPQ offices, where they will be kept for a period of 25 years.

The INSPQ has been entrusted with managing and storing the data and biological samples collected throughout the survey. All the data can be accessed by those who so request, provided that they obtain the approval of the Nunavik region. Various mechanisms have been put in place to ensure that the directives regarding the management, storage, access and use of the databases and biological samples are followed by current and future users in accordance with the wishes of Nunavik. These mechanisms are as follows:

- > Centralized management of the data at the INSPQ to prevent copying of the databases and limit access to sensitive data;
- > A registry of data access requests;
- > A Data Management Committee (DMC) that oversees the management of the *Qanuillirpita? 2017* Health Survey data and biological samples;
- > Mechanisms that enable the tracing of all access requests and notify the responsible authorities in Nunavik, as well as the principal researchers concerned by the requests;
- > Procedures to ensure that the data are reviewed by thematic experts and their contributions are respected;
- > A procedural form and standardized templates for submitting analysis plans, preliminary results, and manuscripts in order to facilitate the monitoring and review of requests.

## 5.7 TRANSMISSION OF CLINICAL AND LABORATORY RESULTS TO PARTICIPANTS AND FOLLOW-UP

Abnormal results for hemoglobin or the complete blood count indicating an acute and possibly life-threatening health condition were dealt with immediately on board the ship, and participants were referred to the local CLSC to receive appropriate care. If blood was detected in stools, the participant's CLSC was contacted immediately upon receiving results so that follow-up could be provided as quickly as possible.

When all results of the clinical and laboratory tests were available, a letter was sent to participants to inform them of their individual results. Unless indicated otherwise on the consent form, the results were also sent to the CLSC to be included in the participant's medical record. When the results for a specific test or analysis were abnormal, the participant was advised to discuss these results during their next visit to the CLSC.

# 6 DATA COLLECTION RESULTS

## 6.1 NUMBER OF PARTICIPANTS

A total of 1,326<sup>10</sup> people from across the 14 communities of Nunavik took part in the survey, which was conducted from August 19 to October 5, 2017. To achieve this number of participants, the recruiting teams met with 1,661 eligible people who had agreed to participate in this survey. Difficulties encountered at the time of recruitment meant that the target of 2,000 participants was not reached (see

Section 10.2). Table 5 below describes the actual survey sample according to age group, sex, inclusion in the 2004 cohort, and home community. This sample included a significantly higher number of women (n = 873) than of men (n = 453) and more people aged 31 years and over (n = 752) than of young people aged 31 years and under (n = 574).

**Table 5** Final distribution of the sample of participants by age, sex and home community, *Qanuilirpitaa?* 2017 Health Survey

Community	16-30 years old		31 years old and over				Total			
	Women	Men	Women		Men		Women	Men	Total	
			All	2004 Cohort	All	2004 Cohort				
Hudson coast	Kuujuarapik	10	10	24	8	17	3	34	27	61
	Umiujaq	13	4	17	2	17	5	30	21	51
	Inukjuak	54	28	64	29	31	12	118	59	177
	Puvirnituq	45	20	34	17	23	12	79	43	122
	Akulivik	21	17	16	10	11	6	37	28	65
	Ivujivik	9	0	12	6	6	5	21	6	27
	Salluit	48	22	53	26	28	9	101	50	151
<b>Total</b>	<b>200</b>	<b>101</b>	<b>220</b>	<b>98</b>	<b>133</b>	<b>52</b>	<b>420</b>	<b>234</b>	<b>654</b>	
Ungava coast	Kangiqtujuq	24	7	28	13	21	10	52	28	80
	Quaqtaq	18	5	15	3	8	3	33	13	46
	Kangirsuk	11	13	19	10	21	8	30	34	64
	Aupaluk	14	5	18	6	7	2	32	12	44
	Tasiujaq	22	13	20	3	9	5	42	22	64
	Kangiqtualujuaq	40	19	66	25	35	14	106	54	160
	Kuujuaq	65	17	93	38	39	13	158	56	214
<b>Total</b>	<b>194</b>	<b>79</b>	<b>259</b>	<b>98</b>	<b>140</b>	<b>55</b>	<b>453</b>	<b>219</b>	<b>672</b>	
<b>Nunavik</b>	<b>394</b>	<b>180</b>	<b>479</b>	<b>196</b>	<b>273</b>	<b>107</b>	<b>873</b>	<b>453</b>	<b>1326</b>	

10. The data for three participants aboard the ship had to be eliminated for the following reasons: one had seasickness (no data collected), another was an Inuit interviewer, and a third was not on the original sample list. Four individuals who were not on the original list were nevertheless selected to increase the total number of participants.



According to initial plans, the survey called for samples numbering approximately 1,000 individuals per targeted age group, according to a projected pace of appointments of 44 people per day of data collection (see Table 1). Within the very first days of data collection, this projection was deemed to be overly optimistic, owing primarily to recruitment-related problems and inability to receive so many people on board the ship. For that reason, the anticipated number of participants per community and age group was revised downward – i.e., 35 participants per day in the case of the Hudson coast communities and 40 participants per day in the case of the Ungava coast communities. Table 6 reproduces the initial distribution, sets out the new, revised distribution, and compares them to the actual sample. Even using lower figures, the revised

anticipated number of participants was not reached in most communities and for Nunavik as a whole, the proportion of actual participants over the anticipated number of participants was 79%. This problem was greater for the group aged 16 to 30 (69% compared to 89% in the case of people aged 31 and over). Two communities, Kuujjuarapik and Puvirnituk, stand out on account of much lower proportions (62 and 58%, respectively). In Kuujjuarapik, data collection was in the running-in period, while in Puvirnituk, the number of days spent in the community was reduced from 6 to 5 days, as the *Amundsen* had to abandon the planned itinerary on the night of September 3-4 for a rescue operation offshore of Nunavut. These reasons contributed to lowering the response rate (see Section 6.2).

**Table 6** Expected and obtained numbers of participants and % of achievement of sample objectives according to age and community, *Qanuillirpita? 2017 Health Survey*

Community <sup>3</sup>	Age								
	16-30 years old			31 years old and over			Total		
	Participation <sup>1</sup>	Expected <sup>2</sup>	%	Participation <sup>1</sup>	Expected <sup>2</sup>	%	Participation <sup>1</sup>	Expected <sup>2</sup>	%
<b>Kuujjuarapik (Aug. 19 to 21)</b>	20	49 (49)	40.8	41	50 (50)	82.0	61	99 (99)	61.6
<b>Umiujaq (Aug.22 to 23)</b>	17	35 (44)	48.6	34	35 (44)	97.1	51	70 (88)	72.9
<b>Inukjuak (Aug. 24 to 29)</b>	82	105 (132)	78.1	95	105 (132)	90.5	177	210 (264)	84.3
<b>Puvirnituk (Aug. 30. to Sept. 3)</b>	65	105 (132)	61.9	57	105 (132)	54.3	122	210 (264)	58.1
<b>Akulivik (Sept. 6 to 7)</b>	38	35 (44)	108.6	27	38 (44)	71.1	65	73 (88)	89.0
<b>Ivujivik (Sept. 8)</b>	9	17 (22)	52.9	18	20 (22)	90.0	27	37 (44)	73.0
<b>Salluit (Sept. 9 to 12)</b>	70	87 (110)	80.5	81	88 (110)	92.0	151	175 (220)	86.3
<b>Hudson coast - Total</b>	<b>301</b>	<b>433 (533)</b>	<b>69.5</b>	<b>353</b>	<b>441 (534)</b>	<b>80.0</b>	<b>654</b>	<b>874 (1067)</b>	<b>74.8</b>
<b>Kangiqsujaq (Sept. 13-15-16)</b>	31	60 (66)	51.7	49	60 (66)	81.7	80	120 (132)	66.7
<b>Quaqtaq (Sept. 17)</b>	23	20 (22)	115.0	23	20 (22)	115.0	46	40 (44)	115.0
<b>Kangirsuk (Sept. 18-19)</b>	24	40 (44)	60.0	40	40 (44)	100.0	64	80 (88)	80.0
<b>Aupaluk (Sept. 20)</b>	19	20 (22)	95.0	25	20 (22)	125.0	44	40 (44)	110.0
<b>Tasiujaq (Sept. 21 to 22)</b>	35	30 (22)	116.7	29	30 (22)	96.7	64	60 (44)	106.7
<b>Kangiqsualujjuaq (Sept. 23 to 26)</b>	59	90 (88)	65.6	101	90 (88)	112.2	160	180 (176)	88.9
<b>Kuujjuaq (Sept. 28 to 30 &amp; Oct. 2 to 5)</b>	82	140 (200)	58.6	132	140 (200)	94.3	214	280 (400)	76.4
<b>Ungava coast - Total</b>	<b>273</b>	<b>400 (464)</b>	<b>68.3</b>	<b>399</b>	<b>400 (464)</b>	<b>99.8</b>	<b>672</b>	<b>800 (928)</b>	<b>84.0</b>
<b>Nunavik - Grand total</b>	<b>574</b>	<b>833 (997)</b>	<b>68.9</b>	<b>752</b>	<b>841 (998)</b>	<b>89.4</b>	<b>1,326</b>	<b>1,674 (1,995)</b>	<b>79.2</b>

1. Note: Some participants were seen on board the ship offshore from a community that was different from their home community.

2. Appearing in parentheses is the number of anticipated participants at the time of sample planning, in accordance with the following projection: an average of 44 participants would be seen per day, with exceptions being made for the first two days (Day 1: 20; Day 2: 35), and, in the case of Kuujjuaq, 40 participants would be seen per day. Starting August 22, the anticipated numbers were revised downwards – i.e., to 35 participants per day in the case of the Hudson coast communities, and 40 per day in the case of the Ungava coast communities.

## 6.2 OVERALL RESPONSE RATE

The task of securing the participation of people included in the survey sample fell to the recruitment teams, who were to show up in each community two to three days prior to the arrival of the ship<sup>11</sup> (see details in Appendix C.4). The lists of people included in the sample for each community were divided into two main sections: an initial sample and a replacement sample. The recruitment teams had to give priority to the initial sample and contact all the people included on this list.

### Eligibility

Once contact had been established with these people, their eligibility to take part in the survey was verified. Participants had to be at least 16 years old, present no major physical or medical problems preventing them from travelling to and boarding the ship, and not be a member of the interview team. If contact could not be established, the reason why was recorded. The person's ineligibility was also recorded if a third party who was acquainted with the person figuring in the sample could corroborate, for example, that the person was either no longer residing in Nunavik, was deceased, was living in a healthcare institution or was in prison (see Table 7). Such people originally included in the initial sample but who were identified as being ineligible were not included in calculations of the response rate and were immediately replaced by people in the replacement sample who were of the same age group and sex.

**Table 7** Main reasons mentioned for ineligibility, *Qanuilirpitaa?* 2017 Health Survey

Reason	16-30 years old	31 years old and over
Death	24	32
Health problem	23	76
Was a member of the interview team	1	0
Institution (healthcare, prison)	28	10
No longer resided in Nunavik	125	128
<b>Total, known ineligibility</b>	<b>201</b>	<b>236</b>

### Non-contacts

Despite their best efforts, the recruitment team was unable to reach some people. It was possible to identify a variety of reasons for this situation upon confirmation with third parties who were well acquainted with the people concerned – e.g., these individuals were either away working for several days, were away for study or were away for hunting or fishing. In such cases, the recruiters made a note of the reason in the initial sample list and replaced these people by others in the replacement sample who were of the same age group and sex. In the case of non-contacts for whom the reason could not be identified, no replacement was initially planned. Difficulties with recruitment – due in particular to insufficient time for contacting people in the initial sample and pressures to

reach the per-community quotas for participants – resulted in the overuse of the replacement sample.<sup>12</sup> Moreover the number of non-contacts ended up being higher in some communities. Columns 1 and 5 of Table 8 set out the weighted rates of non-contacts – meaning: the proportions of the number of non-contacts versus the total number of eligible people or people of undetermined eligibility. Depending on the community, these rates varied from 27.3% to 58.4% among the sample of people aged 16 to 30, and from 16.3% to 47.0% among the sample of people aged 31 and over. The non-contact rate was higher in the Hudson coast communities than in the Ungava coast communities. The relatively high non-contact rates had a noticeable downward impact on the response rate for this survey (Table 8).

11. Reality proved to be sometimes otherwise, as in some cases, teams were able to arrive only one day ahead of time. The lack of time allotted for recruitment accounts in very large part the low response rates achieved (see also section 10.2).

12. To maximize recruitment toward the end of data collection in Ungava, the recruiters invited people in the communities to come to the designated office space to check if their names appeared on the lists (initial and replacement samples). This approach made for greater success in achieving the anticipated numbers of participants per community (see Table 6), but at the risk of compromising the probabilistic nature of the final sample.



## Refusal at time of recruitment

Upon establishing contact with people included on the sample lists who were eligible to participate in the survey, the recruiters explained the nature of the survey to these potential respondents and tried to obtain their consent to participate. As participation in the survey was voluntary, some people signalled their refusal. For the entire territory covered by the survey, the weighted recruitment refusal rates (columns 2 and 6 of Table 8) stood at about 32% and were relatively similar for both age groups. However, these rates varied noticeably according to the coast (Hudson: 26%; Ungava: 39%) and the community (ranging from 13%

to 60%). The refusal rates were nevertheless deemed sufficiently satisfactory for a survey of this scale. People who agreed to participate were then given an appointment in keeping with a time slot established in conjunction with the schedule of data collection operations on board the ship.

On that basis, it was possible to calculate a weighted response rate for consent to participate that was the product of the complement of the weighted rate of non-contacts times the complement of the weighted rate of refusal at time of recruitment. For the entire region, the recruitment response rate was 42% for people aged 16 to 30 years, and 49% for people aged 31 years and over.

**Table 8** Non-contact rate, recruitment refusal and response rates and total response rate according to age and community, *Qanuillirpita? 2017 Health Survey*

Community	16-30 years old				31 years old and over			
	Non-contact Rate (%)	Recruitment Refusal Rate (%)	Recruitment Response Rate <sup>1</sup> (%)	Total Response Rate <sup>2</sup> (%)	Non-contact Rate (%)	Recruitment Refusal Rate (%)	Recruitment Response Rate <sup>1</sup> (%)	Total Response Rate <sup>2</sup> (%)
<b>Kuujuarapik</b>	35.6	23.4	49.3	<b>27.4</b>	22.4	21.1	61.2	<b>41.6</b>
<b>Umiujaq</b>	44.8	49.8	27.7	<b>21.6</b>	34.1	25.4	49.1	<b>37.9</b>
<b>Inukjuaq</b>	28.9	26.6	52.2	<b>38.1</b>	20.5	25.7	59.1	<b>52.6</b>
<b>Puvirnituaq</b>	46.3	20.4	42.8	<b>29.1</b>	39.2	40.5	36.2	<b>30.3</b>
<b>Akulivik</b>	41.0	18.6	48.0	<b>42.6</b>	37.2	20.2	50.1	<b>40.4</b>
<b>Ivujivik</b>	58.4	33.9	27.5	<b>14.8</b>	47.0	13.0	46.1	<b>41.1</b>
<b>Salluit</b>	45.4	18.8	44.4	<b>33.9</b>	40.0	21.0	47.4	<b>42.8</b>
<b>Total, Hudson coast</b>	41.6	24.4	44.2	<b>32.2</b>	33.9	26.8	48.4	<b>41.3</b>
<b>Kangiqtuaq</b>	36.7	44.7	35.0	<b>22.7</b>	18.2	40.7	48.5	<b>36.2</b>
<b>Quaqtaq</b>	39.6	28.9	43.0	<b>34.7</b>	33.6	34.6	43.4	<b>29.6</b>
<b>Kangirsuk</b>	37.3	59.6	25.4	<b>20.8</b>	18.2	40.7	48.5	<b>36.2</b>
<b>Aupaluk</b>	35.6	19.9	51.6	<b>35.0</b>	28.8	29.7	50.0	<b>41.7</b>
<b>Tasiujaq</b>	27.3	46.1	39.2	<b>34.6</b>	16.3	58.5	34.8	<b>33.2</b>
<b>Kangiqtualujuaq</b>	27.6	34.6	47.4	<b>30.3</b>	21.5	19.2	63.4	<b>48.4</b>
<b>Kuujuuaq</b>	31.1	42.9	39.4	<b>29.1</b>	17.5	41.5	48.3	<b>44.7</b>
<b>Total, Ungava coast</b>	32.6	41.2	39.6	<b>28.9</b>	21.8	37.0	49.3	<b>41.8</b>
<b>Total, Nunavik</b>	<b>37.7</b>	<b>32.4</b>	<b>42.2</b>	<b>30.7</b>	<b>28.8</b>	<b>31.5</b>	<b>48.8</b>	<b>41.5</b>

1. Recruitment Response Rate = Contact Rate × Recruitment Participation Rate = (100 – Non-contact Rate) × (100 – Recruitment Refusal Rate).

2. Takes into account the presence of participants at the collection step (on board the ship).

### “No-shows” on board the ship

To obtain the final survey response rate, it was necessary to consider not only the non-contact rate and the recruitment refusal rate but also the actual presence of participants on board the ship the day of their scheduled appointment. These people were the true respondents. At this point, it should be stressed that most of the people who gave their consent to participate showed up for their appointment (73% of those aged 16 to 30 years and 85% of those aged 31 years and over). There were nevertheless several no-shows, many of whom were the result of logistical problems – i.e., situations beyond the control of people who had initially agreed to participate in the survey. The weather may have been inappropriate for travelling and in some cases, the wait for transportation to the ship may have been too long. The weighted total response rates also take this uncontrollable aspect into consideration. Furthermore, it cannot be assumed that this form of non-response was randomly distributed throughout the entire data collection process, since it was particularly affected by certain days of data collection and in relation to specific communities. It will be critical to take these factors into consideration when weighting. For the region, the total response rate was 31% for people aged 16 to 30 years and 42% for people aged 31 years and over.

### Observations

The relatively low total response rates obtained for this survey owe in large part to the higher-than-anticipated non-contact rates. It is worth emphasizing the two main reasons. To begin, it was assumed that it would be rather easy to find those identified for inclusion in the sample as information about these people could be obtained from Nunavimmiut, as they were all well acquainted with each other. This assumption did not always hold true, complicating recruitment-related tasks. Secondly, the actual time allotted for recruitment was too short (i.e., one or two days prior to the arrival of the ship) to find those identified in the initial sample, such that there was no choice but to use the replacement sample in order to meet the established quotas for appointments on board the ship. As a result, the sample more often included people who were readily available, producing what approached a sample of volunteers. This aspect could cast doubt on the representativeness of the sample if the participants presented characteristics that were different from those of people who were not contacted. Weighting was performed to correct this problem.

The high number of people on the JBNQA beneficiaries register who were ineligible to participate in the survey was a challenge in creating the sample. In addition, it may well be that many cases of non-contacts were in fact ineligible (especially in the case of non-residents). Accordingly, the response rates might be underestimated.

On a positive note, the recruitment refusal rates proved to be rather low. However, when paired with the no-shows – a portion of the non-response often beyond the control of potential participants – these rates are more significant (total response rate) and thereby contribute to the risk of bias among the samples obtained.

## 6.3 RESPONSE RATE ACCORDING TO DATA COLLECTION INSTRUMENT

The total response rate presented in section 6.2 relates to all participants (1,326) who showed up for data collection on board the ship. These participants had to answer the questions in the various survey blocks of the questionnaire. Depending on their age, participants had to undergo various clinical tests. Unfortunately, owing to a lack of time, some parts of the questionnaires and some clinical tests could not be administered to some eligible participants. Table 9 sets out the weighted rates of participation in, and response to, various data collection instruments. The only instrument covering all participants was Block 5 of the questionnaire, which was filled out by the recruitment teams on the day or days prior to boarding the ship. The other blocks of questions were administered sequentially; the last block concerning the food frequency questionnaire was completed by the fewest participants (1,176), making for a total response rate of 32.7%.

The biological samples (various tests on blood and urine samples) and the syphilis test among people aged 16 to 30 years covered practically all eligible participants. For the other clinical tests, the rate of non-coverage of participants varied from 3.8% to 11.6%. Specific weighting will be calculated for these cases in order to minimize the biases associated with this somewhat lower representativeness.

**Table 9** Total Response Rates for the Survey Questionnaire and Clinical Tests, Qanuilirpitaa? 2017 Health Survey

Questionnaire	Eligibility Criteria (age)	Number of eligible individuals <sup>1</sup>	Number of participants <sup>2</sup>	Total Response rate (%) <sup>3</sup>
Block 1		1,661	1,304 (1.7%)	36.0
Block 2		1,661	1,295 (2.4%)	35.8
Block 3	16 years and over	1,661	1,266 (4.6%)	35.1
Block 4		1,661	1,176 (11.4%)	32.7
Block 5		1,661	1,326 (0%)	36.5
<b>Clinical Test</b>				
Blood	16 years and over	1,661	1,325 (0.1%)	36.5
Urine	16 years and over	1,661	1,311 (1.1%)	36.1
Stool, <i>H. pylori</i>	16 years and over	1,661	734 (NA)	20.6
Stool, blood presence	50 years and over	416	250 (33.2%)	32.6
Gonorrhea/Chlamydia	16-30 years	771	547 (4.7%)	29.5
Syphilis	16-30 years	771	573 (0.2%)	30.7
Anthropometric measures including InBody	16 years and over (excluding women: pregnant or having periods)	1,519	1,186 (1.7%)	35.9
Lung Health	16 y.o. and over	1,578	1,110 (11.6%)	31.4
Oral Health	16 y.o. and over	1,661	1,275 (3.8%)	35.0

1. Eligible people: people who met the eligibility criteria and who agreed to take part in the survey. Concerning the spirometry test, the number of eligible people was based on an estimate, as only the participants themselves knew whether they were eligible.
2. Appearing in parentheses is the % of final participants who did not answer the instrument or the question portion of the questionnaire. NA: not available.
3. The total response rate was obtained using the instrument participation rate and the weighted response rate for consent to participate (e.g., 45.8% for people aged 16 years and over).

# 7 DATA PROCESSING

This section discusses the various steps taken to process the data before conducting the analyses. More specifically, it concerns the validation of the data's quality and the creation of databases, the implementation of weighting tools for the statistical inference of estimates, the partial non-response rates and the two types of survey errors.

## 7.1 VALIDATION AND DATA CAPTURE

Most of the data collection instruments were computer-based and had an integrated validation system. For example, the computerized VOXCO questionnaires ensured that the answers selected for each question followed a certain logic and that the sequence of questions complied with the criteria established on the basis of participants' profiles. Other information on participants' health was compiled through direct measurements and was transmitted directly in electronic files.

Some of the data collection instruments were in paper format and the data had to be entered in a computerized tool by third parties for future use. These instruments included the:

- > Sociodemographic portion of the VOXCO questionnaire (Block 5)
- > For some participants, Blocks 1 to 4 of the VOXCO questionnaire
- > Spirometry screening questionnaire
- > Clinical form
- > Consent form

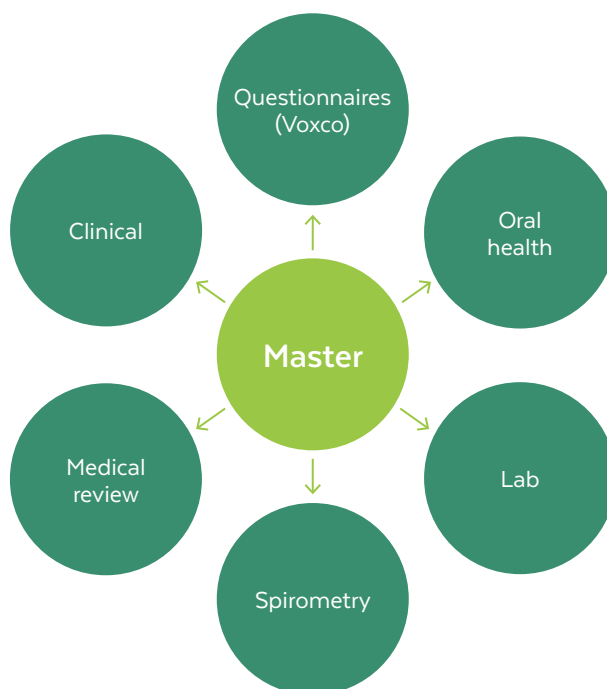
The data entry work was entrusted to the INSPQ and carried out by a team of three coders under the supervision of a research technician of the *Bureau d'information et d'études en santé des populations* (BIESP). In general, the coders were instructed to enter the answers as they had been transcribed on the questionnaires in paper format.

The data from the paper questionnaires for Blocks 1 to 5 were entered directly into the interviewer tool (VOXCO) provided for that purpose. It should be noted that the data from the paper questionnaires for Blocks 1 to 4 and for several of the questionnaires for Block 5 were entered initially by the members of the team who were on board the ship at the time of the survey. The team of coders at the INSPQ had to finish entering the data from the questionnaires for Block 5. Subsequently, the data were entered a second time by a different coder in order to validate the entry work. The answers from the two data entries were compared using the SAS software package (SAS, 2013) and the answers on the paper questionnaires were checked carefully so that appropriate choices could be made in the event of disparities between the two entries.

In the case of the paper questionnaires or forms for the clinical component of the survey, an MS Access data entry tool had to be developed at the INSPQ to facilitate the entry work. Once again, double-entry cross-checking was provided for quality control purposes.

## 7.2 DATABASE CREATION

As mentioned above, the data gathered during this health survey were generated by a range of collection instruments. To facilitate the analysis, the data have been grouped in various databases according to the survey's themes or components. This sub-section of the report describes the different databases (Figure 3), the variables they contain, and some of the steps taken to validate the data. The variable that makes it possible to match all of the different files is the participant ID.

**Figure 3** Diagram of the databases available for the Qanuilirpitaa? 2017 Health Survey

### Master file

This database primarily contains information compiled on the identification sheet of each participant and found in the VOXCO interviewer tool file. It also contains other general information on the participants.

- > Information from the clinical form including diabetes, pregnancy and menstrual status at the time of the survey;
- > The variables from the register of JBNQA beneficiaries used to select the samples;
- > The status of present or not present in the 2004 survey (2004 cohort), along with the 2004 participant ID, if applicable;
- > Variables used for dwelling ID and type of dwelling. Two or more participants may have been living in the same dwelling. Information was complete for only 1 214 participants because the address on the ID sheet was not always valid;
- > Answers to the questions on the consent form.

There are three versions of the master file: a nominative version including all of the variables mentioned above; a second, non-nominative list, excluding sensitive information like participants' last name, first name, address, date of birth (age) and home community; and a third list that is similar to the nominative version and includes variables on housing. Age groups and community groupings have been created for researchers in the non-nominative versions and can be used by them for their analyses.

The names of the variables in these files begin with the prefix MS\_.

The code book describing the non-nominative version of the master file is found in Appendix F.1.

Certain variables, including date of birth, sex and home community were validated carefully by comparing the information on the ID sheet entered in the VOXCO with that appearing in the register of JBNQA beneficiaries. It was thus possible to correct certain errors.

### VOXCO questionnaire

This database was created using data extracted with the VOXCO Interviewer tool, and it contains variables derived from the questions in blocks 1 to 5 of the "VOXCO questionnaire." The name of each variable includes a prefix related to the block of questions associated with it:

- > Block 1 Psychosocial interview Part 1: PS\_
- > Block 2 Physical health and food security Interview: PHFS\_
- > Block 3 Psychosocial interview Part 2: PS2\_
- > Block 4 Food frequency questionnaire: FFQ\_
- > Block 5 Sociodemographic interview: SOCIO\_
- > The code book describing the VOXCO file is found in Appendix F.2.

## Lab tests

This database contains the results of various lab tests conducted on biological samples (serum, plasma, whole blood, red blood cells, urine, vaginal swab and stool) taken from participants. Some of the tests targeted a specific sex or age group. The main analyses were performed at the laboratory of the *Centre de toxicologie du Québec (CTQ)*, while others were carried out by various specialized laboratories that were required to return their results to the INSPQ. The results of these tests were compiled in different file formats (Excel, Word, etc.) and several verifications were carried out to ensure that the data were valid, particularly with regard to participant ID.

Clinical information that was gathered by nurses during the survey (clinical form) and could be associated with certain lab tests was also included in this database (see the clinical section of the code book). It should be mentioned that a few variables were obtained using calculations based on lab test results, at the request of the survey's scientific director.

The names of the variables in this database begin with the prefix LAB\_.

The code book describing the lab results file is found in Appendix F.3.

## Clinical measurements

This database contains clinical and anthropometric measurements taken from participants during the survey. These measurements come from two data sources: the results obtained using an InBody device for estimating body composition based on bioelectrical impedance, and information gathered on the clinical form by nurses with regard to heart rate, blood pressure, height, weight and waist circumference.

The names of the variables in this database begin with the prefix CLIN\_.

The code book describing the clinical measurements file is found in Appendix F.4.

## Oral health

All the clinical observations for oral health were entered into a computerized tool prepared exclusively for this survey using UDATA software. This tool includes validation rules that limit the number of values possible for each variable and ensure a degree of consistency among the values for certain variables. The data were extracted from the tool and exported to an Excel file containing several

tabs, each of which corresponded to one of the seven sections of the collection tool and grouped the information by theme (identification, dental trauma, caries experience, etc.). The data in the various tabs were grouped in the same Statistical Package for Social Sciences (SPSS) file using participant IDs. Certain corrections were made by a research technician, in collaboration with oral health researchers, based on comments made by dentist-examiners in the collection tool.

The names of the variables in this database begin with the prefix BUCCO\_.

The code book describing this file is found in Appendix F.5.

## Respiratory health (spirometry)

This database contains the spirometry test results provided by devices specially designed for that purpose, as well as the answers to the spirometry test eligibility questionnaire. These answers made it possible to validate the absence of results for the spirometry test when people were genuinely ineligible. Conversely, they also made it possible to eliminate certain tests that had been performed whenever the eligibility criteria had not been met.

The results were examined carefully by an expert clinician in respiratory health to confirm the stages identified in the GOLD system for measuring the severity of chronic obstructive pulmonary diseases (COPD). Observations in the form of notes were added to the data file so that the results could be interpreted more effectively.

The names of the variables in this database begin with the prefix SPIRO\_.

The code book describing this file is found in Appendix F.6.

## Medical review

Data have been collected on the medical history of participants on two occasions since the 2004 survey: in 2007 and 2011. Once again, the data were collected from participants in the 2004 cohort and were gathered on paper questionnaires by nurses.

The same approach was used to gather data from the new participants during the 2017 survey, except that this time, the information was compiled in electronic format using an MS Access form. To integrate this information with those contained in the other survey databases, a search was carried out for the associated participant IDs based on the name of each participant.

The medical review focused on the following topics:

- > Brain injury and associated conditions
- > Cancer
- > Cardiac disorders
- > Chronic and other disorders
- > Helicobacter pylori problems
- > Hospitalization
- > Metabolic disorders
- > Respiratory problems

The code book describing this file is found in Appendix F.7.

## 7.3 WEIGHTING PROCESS

The principle behind estimation in a probability sample, like the one used in this survey, is that each person in the final sample – i.e., survey participant – represents, along with themselves, several others not included in the sample. Thus, the weight of a person in the sample corresponds to the number of people this participant represents in the population as a whole.

Now, the distribution of the final sample of participants obtained during the survey according to age, sex and community was very different from that of the population that the sample was supposed to represent. From that perspective, weighting constitutes an adjustment that had to be made to ensure that estimates produced from survey data are representative of the population covered and not solely of the sample itself. Whenever survey data users produce estimates, they must take into account the weights used in the survey. A weight was assigned to each person in the final sample – that is, the sample consisting of all those who took part in the survey on board the ship.

Determining what weights are to be used in a survey can be quite complex and usually involves several steps. In the case of the present survey, four steps were necessary. First of all, the weighting process had to take into account the sample design and, more specifically, participants' probability of selection. The weights also had to be adjusted for the non-response observed at all levels of the sampling design – specifically: when participants were recruited and attended their appointment on board the ship. The last step consisted in adjusting the sample so that the distribution of the weights assigned to the respondents would correspond to that of the target population in accordance with certain sociodemographic characteristics. This step is better known as post-

stratification.

As was seen above, the non-response rates varied widely depending on the data collection instrument used. Because varying rates entailed making a special adjustment to the weighting steps, we also had to propose several weight variables. The following sub-sections describe in detail the weighting steps that led to the creation of the weights used in this survey.

### 7.3.1 Basic weighting

#### Weight associated with the initial probability of selection

Since the survey was based on a probability sample, we were able to determine for each individual in the population the initial probability of being part of the sample. The initial weight is the inverse of the probability of selection. The probability of selection is directly dependent on sampling design, which in this case involved simple random sampling in each of the strata formed by sex, age group (16–19 years, 20–30 years, 31 years and over) and home community. Since the distribution of the sample used for the survey was not proportional to the population observed in each stratum, the weight was different for two individuals from different strata. It is important to mention one constraint that arose in connection with people who took part in the 2004 survey (2004 cohort). In keeping with the survey's objectives, these people were included in the sample, making for a probability of 1.

Thus, the probability of selection of an individual  $i$  belonging to stratum  $j$ , is given by:

$$\pi_{ij} = \begin{cases} 1, & \text{if } i \text{ was part of the 2004 cohort} \\ \frac{n_j}{N_j - samp_j^{2004}}, & \text{if not} \end{cases}$$

where:

$n_j$  represents the number of individuals in the sample<sup>13</sup> from stratum  $j$ ;

$N_j$  represents the number of individuals in the population from stratum  $j$  obtained the register of JBNQA beneficiaries;

$samp_j^{2004}$  represents, for the age stratum of 31 years and over, the number of individuals belonging to the 2004 cohort in the registers of JBNQA beneficiaries.

13. Including all of the individuals in the original sample and those in the replacement sample who were used by the recruitment teams.



The initial weight  $P_1$  is obtained using the inverse of the probability of selection:

$$P_{1,ij} = \frac{1}{\pi_{ij}}$$

### Weight associated with non-response during recruitment

Once people who were ineligible for the survey (because they were deceased, experiencing health problems, living in an institution or no longer residing in Nunavik) were eliminated from the sample, we then had to consider the non-response rate during the recruitment of participants.<sup>14</sup> When non-response is significant during a survey, it can be a source of potential bias in estimates. This is because the people who refused to take part in the survey or were not contacted may have characteristics that are different from those of the people who agreed to participate, with the result that the estimates reported solely by the latter group may not reflect the reality observed in the population as a whole. Non-response adjustment, which is needed to minimize the impact of such possible biases, consists in adjusting the sample of people who agreed to participate so that it matches, as closely as possible, the original sample that was representative of the population. This technique requires common, complementary information from everyone who was part of the original sample. For this adjustment to be effective, it is important that the information available be related to the variables measured in the survey. Otherwise the impact of the adjustment on reducing potential bias would be negligible.

Thus, our adjustment was based on the creation of homogeneous weighting groups using variables originating in the survey frame. Our hypothesis was that the people who agreed to participate and those who refused to do so or were not contacted were similar in each group. Since the number of variables was very limited in the register of JBNQA beneficiaries, we had to form homogeneous groups based on variables that were similar to those used for stratification purposes: sex, age group (16-30 years, 31-45 years and 46 years and over) and communities. These groups were different from those used in the sample owing to the very high non-response rate among young people aged 16 to 19 years and 20 to 30 years. The following community groupings were used to obtain at least 20 participants per weighting class or group:

- > Kuujuarapik and Umiujaq
- > Inukjuak
- > Puvirnituk

- > Akulivik and Ivujivik
- > Salluit
- > Kangiqsujuaq
- > Quaqtaq and Kangirsuk
- > Aupaluk and Tasiujaq
- > Kangiqsualujuaq
- > Kuujuaq

Non-response adjustment was expressed by a weighting value, obtained from the inverse of the response rate  $T_k$  for each homogeneous weighting group  $k$ . The response rate  $T_k$  was defined as the weighted sum of the people who agreed to participate in the survey over the weighted sum of eligible people:

$$T_k = \frac{\sum_{i,j \in k} P_{1,ij} \times Resp_{ij}}{\sum_{i,j \in k} P_{1,ij} \times Elig_{ij}}$$

$$Resp_{ij} = \begin{cases} 1 & \text{if individual } i \text{ of stratum } j \text{ responded} \\ 0 & \text{if not} \end{cases}$$

$$Elig_{ij} = \begin{cases} 1 & \text{if individual } i \text{ of stratum } j \text{ was eligible} \\ 0 & \text{if not} \end{cases}$$

Each responding individual  $i$  of stratum  $j$  of weighting class  $k$  is assigned a weight of  $P_2$  equal to:

$$P_{2,ijk} = \frac{P_{1,ij}}{T_k}$$

*Special case: respondents who were not part of the original sample*

During the data collection process, we realized that four of the participants were not part of the original samples but had gone through all of the steps involved in that process. We decided to include them in the study because the number of participants in the sample was much lower than the total number initially anticipated.

These four cases were adjusted only for non-response during recruitment because their initial weighting  $P_1$  was considered to be 1

14. Includes people who were contacted but who refused to take part in the survey as well as people who were not contacted for a variety of reasons (see Section 6.2 on response rates.).



### Weight associated with non-response during appointments on the ship

People who agreed to participate in the survey during the recruitment process were given an appointment for the day on which data were to be collected on board the ship. This pool of people eligible to take part in the survey totalled 1 661 individuals. However, at that stage, another form of non-response – “no-shows” – occurred, meaning that participants were absent at the date and time agreed upon for collecting data, no matter the reason.<sup>15</sup> Of the total number of people who were originally eligible, 1,326 individuals, referred to here as the “final respondents,” completed all of the steps involved in the data collection process on board the ship, for a weighted participation rate of about 79.7% (see Table 9).

In the case of the non-response adjustment applied here, a greater number of variables could be relied on to provide common, complementary information on the respondents and non-respondents. In fact, in the case of almost all the eligible people, we obtained answers to Block 5 (sociodemographic component) of the VOXCO questionnaire. Several of the variables could be considered to form weighting classes. The variables that were the most useful for explaining this non-response, analyzed using logistic regression models, included matrimonial status, personal income, number of people living in the household, language spoken at home (predominance of Inuktitut over other languages), age group, sex and home community.

The results of these analyses have made it possible to identify three variables for creating weighting classes – namely, the same community groupings as those used in the case of non-response during recruitment<sup>16</sup> as well as income and sex.

The adjustment for non-response during appointments on the ship was expressed by a weighting value  $T_l$ , obtained from the inverse of the response rate for each homogeneous weighting group  $l$ . The response rate  $T_l$  was defined as the weighted sum of the people who agreed to participate in the survey over the weighted sum of eligible people):

$$T_l = \frac{\sum_{i,j,k \in l} P_{2,ijk} \times Resp_{ijk}}{\sum_{i,j,k \in l} P_{2,ijk} \times Elig_{ijk}}$$

$$Resp_{ijk} = \begin{cases} 1 & \text{if individual } i \text{ of stratum } j \text{ and} \\ & \text{weighting class } k \text{ responded} \\ 0 & \text{if not} \end{cases}$$

$$Elig_{ijk} = \begin{cases} 1 & \text{if individual } i \text{ of stratum } j \text{ and weighting} \\ & \text{class } k \text{ was eligible} \\ 0 & \text{if not} \end{cases}$$

Thus, each responding individual  $i, j, k$  of weighting class  $l$  was ascribed a weight of  $P_3$  equal to:

$$P_{3,ijkl} = \frac{P_{2,ijk}}{T_l}$$

### Post-stratification

The last step in the weighting process consisted in adjusting the final sample using the post-stratification method so that the weighted distribution of the respondents would be similar to that observed in the target population in accordance with certain sociodemographic variables. The data used to make this adjustment were derived from the sample frame even though we were aware that the frame had certain problems, including that it was not up-to-date when the data were collected. The following characteristics, as briefly described above, were used in the post-stratification process: sex, age group (16-30, 31-45 and 46 and over) and community grouping: Hudson Strait (Salluit, Ivujivik, Kangiqsujuaq and Quaqtac), Hudson Bay (Inukjuak, Kuujuarapik, Puvirnituc, Umiujaq and Akulivik) and Ungava Bay (Kangiqsualujuaq, Aupaluk, Kangirsuk, Kuujuaq and Tasiujaq). Using weights based on population counts for these groupings made it possible to infer results for each of the three regions that have similar characteristics related to health issues.

For combination  $d$  of respondent characteristics, the post-stratification adjustment was expressed by a weighting value  $P_d$  and took the following form:

$$P_d = \frac{W_d}{\sum_{i,j,k \in d} P_{3,ijkl}}$$

where  $W_d$  is the total number of people who belong to combination  $d$  of the variables chosen for post-stratification in the target population.

15. These reasons, such as bad weather, may have been outside the responsibility of participants (see Section 6.2 for other reasons for missed appointments on the ship).

16. Except for the grouping of Salluit with Akulivik + Ivujivik to obtain enough respondents per combination of variables forming the weighting groups.

The final weight associated with all respondents  $i$  of stratum  $j$  belonging to weighting classes  $k$  and  $l$  and to combination  $d$  of the three variables chosen for post-stratification was:

$$P_{4,ijkl} = P_{3,ijkl} \times P_d$$

This basic weight is called MASTER\_WGT and can be used to estimate and analyze the variables found in most of the collection instruments and databases used in this survey (see Table 10).

**Table 10** Description of the survey weight file to be used according to the collection instrument, *Qanuilirpitaa? 2017* Health Survey

Instrument	Section	% Not completed by participants	Survey weight file
<b>VOXCO questionnaire</b>	Block 1	1.7%	MASTER_WGT (basic)
	Block 2	2.4%	MASTER_WGT (basic)
	Block 3	4.6%	PS2_WGT
	Block 4	11.4%	FFQ_WGT
	Block 5	0%	MASTER_WGT (basic)
<b>Oral health</b>	All	3.8%	BUCCO_WGT
<b>Lung health (spirometry)</b>	All	11.6%	SPIRO_WGT
<b>Laboratory</b>	Blood tests (serum, plasma, whole blood)	0.1%	MASTER_WGT (basic)
	Urine tests	1.1%	MASTER_WGT (basic)
	Syphilis (16-30 years)	0.2%	MASTER_WGT (basic)
	Chlamydia/Gonorrhea (16-30 years)	4.7%	LABO_CH_GO_WGT
	Stool, presence of blood (50 years and over)	33.2%	LABO_STOOL_BP_WGT
<b>Clinical (InBody)</b>	All	1.7%	MASTER_WGT (basic)

### 7.3.2 Specific weights

Mainly due to lack of time, some of the blocks of the VOXCO questionnaire and other collection instruments were not completed for all the participants on board the ship. This increased the overall non-response rate during appointments on the ship (Step 3 of the basic weighting process), making it high enough in some cases to justify the assignment of specific weights with a view to minimizing any bias that may have been induced by non-respondents. In most surveys, the widely accepted threshold of 5% is used to determine whether something is negligible or not. In this study, all the components or sub-groups that had an additional overall non-response rate of over 4%<sup>17</sup> (see percentage in Table 10) were assigned a specific weight.

As in the case of the basic weights discussed thus far, the specific weights were also determined using a four-step process. The first two steps were identical to those involved in the basic weighting process because they applied to everyone targeted by the survey.

*Weight associated with non-response during data collection on board the ship*

During the third step, we took into account the non-response rate associated with certain VOXCO questionnaire blocks or the collection instruments. We thus had to determine which of the weighting classes for the VOXCO questionnaire blocks or the collection instruments had a non-response rate above that observed among the total number of people who were eligible to take part in the survey. The variables used to form the weighting classes were the same as those used for basic weighting. The strategy for selecting variables that could explain the probability of not responding was again derived from logistic regression models. The variables chosen are presented in Table 11.

17. Given that a conservative rate of 1% for partial non-response to questions and measures had to be included.

**Table 11** Description of the variables used to form weighting classes according to collection instrument, Qanuillirpita? 2017 Health Survey

Instrument	Section	Variables <sup>1</sup>
VOXCO questionnaire	Block 3	Community grouping, income and sex
	Block 4	Community grouping, household size and income
Oral health	All	Community grouping, household size and income
Lung health	All	Community grouping, household size and income
Laboratory	Chlamydia/Gonorrhea (16-30 years)	Community grouping, household size and sex
	Stool, presence of blood (50 years and over)	Community grouping, household size and language spoken at home

1. The community groupings are the same as those used for basic weighting.

The adjustment for this non-response was expressed by a weighting value  $T_l$  obtained in the same way as for the basic weighting – that is, from the inverse of the response rate for each homogeneous weighting group  $l$ . We thus obtained a specific weight  $P_3$  equal to:

$$P_{3,ijkl} = \frac{P_{2,ijk}}{T_l}$$

### Post-stratification

The last step in the weighting process consisted once again in adjusting the final sample using the post-stratification method so that the weighted distribution of the respondents would be similar to that observed in the population. The characteristics selected for Blocks 3 and 4 of the VOXCO questionnaire and the other components of the survey involving the entire target population were the same as those used for basic weighting: sex, age group (16-19 years, 20-30 years and 31 years and over) and community grouping: Hudson Strait (Salluit, Ivujivik, Kangiqsujuaq and Quaqtac), Hudson Bay (Inukjuak, Kuujuarapik, Puvirnituaq, Umiujaq and Akulivik) and Ungava Bay (Kangiqsualujuaq, Aupaluk, Kangirsuk, Kuujuaq and Tasiujaq). The final weights could thus be obtained by referring to the formulas described in Section 7.3.1.

The characteristics selected for “presence of blood (stool)” were sex and community grouping, while chlamydia and gonorrhea tests were associated with people aged 16-30, given that age was included in the post-strata (16-19 and 20-30 years).

The weight files to be used in these specific situations are found in Table 10.

### 7.3.3 Particular case

In regard to the stool tests (*H. Pylori*), about 55% of participants aged 16 and over brought their stool samples with them to their appointment on the ship, which means that the measurements are associated with a minimum number of participants. Since the overall response rate for these tests did not reach 20%, it was decided that no particular weighting would be applied in these cases. Applying such weighting would have been of no use for correcting the representativeness of the respondent sample. Therefore, the results had to be narrowed down to the participants who brought their stool sample back to the ship, rather than inferring them to the population of the region or to any sub-group of that population.

### 7.3.4 Weighting for three community groupings

The survey weights presented thus far can be used to produce estimates for three community groupings: Hudson Bay (Inukjuak, Kuujuarapik, Puvirnituaq, Umiujaq and Akulivik), Hudson Strait (Salluit, Ivujivik, Kangiqsujuaq and Quaqtac) and Ungava Bay (Kangiqsualujuaq, Kangirsuk, Tasiujaq, Kuujuaq, and Aupaluk), groupings that are included in the variable **MS\_CommRegChr** in the master file. These weights were used in preparing certain thematic reports.

Other weights were created for the regional descriptive report to reflect the representativeness of the region on the basis of the region’s two administrative areas (variable: **MS\_CommReg**): Hudson coast (Inukjuak, Kuujuarapik, Puvirnituaq, Umiujaq, Akulivik, Ivujivik and Salluit) and Ungava coast (Kangiqsujuaq, Quaqtac, Kangiqsualujuaq, Kangirsuk, Tasiujaq, Kuujuaq and Aupaluk). Since these two areas could not be subtracted from the variable

**MS\_CommRegChr**, the post-stratification phase of the weighting process had to be revised to take into account the population distribution in those areas.

The names of the weight files used for these community groupings contain the same prefixes as those presented above (see Table 10). The only difference is that the suffix **\_WGT** has been replaced by **\_R\_WGT**. For all communities, the results produced with either of these weights are very similar (differences in proportion of less than 1%).

### 7.3.5 Overview of the weights to be used

In some instances, the analyses provided for the cross-tabulation of variables or indicators originating from two different data collection instruments or tools, making it necessary to determine which weighting was the most appropriate. In such situations, the guiding principle has been to select the weighting that minimizes the loss of units of analysis while ensuring that the quality of the non-response adjustment is good.

Since most of the variables originate from collection instruments with basic weighting of the 1,326 survey participants as a whole, the general rule for cross-tabulation involving one of these variables with basic weighting is to use the weight of the tool with the least

participants (see Table 9). For example, if survey data users want to cross-tabulate a variable from Block 2 of the questionnaire (basic weighting for 1,326 participants) with a variable from Block 4 of the questionnaire or a variable of the oral health tool, they will have to choose the **WGT** weight variable in files **FFQ\_WGT** and **BUCCO\_WGT**, respectively.

Other types of cross-tabulation were examined more closely to determine which weight variable should be used. The variables from Blocks 3 and 4 of the VOXCO questionnaire are more likely to be part of the cross-tabulation variables. To determine which weight should be used, an estimate must be produced of the number of participants who responded or did not respond to both a variable from one of these blocks and to another collection instrument (see Table 12). The choice of weight is dictated by the lowest number of non-respondents so as to minimize the bias caused by non-response. For example, if the indicator of interest comes from the oral health tool and a user wants to cross-tabulate this indicator with a variable from Block 3 of the questionnaire, the weight variable will have to be that of the **BUCCO\_WGT** file. This is because there were 3.3% of non-respondents to the oral health tool among the respondents to Block 3 compared to 4.0% of non-respondents to Block 3 among the respondents to the oral health tool. The same exercise can be repeated with the other collection instruments having a specific weight.

**Table 12** Description of the weight files to be used for conducting cross-tabulations with the variables from blocks 3 or 4 of the VOXCO questionnaire for collection instruments not using the basic weight file (**MASTER\_WGT**), Qanuilirpitaa? 2017 Health Survey

Instrument	VOXCO questionnaire Block 3				VOXCO questionnaire Block 4			
	Number of respondents for both instruments	Respondent to Block 3 but non-respondent for the other instrument (%)	Non-respondent to Block 3 but respondent for the other instrument (%)	Weight file to be used	Number of respondents to both instruments	Respondent to Block 4 but non-respondent for the other instrument (%)	Non-respondent to Block 4 but respondent for the other instrument (%)	Weight file that had to be used
Oral health	1224	<b>3.3</b>	4.0	<b>BUCCO_WGT</b>	1145	<b>2.6</b>	10.2	<b>FFQ_WGT</b>
Lung health	1070	> 10.0	<b>3.6</b>	<b>SPIRO_WGT</b>	994	> 10.0	<b>10.5</b>	<b>SPIRO_WGT</b>
Chlamydia/ Gonorrhea (16-30 years)	523	4.6	<b>4.4</b>	<b>LABO_CH_GO_WGT</b>	484	<b>4.7</b>	11.5	<b>FFQ_WGT</b>
Stool, presence of blood (50 years and over)	232	> 20.0	<b>7.2</b>	<b>LABO_BP_WGT</b>	213	> 20.0	<b>14.8</b>	<b>LABO_BP_WGT</b>
All other instruments	Not applicable			<b>PS2_WGT</b>	Not applicable			<b>FFQ_WGT</b>

## 7.4 OTHER ASPECTS OF DATA QUALITY

### 7.4.1 Partial non-response

In addition to the non-response observed for an instrument (see Section 6.3), participants may not respond to a section of a questionnaire or not collaborate on certain clinical tests. Partial non-response occurs when a variable has missing data for survey participants. Since non-respondents may have certain characteristics that are different from those of respondents, this type of partial non-response can also generate significant bias in estimates.

The weighted partial non-response rate is defined as the ratio of the weighted number of non-respondents to the number of participants eligible to respond. The higher the rate, the greater is the risk of bias associated with this partial non-response. For the present survey, we considered that a partial non-response rate of less than 5% for participants as a whole should have a negligible impact on the estimates produced.

An analysis of several variables during the production of the descriptive report showed that most of them met this criterion of 5%. However, in cases where the partial non-response rate exceeded 5%, the potential for bias was indicated; a warning accompanied the interpretation of the results. In fact, a more in-depth analysis should be conducted in such situations in order to check whether the non-respondents to the variable in question had different characteristics from those of the respondents. For an example of how non-partial response is analyzed, see Appendix 2 of the methodology guide of the revised edition of *Enquête québécoise sur la santé des jeunes au secondaire 2010-2011* (Quebec health survey of high school students) (ISQ, 2014).

### 7.4.2 Survey errors

The estimates derived from this survey are based on a sample of individuals. Different figures might have been obtained with a complete census using the same questionnaires, instruments and data collection methods as those employed in the present study. The difference between the estimate obtained from a sample and the result obtained from the entire population under similar conditions is called the sampling error of the estimate.

Other typical errors that are not related to sampling methods may occur at any phase of the survey process. For example, interviewers may not apply the instructions properly, respondents may make mistakes in answering questions and questions may be incorrectly translated. This section describes how non-sampling errors can be avoided or measured.

#### Non-sampling errors

With a high number of observations, randomly occurring errors will have little impact on estimates obtained from a survey. However, errors that occur systematically will contribute to inserting a bias in estimates. In this survey, every effort was made to reduce non-sampling errors. Questions were chosen from validated questionnaires or scales. The questionnaires were translated from English to Inuktitut and from Inuktitut to English in order to maximize accuracy; the questionnaires were field-tested by Inuit to ensure that they understood the questions; interviewers and clinical personnel were trained and supervised daily by the quality control team; and an extensive review was carried out to uncover inconsistencies in reporting.

A major concern related to non-sampling errors is the effect of non-response on survey results. As mentioned above, the range of non-response can include partial non-response, failure to answer one or more questions or to complete a portion of the clinical tests, and total non-response. Except in certain rare situations, the partial non-response rates for this survey were deemed acceptable (less than 5%). The overall non-response rate, which was discussed in detail in Section 6.2, was handled by adjusting the weight of persons who responded to the survey in order to correct for those who did not respond. Two weighting steps were devoted to adjusting non-response (see Section 7.3).

#### Sampling errors

Any estimate made using a random sample is affected by a sampling error that must be measured. Good practice in statistics requires some estimation to quantify the magnitude of such errors. The basis for measuring the extent of sampling errors is the sample variance of survey estimates. The method used to calculate this variance as well as other precision measures and to apply them in data analysis are described in the next section.

# 8 DATA ANALYSIS

This section presents several notions in order to understand the data analysis process. The variance of estimates is central to all the measures of precision used to assess the quality of the survey's results – namely, the coefficients of variation and confidence intervals presented here. Therefore, it is important to estimate variance properly by considering the survey's sampling design and all the adjustments made during weighting. This section also provides a quick overview of the main statistical methods that can be applied to this survey data. Finally, it sets out several criteria pertaining to the dissemination of results.

## 8.1 MEASURES OF PRECISION FOR ESTIMATES

### 8.1.1 Calculating the variance of estimates

Most statistical surveys contain what are known as sampling errors, due to the fact that only some of the units of the target population are selected to take part in the survey. The expression “sampling error” is defined as the difference between the results generated by a sample and the true population measure or, in other words, the measure that would have been obtained in a survey of the entire population. Such errors have an impact on the estimates produced, whose precision is influenced not only by the complexity of the sampling design, but also by all the non-response and post-stratification adjustments made during weighting. Therefore, it is necessary to measure the precision of each estimate and to take it into account in interpreting the results inferred to the target population. The design effect is the ratio of this “new variance” to the variance that would have been obtained with a simple random sample of the same size.

Most statistics software now takes into account the effects associated with survey sampling plans in calculating the variance of estimates for variables of interest, provided the

parameters of the sampling plan are specified in it. The method selected for this survey to estimate the variance of the estimates obtained with the sampling design is known as the “bootstrap” method (re-sampling with replacement method)

#### Basic principle of the bootstrap method

Here is a short example of the principle behind the bootstrap method. One solution for assessing the precision of a proportion estimated for a given indicator would be to select 500 new samples under conditions identical to those that prevailed during the survey and to produce an estimate for that proportion 500 times. The variance could be obtained simply from the measure of dispersion of the 500 new estimates. Unfortunately drawing 500 new samples would be very expensive, if not impossible. However, it is possible, through random sampling with replacement, to independently draw 500 sub-samples from the original sample, given that it is representative of the population. The weights for each sub-sample are recalculated using the same weighting procedure as for the survey weights, in order to create 500 sets of bootstrap weights. To estimate the variance of a point estimate (statistic calculated using a survey weight) with the bootstrap method, the estimate would be recalculated 500 times using the 500 sets of bootstrap weights. The variability observed among the 500 results represents the estimate of variance.

Practically speaking, here are the main steps involved in estimating the precision of a given estimate using the bootstrap method:

- First, the estimate for the parameter of interest (proportion, total, etc.) is calculated using the survey weight variable (**WGT**) included in the weight file.
- Next, the same point estimate is calculated using each of the 500 sets of bootstrap weights contained in the weight file (**bw1** to **bw500**). In the process, 500 bootstrap estimates are obtained for the parameter of interest.
- Lastly, the variance (according to the formula used for simple random sampling) of these 500 bootstrap estimates is calculated.



$$\widehat{\text{Var}}(\hat{p}) = \frac{\sum_{b=1}^{500} (\hat{p}_b - \bar{p})^2}{500}$$

This variance corresponds to the estimated variance of the estimate calculated for the parameter of interest in a). Appendix D.2 explains in detail how sets of bootstrap weights were created specifically for this survey.

The precision of an estimate is calculated using the variance of estimates and can be expressed in different ways. Here are two ways commonly used in surveys.

### 8.1.2 Coefficient of variation

One of the measures used to assess the precision of an estimate is the coefficient of variation (CV). This measure is often presented as a percentage. The CV is obtained by determining the ratio of the standard error of the estimate to the estimate itself. The standard error of an estimate is calculated by taking the square root of the variance estimate. For example, in the case of a proportion-type indicator, the CV would take the following form:

$$CV = 100 * \frac{\sqrt{\widehat{\text{Var}}(\hat{p})}}{\hat{p}}$$

The interpretation of this measure is very simple: the smaller the CV, the greater the precision of the estimate, while the higher the CV, the more caution that must be exercised in disseminating the results. The criteria proposed for disseminating the results of this survey are provided in Section 8.4.

### 8.1.3 Confidence intervals

Confidence intervals are another measure of the precision of estimates. The narrower the interval, the more the value of an estimate is precise. The confidence interval represents a zone of uncertainty defined by a certain level of confidence associated with the estimate. By definition, a confidence interval for an indicator estimated at a 95% confidence level means that if a survey were repeated 100 times and the indicator was estimated each time, 95 of the 100 confidence intervals obtained would contain the true value of the indicator in the population.

Several methods are used to calculate confidence intervals. The best-known method is based on the normal approximation produced by symmetrical intervals. For a proportion, the approximation is valid only if the size of the sample on which the estimate is based is large or if the proportion is close to 50%. The situation changes when proportions are small or close to 100%.

Logit transformation ( $\log\left(\frac{p}{1-p}\right)$ ) is the method proposed for this survey, which uses bootstrap weights to calculate variance (Agesti, 2013). This transformation can be used to stretch potential values around zero of an estimated proportion that falls basically between 0 and 1. In this context, using a normal approximation for the distribution of the new value is more appropriate and provides an asymmetrical interval for proportions close to 0 or 1. A confidence interval at a threshold of  $1 - \alpha/2$  can be calculated as follows:

$$\log\left(\frac{\hat{p}}{1-\hat{p}}\right) \pm z_{1-\alpha/2} \sqrt{\widehat{\text{Var}}\left(\log\left(\frac{\hat{p}}{1-\hat{p}}\right)\right)}$$

For more details on how to calculate confidence intervals, readers are invited to consult Appendix D.3. With SAS, these intervals can be obtained by specifying the `CL(type=logit)` option in the `TABLES` statement in the `SURVEYFREQ` procedure. With SUDAAN (Research Triangle Institute, 2012), these intervals are compiled by default. An Excel utility is also available on request for calculating this type of interval using an estimated proportion and its variance (or standard error).

```
proc surveyfreq data=traitement2012;
  weight poids_strate;
  cluster no_seq;
  strata strate_pond;
  tables (grage sexe seul sanstravail
  scol rev)*icje_prob/chisq lrchisq or
  column row cl(type=logit);
run;
```

## 8.2 STATISTICAL METHODS

### 8.2.1 Basic guidelines

#### Use of appropriate weight variables

Once analysis variables have been clearly identified, the next step consists in choosing the right survey weight variable so that the results can be inferred to the target population, along with the set of associated bootstrap weights, so that the estimated variance will take the survey sampling plan into account. This involves applying the criteria established in Section 7.3.5 according to the databases from which these variables are derived. In all analyses arising from data collected in this survey, it is essential to specify the survey weights and to use appropriate programming that takes bootstrap weights

with SAS and SUDAAN software are provided in the “*Guide d’utilisation des bases de données*” (Databases User Guide) found in Appendix D.4.

### Available community groupings

For reasons of both confidentiality and small sample size, estimates cannot be produced on a community scale. However, two community groupings are available for analysis purposes. The first grouping is based on environmental similarities and comprises three categories: Hudson Bay (Inukjuak, Kuujjuarapik, Puvirnituq, Umiujaq and Akulivik), Hudson Strait (Salluit, Ivujivik, Kangiqsujuaq and Quaqtaq) and Ungava Bay (Kangiqsualujuaq, Kangirsuk, Tasiujaq, Kuujuaq and Aupaluk). This variable is contained in the master file and is called **MS\_CommRegChr**.

For the purposes of the regional descriptive report and considerations of a more administrative nature, another community grouping comprising the following two sectors (**MS\_CommReg** variable) is also available: Hudson coast (Inukjuak, Kuujjuarapik, Puvirnituq, Umiujaq, Akulivik, Ivujivik, and Salluit) and Ungava coast (Kangiqsujuaq, Quaqtaq, Kangiqsualujuaq, Kangirsuk, Tasiujaq, Kuujuaq, and Aupaluk).

### Clustering of participants in dwellings

Contrary to the 2004 survey where dwellings were the primary sampling unit and all the adults living in a particular dwelling were invited to take part in the survey, the 2017 survey involved obtaining a random sample of participants directly from the list of JBNQA beneficiaries. The 2004 sampling design produced clusters of participants and led to underestimation of the real variability compared to that of a simple random sample of the same size. Participants from the same dwelling share certain similar characteristics and are not totally independent. This aspect was taken into account when calculating variance using the bootstrap method.

The 2017 sampling design ensured independent selection of participants. Therefore, there was no longer any problem that the sampling design would create clusters of participants. However, since the sampling ratios were very high in the sampling strata (made up of age groups, sex and home community), there was a risk that two or more participants were living in the same dwelling. This was the case for 514 of the 1 214 participants whose address, as entered on the ID sheet, was valid. Although not necessary to do so, this aspect was also factored into the calculation of variance using the bootstrap method. Therefore, there is no need to consider a cluster effect in the analyses as long as the bootstrap method or balanced repeated replication (BRR) is mentioned in the programming process. However,

the fact that certain participants came from the same dwelling can be used as an adjustment variable in statistical models or even serve as a level in multilevel analysis models.

## 8.2.2 Descriptive analyses

Most of the analyses conducted for the purpose of preparing thematic and descriptive reports using the data from this survey are descriptive and bivariate in nature. The main indicators are proportions, arithmetic and geometric means, and percentiles calculated for variables of interest that can be cross-tabulated with other variables that are usually sociodemographic in nature. More complex modelization analyses can also be performed to better understand the interactions between several variables; these analyses are discussed in the next sub-section. In the present section, the discussion will often focus on examples using SAS software and the SUDAAN software package. However, equivalent codes in other statistical software can also be used, provided they can take bootstrap weights into account in calculating estimate variances. The *Infocentre de santé publique* uses a series of macros adapted to Statistics Canada’s Bootvar programs (Gagné et al., 2014).

### Overall association test

Proportions are often calculated and interpreted using survey data. They can be used to compare several population sub-groups. A chi-square test of independence is usually conducted to determine if an association exists between a proportion indicator that is being analyzed and a specific cross-tabulation variable. A few options are available, including the Satterthwaite adjustment, also known as the second order Rao-Scott test, which can take into account the complex survey sampling plan used in the present survey (Rao & Scott, 1981). In fact, the F-statistic that corresponds to this correction should be used. This variant of the chi-square test is available in SAS with the WCHISQ option in the SURVEYFREQ procedure and in SUDAAN, by adding a TEST CHISQ / SATADJF statement in the CROSSTAB procedure. The INSPQ uses a slightly different version based on Statistics Canada’s Bootvar macro.

### Comparison test between two proportions

A comparison test between two proportions can subsequently be performed to better understand the associations described by the significant chi-square tests. The suggested comparison is based on the construction of a Wald (*W*) statistic using the difference between the logit transformations of the estimated proportions.



$$W = \left( \frac{(\text{logit}(\hat{p}_1) - \text{logit}(\hat{p}_2))^2}{\widehat{\text{Var}}(\text{logit}(\hat{p}_1) - \text{logit}(\hat{p}_2))} \right) \sim \chi^2$$

It should be noted that if  $\hat{p}_1$  et  $\hat{p}_2$  are not independent, the denominator of this statistic must include a covariance term (for more details, see Appendix D.3). With SUDAAN, it is possible to obtain a variance-covariance matrix and thus determine the variance of the difference in the two logits. In SAS, the SURVEYFREQ procedure does not have this flexibility. However, it is possible to program this estimated variance by applying, once again, the bootstrap logic presented in section 8.1.1. The variance can be calculated as follows:

$$\widehat{\text{Var}}(\text{logit}(\hat{p}_1) - \text{logit}(\hat{p}_2)) = \frac{\sum_{b=1}^{500} (\hat{X}_b - \bar{X})^2}{500}$$

with  $\hat{X}_b$  the estimated difference in the two “logits” with the same  $b$ th bootstrap weight. This is the approach that has been programmed at the INSPQ.

### Means (arithmetic and geometric), medians and percentiles

The method usually applied in the case of continuous variables is to produce means (arithmetic or geometric), median or percentile indicators.

With SAS, the SURVEYMEANS procedure is used to produce such indicators while indicating the bootstrap weights used,

```
proc survey means data=...
varmethod=brr;
weight wgt;
  repweights bw1-bw500;
  var ...;
run;
```

With SUDAAN, the DESCRIP procedure must be used,

```
proc descrip data=... filetype=sas
design=brr;
  weight wgt;
  repwgt bw1-bw500;
  var ...;
run;
```

### Comparison test between two means

Two means can be compared using the SURVEYREG procedure in SAS and the REGRESS procedure in SUDAAN, taking into account the survey sampling plan and survey weights used. As with the comparison of two proportions, it is possible to program the variance of the difference between two means and use it to produce the t-statistic (Student) by applying, once again, the bootstrap logic set out in 8.1.1. The variance can be calculated as follows:

$$\widehat{\text{Var}}(\widehat{moy}_1 - \widehat{moy}_2) = \frac{\sum_{b=1}^{500} (\hat{X}_b - \bar{X})^2}{500}$$

with  $\hat{X}_b$  the estimated difference in the two means with the same  $b$ th bootstrap weight. This is the approach that has been programmed at the INSPQ.

### 8.2.3 Modelization

Statistical software can be used to adjust various statistical models while taking survey sampling plans and survey weights into account. For example, with SAS, the SURVEYREG procedure can be useful for linear regression models and ANOVAs, while the SURVEYLOGISTIC procedure can be employed for logistic regression models. With SUDAAN there is an even greater range of possibilities. In all cases, the parameters must be clearly specified in order to take bootstrap weights into consideration:

SAS

```
proc surveyreg (surveylogistic)
data=... varmethod=brr;
  weight wgt;
  repweights bw1-bw500;
  model ...;
run;
```

SUDAAN,

```
proc rlogist data=... filetype=sas
design=brr;
  weight wgt;
  repwgt bw1-bw500;
  model ...;
run;
```

## 8.3 COMPARISONS WITH OTHER SURVEY DATABASES

Some of the results of the present survey can be compared with those from the 2004 survey or even with the results obtained for other populations via the Canadian Community Health Survey (CCHS). To do so, however, certain criteria must be met. Firstly, the survey questions must be similar and the choice of responses identical. Secondly, the survey sampling plans, and data collection models of the surveys compared must not induce a response bias. Lastly, since the populations may have very different age distributions, comparisons must be made using age-adjusted estimates. If these criteria cannot be met, then it is vital to mention the limitations surrounding the interpretation of comparisons of results.

Since the 2017 population in Nunavik is slightly older than that of 2004, age will have to be taken into account when comparing estimates between the two surveys. One way to do this will be to compare the age-adjusted estimates with the direct standardization method, taking the 2017 reference population as the reference population. Thus, we will only have to standardize the estimates for 2004, given that in the case of estimates relating to the entire population of Nunavik in 2017, the crude estimates will therefore be identical to the adjusted ones. The age groups proposed for this standardization are 16-30, 31-45 and 46 and over. For comparisons using subgroups of populations, we suggest making comparisons using statistical modeling with age as an adjustment variable (see Section 8.2.3).

As for possible longitudinal analyses, those conducted for the 303 people who took part in the last two surveys of 2004 and 2017 could focus on changes observed at the individual level over the 13-year period between the two surveys. However, we do not recommend that survey weights, let alone bootstrap weights, be used in such analyses, since the people in this cohort represent only a small proportion of those who took part in the 2004 survey. The results obtained for these 303 participants cannot be inferred to the 16 years and older age group from 2004 and can only be associated with the sample itself.

## 8.4 STATISTICAL CRITERIA FOR DATA PUBLICATION

Before releasing any of the estimates obtained from a survey, certain rules of dissemination must be applied in order to avoid publishing results of unacceptable quality.<sup>18</sup> Precautions must be taken to avoid disclosing confidential information that could serve to identify a participant. As in 2004, if the number of sampled respondents with the characteristic of interest (i.e., the numerator of the proportion) was less than 5, the weighted estimate would not be released. Similarly, a comparison test with an estimate of less than 5 respondents with the characteristic of interest should not be performed.

Table 13 presents the guidelines for disseminating estimates according to their coefficients of variation. These guidelines correspond to the thresholds used by the *Institut de la statistique du Québec* (ISQ) for assessing the quality of estimates, and they are slightly different from those proposed by Statistics Canada.

**Table 13** Sampling variability guidelines: Qanuilirpitaa? 2017 Health Survey

Type of estimate	CV (%)	Guidelines
Acceptable	$CV \leq 15\%$	Such estimates can be considered for general unrestricted release. No special notation required.
Marginal	$15\% < CV \leq 25\%$	Estimates must be interpreted with caution and should be accompanied by a warning cautioning users of the high sampling variability associated with the estimates. Should be identified by an asterisk (*).
Unacceptable	$CV > 25\%$	Estimates must be used with caution and for illustrative purposes only. Should be identified by a double asterisk (**).

18. In cases where estimates must be inferred to the entire population targeted by the survey.

# 9 PUBLISHING THE SURVEY RESULTS

The results of the *Qanuillirpita?* 2017 Health Survey are being published in three distinct forms. They are first being disseminated in a series of thematic reports on topics covered by the survey. Data analysis included in these thematic reports provides a description of the main results contained in the survey. The thematic reports also outline some comparisons with the *Qanuippitaa?* 2004 Health Survey when possible, as well as the evolution of Nunavimmiut health status. The reports have been submitted to the Data Management Committee (DMC) for revision and endorsement prior to publication. The results contained in the thematic reports were presented by the researchers and discussed in a co-interpretation approach with the Steering committee and the DMC, during a 2-day meeting held in the fall of 2019.

The second step in the publication process involves combining the thematic reports' one-page summaries into a plain-language survey highlights publication written in French, English and Inuktitut. This publication will be used by the NRBHSS as part of its communication plan to disseminate data on its various platforms with a view to informing the public. The third phase involves scientific publications, including more complex statistical analyses, such as multivariate analyses.

Furthermore, different strategies and tools are being developed by the NRBHSS to communicate the results to regional organizations and committees, regional stakeholders, health and social services workers, community leaders and the general population. These tools include, among other things, press releases, radio shows, the regular posting of key findings on social media, videos, conferences and workshops in the communities, and visual tools to present key messages on what can be done to improve health and wellness.

## 9.1 THEMATIC REPORTS

The thematic reports topics are:

- > Sociodemographic characteristics
- > Sociocultural determinants of health and wellness
- > Regional portrait of the community component
- > Mental health and wellness
- > Interpersonal violence and community safety
- > Substance use
- > Gambling, Internet and media use
- > Housing
- > Zoonotic and Gastrointestinal Diseases
- > Iron deficiency and anemia
- > Exposure to environmental contaminants: metals
- > Exposure to environmental contaminants: POPs and emerging contaminants
- > Eating habits
- > Food security
- > Hunting, fishing, trapping
- > Oral health
- > Unintentional injuries
- > Respiratory health
- > Cardiometabolic health
- > Elderly health
- > Youth health
- > Men's health

## 9.2 SCIENTIFIC PUBLICATIONS

The principal investigators and co-researchers hold the first right of publication in scientific journals of results related to their research themes. Once the full set of data are made available to the principal investigators and co-researchers, they will have a two-year period of exclusivity regarding the publication of scientific articles, including the presentation of reports and results at scientific conferences, as well as the publication of books, book chapters and scientific manuscripts. These scientific articles may not be submitted for publication until after the results have been disseminated among Inuit and the thematic reports have been published.

Once the two-year period of exclusivity has expired, external researchers may obtain access to the data and biological samples by submitting their data access request using the application form available on the NRBHSS website (see Appendix G). Principal investigators will be contacted to seek their advice on the scientific validity of the proposal and will be given the opportunity to be part of the research team that requested access to the data and biological samples. Regional organizations in Nunavik will also have to make a request to the Data Management Committee (DMC) to access the data.

The research partners have agreed to consult the DMC and relevant Nunavik partners regarding the interpretation and validation of preliminary results and analytical conclusions. The DMC will provide support to the research partners if additional information related to the Nunavik context is needed.

## 9.3 DATA OWNERSHIP AND MANAGEMENT

The policy on the management of databases and biological samples (see Appendix G) serves as a guide to clarify how the data will be managed and used, and who is allowed to access the data and what access they will be granted. The policy is intended mainly for the researchers who are involved in this survey but also extends to all other researchers who might be interested in using the data collected within the framework of the *Qanuillirpita? 2017* Health Survey. The policy is based on OCAP principles and values, an important reference in terms of participatory research by and for Indigenous people: Ownership, Control, Access and Possession. The objective of this data management framework is to establish a data management and access procedure that respects the ownership of the data by Nunavik and its right to be the first informed of any research request and to assess whether the proposed research meets the needs and interests of Nunavimmiut.

In order to oversee the management of the *Qanuillirpita? 2017* Health Survey data and biological samples, and to ensure that the access and use of the data respects OCAP principles and the policy, a Data Management Committee (DMC) was put in place in Nunavik. All documents to be published must be submitted for revision and endorsement to the DMC including a declaration of confidentiality (see Appendix H). These documents will be available through the NRBHSS website.

# 10

## CHALLENGES ENCOUNTERED DURING THE SURVEY: GENERAL RECOMMENDATIONS

Even after leveraging the experience of 2004 and maximizing efforts to prevent problems associated with a survey of this scale, it was inevitable that situations would arise that had a direct impact on the quality of the collected data. As in 2004, the cultural and language specificities and the operational costs associated with reaching this region by ship represented ongoing logistical and methodological challenges. During the survey planning phase, defining the health themes and above all ensuring that they were relevant for Nunavimmiut required very strict thematic prioritisation. Changes in the sampling process and the recruitment of participants constituted additional issues. This section covers details concerning the main challenges encountered during the survey and puts forward some recommendations in order to avoid them in the future.

### 10.1 SURVEY PLANNING PHASE

#### Questionnaire

One of the main challenges encountered when planning the survey involved defining the various subjects to be covered by the questionnaire. Several meetings were needed to refine the content of the questionnaire on the basis of pre-tested versions that remained too long. Ultimately, the decision was made to keep a questionnaire whose blocks of questions were set out sequentially; the result, for participants, was a burdensome response time of over two hours. Owing to a lack of time, particularly at the start of data collection, the last block pertaining to the “food frequency questionnaire” was filled out by 88% of participants.

Recommendation: the survey had two large components, one of which dealt with health issues that were self-reported, and the second of which used standardized instruments to measure health status. As the needs in this region are huge, more effort should have been devoted to adapting the conventional survey formats to this reality. Questions dealing with particular health issues could be asked within the framework of a specific survey and not that of a more general survey.

#### Training

Another recommendation concerns extending the length of training given to interviewers and the people in charge of recruiting participants. Increasing the practice period for interviews would help reduce the actual interview time and give the possibility of completing all the components of the survey. With regards to recruitment, the first community visited could have served as a case study, to identify different challenges, with all recruiters participating in the case study. That way, several potentially challenging situations could have been discussed, solutions identified and subsequently implemented in order to improve recruitment. Other aspects that could have been improved include involving former survey staff to help prepare the training session and involving the community in the training to obtain a clearer picture of the cultural context. In order to reduce confusion, information on roles and responsibilities could have been provided in the survey staff member’s kit. Moreover, the roles and responsibilities could have been more clearly addressed in the training session and diverse teaching methods could have been used to maximize the future trainers’ understanding of both their role and the cultural context.

#### Sampling

In contrast with the 2004 survey, the primary sampling units in the 2017 survey consisted of individuals and not households (or dwellings). This change presented some clear-cut advantages (see Table 14 below), the main one being the ability to control the sample of individuals according to certain characteristics (strata) – namely, age and sex. However, an essential condition of this approach involved obtaining an exhaustive, up-to-date list of all the individuals making up the survey’s target population. Above all, it meant that the population had to remain stable between the time when samples were being selected and the time when data were collected. This proved to be a tall order indeed. The register of JBNQA beneficiaries obtained from the Makivik Corporation included people who were either deceased or who no longer lived in the listed home community.

Recommendation: before proceeding to select a sample according to this particular survey approach, steps must be taken to ensure that the base list is exhaustive and accurate at the time of data collection.

**Table 14** Comparative table of sampling methods

Method	Advantages	Disadvantages
<b>Household (2004 method)</b>	No need to have an exhaustive list of individuals in the population > A list of households is easier to obtain and update	The sampling plan is more complex; multistage sampling Cluster effect if the sample includes individuals from the same household. Variability can be underestimated
	Facilitates collection methods; the primary sampling units are dwellings that are spatially fixed	More difficult to obtain a sample according to individual characteristics, i.e., to control the number of sampled persons of a given sex or age group
	Exhaustive list of individuals living in dwellings sampled at first-stage sampling	Two sources of non-response: household and individuals. If the household refuses, all individuals in this household become non-respondents
<b>Individual (2017 method)</b>	Simplifies the sampling plan; it is close to simple random sampling (SRS)	Obtaining an up-to-date list of individuals is not always possible
	Makes it possible to create sampling strata according to the characteristics of individuals: sex and age	Difficulty in contacting or meeting up with the individuals in the sample; people may move and be absent at the time of data collection.
	Ideal for following a cohort from the previous survey	

### Promotional campaign

Very few participants were aware of the health survey when the recruitment team arrived in the communities. In the future, more time and effort should be dedicated to promotional activities ahead of data collection.

## 10.2 DATA COLLECTION PHASE

### Recruitment of participants

The main problem encountered during data collection involved the recruitment of participants. Initially, recruitment teams were to travel to communities two or three days prior to the arrival of the ship. Logistical problems (e.g., transportation, weather) made it impossible to achieve that objective and, in some cases, these teams had only one day to recruit the first participants from the communities visited by the ship. In addition, in order to respect the random nature of the sample of participants, the people responsible for recruitment had to follow

specific guidelines (see Appendix C.4). The insufficient time allotted to this phase of recruitment, coupled with the difficulty of reaching people in the first sample, forced the teams to use the replacement samples from the very start, considering that they had to set appointments with a predefined quota of participants per day of data collection. Even after broadcasting appeals to everyone in the community via the radio and social media to come check whether their name was included in the sample lists, quotas failed to be met, particularly among people aged 16 to 30 years (see Table 6). This problem had a significant impact on the response rate. It also threw open to question not only the random character of the final survey sample, obviously, but also the total number of participants in the survey (1,326 instead of the 2,000 anticipated).

There are many possible explanations for the difficulty of reaching the targeted participants and, occasionally, the withdrawal of participants from the survey altogether: hunting, fishing or berry-picking season; inability to find a babysitter; lack of understanding of the importance of the health survey; scepticism regarding the relevance of the results; perceptions that it would take too long (four hours); etc.



Recommendation: plan on having additional teams of recruiters and, above all, allow more time for recruitment – e.g., three or four days prior to the arrival of the ship. Also plan on having Inuit and non-Inuit recruiters with experience of the context and difficulties associated with Nunavik and who, ideally, would hail from each community. For instance, there would be a local recruiter in Kuujuarapik, another in Inukjuak. There is some risk the task of finding these recruiters would complicate the logistics of a future survey, but such a measure would be ideal for obtaining a higher response rate.

Some recommendations regarding the recruitment of participants were identified: 1) to establish a groundwork team before recruitment efforts so that key people can be hired and trained in the field and thus become very familiar with the area before the arrival of the survey team; 2) to provide a list of reasons and justifications when soliciting participants and emphasize the importance of the health survey; and 3) to make the most of social networks and postings in public places in order to reach and provide information to Nunavimmiut about the importance of their participation.

### **The logistical problem of conducting a survey on board a ship anchored offshore from the communities being visited**

The *Amundsen* was used for data collection and was set to visit the 14 communities following a relatively tight schedule in order to secure the participation of 2,000 people living in these communities. The ship was anchored offshore from each community and barges were to be used to carry participants on board. However, a number of glitches occurred, including:

- Weather-related problems caused delays in operations, particularly in the morning in the case of six scheduled data collection days, and in the worst case, prevented data collection for an entire day in Kuujuuaq (winds of 110 km/h registered on October 1, 2017).
- When waves and tides prevented the use of barges, a helicopter was used to transport people to the ship. This was not an optimal means of transportation; it was primarily used in Ungava.
- The ship was called away on a rescue operation in Nunavut on September 4 and 5, thus shortening data collection.

### **Questionnaire process**

The interviewers highlighted some difficulties with the questionnaires. For example, some transitions between questions were not fluid, some questions were intrusive, and workers felt uncomfortable asking the questions or

were upset by the responses. The language barrier was also a major issue: the wording was overly academic and employed abstract concepts; the translation was faulty or unclear. Since there are differences in language between both coasts, it was noted by several Inuit interviewers and participants afterward that the translation was more Hudson oriented and had some limits in this sense.

Some people were also concerned about the effect of the questionnaires on families and the well-being of other family members. The length of the questionnaires was also challenging. One recommendation is that the appropriate people from the community should be involved in the planning process as well as in the development and the administration of the survey questionnaires. It would also be essential to provide psychological support for participants to investigate their feelings after they answer very personal questions and to allow them to unburden themselves in a confidential setting following the health survey.

### **The use of computers to administer the questionnaire**

Networked laptop computers made it possible to avoid entering data by hand. However, a number of problems appeared in connection with the questionnaire, whenever the network failed to be detected. The connection in some of the office spaces set aside for interviews was prone to interruptions, thus further reducing the number of already limited spaces available for interviewers. The problems associated with this situation were solved thanks to a computer technician on board the ship. In the case of interviewers who were less familiar with computers, the use of these laptops complicated the task of administering the questionnaire, in addition to making administration a lengthier process. The questionnaire administration software made no provision for the use of Inuktitut, thus requiring Inuit interviewers to read the question aloud in Inuktitut from a print-out and then enter the answers in English into the laptop. This approach may have generated some data entry errors.

### **Survey staff support**

There appears to be a general need for professionals dedicated to the psychological support of the survey staff. It has been suggested that a dedicated professional resource be provided to support staff members; devote part of the pre-health survey training to the recognition of some signs and symptoms of fatigue, distress or other conditions; and warn staff about potential impacts.

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**APPENDIX**





# Nunavik Inuit Health Survey-2017. Qanuilirpitaa 2017 – How are we now?

## IDENTIFICATION SHEET Q2017

Consent form signed: yes no

Date : **2017**                
          year           month           day

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name (if app.): \_\_\_\_\_

House # and street: \_\_\_\_\_

P.O. box: \_\_\_\_\_

Community: \_\_\_\_\_

Telephone home: **(819)** |    |

Telephone work: **(819)** |    |

Birthday:    |   |        Age: \_\_\_\_\_  
*If 15 years old and under should not be included*

Female

Male

Ethnic origin: Inuit \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

Email and Facebook addresses: \_\_\_\_\_

Medical insurance number (RAMQ) : \_\_\_\_\_

Medical file number: \_\_\_\_\_



# Nunavik Inuit Health Survey-2017. Qanuilirpitaa 2017 – How are we now?

## IDENTIFICATION SHEET Q2017

Consent form signed: yes no

Date : **2017**                
          year           month           day

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name (if app.): \_\_\_\_\_

House # and street: \_\_\_\_\_

P.O. box: \_\_\_\_\_

Community: \_\_\_\_\_

Telephone home: **(819)** |    |

Telephone work: **(819)** |    |

Birthday:    |   |        Age: \_\_\_\_\_  
*If 15 years old and under should not be included*

Female

Male

Ethnic origin: Inuit \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

Email and Facebook addresses: \_\_\_\_\_

Medical insurance number (RAMQ) : \_\_\_\_\_

Medical file number: \_\_\_\_\_



Q17 -

Int No

Psychosocial interview

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INSTRUCTIONS TO BE READ BY THE INTERVIEWER

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During this interview, we will be asking you general questions on your housing and your family relationships as well as questions about your well-being, your behaviours, your consumption of various substances and about important events that you have experienced during childhood and as an adult. Some questions are very personal. You can choose to skip some questions or stop answering this questionnaire at any time.

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All the information you give us is kept confidential; We will not tell anyone anything you tell us. If you have difficulty understanding any questions, do not hesitate to ask us.

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Most of the questions we are asking you have many answers you can choose from. Select the one that is the most appropriate for you. There are no good or bad answers.

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Q17 -

Int No

Psychosocial interview

2. ንግዳላትን ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ፡		2. How strongly do you agree with the following statements:					DK/ NR/R
		1- Strongly agree ጥሩ ሆኖ ማለፍ ጥሩ	2- Agree ጥሩ ነው	3-Neither agree nor disagree ርቀት ላይ ሌላ ሌላ	4- Disagree ጥሩ ሳይሆን	5-Strongly disagree ጥሩ ሳይሆን ጥሩ	
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ፣ ሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	a) I feel most comfortable around other Inuit, even if they are not from my community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	b) The fact that I am an Inuk is an important part of my identity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	c) I feel comfortable in places where there are lots of non-Inuit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	d) Going on the land is an important part of my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	e) I believe that sharing is an important Inuit value	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	f) To express myself in Inuktitut is an important part of my identity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	g) I feel connected to other aboriginal peoples in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	h) I am proud to be an Inuk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ገ) ለሌሎች ሰው ለመገናኘት ጥሩ ሆኖ ማለፍ ጥሩ ነው	i) I believe that things were better for Inuit long ago (before life in settlement-taitsumani)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99





Q17 -

Int No

Psychosocial interview

4. ᐱᓕᓕᓐᓂ, ᐅᓂᓂᓐ ᐱᓂᐱᓐ ᐱᓕᓕᓐᓂ? ᐱᓕᓕᓐᓂᓐ  
ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ  
(ᐅᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ)

- 1- ᐱ
- 2- ᐱᓂᓂ
- 99- ᐅᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ

5. ᐱᓂᓂᓐ, ᐅᓂᓂᓐ ᐱᓂᐱᓐ ᐱᓕᓕᓐᓂ? ᐱᓕᓕᓐᓂᓐ  
(ᐱᓕᓕᓐ ᐅᓂᓂᓐ ᐱᓂᓂᓐ)

- 1- ᐱᓂᓂᓐ ᐱᓂᓂᓐ
- 2- ᐱᓂᓂᓐ ᐱᓂᓂᓐ
- 3- 10-20 ᐱᓂᓂᓐ ᐱᓂᓂᓐ
- 4- ᐱᓂᓂᓐ ᐱᓂᓂᓐ 20ᓂᓐ
- 99- ᐅᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ

6. [6N] ᐱᓂᓂᓐ ᐱᓂᓂᓐ, ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ  
ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ?

- 1- ᐱ
- 2- ᐱᓂᓂ
- 99- ᐅᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ

7. [7N] ᐅᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ  
ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ?

- 1- ᐅᓂᓂᓐ
- 2- ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ
- 3- ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ
- 4- ᐱᓂᓂᓐ ᐱᓂᓂᓐ ᐱᓂᓂᓐ
- 99- ᐅᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ/ᐱᓂᓂᓐ ᐱᓂᓂᓐ

4. Have you ever been a godparent or *sanajik* or *annaqutik* (the person that cuts the umbilical cord of the newborn)?

- 1- Yes
- 2- No
- 99- DK/NR/R

5. In the community you live in, how many people do you consider *ilaginiiq ilagiiniq* (extended family)?

- 1- None
- 2- Less than 10
- 3- Between 10 and 20
- 4- More than 20
- 99- DK/NR/R

6. [6N] When growing up, did you have the chance to watch and learn Inuit skills?

- 1- Yes
- 2- No
- 99- DK/NR/R

7. [7N] How often do you visit or get visited?

- 1- Daily
- 2- A couple of times per week
- 3- A few times per month
- 4- Rarely
- 99- DK/NR/R

**ᐋᐱᑦᓐᓇᓚᓐᓇ ᐋᓂᓴᓴᓐᓇ ᐅᑦᐱᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ**

**There are now a few questions about spirituality**

**8. [7] ᐅᑦᐱᓴᓴᓐᓇ ᐱᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ?**

**8. [7] Do spiritual values play an important role in your life?**

- 1- ᐋ
- 2- ᐋᐅᓴ ᐋᐱᑦᓐᓇ 10ᓴᓴᓐᓇ
- 99- ᓴᐅᓴᓴᓐᓇ/ᓴᐅᓴᓴᓐᓇ/ᓴᐅᓴᓴᓐᓇ ᐋᐱᑦᓐᓇ 10ᓴᓴᓐᓇ

- 1- Yes
- 2- No [Go to Q10](#)
- 99- DK/NR/R [Go to Q10](#)

<b>9. [8] ᐋᑦᓴᓴᓐᓇ, ᓴᐆᑦᓴᓴᓐᓇ ᐅᑦᐱᓴᓴᓐᓇ ᐱᑦᓴᓴᓐᓇ:</b>	<b>9. [8] If yes, to what extent do your spiritual values:</b>						
	<b>1-Not at all</b> ᓴᓴᓴᓐᓇ ᐅᓴᓴᓐᓇ	<b>2-A little</b> ᓴᓴᓴᓐᓇ	<b>3-Moderately</b> ᓴᓴᓴᓐᓇ	<b>4-Quite a bit</b> ᓴᓴᓴᓐᓇ	<b>5-Extremely</b> ᓴᓴᓴᓐᓇ	<b>DK/NR/R</b>	
<b>ᐋ) ᐋᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐅᓴᓴᓴᓐᓇ?</b>	<b>a) Help you to find meaning in your life?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<b>ᐋ) ᓴᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᓴᐅᑦᓴᓴᓐᓇ ᐅᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ?</b>	<b>b) Give you the strength to face everyday difficulties?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<b>ᐋ) ᐋᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐅᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ?</b>	<b>c) Help you to understand the difficulties of life?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

**10. [9] ᐋᑦᓴᓴᓐᓇ 12ᓴᓴᓐᓇ ᐋᓴᓴᓴᓐᓇ, ᓴᓴᓴᓴᓐᓇ ᐋᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ, ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ, ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ, ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ?**

**10. [9] During the past 12 months, not counting events such as weddings or funerals, how often did you participate in religious activities or attend religious services or meetings?**

- 1- ᓴᓴᓴᓴᓐᓇ ᓴᓴᓴᓴᓐᓇ
- 2- ᐋᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ
- 3- ᐋᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ
- 4- ᐋᓴᓴᓴᓐᓇ ᐆᑦᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ ᐆᓴᓴᓴᓐᓇ
- 99- ᓴᐅᓴᓴᓐᓇ/ᓴᐅᓴᓴᓐᓇ/ᓴᐅᓴᓴᓐᓇ

- 1- Never
- 2- One or a few times a year
- 3- One or a few times a month
- 4- One or few times a week
- 99- DK/NR/R



Psychosocial interview

<p>Δ<sup>ε</sup>Λσ<sup>Δ</sup>β<sup>ε</sup>σ<sup>ε</sup>ρ<sup>ε</sup>ν</p>		this way?				DK/ NR/R
		<p>1-All of the time</p> <p>UL<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>2-Most of the time</p> <p>UL<sup>ε</sup>ε<sup>ε</sup>β<sup>ε</sup>β<sup>ε</sup></p> <p>ε<sup>ε</sup></p>	<p>3-Some of the time</p> <p>Δε<sup>ε</sup>ε<sup>ε</sup>σ<sup>ε</sup></p>	<p>4-Rarely or none of the time</p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	
<p>Δ) &lt;ε<sup>ε</sup>Δε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>&lt;ε<sup>ε</sup>Δε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>a) I was bothered by things that usually don't bother me</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) Λε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>Δε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>b) I had trouble keeping my mind on what I was doing</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>c) I felt depressed</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>β) ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>d) I felt that everything I did was an effort</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>σ<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>e) I felt hopeful about the future</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) β<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>f) I felt fearful</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>g) My sleep was restless</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>h) I was happy</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) Δε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>i) I felt lonely</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) "ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p> <p>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>j) I could not "get going"</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>k) I felt bored</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p>ε) Δ<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup>ε<sup>ε</sup></p>	<p>l) I felt lazy</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99



6. [8] ᐃᐻᐅᓂᐳᐱᑦᐳᐱᓂᐅᑦᐱᓂᑦ,

ᐃᑦᐱᓂᐳᐱᑦᐳᐱᓂᐅᑦᐱᓂᑦ ᐃᑦᑲᐱᑦᐳᐱᓂᐅᓂᑦᐱᓂᑦ

1- ᐱᑦᐱᓂᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ 2, ᐳᐱᓂᑦᐱᓂᑦ  
ᑲᓂᑦᐱᓂᑦ.

2- ᐱᑦᐳᐱᓂᐅᓂᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ 2, ᐳᐱᓂᑦᐱᓂᑦ ᑲᓂᑦᐱᓂᑦ.

99- ᑲᓂᐳᐱᑦᐳᐱᓂᐅᑦᐱᓂᑦ/ᐳᐱᓂᐅᑦᐱᓂᑦ/ᐳᐱᓂᐅᑦᐱᓂᑦ  
ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ 2, ᐳᐱᓂᑦᐱᓂᑦ  
ᑲᓂᑦᐱᓂᑦ.

6. [8] When you attempted suicide, did you get emotional support?

1- Yes [Go to PS – Section 2 – Q7](#)

2- No [Go to PS – Section 2 – Q8](#)

99- DK/NR/R [Go to PS – Section 2 – Q8](#)

7. [9] ᐱᑦᐱᓂᑦᐱᓂᑦ, ᐳᐱᓂᐅᑦᐱᓂᑦ?		7. [9] If yes, from whom?		
		ᐱᑦᐱᓂᑦ Yes	ᐱᑦᐳᐱᓂᐅᓂᑦᐱᓂᑦ No	DK/ NR/R
ᐱ) ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ	a) Friends, family or other relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐳᐱᓂᐅᑦᐱᓂᑦ ᑲᓂᑲᐱᑦᐳᐱᓂᐅᓂᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ	b) Community wellness workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᑲᓂᑲᐱᑦᐳᐱᓂᐅᓂᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ	c) Health professionals such as nurses doctors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ	d) A psychologist or social services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ	e) School counsellors or teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ ᐳᐱᓂᐅᑦᐱᓂᑦ	f) A hotline or a website	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐳᐱᓂᐅᑦᐱᓂᑦ	g) Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99











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<p><b>13. [15] ልረብ ልገሊገታሮ ልገላሮጋ ጭገሊነብሮ. ርኅድሜሊ ልጋሙ ልረብሊላሮ፣ ጭገሊነብሮ ጭገሊነብሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ.</b></p>		<p><b>13. [15] Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well.</b></p>				
		<p>1-Very well ልገላሮጋ ገረገሊሊሮ ርኅ</p>	<p>2-Quite well ልገላሮጋ ገረገሊሊሮ</p>	<p>3-Not very well ገረገሊሊሮ ርኅ</p>	<p>4-Not at all ገረገሊሊሮ ርኅ</p>	<p>DK/ NR/R</p>
<p><b>ፈ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>a)</b> There are people in my life that I care about, but who dislike one another</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p><b>ገ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>b)</b> There is a person in my life that needs my help, but whom I don't know how to help</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p><b>ሀ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>c)</b> There is an important person in my life that wants to support me, but who often hurts my feelings instead</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p><b>ገ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>d)</b> There is a person I have to be around almost daily that often criticize me</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p><b>ገ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>e)</b> There are people that make my life difficult because they expect too much care, sharing and support from me</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p><b>ገ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>f)</b> There is a person I care about that expects more of me than I can manage</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
<p><b>ገ) ልገላሮጋ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ ልረብሊላሮ</b></p>	<p><b>g)</b> There is a person usually living in my house that is physically disabled and that regularly needs my help</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99



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15. [17] <b>ᑕᑦᑭᑭᑦ 12ᑦ ᐱᑦᑭᑦᑕᑦ, ᐱᑦᑭᑦᑕᑦ ᑭᑦᑕᑦ, ᑭᑦᑕᑦ ᐱᑦᑭᑦᑕᑦ..</b>		15. [17] <b>In the past 12 months, outside of work or school, how often have you...</b>					DK/ NR/R
		1- Always ᐱᑦᑕᑦ ᑭᑦᑕᑦ ᑭᑦᑕᑦ	2- Often ᐱᑦᑕᑦ ᑭᑦᑕᑦ	3- Sometimes ᐱᑦᑕᑦ	4- Rarely ᑭᑦᑕᑦ ᑭᑦᑕᑦ	5- Never ᑭᑦᑕᑦ ᑭᑦᑕᑦ	
<b>ᐱ)</b> ᐱᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ, ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑭᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ, ᑕᑦᑕᑦᑕᑦᑕᑦ, ᑕᑦᑕᑦᑕᑦᑕᑦ, ᐱᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ?	<b>a)</b> Participated in a cultural, community or sports event such as a festival, dance, feast, Inuit games?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<b>ᐱ)</b> ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ, ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ, ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ?	<b>b)</b> Volunteered for a group, an organization, or community event such as a rescue team, church group, feasts, spring clean-up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<b>ᐱ)</b> ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ?	<b>c)</b> Participated in local committees or board meetings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99



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2. ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

ገንገሥ ገንገሥ

ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

- 1- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ
- 2- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ
- 3- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ
- 4- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ
- 99- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ  
ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

3. ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

ገንገሥ \_\_\_\_\_

- 99- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

ገንገሥ \_\_\_\_\_

- 99- ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ ገንገሥ

2. For those who do not smoke at all at this time

a) Have you ever smoked cigarettes?

- 1- Never smoked Go to PS – Section 3.1 – Q7
- 2- Yes, but not a whole cigarette Go to PS – Section 3.1- Q7
- 3- Yes, at least one cigarette but less than 100 cigarettes (about 4 packs) in your lifetime Go to PS – Section 3.1- Q7
- 4- Yes, at least 100 cigarettes or more (about 4 packs) in your lifetime Go to PS – Section 3.1 - Q4 and then Q5
- 99- DK/NR/R Go to PS – Section 3.1- Q7

3. For those who smoke daily

a) At what age did you smoke your first whole cigarette?

Age \_\_\_\_\_

- 99- DK/NR/R

b) At what age did you begin to smoke cigarettes daily?

Age \_\_\_\_\_

- 99-DK/NR/R



ር) ፍርዖም ስንደባብላለሁ/ጋረዎብላለሁ ጊዜውን ከዓለሉ ጋር ማድረግ ይቻላል?

c) How many cigarettes do you smoke each day now?

ግንዛቤውን ስንደባብላለሁ/ጋረዎብላለሁ \_\_\_\_\_

Number of cigarettes \_\_\_\_\_

99- ግንዛቤውን/ግንዛቤውን/ግንዛቤውን

99- DK/NR/R

**ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል.** **Go to PS – Section 3.1 – Q5**

4. ስንደባብላለሁ/ጋረዎብላለሁ ለጊዜው አንድ ወይንም ሁለት ወይንም ቢሮች ወይንም ከዚህ በላይ ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል?

4. For those who smoke occasionally or smoked at least 100 cigarettes or more (about 4 packs) in your lifetime

ለ) ፍርዖም ስንደባብላለሁ ለጊዜው አንድ ወይንም ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል?

a) At what age did you smoke your first whole cigarette?

ስንደባብላለሁ \_\_\_\_\_

Age \_\_\_\_\_

99- ግንዛቤውን/ግንዛቤውን/ግንዛቤውን

99- DK/NR/R

ሐ) ስንደባብላለሁ ለጊዜው አንድ ወይንም ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል?

b) On the days that you smoke (d), about how many cigarettes do (did) you usually have?

ግንዛቤውን ስንደባብላለሁ/ጋረዎብላለሁ ስንደባብላለሁ \_\_\_\_\_

Number of cigarettes \_\_\_\_\_

99- ግንዛቤውን/ግንዛቤውን/ግንዛቤውን

99- DK/NR/R

ር) ስንደባብላለሁ ለጊዜው አንድ ወይንም ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል?

c) In the past month, about how many days have you smoked one or more cigarettes?

ግንዛቤውን ስንደባብላለሁ/ጋረዎብላለሁ \_\_\_\_\_

Number of days \_\_\_\_\_

99- ግንዛቤውን/ግንዛቤውን/ግንዛቤውን

99- DK/NR/R

ግንዛቤውን ስንደባብላለሁ/ጋረዎብላለሁ ስንደባብላለሁ ስንደባብላለሁ?

d) Have you ever smoked cigarettes daily?

1- አዎ

1- Yes

2- አይደለም ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል.

2- No Go to PS – Section 3.1 - Q5

99- ግንዛቤውን/ግንዛቤውን/ግንዛቤውን ጋራ ክፍል 3.1 - ጋራ ክፍል 5 ይኖራል.

99- DK/NR/R Go to PS – Section 3.1 - Q5

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ሪ) ልዩጥንጥን፣ ሌሎችም ስለሚሰጡት ብሔራዊ ጥንቃቄዎች/ጥንቃቄዎች ምን ያህል ናቸው?

ጥንቃቄዎች \_\_\_\_\_

99- ሌሎችም ስለሚሰጡት/ጥንቃቄዎች/ጥንቃቄዎች

e) If yes, at what age did you begin to smoke cigarettes daily?

Age \_\_\_\_\_

99- DK/NR/R

5. ርዕሰ ጉዳይ 12 ወር ልጅ ጋር ስለሚሰጡት ጥንቃቄዎች ምን ያህል ናቸው? ለጥንቃቄዎች 24-ሰዓት ውስጥ ምን ያህል ናቸው?

1- አይ

2- ሌሎችም ስለሚሰጡት ጥንቃቄዎች - ለጥንቃቄዎች 3.1 - ለጥንቃቄዎች 7 ገጠኛ

99- ሌሎችም ስለሚሰጡት/ጥንቃቄዎች/ጥንቃቄዎች ለጥንቃቄዎች ለጥንቃቄዎች 3.1 - ለጥንቃቄዎች 7 ገጠኛ

5. In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

1- Yes

2- No if no, go to PS – Section 3.1 – Q7

99- DK/NR/R go to PS – Section 3.1 – Q7

6. ምን ያህል ጥንቃቄዎች ስለሚሰጡት ጥንቃቄዎች ምን ያህል ናቸው?	6. When you tried to quit, what method did you use to help you quit?
--	--

	አይ Yes	አይ No	DK/ NR/R
ገ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ገ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ሀ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ለ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ሐ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ከ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ነ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ኑ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ኑ) ሌሎችም ስለሚሰጡት ጥንቃቄዎች	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99









17. [18] ᐃᓂᓐ ᐸᓐᐱᓚᓂᓐ ᓂᓂᓐ  
 ᐃᓚᐸᓐᓂᓂᓐᓂᓐᓂᓐ (ᓂᓂᓐᓂᓐᓂᓐ, ᓂᓂᓐᓂᓐ,  
 ᓂᓂᓐᓂᓐᓂᓐ, ᐸᓐᓂᓐᓂᓐ, ᐸᓐᓂᓐᓂᓐ,  
 ᐸᓐᓂᓐᓂᓐᓂᓐ/ᐸᓐᓂᓐᓂᓐᓂᓐ)?

1- <

2- <>

99- ᓂᓂᓐᓂᓐᓂᓐᓂᓐ/ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ

18. [19] ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐ ᓂᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐ?

1- <

2- <>

99- ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ/ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ

19. [20] ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐ ᓂᓂᓐᓂᓐᓂᓐ ᓂᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ?

1- <

2- <>

99- ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ/ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ

20. [21] ᐃᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ ᐃᓚᐸᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ  
 ᐃᓚᐸᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ?

1- <

2- <>

99- ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ/ᓂᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ

17. [18] Have people ever annoyed you by criticizing  
 your drinking (such as, partner, children, boss, co-  
 workers or friends)?

1- Yes

2- No

99- DK/NR/R

18. [19] Have you ever felt bad or guilty about your  
 drinking?

1- Yes

2- No

99- DK/NR/R

19. [20] Have you ever had a drink first thing in the  
 morning to steady your nerves or get rid of a  
 hangover?

1- Yes

2- No

99- DK/NR/R

20. [21] Have you ever sought any help or treatment  
 for your alcohol or drug use? Include self-help  
 groups and professionals such as doctors, nurses  
 or counselors?

1- Yes

2- No

99- DK/NR/R







Q17 -

Int No

Psychosocial interview

**23. ᑕᓐᓆᓂᑦ 12ᓂᑦ ᐸᓂᓃᓂᑦ, ᐱᓯᐱᐸᑦ**  
**ᐅᓂᑕᓯᐱᐸᑦ ᐅᓂᑦ ᓯᑦ (weed), ᐸᓂᑦ (pot), ᐱᓂᓂᓃᑦ**  
**(marijuana) ᐅᓂᑦ (grass) ᐅᓂᓂᓃᑦ ᓂᓂᓯᓐ**  
**(hashish)?**

- 1- ᑕᐅᓐᓴᐱᓐᓯᑦ
- 2- ᐸᑕᐅᓯᑦᐸᓯᓂ ᐱᓯᐱᐸᓂᓃᓂᑦ
- 3- 3-11 ᐸᑦᓂᓯᓂᑦ ᐸᓂᓃᓂᑦᐱᓂᓃᓂᑦ
- 4- ᐸᑕᐅᓯᑦᐸᓯᓂ ᑕᓐᓆᓂᑦᐱᓂᓃᓂᑦ
- 5- 2-3-ᐸᓂᓃᓂᑦ ᑕᓐᓆᓂᑦᐱᓂᓃᓂᑦ
- 6- ᐸᑕᐅᓯᑦᐸᓯᓂ ᐱᓯᐱᐸᓂᓃᓂᑦ ᐱᓂᓂᓃᓂᑦ
- 7- 3-4 ᐱᓂᓂᓃᓂᑦ ᐱᓂᓂᓃᓂᑦᐱᓂᓃᓂᑦ
- 8- ᓂᓂᓃᓂᑦ ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ
- 99- ᓂᓂᓃᓂᑦ ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ/ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ

**23. In the past 12 months, have you used or tried weed, pot, marijuana, grass or hashish?**

- 1- Never
- 2- Once or twice
- 3- 3 to 11 times a year
- 4- About once a month
- 5- 2 or 3 times a month
- 6- About once or twice a week
- 7- 3 to 4 times a week
- 8- Daily or almost daily
- 99- DK/NR/R

**24. [24N] ᐸᓂᓃᓂᑦ, ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ**  
**ᐸᓂᓃᓂᑦ, ᐸᓂᓃᓂᑦ, ᐸᓂᓃᓂᑦ, ᐸᓂᓃᓂᑦ,**  
**ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ?**

- 1- ᐸ
- 2- ᐸᐅᐅ
- 99- ᓂᓂᓃᓂᑦ ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ/ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ

**24. [24N] In your lifetime, have you tried to get high by sniffing glue, gasoline, propane, or any other solvent?**

- 1- Yes
- 2- No
- 99- DK/NR/R

**25. [25N] ᑕᓐᓆᓂᑦ 12ᓂᑦ ᐸᓂᓃᓂᑦ, ᐱᓂᓂᓃᓂᑦ**  
**ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ**  
**ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ**  
**ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ**  
**ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ (Valium), ᐸᓂᓃᓂᑦ (Ativan),**  
**ᐸᓂᓃᓂᑦ (Xanax), ᐸᓂᓃᓂᑦ (Ritalin), ᐸᓂᓃᓂᑦ**  
**(Concerta), ᐸᓂᓃᓂᑦ (Dilaudid), ᐸᓂᓃᓂᑦ (Codeine),**  
**ᐸᓂᓃᓂᑦ (Oxycontin) ᐸᓂᓃᓂᑦ ᐸᓂᓃᓂᑦ**  
**(Purple drank)?**

- 1- ᐸ
- 2- ᐸᐅᐅ
- 99- ᓂᓂᓃᓂᑦ ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ/ᐸᑕᐅᓯᑦᐸᓯᓂᓂᓃᓂᑦ

**25. [25N] In the past 12 months, have you used or tried prescribed or over-the-counter medications in excess of the directions and any non-medical use such as Valium, Ativan, Xanax, Ritalin, Concerta, Dilaudid, Codeine, Oxycontin or Purple drank?**

- 1- Yes
- 2- No
- 99- DK/NR/R





29. [29N] **ᑭᓄᓪᓗᑖᑎᑦ ᐃᓄᐃᑦ**  
**ᐱᑦᑕᓄᓪᓗᑖᑎᑦᑕᑎᑕᑎᓪᑎᑦ >ᓪᓕᓪᓗᑖᑎᑦ ᐃᐃᑦ, ᐅᑎᐃᐃᓄᓪᓗᑖᑎᑦ**  
**ᑭᓄᓪᓗᑖᑎᑦ ᐱᓪᓗᑖᑎᑦ ᑭᓄᑕᑎᑦ?**
- 1- ᐱᑦᑕᓄᓪᓗᑖᑎᑦ
  - 2- ᐱᑦᑕᓄᓪᓗᑖᑎᑦ
  - 3- ᐱᓪᓗᑖᑎᑦ ᐱᑦᑕᓄᓪᓗᑖᑎᑦ
  - 4- ᐱᑦᑕᓄᓪᓗᑖᑎᑦ
  - 5- ᑭᓄᓪᓗᑖᑎᑦ/ᐱᓪᓗᑖᑎᑦ/ᐱᓪᓗᑖᑎᑦ

29. [29N] How much do you think people risk harming themselves when they smoke weed, marijuana or cannabis on a regular basis?
- 1- No risk
  - 2- Slight risk
  - 3- Moderate risk
  - 4- Great risk
  - 5- DK/NR/R









Psychosocial interview

**36. [46] የኔቶሪሎግ ባድረገጽም ድረገጽ ጋህጋህ ግብይት ላይ ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት**

- 1- ሲሆንም ሳትሆንም
- 2- ርዕሰ ገቢ ሲሆን ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት
- 3- ባድረገጽም ድረገጽ ላይ ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት
- 4- 1 ሰዓት ወይም ባድረገጽም ድረገጽ ላይ ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት
- 5- 3 ሰዓት ወይም 4 ሰዓት ባድረገጽም ድረገጽ ላይ ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት
- 6- 5 ሰዓት ወይም 6 ሰዓት ባድረገጽም ድረገጽ ላይ ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት
- 7- 7 ባድረገጽም ድረገጽ ላይ ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት
- 99- የገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት

**36. [46] About how many hours per day do you usually spend on social media websites such as Facebook, Twitter, either posting or browsing?**

- 1- None
- 2- Visit these websites, but not daily
- 3- Less than 1 hour a day
- 4- 1 to 2 hours a day
- 5- 3 to 4 hours a day
- 6- 5 to 6 hours a day
- 7- 7 or more hours a day
- 99- DK/NR/R

**37. [47] ርዕሰ ገቢ ሲሆን ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት**

**37. [47] In the past 12 months, when you used internet, did you look for information about...**

		አዎ Yes	አይደለም No	DK/ NR/R
<b>A)</b> ርዕሰ ገቢ ሲሆን ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት	<b>a)</b> A specific illness or health problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
<b>B)</b> ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት	<b>b)</b> Life habits such as diet, exercise, smoking or alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
<b>C)</b> ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት ለገቢ ምንም ዓይነት ገቢ ስላት	<b>c)</b> Depression, anxiety, stress, or suicide	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99



### ᐸᐱᐅᒃᓂᓃᓂ 4. ᐃᑦᓂᓃ

### SECTION 4. FAMILY

<p>1. [2] ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂ                  ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ. ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ                  ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ...</p>		<p>1. [2] Listed below are statements about families.                  Please tell us how true each of these statements                  are...</p>				
		<p>1-Very true ᐃᑦᓂᓃᓂ ᓂᓃᓂ</p>	<p>2- Somewhat true ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ</p>	<p>3-Not true ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ</p>	<p>DK/ NR/R</p>	
<p>ᐸ) ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ, ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ</p>	<p>a) In my close family, we really help and support each other</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 99</p>	
<p>ᐸ) ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ, ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ</p>	<p>b) In my close family, we spend a lot of time doing things together at home</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 99</p>	
<p>ᐸ) ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ, ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂ</p>	<p>c) In my close family, we spend a lot of time doing things together on the land</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 99</p>	
<p>ᐸ) ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ, ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂᓃᓂ</p>	<p>d) In my close family, there is a feeling of togetherness</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 99</p>	
<p>ᐸ) ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ, ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂᓃᓂ</p>	<p>e) I am proud to be a part of my family</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 99</p>	
<p>ᐸ) ᐃᑦᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂ, ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂᓃᓂ ᐃᑦᓂᓃᓂᓂᓃᓂᓃᓂᓃᓂᓃᓂᓃᓂ</p>	<p>f) In my close family, we really get along well with each other</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 99</p>	





4. [5] ᐱᓗᓕᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ?  
 (ᐱᓐᓂᐱᓐᓂᐱ ᓐᓂᐱᓐᓂᐱ)  
 1- ᐱᓐᓂᐱᓐᓂᐱ  
 2- ᐱᓐᓂᐱᓐᓂᐱ  
 3- ᐱᓐᓂᐱᓐᓂᐱ  
 99-ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ

4. [5] Did your parents attend a Residential school?  
 (Check all that apply)  
 1- Yes, my mother  
 2- Yes, my father  
 3- No  
 99- DK/NR/R

5. [6] ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ?  
 1- ᐱᓐᓂᐱᓐᓂᐱ  
 2- ᐱᓐᓂᐱᓐᓂᐱ  
 99-ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ

5. [6] Did any of your grandparents or great-grandparents attend a Residential school?  
 1- Yes  
 2- No  
 99- DK/NR/R

ᐱ) ᐱᓐᓂᐱᓐᓂᐱ, ᓐᓂᐱᓐᓂᐱ?  
 ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ: \_\_\_\_\_  
 (8 ᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ)  
 99-ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ

a) If yes, how many of them?  
 Number of great grand-parents and grand-parents: \_\_\_\_\_  
 (Maximum possible =8)  
 99- DK/NR/R

6. [8] ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ?  
 1- ᐱᓐᓂᐱᓐᓂᐱ  
 2- ᐱᓐᓂᐱᓐᓂᐱ  
 99-ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ

6. [8] Have your mother or father ever been in foster care following the intervention of social services?  
 1- Yes  
 2- No  
 99- DK/NR/R

7. [9] ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱᓐᓂᐱ?  
 1- ᐱᓐᓂᐱᓐᓂᐱ  
 2- ᐱᓐᓂᐱᓐᓂᐱ  ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 99-ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ/ᓐᓂᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ  
 ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ ᐱᓐᓂᐱᓐᓂᐱ

7. [9] Have you ever been placed in foster care following the intervention of social services for more than a month?  
 1- Yes  
 2- No  Go to PS – Section 4 – Q9  
 99- DK/NR/R  Go to PS – Section 4 – Q9

Q17 -

Int No

Psychosocial interview

8. [10N] ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ?

8. [10N] If yes, where have you been placed?

		ᐱᑦ Yes	ᐱᑦᑭᑦᑭᑦ No	DK/ NR/R
ᐱ) ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ	a) In a Qallunaat family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ	b) In an Inuit family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

9. [11] ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ... 9. [11] Was your family directly affected by...

		ᐱᑦ Yes	ᐱᑦᑭᑦᑭᑦ No	DK/ NR/R
ᐱ) ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ 1950-1960ᑦ?	a) The sled dog slaughters conducted in the years 1950-1960?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ 1950ᑦ?	b) The forced relocation in the 1950s?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ?	c) The separation of families because of TB (tuberculosis)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

End of block 1 ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ

For interviewer only ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ

End time ᐱᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ/ᐱᑦᑭᑦᑭᑦ: \_\_\_/\_\_\_



Q	1	7	-				
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INT. NO. 

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**Qanuilirpitaa?**

**'ᖃᓄᐃᓕᓐᐱᑕ?**

<p><b>'ᖃᓄᐃᓕᓐᐱᑕ?</b></p> <p><b>ᐃᑕᓕᓕᓕᓐᓱᑕ ᖃᓄᐃᓕᓐᐱᑕ ᐃᓄᓐᓂ ᓄᓇᐃᓐᐱᑕᓂᓂ - 2017</b></p> <p>ᓂᓱᐃᓕ ᖃᓄᐃᓕᓐᐱᑕᓂᓂᓂ ᓂᓱᐃᓕᓐᐱᑕᓂᓂᓂ ᐃᓄᓐᓂ</p>	<p><i>How are we now?</i></p> <p><i>Health Survey of the INUIT of Nunavik – 2017</i></p> <p><b>Physical health and Food security interview Block 2</b></p>
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Completion date ᐃᓱᑕᐃᐱᓂᓂ ᐱᓂᓂᓂᓂ : 17 / \_\_\_ / \_\_\_ Start time ᖃᓄᐃᓕᓐᐱᑕ ᐱᓂᓂᓂᓂ : \_\_\_ / \_\_\_  
y m d h m





በጤንና የጤና ሁኔታዎን

PHYSICAL HEALTH

ራስዎን የሚገመገሙ 1. ለጤንና የጤና ሁኔታዎን

SECTION 1. SELF-RATED PHYSICAL HEALTH

ለጥያቄዎን ለጥያቄዎን ለጥያቄዎን በጥንቃቄ የጤና ሁኔታዎን ለጥያቄዎን ጥያቄዎን ጥያቄዎን Let us start with a few questions on your health in general.

1. ለጤንና የጤና ሁኔታዎን

1. In general, would you say your health is :

- 1- ለጥንቃቄ
2- ለጥንቃቄ
3- ለጥንቃቄ
4- ጥንቃቄ
5- ለጥንቃቄ
99- የጥንቃቄ

- 1- Excellent
2- Very good
3- Good
4- Fair
5- Poor
99-DK/NR/R

2. የጥንቃቄ ሁኔታዎን

2. How well are you able to get around?

- 1- ጥንቃቄ
2- ጥንቃቄ
3- ጥንቃቄ
4- ጥንቃቄ
5- ጥንቃቄ
99- የጥንቃቄ

- 1- Very well
2- Well
3- Neither poor nor well
4- Poor
5- Very poor
99-DK/NR/R

3. ለጥንቃቄ ሁኔታዎን

3. Do you have enough energy for everyday life?

- 1- ጥንቃቄ
2- ጥንቃቄ
3- ጥንቃቄ
4- ጥንቃቄ
5- ጥንቃቄ
99- የጥንቃቄ

- 1- Completely
2- Mostly
3- Moderately
4- A little
5- Not at all
99-DK/NR/R

Q17 -  Int No

Physical health and Food Security (PHFS) interview

4. ፍጹህ ጉዳይ ላይ ለሆኑ ሰው ለሚገኙ ጉዳዮች ምን ያህል ጉዳይ ለማድረግ ለሚገባዎትዎታል?

- 1- ለምንም ዓይነትም
- 2- ጥንቃቄ
- 3- ለምንም ዓይነትም
- 4- ለምንም ዓይነትም
- 5- ለምንም ዓይነትም
- 99- ማጠቃለያ ለማድረግ ለሚገባዎትዎታል ለማጠቃለያ ለማድረግ ለሚገባዎትዎታል

4. To what extent do you feel that physical pain prevents you from doing what you need to do?

- 1- Not at all
- 2- A little
- 3- A moderate amount
- 4- Very much
- 5- An extreme amount
- 99-DK/NR/R

5. ፍጹህ ጉዳይ ላይ ለሆኑ ሰው ለሚገኙ ጉዳዮች ምን ያህል ጉዳይ ለማድረግ ለሚገባዎትዎታል?

- 1- ለምንም ዓይነትም
- 2- ጥንቃቄ
- 3- ለምንም ዓይነትም
- 4- ለምንም ዓይነትም
- 5- ለምንም ዓይነትም
- 99- ማጠቃለያ ለማድረግ ለሚገባዎትዎታል ለማጠቃለያ ለማድረግ ለሚገባዎትዎታል

5. How much do you need any medical treatment to function in your daily life?

- 1- Not at all
- 2- A little
- 3- A moderate amount
- 4- Very much
- 5- An extreme amount
- 99-DK/NR/R

6. ፍጹህ ጉዳይ ላይ ለሆኑ ሰው ለሚገኙ ጉዳዮች ምን ያህል ጉዳይ ለማድረግ ለሚገባዎትዎታል?

- 1- ለምንም ዓይነትም
- 2- ለምንም ዓይነትም
- 3- ለምንም ዓይነትም ለምንም ዓይነትም
- 4- ለምንም ዓይነትም
- 5- ለምንም ዓይነትም
- 99- ማጠቃለያ ለማድረግ ለሚገባዎትዎታል ለማጠቃለያ ለማድረግ ለሚገባዎትዎታል

6. How satisfied are you with your sleep?

- 1- Very satisfied
- 2- Satisfied
- 3- Neither satisfied nor dissatisfied
- 4- Dissatisfied
- 5- Very dissatisfied
- 99-DK/NR/R

Physical health and Food security (PHFS) interview

7. ፍጹህነት ለሥራ ማድረግ ለሚችሉት ልዩ ልዩ ሁኔታዎች ላይ ስንት ጠቃሚ ነው?

- 1- ለጥንቃቄ ነው
- 2- ለጥንቃቄ ነው
- 3- ርቀው ለሥራ ማድረግ ለሚችሉት ሁኔታዎች
- 4- ለጥንቃቄ ነው
- 5- ለጥንቃቄ ነው
- 99- ፍጹህነት ለሥራ ማድረግ ለሚችሉት ሁኔታዎች ላይ ስንት ጠቃሚ ነው

7. How satisfied are you with your ability to perform your daily living activities?

- 1- Very satisfied
- 2- Satisfied
- 3- Neither satisfied nor dissatisfied
- 4- Dissatisfied
- 5- Very dissatisfied
- 99-DK/NR/R

8. ፍጹህነት ለሥራ ማድረግ ለሚችሉት ልዩ ልዩ ሁኔታዎች ላይ ስንት ጠቃሚ ነው?

- 1- ለጥንቃቄ ነው
- 2- ለጥንቃቄ ነው
- 3- ርቀው ለሥራ ማድረግ ለሚችሉት ሁኔታዎች
- 4- ለጥንቃቄ ነው
- 5- ለጥንቃቄ ነው
- 99- ፍጹህነት ለሥራ ማድረግ ለሚችሉት ሁኔታዎች ላይ ስንት ጠቃሚ ነው

8. How satisfied are you with your capacity for work?

- 1- Very satisfied
- 2- Satisfied
- 3- Neither satisfied nor dissatisfied
- 4- Dissatisfied
- 5- Very dissatisfied
- 99-DK/NR/R

**ግንባታ**

9. ለመጨረሻ 7 ቀን ውስጥ ፍጹህነት ለሥራ ማድረግ ለሚችሉት ልዩ ልዩ ሁኔታዎች ላይ ስንት ጠቃሚ ነው?

- \_\_\_\_\_ ሰዓት በቀን
- \_\_\_\_\_ ሰዓት በቀን
- 99- ፍጹህነት ለሥራ ማድረግ ለሚችሉት ሁኔታዎች ላይ ስንት ጠቃሚ ነው

**SEDENTARITY**

9. During the last 7 days, how much time did you spend sitting on a week day?

- \_\_ hours per day
- \_\_\_ minutes per day
- 99-DK/NR/R







### ᐃᐱᐸᓇᓂᓇᓇᓂᓇ 3. ᐃᓂᐳᓄᓇᓇᓂᓇ ᓂᓇᓂᓇᓇᓂᓇ

### SECTION 3.[4] RESPIRATORY HEALTH

ᐃᐱᐳᓄᓇᓇᓂᓇ > ᐃᓂᓇᓂᓇᓇᓂᓇ  
The following questions are about your lung health.

1. ᐃᐱᐳᓄᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇ

1. Do you usually cough when you don't have a cold?

- 1- ᐃᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓂᓇ ᐃᐱᐳᓄᓇᓇᓂᓇ 3 ᐃᐱᐳᓄᓇᓇᓂᓇ 3
- 2- ᐃᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ-ᐃᐱᐳᓄᓇᓇᓂᓇ 3 ᐃᐱᐳᓄᓇᓇᓂᓇ 4
- 99- ᐃᓂᓇᓇᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ-ᐃᐱᐳᓄᓇᓇᓂᓇ 3 ᐃᐱᐳᓄᓇᓇᓂᓇ 4

- 1- Yes go to PHFS – Section 3 -Q2 and Q3
- 2- No go to PHFS – Section 3 -Q4
- 99-DK/NR/R go to PHFS – Section 3 -Q4

2. ᐃᓂᓇᓇᓂᓇ, ᐃᐱᐳᓄᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ  
ᐃᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ

2. If yes, do you cough on most days for as much as three months each year?

- 1- ᐃᓂᓇᓇᓂᓇ
- 2- ᐃᓂᓇᓇᓂᓇ
- 99- ᐃᓂᓇᓇᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ

- 1- Yes
- 2- No
- 99-DK/NR/R

3. ᐃᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇ?

3. For how many years have you had this cough?

- 1- ᐃᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ
- 2- ᐃᓂᓇᓇᓂᓇ 2-5 ᐃᓂᓇᓇᓂᓇᓇᓂᓇ
- 3- ᐃᓂᓇᓇᓂᓇ 5 ᐃᓂᓇᓇᓂᓇᓇᓂᓇ
- 99- ᐃᓂᓇᓇᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ ᐃᓂᓇᓇᓂᓇᓇᓂᓇ

- 1- Less than 2 years
- 2- 2 - 5 years
- 3- More than 5 years
- 99-DK/NR/R

Q17 -  Int No

Physical health and Food Security (PHFS) interview

4. መጥፋት ላይ ሲሆን፣ ማንኛውንም ዓይነት ጭንቀት ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው?

- 1-  ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው -  ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው  3 ለሚያስፈልግበት  5 ምን ዓይነት ጭንቀት ምን ዓይነት ጭንቀት ነው  6 ምን ዓይነት ጭንቀት ምን ዓይነት ጭንቀት ነው
- 2-  ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው -  ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው  3 ለሚያስፈልግበት  7 ምን ዓይነት ጭንቀት ምን ዓይነት ጭንቀት ነው
- 99- ማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው - ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው  ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው  ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው  3 ለሚያስፈልግበት  7 ምን ዓይነት ጭንቀት ምን ዓይነት ጭንቀት ነው

4. When you don't have a cold, do you usually bring up mucus from your chest, or do you usually have mucus in your chest that is difficult to bring up?

- 1- Yes  go to PHFS – Section 3 –Q5 and Q6
- 2- No  go to PHFS – Section 3 –Q7
- 99-DK/NR/R  go to PHFS – Section 3 –Q7

5. አንድ ጭንቀት ላይ ሲሆን፣ ማንኛውንም ዓይነት ጭንቀት ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው?

- 1-
- 2-
- 99- ማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው - ለማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው

5. If yes, do you bring up this mucus on most days for as much as three months each year?

- 1- Yes
- 2- No
- 99-DK/NR/R

6. ማንኛውንም ዓይነት ጭንቀት ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው?

- 1- ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው
- 2- 2-5 ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው
- 3- ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው 5 ለማንኛውም ጭንቀት ምን ዓይነት ጭንቀት ነው ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው
- 99- ማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው - ለማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው

6. For how many years have you had this mucus?

- 1- Less than 2 years
- 2- 2 - 5 years
- 3- More than 5 years
- 99-DK/NR/R

7. ለመጨረሻ 12 ወር፣ ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው?

- 1-
- 2-
- 99- ማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው - ለማንኛውንም ጭንቀት ምን ዓይነት ጭንቀት ነው ለመጣት ለሚችሉት ጭንቀት ምን ዓይነት ጭንቀት ነው

7. In the last 12 months, have you had wheezing or whistling in your chest at any time?

- 1- Yes
- 2- No
- 99-DK/NR/R



Physical health and Food security (PHFS) interview

8. ᐱᑦᑲᑦᐅᐅᑦᐅᑦᐅᑦ ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᐃᐅᑦᐅᑦ  
 ᐅᐅᐅᑦᐅᐅᑦᐅᑦ ᐱᑦᑲᑦᐅᐅᑦᐅᑦ ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ  
 ᐃᐱᑦᐅᐅᑦᐅᑦᐅᑦ ᐅᑦᐅᑦᐅᑦᐅᑦ ᐅᑦᐅᑦᐅᑦᐅᑦᐅᑦ  
 ᐅᐅᑦᐅᑦᐅᑦᐅᑦ ᐅᑦᐅᑦᐅᑦᐅᑦᐅᑦ ᐱᑦᐱᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦᐱᑦ  
 ᐱᑦᑲᑦᐅᐅᑦᐅᑦᐅᑦ  
 1- ᐅᑦ  
 2- ᐅᐅᑦ  
 99- ᐅᐅᐅᑦᐅᑦᐅᑦᐅᑦ-ᐅᐅᐅᑦᐅᑦᐅᑦᐅᑦ-  
 ᐅᐅᑦᐅᑦᐅᑦᐅᑦ

8. I walk slower than people of the same age on the level because of breathlessness or I have to stop for breath when walking at my own pace on the level
- 1- Yes  
 2- No  
 99-DK/NR/R

Q17 -  Int No

Physical health and Food Security (PHFS) interview

**ᐃᐱᑦᐅᑦᑲᑦ 4. ᑲᓂᓃᑦ**

**SECTION 4.[5] ORAL HEALTH**

**ᑲᓂᐃᓐᓐᑲᑦᑲᑦ**

ᐃᐱᑦᐅᑦᑲᑦ ᐅᑦᑲᑦᑲᑦ ᑲᓂᓃᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ.	The following questions concern your oral health.
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1. ᐃᓗᓐᓐᑲᑦ ᑲᓂᓃᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᑦᑲᑦᑲᑦ...

- 1- ᐱᐅᑦᑲᑦᑲᑦ
- 2- ᐱᐅᑦᑲᑦ
- 3- ᐱᐅᑦᑲᑦ
- 4- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ
- 5- ᐱᐅᑦᑲᑦᑲᑦ
- 99- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ-ᐅᐅᑦᑲᑦᑲᑦ-ᐅᐅᑦᑲᑦᑲᑦ

1. In general, would you say the health of your mouth is...

- 1- Excellent
- 2- Very good
- 3- Good
- 4- Fair
- 5- Poor
- 99-DK/NR/R

2. ᐃᓗᓐᓐᑲᑦ ᑲᓂᓃᑦ 12ᓂᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᐃᑲᑦᑲᑦᑲᑦ ᑲᓂᓃᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ?

- 1- ᐃᑲᑦᑲᑦᑲᑦ
- 2- ᐃᑲᑦᑲᑦ
- 3- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ
- 4- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ
- 99- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ-ᐅᐅᑦᑲᑦᑲᑦ-ᐅᐅᑦᑲᑦᑲᑦ

2. In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth?

- 1- Often
- 2- Sometimes
- 3- Rarely
- 4- Never
- 99-DK/NR/R

3. ᐃᓗᓐᓐᑲᑦ ᑲᓂᓃᑦ 12ᓂᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ?

- 1- ᐃᑲᑦᑲᑦᑲᑦ
- 2- ᐃᑲᑦᑲᑦ
- 3- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ
- 4- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ
- 99- ᑲᓂᐃᓐᓐᑲᑦᑲᑦ-ᐅᐅᑦᑲᑦᑲᑦ-ᐅᐅᑦᑲᑦᑲᑦ

3. In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth?

- 1- Often
- 2- Sometimes
- 3- Rarely
- 4- Never
- 99-DK/NR/R

4. ᐃᓗᓐᓐᑲᑦ ᑲᓂᓃᑦ 12ᓂᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ ᑲᓂᐃᓐᓐᑲᑦᑲᑦ?

4. During the past 12 months, how often have you had painful aching anywhere in your mouth?

Physical health and Food security (PHFS) interview

ᐅᖃᐅᓐᓇᖅᓂᓐ...

- 1- ᐱᐅᐅᓐᓇᖅᓂᓐ
- 2- ᐃᓂᓐᓂ
- 3- ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ
- 4- ᓂᓐᓇᖅᓂᓐ
- 99- ᖃᐅᐅᓐᓇᖅᓂᓐ-ᐅᓐᓇᖅᓂᓐ-ᐅᓐᓇᖅᓂᓐ

Would you say...

- 1- Often
- 2- Sometimes
- 3- Rarely
- 4- Never
- 99-DK/NR/R

5. ᐱᓂᐱᓂ ᐱᓂᓐᓂᓐᓂᓐᓂᓐ  
 ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ  
 ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ  
 ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ  
 ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ

- 1- ᖃᐅᐅᓐᓇᖅᓂᓐ
- 2- ᐱᓂᓐᓂᓐ
- 3- ᐱᓂᓐᓂᓐ
- 4- ᐱᓂᓐᓂᓐ
- 5- ᓂᓐᓇᖅᓂᓐ
- 99- ᖃᐅᐅᓐᓇᖅᓂᓐ-ᐅᓐᓇᖅᓂᓐ-ᐅᓐᓇᖅᓂᓐ

5. Now a question about your regular dental care habits. How often do you usually brush your teeth and/or dentures?

- 1- Daily
- 2- Weekly
- 3- Monthly
- 4- Yearly
- 5- Never
- 99-DK/NR/R

6. ᖃᓐᓂ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ ᐅᓐᓇᖅᓂᓐ

- 1- ᐱᓂᓐᓂᓐ ᐅᓐᓇᖅᓂᓐ
- 2- ᐱᓂᓐᓂᓐ 1 ᐅᓐᓇᖅᓂᓐ
- 3- ᐱᓂᓐᓂᓐ 3 ᐅᓐᓇᖅᓂᓐ
- 4- ᐱᓂᓐᓂᓐ ᐅᓐᓇᖅᓂᓐ
- 99- ᖃᐅᐅᓐᓇᖅᓂᓐ-ᐅᓐᓇᖅᓂᓐ-ᐅᓐᓇᖅᓂᓐ

6. When was the last time you saw a dental professional?

- 1- Less than a year ago
- 2- 1 to 3 years ago
- 3- More than 3 years ago
- 4- Never saw a dental professional
- 99-DK/NR/R

Q17 -  Int No

Physical health and Food Security (PHFS) interview

**ᐃᐱᑦᐅᐱᑦᐅ 5. [6] ᐅᐱᑦᐅᐱᑦᐅ**  
**ᐅᐱᑦᐅᐱᑦᐅ ᑦᐅᐱᑦᐅᐱᑦᐅ**

**SECTION 5. [6] ZOONOSIS**

**ᐃᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐃᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ.**      **The following questions refer to human health and interactions with animals.**

**1. ᐃᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ 12ᐅᐱᑦᐅ, ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ:**

**1. In the last 12 months, have you ever been bitten or scratched by:**

a) ᑦᐅᐱᑦᐅᐱᑦᐅ?

a) A dog?

1- ᐃᑦ

1- Yes

2- ᐃᐅᐅ

2- No

99- ᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ-ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ

99-DK/NR/R

b) ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ (ᐃᐱᑦᐅᐱᑦᐅ, ᐱᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐃᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ)?

b) A wild animal (wolf, fox or bear)?

1- ᐃᑦ

1- Yes

2- ᐃᐅᐅ

2- No

99- ᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ-ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ ᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅᐱᑦᐅ

99-DK/NR/R



Q17 -  Int No

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4. ᖃᓕᓯᓂᓕ ᐅᓕᓗᓂᓕ ᓯᓂᓕᖃᓕᓂᓕᓯᓂᓕ ᓂᓕᓴᓴᓗ/  
ᐅᓕᓴᓴᓂᓕ ᓂᓂᓕᓴᓴᓂᓕ ᓯᓂᓕᓴᓴᓂᓕ?

\_\_\_\_\_ ᐅᓕᓴᓴᓂᓕ

99- ᖃᐅᓴᓴᓂᓕᓴᓴᓂᓕ-ᓯᓂᓕᓴᓴᓂᓕ-  
ᓯᓂᓕᓴᓴᓂᓕ

4. How many days did your episode of vomiting  
and/or diarrhea last?

\_\_\_\_\_ days

99-DK/NR/R



Q17 -  Int No

Physical health and Food Security (PHFS) interview

3. [3N] ፍጥረት ለመጠቀም ስለተገኘህ?

- 1- አይ
- 2- አዎ  ለምን ለመጠቀም ስለተገኘህ?  ለምን ለመጠቀም ስለተገኘህ?  ለምን ለመጠቀም ስለተገኘህ?
- 99- ሌላ ምንጭ ለመጠቀም ስለተገኘህ?  ለምን ለመጠቀም ስለተገኘህ?  ለምን ለመጠቀም ስለተገኘህ?

3. [3N] Are you the one who use the firearm?

- 1- Yes
- 2- No **Go to PHFS – Section 7 –Q7**
- 99-DK/NR/R **Go to PHFS – Section 7 –Q7**

4. [2] ለምን ለመጠቀም ስለተገኘህ? (ፍጥረት ለመጠቀም ስለተገኘህ? ለምን ለመጠቀም ስለተገኘህ?)

4. [2] Do you use any of the following types of ammunition for hunting?  
(INSTRUCTIONS : the interviewer shows the pictures of ammunition to the participant)

		Yes አ	No አይ	DK/ NR/R
ሀ) ለምን ለመጠቀም ስለተገኘህ?	a) Bullets (with lead)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ለ) ለምን ለመጠቀም ስለተገኘህ?	b) Bullets (without lead, ex. Copper)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ሐ) ለምን ለመጠቀም ስለተገኘህ?	c) Lead shot for shotguns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ከ) ለምን ለመጠቀም ስለተገኘህ?	d) Unleaded shot (steel, etc.) for shotguns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
መ) ለምን ለመጠቀም ስለተገኘህ?	e) Lead slug (with one lead bullet) for shotguns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ሠ) ለምን ለመጠቀም ስለተገኘህ?	f) Unleaded slug (with one steel bullet, etc.) for shotguns	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99





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Physical health and Food Security (PHFS) interview

7. ᐸᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ 12ᐅᐅᐅ, ᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅ, ᐅᐅᐅᐅᐅᐅᐅᐅ, ᐅᐅᐅᐅᐅᐅᐅ, ᐅᐅᐅᐅᐅᐅᐅᐅ?		7. <u>In the past 12 months</u> , how many of the following animals did you prepare such as skinning, washing, cutting, etc.?					
		None ᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ	1 - 2	3 - 9	10 - 29	More than 30 ᐅᐅᐅᐅᐅᐅ	DK/ NR/R
ᐅ) ᐅᐅᐅᐅᐅᐅᐅ	a) Wild Birds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐅ) ᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅ	b) Caribou or muskox	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐅ) ᐅᐅᐅᐅᐅᐅᐅᐅ, ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅᐅ	c) Fox, wolves or dogs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐅ) ᐅᐅᐅᐅᐅ ᐅᐅᐅᐅ	d) Bear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐅ) ᐅᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ (ᐅᐅᐅᐅᐅ, ᐅᐅᐅᐅᐅᐅ, ᐅᐅᐅᐅᐅ)	e) Sea mammals (seals, whales, walrus)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

8. [8N] ᐅᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ  
ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ  
ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ?

1- ᐅᐅ

2- ᐅᐅᐅᐅ

99-ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ

8. [8N] Have you heard about the concern related to  
the use of lead shot for hunting game in Nunavik?

1- Yes

2- No

99-DK/NR/R

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9. [8] ᐱᓚᐅᓇᓂᓚᓂᓂᐅᓂᓂ 12ᓂᓂ, ᑲᑦᓯᐱᑦᓰᓂᓂ, ᐱᑲᑦᑲᑦᐱᓂᐅᓂᓂ?		9. [8] In the past 12 months, on average, how often did you go fishing?				
		1. Never ᐱᐅᓂᓂᓂ ᐅᓂᓂᓂ	2. Less than once a month ᐱᓚᐅᓂᓂᓂ ᓂᐅᓂᓂ ᐱᓂᓂᓂ ᐅᓂᓂᓂᓂ ᓂᐅᓂᓂᓂ ᓂᐅᓂᓂᓂ ᓂᐅᓂᓂᓂ ᓂᐅᓂᓂᓂ	3. 1 to 3 days per month 1ᓂ 3ᓂᓂ ᐅᓂᓂᓂᓂ ᓂᐅᓂᓂᓂ ᓂᐅᓂᓂᓂ	4. Once a week or more ᐱᓚᐅᓂᓂ ᐱᓂᓂᓂ ᐅᓂᓂᓂᓂᓂ ᐅᓂᓂᓂᓂ ᐅᓂᓂᓂᓂ	DK/ NR/R
ᐱ) ᐅᐱᓂᓂᓂᓂ	a) Spring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
ᐱ) ᐅᐱᓂᓂᓂᓂ (ᐱᓂᓂᓂᓂ)	b) Summer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
ᐱ) ᐅᐅᓂᓂᓂ	c) Fall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
ᐱ) ᐅᐅᓂᓂᓂ	d) Winter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99

10. [9] ᐱᓚᐅᓂᓂᓂ ᓂᐅᓂᓂᓂ 12ᓂᓂ, ᓂᓂᓂᓂᓂᓂᓂᓂ, ᑲᑦᓯᐱᑦᓰᓂᓂ ᓂᓂᓂᓂᓂᓂᓂᓂ ᓂᓂᓂᓂᓂᓂ?		10. [9] In the past 12 months, during berry picking season, how often did you go picking berries?			
Never ᐱᐅᓂᓂᓂ ᐅᓂᓂᓂᓂ	Less than once a month ᐱᓚᐅᓂᓂᓂᓂ ᐱᓂᓂᓂᓂ ᓂᐅᓂᓂᓂᓂ ᓂᐅᓂᓂᓂᓂ	1 to 3 days per month 1ᓂ 3ᓂᓂ ᐅᓂᓂᓂᓂ ᓂᐅᓂᓂᓂ ᓂᐅᓂᓂᓂ	Once a week or more ᐱᓚᐅᓂᓂᓂᓂ ᐱᓂᓂᓂᓂ ᐱᓚᐅᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂ	DK/ NR/R	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	









Q17 -  Int No

Physical health and Food Security (PHFS) interview

3. [3N] **ከግብርናዎ ጋር የተያያዘው ግብርናዎ ለምን ለመጨመር ጥሩ ጥሩ ነው?**

- 1- ለምንም ዓይነትም
- 2- ለአንድ ጊዜ
- 3- ለተደጋጋሚ ጊዜ
- 99- የልዩ ጥያቄ ለመስጠት ይጠቀሙ

3. [3N] How often did it happen that the food in your house just didn't last and you didn't have resources to get more?

- 1- Never
- 2- Sometimes
- 3- Often
- 99-DK/NR/R

4. [4N] **የግብርናዎ ጋር የተያያዘው ግብርናዎ ለምን ለመጨመር ጥሩ ጥሩ ነው?**

- 1- ለምንም ዓይነትም
- 2- ለአንድ ጊዜ
- 3- ለተደጋጋሚ ጊዜ
- 99- የልዩ ጥያቄ ለመስጠት ይጠቀሙ

4. [4N] How often were you not able to eat healthy foods because you didn't have resources to get them?

- 1- Never
- 2- Sometimes
- 3- Often
- 99-DK/NR/R

5. [5N] **የግብርናዎ ለመጨመር ጥሩ ጥሩ ነው ለምን?**

- 1- አይደለም
- 2- አልተደጋጋሙም  ለምንም ዓይነትም
- 99- የልዩ ጥያቄ ለመስጠት ይጠቀሙ  ለምንም ዓይነትም

5. [5N] Did you ever cut the size of your meals or skip meals because you didn't have resources to get food?

- 1- Yes
- 2- No  Go to Q6
- 99-DK/NR/R  go to PHFS –Section 9 – Q6

5a. **የግብርናዎ ለመጨመር ጥሩ ጥሩ ነው ለምን?**

- 1- 1 ለወር ወይንም 2 ለወሮች ለአንድ ወር ወይንም
- 2- ለአንድ ወር ወይንም ለአንድ ወር ወይንም ለአንድ ወር ወይንም
- 3- ለተደጋጋሚ ጊዜ
- 99- የልዩ ጥያቄ ለመስጠት ይጠቀሙ

5b. How often did this happen?

- 1- Only 1 or 2 months
- 2- Some months but not every month
- 3- Almost every month
- 99-DK/NR/R

6. [6N] **የግብርናዎ ለመጨመር ጥሩ ጥሩ ነው ለምን?**

- 1- አይደለም
- 2- አልተደጋጋሙም
- 99- የልዩ ጥያቄ ለመስጠት ይጠቀሙ

6. [6N] Did you ever eat less than you felt you should because you didn't have resources to get food?

- 1- Yes
- 2- No
- 99-DK/NR/R



Physical health and Food security (PHFS) interview

7. [7N] ስርገብ ስላለህ ምን ምክንያት ምላሽ አልሰጥህም?

- 1- አይ
- 2- አይደለም
- 99- ምንም ዓይነት ምላሽ ሳያስገኝም - ምንም ዓይነት ምላሽ ሳያስገኝም

8. [8N] ስራህን ለማግኘት ምን ምክንያት ምላሽ አልሰጥህም?

- 1- አይ
- 2- አይደለም
- 99- ምንም ዓይነት ምላሽ ሳያስገኝም - ምንም ዓይነት ምላሽ ሳያስገኝም

9. [9N] ምንም ዓይነት ስራ ስላልሰጥህ ምን ምክንያት ምላሽ አልሰጥህም?

- 1- አይ
- 2- አይደለም ገቢ ስለሌላኝ 10 ታሪክ
- 99- ምንም ዓይነት ምላሽ ሳያስገኝም - ምንም ዓይነት ምላሽ ሳያስገኝም  
ገቢ ስለሌላኝ ምክንያት ምላሽ ሳያስገኝም -  
ገቢ ስለሌላኝ ምክንያት ምላሽ ሳያስገኝም 9 ገቢ ስለሌላኝ 10 ታሪክ

9a. ምን ምክንያት ምላሽ አልሰጥህም?

- 1- ገቢ ስለሌላኝ ምክንያት ምላሽ አልሰጥህም
- 2- ለምንም ዓይነት ምክንያት ምላሽ አልሰጥህም
- 3- ለምንም ዓይነት ምክንያት ምላሽ አልሰጥህም
- 99- ምንም ዓይነት ምላሽ ሳያስገኝም - ምንም ዓይነት ምላሽ ሳያስገኝም

7. [7N] Were you ever hungry but didn't eat because you didn't have resources to get food?

- 1- Yes
- 2- No
- 99-DK/NR/R

8. [8N] Did you lose weight because you didn't have resources to get food?

- 1- Yes
- 2- No
- 99-DK/NR/R

9. [9N] Did you ever not eat for a whole day because you didn't have resources to get food?

- 1- Yes
- 2- No Go to Q10
- 99-DK/NR/R go to PHFS –Section 9 – Q10

9b. How often did this happen?

- 1- Only 1 or 2 months
- 2- Some months but not every month
- 3- Almost every month
- 99-DK/NR/R





Q17 -  Int No

Physical health and Food Security (PHFS) interview

**ᐃᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᐅᑦᑕᑕᑕᑦᐱᑦᐱᑦ  
(ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᐅᑦᑕᑕᑕᑦᐱᑦᐱᑦ) ᑦᐱᑦᐱᑦ?**

- 1- 0
- 2- 1 ᐅᑦᑕᑕᑕᑦᐱᑦ 2
- 3- ᐱᑦᐱᑦᐱᑦᐱᑦ 3 ᐱᑦᐱᑦ 9
- 4- 10ᐱᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ
- 99- ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ-ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ  
ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ

**households have you received (shared or been given) food from?**

- 1- 0
- 2- 1 or 2
- 3- Between 3 and 9
- 4- 10-or more
- 99-DK/NR/R

**14. [27] ᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᐅᑦᑕᑕᑕᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ  
ᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ? (ᐱᑦᐱᑦ  
ᐱᑦᐱᑦᐱᑦᐱᑦ)**

- 1- ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ
- 2- ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦᐱᑦ
- 3- ᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ
- 99- ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ-ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ  
ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ

**14. [27] Which of the following represents your preference between store bought foods and country foods? (choose one):**

- 1- I prefer store bought foods
- 2- A mix of both is preferred
- 3- I prefer country foods
- 99-DK/NR/R

For interviewer only

ᐱᑦᐱᑦᐱᑦᐱᑦᐱᑦ ᐱᑦᐱᑦᐱᑦ

End time ᐱᑦᐱᑦᐱᑦᐱᑦ: \_\_\_/\_\_\_  
h m











ᐸᐱᑦᐸᐱᑦ ᐱᑦᐸᐱᑦ 5.2  
 ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ  
 ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ (ᐸᐱᑦᐸᐱᑦ 18ᑦᐸᑦ  
 ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ)

SECTION 5.2. ADVERSE EXPERIENCE  
 DURING ADULTHOOD (ADULTS: 18 YRS  
 AND +)

ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ	The next questions are about certain things you may have experienced as an adult.
---	---

2. ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ?	2. Have you <u>as an adult</u> ever been subjected to one or more of the following forms of violence?
--	---

	ᐸᐱᑦᐸᐱᑦ Yes	ᐸᐱᑦᐸᐱᑦ No	DK/ NR/R
ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ (ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ ᐸᐱᑦᐸᐱᑦ	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99











Psychosocial interview

12. [14] ᑕᑦᑭᑦᑭᑦ ᑭᑦᑭᑦᑭᑦ		12. [14] What are these people's relationships to you?		
		ᐱ	ᐱᑭᑦ	DK/ NR/R
		Yes	No	
ᐱ) ᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	a) Close family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	b) Other relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
ᐱ) ᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ (ᐱᑭᑦᑭᑦ)	c) Neighbour or friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
b) ᐱᑭᑦᑭᑦ	d) Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

13. [15] ᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ		13. [15] To what extent do you agree to the next following statements?					DK/ NR/R
ᐱᑭᑦᑭᑦᑭᑦ		1.Strongly agree	2. Agree	3. Neither agree nor disagree	4. Disagree	5. Strongly disagree	
		ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ ᐱᑭᑦᑭᑦ	
ᐱ) ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ	a) Health services are sensitive to Inuit elders' realities and needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐱ) ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ	b) Social services are sensitive to Inuit elders' realities and needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

14. [16] 55ᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ

1- ᐱ

2- ᐱᑭᑦ

99- ᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ/ᐱᑭᑦᑭᑦᑭᑦ ᐱᑭᑦᑭᑦᑭᑦ

14. [16] Since you turned 55 years old, do you believe that you experienced abuse or neglect?

1- Yes

2- No

99- DK/NR/R







Q17 -  Int No

Psychosocial interview

17. [19] ᖃᓄᑦ ᐃᑦᐱᐱᑦ ᐱᑦᑦᑎᐅᑦᑦ ᐃᑦᐱᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ ᐃᑦᐱᑦᑦ ᐃᑦᐱᑦᑦ ᖃᐅᐱᑦᑦᑦᑦ/ᐱᑦᑦᑎᐅᑦᑦ/ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ, ᐱᑦᑦᑎᐅᑦᑦ 19ᑎᑦ.		17. [19] What do you think is the main reason for you to have had these experiences? Was it because...  (if no or DKN/NR/R to all following statements, go to Q19)			
		ᐱ Yes	ᐱᐅᐅ No	DK/ NR/R	
ᐱ) ᐃᓄᐅᐱᑦᐅᐅᑎᑦ	a) You are an Inuk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐃᓄᑦᑎᐅᑦᑦ/ᐱᑦᑦᑎᐅᑦᑦ	b) You don't speak Inuktitut properly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐅᑦᑎᐅᑦᑦ/ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ	c) You don't speak English or French properly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐃᑦᑎᑦ	d) Of your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ	e) You're not from this community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ	f) Of your gender	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ	g) You are attracted to people of the same sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ	h) Of something related to your physical appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ	i) You were adopted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ ᐱᑦᑦᑎᐅᑦᑦ	j) Of your mental health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	
ᐱ) ᐱᑦᑦᑎᐅᑦᑦ	k) Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	





Psychosocial interview

22. [24] ᐱᓐᓂᐸᐸᐸ, ᐅᓐᓂᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸ ᐱᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ		22. [24] If yes, can you tell us how strongly you agree with the next statements?					
		1.Strongly agree ᐱᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ	2.Agree ᐱᓐᓂᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ	3.Neither agree nor disagree ᐸᓐᓂᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ	4.Disagree ᐱᓐᓂᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ	5.Strongly disagree ᐱᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ	DK/ NR/R
ᐱ) ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ	a) I feel the court treated me fairly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐸ) ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ	b) Going to court caused problems for me at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐸ) ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ	c) Going to court caused problems for me at work or school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐸ) ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ	d) Going to court caused problems for me in the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ᐸ) ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ ᐸᓐᓂᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸᐸ	e) I felt supported by friends or family when going to court	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99



26. [28] ᑕᑦᑭᑭᑦ 12ᑭᑦ ᐱᑭᑭᑦᑕᑦ, ᑭᑦᑕᑦᑕᑦ  
 ᑎᑭᑭᑦᑕ ᑎᑭᑭᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦ ᐱᑦᑕᑦᑕᑦ  
 ᑕᑦᐱᑦᑕᑦᑕᑦᑕᑦ ᑦᑕᑦᑕᑦᑕᑦᑕᑦ?

1- ᐱ

2- ᐱᑦᑕᑦ

99-ᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦ

26. [28] In the past 12 months, did anyone take or try to take something from you by force or threat of force?

1- Yes

2- No

99- DK/NR/R

27. [29] ᑕᑦᑭᑭᑦ 12ᑭᑦ ᐱᑭᑭᑦᑕᑦ, ᑭᑦᑕᑦᑕᑦ  
 ᐱᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ  
 ᐱᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ

1- ᐱ

2- ᐱᑦᑕᑦ

99-ᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦ

27. [29] In the past 12 months, did anyone illegally break into or attempt to break into your residence or any other building on your property?

1- Yes

2- No

99- DK/NR/R

28. [30] ᑕᑦᑭᑭᑦ 12ᑭᑦ ᐱᑭᑭᑦᑕᑦ, ᑭᑦᑕᑦᑕᑦ  
 ᐱᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ,  
 ᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦ, ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ

1- ᐱ

2- ᐱᑦᑕᑦ

99-ᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦ

28. [30] During the past 12 months, was anything of yours stolen from the things usually kept outside your home, such as tools, ski-doo?

1- Yes

2- No

99- DK/NR/R

29. [31] ᑕᑦᑭᑭᑦ 12ᑭᑦ ᐱᑭᑭᑦᑕᑦ,  
 ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ,  
 ᑕᑦᑕᑦᑕᑦᑕᑦ ᑕᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦ,  
 ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐱᑦᑕᑦᑕᑦᑕᑦᑕᑦ

1- ᐱ

2- ᐱᑦᑕᑦ

99-ᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦᑕᑦ/ᑭᑦᑕᑦᑕᑦᑕᑦ

29. [31] During the past 12 months, excluding incidents already mentioned, was anything of yours stolen from your place of work, from school or from a public place, such as a community center?

1- Yes

2- No

99- DK/NR/R





Psychosocial interview

<p>2. <u>ኔግቲቫቲቲ ስብዕና ለሰው ልማት ለሚያደርግ</u> <u>ለሚያደርግበት ሁኔታ ለሚጠበቅ ልዩ ልዩ ስራ ለማድረግ</u></p>		<p>2. Please indicate how much each statement applies to you, in relation to being a successful man.</p>			
		<p>1. Agree ላይኛ</p>	<p>2. Neither agree nor disagree ረቀቀ ላይኛ/ታችኛ</p>	<p>3. Disagree ታችኛ</p>	<p>DK/ NR/R</p>
<p>a) ለሰው ልማት ስራ ለማድረግ ለሰው ልማት ስራ ለማድረግ ስራ ለማድረግ</p>	<p>a) I can balance traditional and modern lifestyle</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99
<p>b) ለሰው ልማት ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ</p>	<p>b) [d] Being autonomous is important for me</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99
<p>c) ለሰው ልማት ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ</p>	<p>c) [e] I consider myself as a good father (or can be a good father)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99
<p>d) ለሰው ልማት ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ</p>	<p>d) [g] It is easy for me to express my emotions</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99

<p>3. ለሰው ልማት ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ ስራ ለማድረግ</p>	<p>3. Please self-rate how much you feel you achieve at being a successful man Scale of 1 to 10 (1: totally fail to achieve; 10: achieve completely).....</p>	<p>DK/ NR/R</p>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 99

Q17 -  Int No

Psychosocial interview

4. ᐱᐱᓪᓂᕐᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᐱᓄᕐᓂᕐ. ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ?		4. The following questions are dedicated to your actual or potential role as a father. How strongly do you agree or disagree with the following statements?			
		1. Agree ᕐᓂᐸᓄᓂᕐ	2. Neither agree nor disagree ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ	3. Disagree ᕐᓂᐸᓄᓂᕐ	DK/ NR/R
ᐱ) ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ, ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ	a) I believe it's important to have several children, including with one or more than one women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99
ᐸ) ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ ᕐᓂᐸᓄᓂᕐ	b) I believe it's important to keep contact with my children if a relationship broke up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99











Q17 -

Int No

Psychosocial interview

3. ንጹህ ለሌሎች ለጥንቃቄ ምኞት ለማድረግ ለሚችሉት ጉዳዮች		3. How strongly do you agree with each of the following statements?					DK/ NR/R
		1.Strongly agree ጥንቃቄ ለማድረግ ለሚችሉት	2.Agree ጥንቃቄ በጣም	3.Neither agree nor disagree ርቀት ለማድረግ ለሚችሉት ለሌሎች ጉዳዮች	4.Disagree ጥንቃቄ ለማድረግ ለማይችሉት	5.Strongly disagree ጥንቃቄ ለማድረግ ለማይችሉት	
ሐ) ለሌሎች ለማድረግ ለሚችሉት ጉዳዮች ለማድረግ ለማይችሉት ለሚችሉት ጉዳዮች	a) I feel confident I would be able to date someone without feeling obligated to engage in sexual activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ለ) ለሌሎች ለማድረግ ለማይችሉት ጉዳዮች ለማድረግ ለማይችሉት ጉዳዮች	b) I feel confident I would be able to choose when and where to engage in sexual activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ሐ) ለሌሎች ለማድረግ ለማይችሉት ጉዳዮች ለማድረግ ለማይችሉት ጉዳዮች	c) I feel confident I would be able to refuse sexual activity with someone I'm not comfortable with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ለ) ለሌሎች ለማድረግ ለማይችሉት ጉዳዮች ለማድረግ ለማይችሉት ጉዳዮች	d) [e] I feel confident I could ask my partner to get tested for STIs or HIV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99





Q17 -

Int No

Psychosocial interview

5. ንግድ ለሰጠው ለሌሎች ግለሰቦች ማድረግ ይቻላል ለሌሎች ግለሰቦች ማድረግ ይቻላል		5. How strongly do you agree with the following statements?					
		1.Strongly agree ግልጽ ሲሆን ነው	2.Agree አዎ	3.Neither agree nor disagree ርዕዮስተካኝ ነው	4.Disagree አይደለም	5.Strongly disagree ግልጽ ሲሆን አይደለም	DK/ NR/R
<p>a) ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል/ (ግለሰብ) ማድረግ ይቻላል (ግለሰብ) ማድረግ ይቻላል</p>	<p>a) Having a baby [gives]/ [would give] me someone to love or [means]/[would mean] somebody will love me</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<p>b) ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል ለሌሎች ግለሰቦች ማድረግ ይቻላል</p>	<p>b) Having a baby [makes]/ [would make] me feel important</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<p>b) ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል ለግለሰብ ማድረግ ይቻላል ለግለሰብ ማድረግ ይቻላል</p>	<p>c) Having a baby [gives]/ [would give] me more of a reason to stay away from trouble (excessive parties, drinking, drugs, etc.)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<p>b) ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል ግለሰብ ማድረግ ይቻላል ግለሰብ ማድረግ ይቻላል</p>	<p>d) [e] Having a baby [makes]/ [would make] my relationship with the other parent stronger</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<p>l) ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል</p>	<p>e) [g] Being a [mother]/ [father] [is]/ [would] be special; a baby is a blessing</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
<p>l) ለሰጠው ግለሰብ (ግለሰብ) ማድረግ ይቻላል</p>	<p>f) [i] Having a baby [makes]/ [would</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

Psychosocial interview

5. ንግድ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?		5. How strongly do you agree with the following statements?					DK/ NR/R
		1.Strongly agree ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች	2.Agree ግንዛቤ ስላለኝ	3.Neither agree nor disagree ግንዛቤ ስላለኝም ስላለሁም	4.Disagree ግንዛቤ ስላለሁም	5.Strongly disagree ግንዛቤ ስላለሁም	
ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?	make] me feel like I fit in with other [women]/ [men] of my age						
ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው? (ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?) ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?	g) [j] Having a baby [helps]/ [would help] me get a house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው? (ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?) ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?	h) [k] Having a baby [gives]/ [would give] me a purpose of life or a role in the society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

6. ንግድ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?
- 1- ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?  
ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?  
ግንዛቤ ለሌሎች ለሚሰጡት ጥያቄዎች ምን ያህል ተቀባይ ነው?
  - 2- 12 ዓመት ለሆኖቹ
  - 3- 12-13 ዓመት ለሆኖቹ
  - 4- 14-15 ዓመት ለሆኖቹ
  - 5- 16-17 ዓመት ለሆኖቹ
  - 6- 18 ዓመት ለሆኖቹ
  - 99- ግንዛቤ ስላለሁም/ግንዛቤ ስላለኝም

6. How old were you when you had consensual sexual intercourse for the first time?
- 1- Never had sexual intercourse [Go to PS - Section 9 - Housing](#)
  - 2- Less than 12 years old
  - 3- 12-13 years old
  - 4- 14-15 years old
  - 5- 16-17 years old
  - 6- 18 or more years old
  - 99- DK/NR/R

Q17 -  Int No

Psychosocial interview

7. **ᑕᓐᓂᑦ 12 ᑭᓂᑦ ᐱᑭᑦᑕᑦᑕᑦ ᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ**
- 1- ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ
  - 2- 1ᑦ ᐱᑭᑦᑕᑦᑕᑦ
  - 3- 2ᑦ ᐱᑭᑦᑕᑦᑕᑦ
  - 4- 3ᑦ ᐱᑭᑦᑕᑦᑕᑦ
  - 5- 4ᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ
  - 99- ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ / ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ

7. **In the past 12 months, how many different sexual partners have you had?**
- 1- None or abstinent
  - 2- 1 partner
  - 3- 2 partners
  - 4- 3 partners
  - 5- 4 or more partners
  - 99- DK/NR/R

8. **ᓂᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ, ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ**
- 1- ᐱ
  - 2- ᐱᑭᑦᑕᑦᑕᑦ
  - 99- ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ / ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ

8. **The last time you had sexual intercourse, did you drink alcohol or use drugs within 2 hours before?**
- 1- Yes
  - 2- No
  - 99- DK/NR/R

9. **ᑕᓐᓂᑦ 12 ᑭᓂᑦ ᐱᑭᑦᑕᑦᑕᑦ, ᐱᑭᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ**
- 1- ᐱᑭᑦᑕᑦᑕᑦ
  - 2- ᐱᑭᑦᑕᑦᑕᑦ
  - 3- ᐱᑭᑦᑕᑦᑕᑦ
  - 99- ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ / ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ

9. **In the last 12 months, how often did you and your partner use birth control?**
- 1- Never
  - 2- Sometimes
  - 3-- Always
  - 99- DK/NR/R

10. **ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ**
- 1- ᐱ
  - 2- ᐱᑭᑦᑕᑦᑕᑦ
  - 99- ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ / ᐱᑭᑦᑕᑦᑕᑦ ᐱᑭᑦᑕᑦᑕᑦ

10. **Did you use a condom the last time you had sexual intercourse?**
- 1- Yes
  - 2- No
  - 99- DK/NR/R

Psychosocial interview

11. ᐃᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ ᑕᑦᑲᑦᑲᑦᑲᑦ ᐃᑦᑲᑦᑲᑦᑲᑦ:		11. Have you <u>ever</u> given someone sex in exchange for:		
		◁ Yes	▷▷b No	DK/ NR/R
◁) ᐃᑦᑲᑦᑲᑦᑲᑦ ᐃᑦᑲᑦᑲᑦᑲᑦᑲᑦ, ᑲᑦᑲᑦᑲᑦᑲᑦ, ᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ	a) Alcohol, drugs, money, gifts or goods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
▷) ᑲᑦᑲᑦᑲᑦᑲᑦ	b) [c] A place to sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

12. ᐃᑦᑲᑦᑲᑦᑲᑦ ᐃᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ:		12. Have you <u>ever</u> obtained sex by providing:		
		◁ Yes	▷▷b No	DK/ NR/R
◁) ᐃᑦᑲᑦᑲᑦᑲᑦ ᐃᑦᑲᑦᑲᑦᑲᑦᑲᑦ, ᑲᑦᑲᑦᑲᑦᑲᑦ, ᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑦᑲᑦᑲᑦᑲᑦ.	a) Alcohol, drugs, money, gifts or goods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
▷) ᑲᑦᑲᑦᑲᑦᑲᑦ	b) [c] A place to sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99



4. [7] **ᐅᐱᓕᓄᓐ ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ (ᐱᓐᐱᓐᐱᓐ), ᓇᓂᓐ ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ**
- 1- ᓇᓂᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ (ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ)
  - 2- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ
  - 3- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐ
  - 4- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ, ᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ
  - 5- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ; ᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ
  - 99- ᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐ/ᐱᓐᐱᓐᐱᓐᐱᓐ/ᐱᓐᐱᓐᐱᓐᐱᓐ

4. [7] **In the last summer, what was the main source of drinking water in your home?**
- 1- Municipal system (tap water/water tank at home)
  - 2- Tap directly at the water plant
  - 3- Bottled water
  - 4- From nearby lake, river or stream
  - 5- Melted snow, ice or iceberg
  - 99- DK/NR/R

5. [8] **ᐅᐱᓂᓐ ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ**
- 1- ᓇᓂᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ (ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ)
  - 2- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ
  - 3- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐ
  - 4- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ, ᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ
  - 5- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ; ᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ
  - 99- ᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐ/ᐱᓐᐱᓐᐱᓐᐱᓐ/ᐱᓐᐱᓐᐱᓐᐱᓐ

5. [8] **In the last winter, what was the main source of drinking water in your home?**
- 1- Municipal system (tap water/water tank at home)
  - 2- Tap directly at the water plant
  - 3- Bottled water
  - 4- From nearby lake, river or stream
  - 5- Melted snow, ice or iceberg
  - 99- DK/NR/R

<p><b>ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ 1ᓐ - ᓇᓂᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ 4 ᐱᓐᐱᓐ 5 - ᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ 7ᓐ</b></p>	<p>If participant answer 1 – Municipal system at questions 4 AND 5 – go to Q7</p>
--	---

6. [9] **ᐱᓐᐱᓐᐱᓐ 12ᓐ ᐱᓐᐱᓐᐱᓐ, ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ**
- 1- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐᐱᓐ
  - 2- ᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐ
  - 3- ᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐ
  - 4- ᐱᓐᐱᓐᐱᓐ ᐱᓐᐱᓐᐱᓐ
  - 99- ᐱᓐᐱᓐᐱᓐᐱᓐᐱᓐ/ᐱᓐᐱᓐᐱᓐᐱᓐ/ᐱᓐᐱᓐᐱᓐᐱᓐ

6. [9] **In the last 12 months, what was the main reason for not using the municipal system as the main source of drinking water?**
- 1- Taste of chlorine
  - 2- Fear of bad germs
  - 3- Fear of chemicals
  - 4- Other reasons
  - 99- DK/NR/R

Q17 -     Int No

Psychosocial interview

7. [10] ᐆᐅᓃᑦ, ᐃᐱᓃᑦ ᐱᓗᓕᓕᐱᓃᑦ ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ	7. [10] At home, do you treat the water you drink by any of the following methods?
---	--

		ᐱ	ᐃᐱᓃ	DK/ NR/R
		Yes	No	
<b>ᐱ)</b> ᐱᓃᐱᓃᑦ	<b>a)</b> Boiling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
<b>ᐃ)</b> ᐃᐱᓃᑦ ᐱᓗᓕᓕᐱᓃᑦ (>ᐱᓃ, ᐃᐱᓃᑦ ᐱᓃᐱᓃᑦ)	<b>b)</b> Filtering (Brita, charcoal or similar)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
<b>ᐃ)</b> ᐱᓃᐱᓃᑦ ᐱᓗᓕᓕᐱᓃᑦ	<b>c)</b> Other type of treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

8. [11] ᐃᐱᓃᑦ ᐱᓃᐱᓃᑦ?

- 1- ᐱ
- 2- ᐃᐱᓃ  ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ
- 99- ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ/ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ

8. [11] Is there a water tank in your house?

- 1- Yes
- 2- No  Go to the next block
- 99- DK/NR/R  Go to the next block

**ᐱ)** [11A] ᐆᐅᓃᑦ, ᐃᐱᓃᑦ ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ?

- 1- ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ
- 2- ᐱᓃᐱᓃᑦ
- 3- ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ
- 4- ᐱᓃᐱᓃᑦ 2-5 ᐱᓃᐱᓃᑦ
- 5- ᐱᓃᐱᓃᑦ 5 ᐱᓃᐱᓃᑦ
- 99- ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ/ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ

**a)** [11A] In your home, when was the water tank cleaned the last time?

- 1- In the last month
- 2- In the last year
- 3- About 2 years ago
- 4- Between 2-5 years ago
- 5- More than five years ago
- 99- DK/NR/R

For interviewer only

**ᐱᓃᐱᓃᑦ ᐱᓃᐱᓃᑦ**

End time ᐱᓃᐱᓃᑦ: \_\_\_/\_\_\_

h m



Food Frequency Questionnaire



Q	1	7	-				
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INT. NO. 

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# Qanuilirpitaa? 2017

## ᓆᓄᐃᓕᓐᐱᓕ?

	<p><i>How are we now?</i></p> <p><b><i>Health Survey of the INUIT of Nunavik – 2017</i></b></p> <p>Block 4 –Food Frequency Questionnaire (FFQ)</p>
--	--

**INSPQ**

Institut national de santé publique du Québec  
 945, avenue Wolfe  
 Québec (Québec) G1V 5B3  
 Tel. ᐅᓐᓆᓕᐅᓄᓐ: (418) 650-5115

Completion date ᐅᓕᐅᓐᓴ ᐱᓄᓴᓐᓴᓴᓴ :  17  /   /   Start time ᓆᓄᓐᓴᓴᓴ ᐱᓄᓴᓐᓴᓴᓴ :   /    
 y m d h m

Q17 -

Int No

Food Frequency Questionnaire

For Interviewers: Please refer to the diagram to know the order in which you should administer the answer choices.

**IN THE LAST 3 MONTHS, how often on average do you eat this food?**

COUNTRY FOODS		Never or less than once a month	1-3 times a month	Once a week	2-6 times a week	Once a day	2-3 times a day	4 times and more a day
<b>Marine mammals</b>								
Beluga	1. Dried meat (nikku)			W		D		
	2. Meat			W		D		
	2.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	3. Misirak/Ursuk (blubber only)			W		D		
Seal	4. Mattaaq (skin and blubber)			W		D		
	5. Meat (fresh, cooked, frozen)			W		D		
	5.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	6. Misirak/Ursuk (blubber only)			W		D		
8. [9] Walrus meat, igunak	7. [8] Liver			W		D		
	7.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	8.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No			W		D		
<b>Game Animals and Birds</b>								
Caribou	9. [10] Dried meat (nikku)			W		D		
	10. [11] Meat			W		D		
	10.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No							
11. [12] Polar bear				W		D		
12. [13] Muskox				W		D		
13. [14] Ptarmigan, partridge	13.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No			W		D		
	14. [15] Goose (Canada or white goose)			W		D		
14.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No								
15. [16] Eggs of game bird				W		D		
15.1 Which ones do you usually eat? (check all that apply)								
<input type="checkbox"/> Duck <input type="checkbox"/> Geese <input type="checkbox"/> Murre/Seagulls								
<b>Fish and seafood</b>								
16. [17] Dried fish (nikku, pitsik)				W		D		
16.1 Which ones do you usually eat? (check all that apply)								
<input type="checkbox"/> Char <input type="checkbox"/> Brook trout <input type="checkbox"/> Lake trout <input type="checkbox"/> Other								
17. [18] Lake trout (fresh, cooked or frozen, NOT dried)				W		D		
18. [19] Brook or sea trout, or salmon (fresh, cooked, canned or frozen, NOT dried)				W		D		
19. [20] Arctic char (fresh, cooked or frozen, NOT dried)				W		D		
20. [21] Pike or walleye				W		D		
21. [22] Other fish, e.g. Lake whitefish (Coregone), Sculpin (Ugly fish)				W		D		
22. [23] Mollusks (Mussels, scallops, clams, etc.) and urchins				W		D		
22.1 Do you often eat this raw? <input type="checkbox"/> Yes <input type="checkbox"/> No								
23. [24] Seaweed (kuanniq, qirquak, etc.)				W		D		
<b>COUNTRY FOODS</b>		<b>Never or less than once a month</b>	<b>1-3 times a month</b>	<b>Once a week</b>	<b>2-6 times a week</b>	<b>Once a day</b>	<b>2-3 times a day</b>	<b>4 times and more a day</b>
<b>Wild berries</b>								

Food Frequency Questionnaire

24. [25] Wild berries 24.1 Which ones do you usually eat? (check all that apply) <input type="checkbox"/> Cloudberries (arpik) <input type="checkbox"/> Blueberries (kigutangirnaq) <input type="checkbox"/> Blackberries (paumgaq) <input type="checkbox"/> Redberries or Cranberries (kimminaq)			W		D		
<b>Traditional recipes</b>							
25. [26] Bannock Check the one usually eaten: <input type="checkbox"/> Deep fried <input type="checkbox"/> Oven-baked <input type="checkbox"/> Pan fried			W		D		
26. [27] Suuvalik or Uarutilik Check the one usually eaten: <input type="checkbox"/> Suuvalik (fish eggs, blackberries or blueberries, <u>fat</u> ) or <input type="checkbox"/> Uarutilik (cooked fish, blackberries or blueberries, <u>fat</u> )  26.1 Which <u>fat</u> do you usually use? <input type="checkbox"/> Ursuk (blubber) <input type="checkbox"/> Misirak <input type="checkbox"/> Mayonnaise <input type="checkbox"/> Vegetable oil (Crisco canola oil, etc.) <input type="checkbox"/> Vegetable shortening (Crisco but solid) <input type="checkbox"/> Animal shortening (Tenderflake solid)			W		D		

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Food Frequency Questionnaire

**IN THE LAST 3 MONTHS, how often on average do you eat this food?**

MARKET FOODS	Never or less than once a month	1-3 times a month	Once a week	2-6 times a week	Once a day	2-3 times a day	4 times and more a day
<b>Store bought meats, eggs, etc.</b>							
1. [1A] Sliced or processed meat (ham, salami, bologna, Kam/Spam, etc.), Sausage (small links or canned)			W		D		
2. [3] Hot dogs (Beef or pork)			W		D		
3. [4] Bacon			W		D		
4. [5] Beef Jerky or (dried, canned, stewed or corned)			W		D		
5. [6] Hamburger, lean or regular			W		D		
6. [7A] Beef or Pork as main dish (steak, roast, chops, etc.)			W		D		
7. [9] Chicken/turkey (breast, legs)			W		D		
8. [10] Chicken nuggets, wings, fried chicken			W		D		
9. [11] Canned fish (salmon, sardines, tuna)			W		D		
10. [12] Eggs (chicken)			W		D		
11. [13] Beans, lentils, Chickpeas (baked, canned)			W		D		
12. [14] Peanut butter			W		D		
13. [15] Nuts (almonds, etc.), Peanuts, sunflower seeds			W		D		
<b>Fruits</b>							
14. [21A] Fruits (orange, banana, apple, pear, store-bought berries, etc.) (fresh or frozen)			W		D		
15. [22] Canned fruit			W		D		
16. [23] Applesauce, Fruit puree			W		D		
<b>Vegetables</b>							
17. [24] Green, leafy vegetables (iceberg, romaine or leaf lettuce, spinach)			W		D		
18. [25] Carrots			W		D		
19. [26] Broccoli, cauliflower, cabbage			W		D		
20. [27] Tomatoes (whole or canned) or V8 juice			W		D		
21. [31] Other vegetables (pepper (green, red, yellow), onions, corn, cucumber, celery, mushrooms, mixed vegetables)(fresh, frozen, canned)			W		D		
<b>Bread, cereals, starches</b>							
22. [32] Bread, white			W		D		
23. [33] Bread, whole wheat or other whole grains			W		D		
24. [34] Cold cereals (cornflakes, special K, etc.)			W		D		
25. [35] Hot cereals (oatmeal, etc.)			W		D		
26. [36] Pasta, e.g. macaroni, spaghetti			W		D		
27. [37] Pizza			W		D		
28. [38] Bowl noodle soup			W		D		
29. [39] Rice			W		D		
30. [40] Potatoes, mashed, baked or boiled			W		D		
31. [41] French fries or poutine			W		D		
32. [42] Potato chips or corn Tortillas chips			W		D		
33. [43] Popcorn			W		D		
34. [44] Crackers (Ritz, etc.)			W		D		

## Food Frequency Questionnaire

**IN THE LAST 3 MONTHS, how often on average do you eat this food?**

MARKET FOODS		Never or less than once a month	1-3 times a month	Once a week	2-6 times a week	Once a day	2-3 times a day	4 times and more a day
<b>Sweets, baked goods</b>								
35. [45]	Cookies, cakes, muffins (homemade or ready made)			W		D		
36. [46]	Chocolate (Hershey's, Aero, M&M's, etc.) or Candy bars (Snickers, Reeses, Mars, etc.) (bar or pack)			W		D		
37. [47]	Candies (Gummies, Jelly, etc.)			W		D		
38. [48]	Chocolate spread (Nutella), jam (homemade or ready made, marmalade)			W		D		
39. [49]	Artificial sweetener (Splenda, NutraSweet, Sweet'N Low, etc.)			W		D		
40. [50]	Ketchup			W		D		
<b>Dairy foods</b>								
41. [51]	Milk							
41.1	Which one do you usually use? <input type="checkbox"/> whole <input type="checkbox"/> 2% <input type="checkbox"/> 1% <input type="checkbox"/> skim <input type="checkbox"/> Grand Pré <input type="checkbox"/> milk made from powder <input type="checkbox"/> Canned milk (evaporated, unsweetened condensed)			W		D		
42. [53]	Coffee-mate, non-dairy coffee whitener			W		D		
43. [54]	Chocolate milk							
43.1	Which one do you usually use? <input type="checkbox"/> powder <input type="checkbox"/> ready to drink			W		D		
44. [55]	Yogurt (drink, container)			W		D		
45. [56]	Ice cream			W		D		
46. [57]	Cheese, plain or as part of a dish (cheddar, mozza)			W		D		
47. [58]	Processed cheese, Kraft Singles or Cheez Whiz			W		D		
<b>Beverages</b>								
48. [59]	Water			W		D		
<b>Carbonated beverages</b>	49. [60] Diet soft drinks, low-calories (sugar-free types)			W		D		
	50. [61] Soft drinks, regular type NOT DIET (not sugar-free)			W		D		
	51. [62] Energy drinks (Red Bull, Monster, etc.)			W		D		
<b>Other beverages</b>	52. [63] Real fruit juices (100% pure), bottled or canned, frozen concentrate and diluted			W		D		
	53. [64] Fruit cocktail (Punch, Sunny D), powdered drinks (Kool-Aid), sport drinks (Gatorade, Powerade)			W		D		
<b>Hot beverages</b>	54. [65] Regular coffee (with caffeine)			W		D		
	55. [66] Decaffeinated coffee			W		D		
	56. [67] Tea with caffeine (Salada, green tea)			W		D		
	57. [68] Labrador tea or traditional tea			W		D		

Q17 -

Int No

Food Frequency Questionnaire

**IN THE LAST 3 MONTHS, how often on average do you eat this food?**

MARKET FOODS	Never or less than once a month	1-3 times a month	Once a week	2-6 times a week	Once a day	2-3 times a day	4 times and more a day
<b>Others</b>							
58. [69] Butter, added to food or bread; exclude use in cooking			W		D		
59. [70] Margarine, added to food or bread; exclude use in cooking			W		D		
60. [71] Regular mayonnaise or Miracle Whip			W		D		
61. [72] Salad dressing			W		D		
62. [73] For each day, how many teaspoons of sugar do you add to your beverages or food? <input type="checkbox"/> zero <input type="checkbox"/> 1 tsp. <input type="checkbox"/> 2 tsp. <input type="checkbox"/> 3 tsp. <input type="checkbox"/> 4 tsp. <input type="checkbox"/> 5 tsp. <input type="checkbox"/> 6 tsp. <input type="checkbox"/> 7 tsp. <input type="checkbox"/> 8 tsp. <input type="checkbox"/> 9 tsp. <input type="checkbox"/> 10 tsp. More than 10 (write the number): _____							
63. [79] At the table, do you add salt to food? <input type="checkbox"/> Yes <input type="checkbox"/> No							
64. [74] How often do you eat <u>fried food</u> at home? <input type="checkbox"/> Less than once a week <input type="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> Daily <input type="checkbox"/> Never (go to 65) → 64.1. Kind of fat used to fry food : <input type="checkbox"/> Margarine <input type="checkbox"/> Vegetable oil (Crisco canola oil, etc.) <input type="checkbox"/> Vegetable shortening (Crisco but solid) <input type="checkbox"/> Animal shortening (Tenderflake solid) <input type="checkbox"/> Ursuk (blubber) <input type="checkbox"/> Other, specify: _____							
65. [75] What kind of fat is usually used for <u>baking</u> at home <input type="checkbox"/> Margarine <input type="checkbox"/> Real butter <input type="checkbox"/> Vegetable oil (Crisco canola oil, etc.) <input type="checkbox"/> Vegetable shortening (Crisco but solid) <input type="checkbox"/> Animal shortening (Tenderflake solid) <input type="checkbox"/> Ursuk (blubber) <input type="checkbox"/> Other, specify: _____							

**End of block 4**

**For interviewer only**

**End time** \_\_\_\_/\_\_\_\_









Q17 -  Int No

Sociodemographic interview

**4. ᖃᓄᓕᓗᑖᑎᑦ ᓃᓄᓕᑎᓗᓕᑦᑦᑦᓄᓗᑖ?**

- 1- ᓃᖃᓕᓄᓗᑖ
- 2- ᑭᓄᓕᑭᓗᑖ
- 3- ᓃᖃᓕᑭᓗᑖ
- 4- ᓄᓕᓗᑖᑎᓗᑖ
- 99-

ᖃᓄᓗᑖᑎᓗᑖ/ᓄᓗᑖᑎᓗᑖ/ᓄᓗᑖ  
ᓄᓗᑖᑎᓗᑖ

**4. [4N] How well do you speak Inuktitut?**

- 1- Without difficulty
- 2- Fairly well
- 3- With difficulty
- 4- Not at all
- 99-DK/NR/R

**5. ᖃᓄᓕᓗᑖᑎᑦ ᖃᓕᓗᑖᑎᓗᑖᑦᑦᑦᓄᓗᑖ  
ᑭᓄᓗᑖᑎᓗᑖᑦ?**

- 1- ᓃᖃᓕᓄᓗᑖ
- 2- ᑭᓄᓕᑭᓗᑖ
- 3- ᓃᖃᓕᑭᓗᑖ
- 4- ᓄᓕᓗᑖᑎᓗᑖ
- 99-

ᖃᓄᓗᑖᑎᓗᑖ/ᓄᓗᑖᑎᓗᑖ/ᓄᓗᑖ  
ᓄᓗᑖᑎᓗᑖ

**5. [5N] How well do you speak English or French?**

- 1- Without difficulty
- 2- Fairly well
- 3- With difficulty
- 4- Not at all
- 99-DK/NR/R

**6. ᖃᓄᓕᓗᑖᑎᑦ ᓃᓄᓕᑦᑦᓄᓗᑖ ᓃᓄᓕᑎᓗᑖ?**

- 1- ᓃᖃᓕᓄᓗᑖ
- 2- ᑭᓄᓕᑭᓗᑖ
- 3- ᓃᖃᓕᑭᓗᑖ
- 4- ᓄᓕᓗᑖᑎᓗᑖ
- 99-

ᖃᓄᓗᑖᑎᓗᑖ/ᓄᓗᑖᑎᓗᑖ/ᓄᓗᑖ  
ᓄᓗᑖᑎᓗᑖ

**6. [6N] How well do you read Inuktitut?**

- 1- Without difficulty
- 2- Fairly well
- 3- With difficulty
- 4- Not at all
- 99-DK/NR/R

**7. ᖃᓄᓕᓗᑖᑎᑦ ᓃᓄᓕᑦᑦᓄᓗᑖ  
ᖃᓕᓗᑖᑎᓗᑖ/ᑭᓄᓗᑖᑎᓗᑖᑦ?**

- 1- ᓃᖃᓕᓄᓗᑖ
- 2- ᑭᓄᓕᑭᓗᑖ

**7. [7N] How well do you read English or French?**

- 1- Without difficulty
- 2- Fairly well

Sociodemographic interview

3- Δᖃᖃᖃᖃ

3- With difficulty

4- ᓄᓄᖃᖃᖃᖃ

4- Not at all

99-

99-DK/NR/R

ᖃᖃᖃᖃᖃᖃᖃᖃ/ᖃᖃᖃᖃᖃᖃᖃᖃᖃᖃ  
ᖃᖃᖃᖃᖃᖃ







Sociodemographic interview

<b>b)</b> ᐃᑦᐸᑦᐸᑦᐸᑦ (ᐅᑦᑖᑦᑖᑦᑖᑦ, ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ, ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᑦᐸᑦᐸᑦᐸᑦᐸᑦ, ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦ)	<b>d)</b> Learning program (e.g. school, training, or other learning)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
<b>ᑭ)</b> ᐃᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ (ᐅᑦᑖᑦᑖᑦᑖᑦ, ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ, ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ)	<b>e)</b> Personal development (e.g. spiritual learning, healing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
<b>ᐃ)</b> ᐃᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ	<b>f)</b> Other learning or work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

13. ᐃᑦᐸᑦᐸᑦᐸᑦ ᐅᑦᑖᑦᑖᑦᑖᑦᐸᑦᐸᑦᐸᑦ?

- 1- ᐃᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 2- ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐃᑦᐸᑦᐸᑦᐸᑦ
- 3- ᐃᑦᐸᑦᐸᑦᐸᑦ ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 4- ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 99-  
ᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦ  
ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ

13. [13N] How do you usually get around town?

- 1- I use a vehicle
- 2- I get rides from friends/family
- 3- I walk or bike
- 4- I use the bus
- 99-DK/NR/R

14. ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ, ᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ?

- 1- ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ 16ᑖ
- 2- ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 3- ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 99-  
ᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ  
ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ 16ᑖ

14. [14N] From the Spring until now, how often did you go on the land?

- 1- Never Go to Q16
- 2- Occasionally
- 3- Often
- 99-DK/NR/R Go to Q16

15. ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ?

- 1- ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 2- ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 3- ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
- 99-  
ᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ/ᐅᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ  
ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ

15. [15N] If occasionally or often, for how long?

- 1- Day trips
- 2- A couple of days
- 3- A week or more
- 99-DK/NR/R

Q17 -  Int No

Sociodemographic interview

<p>16. ᑕᑦᑭᑭᑦ 12ᑦ ᐱᑦᑭᑦᑭᑦ, ᑦᑭᑦᑭᑦ ᑭᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦᑭᑦ ᑭᑦᑭᑦᑭᑦ ᑭᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦᑭᑦ?</p>	<p>16. [8] In the past 12 months, how many jobs or self-employment, for which you received money, did you have?</p>
--	---

ᑭᑦᑭᑦᑭᑦ ᐱᑦᑭᑦᑭᑦ \_\_\_\_\_

Number of jobs: \_\_\_\_\_

99-

99-DK/NR/R

ᑦᑭᑦᑭᑦᑭᑦ/ᑭᑦᑭᑦᑭᑦ/ᑭᑦᑭᑦᑭᑦ  
ᑭᑦᑭᑦᑭᑦ





Q17 -  Int No

Sociodemographic interview

99-  
 ናኔጋሊ ሲኖርጋኔ/የጋራ ሲኖርጋኔ/የጋራ  
 ሊኖርጋኔ

19. ርኅዖም 12 ምሩ ልሙጋም፣ ልረጅጎን፣  
ኖኔጎር ልረጋገጅኔበብር የሚከፈሉት  
(የሚከፈሉት) ልረጋገጅኔ ለገረጅ?

ኖኔጎጅም ልወልጅ: \_\_\_\_\_

99-  
 ናኔጋሊ ሲኖርጋኔ/የጋራ ሲኖርጋኔ/የጋራ ሊኖርጋኔ  
 ጋኔ

20. ልዎ የሚከፈሉት ልረጋገጅኔ ለረጅም  
 ልወልጅ ልረጋገጅኔ ለረጅም  
 የሚከፈሉት

- 1- ከረጅም ልወልጅ ልከፍጎጎም
- 2- ለረጅም ልወልጅ ልረጋገጅኔ ለረጋገጅኔ  
 የሚከፈሉት
- 3- የሚከፈሉት ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 4- ከረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ  
 የሚከፈሉት (ከረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ  
 የሚከፈሉት)
- 5- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 6- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 7- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 8- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 9- ከረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 10- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 11- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 12- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ
- 13- ለረጅም ልወልጅ ልረጋገጅኔ ለረጅም ልወልጅ ልረጋገጅኔ

19. [11] In the last 12 months, including  
you, how many household members  
receive income (money) from any  
sources?

Number of people: \_\_\_\_\_

99-DK/NR/R

20. What was your main source of income  
in the last 12 months?

Show card and choose one answer  
 only

- 1- Hunter support program
- 2 Wages and salaries
- 3 Income from self-employment
- 4 Dividends and interest (such as on  
 bonds, savings)
- 5 Employment insurance
- 6 Worker's compensation
- 7 Maternity leave
- 8 Preventative leave
- 9 Carvers, sewing
- 10 Home Day Care
- 11 Participation to Committees
- 12 Benefits from Canada or Quebec  
 Pension Plan
- 13 Retirement pensions, superannuation  
 and annuities
- 14 Old Age Security and Guaranteed  
 Income Supplement
- 15 Child Tax Benefit



Q17 -  Int No

Sociodemographic interview

6 \$60,000 ᓕᓕᓐᓐ ᐃᓱᓐᓐᓐᓐᓐᓐ  
\$80,000

7 \$80,000 ᐅᓐᓕᓐᓐᓐᓐᓐᓐ

99-  
ᓐᓐᓐᓐᓐᓐᓐᓐ/ᓐᓐᓐᓐᓐᓐᓐᓐ/ᓐᓐᓐᓐᓐᓐᓐᓐ  
ᓐᓐᓐᓐᓐᓐ

22. ᓱᓐᓐᓐᓐᓐ ᓐᓐᓐᓐᓐᓐᓐᓐ ᓱᓐᓐᓐᓐᓐᓐᓐᓐ?

1- ᓐᓐᓐᓐᓐᓐ

2- ᓱᓐᓐᓐ

3- ᓐᓐᓐᓐᓐᓐᓐ

4- ᓐᓐᓐᓐᓐᓐᓐᓐ

5- ᓐᓐᓐᓐᓐᓐᓐᓐ

99-  
ᓐᓐᓐᓐᓐᓐᓐᓐᓐ/ᓐᓐᓐᓐᓐᓐᓐᓐᓐ/ᓐᓐᓐᓐᓐᓐᓐᓐ  
ᓐᓐᓐᓐᓐᓐ

22. [13] Do you have enough money to meet your needs?

1- Not at all

2- A little

3 Moderately

4 Mostly

5- Completely

99-DK/NR/R

For interviewer only

ᓐᓐᓐᓐᓐᓐᓐ ᓱᓐᓐᓐ

End time ᐃᓱᓐᓐᓐᓐᓐ: \_\_\_/\_\_\_  
h m



Study number : Q17-0001

**Nunavik Inuit Health Survey-2017. Qanuillirpita? 2017 – How are we now?**

**Individual check list**

-How old : \_\_\_\_\_ F - M

-Interview to be done in  English  Inuktitut  French

-Early Pregnancy project (16-20 Y): YES (*Caroline Moisan*)  NO

If YES. → Consent form signed: yes  Questionnaire completed: yes  no

	yes	no	Not eligible	na
Inform consent form signed				
IdSheet completed				
Stools received				
Screening spirometry done <i>nurse</i>				
Spirometry test done <i>inhalo</i>				
Clinical oral health done <i>dentist</i>				
Health passport completed <i>dentist</i>				
Health passport completed <i>nurse</i>				

**Questionnaires completed**

	yes	no	na
Block1 Psychosocial			
Block2 Physical Health-Food Security			
Block3 Psychosocial			
Block4 Food Frequency			
Block5 Socio Demographic			

Clinic-Pregnant yes  has her period yes

	yes	no	na
Blood sample			
Urine sample			
Vaginal swab ( <i>not to be done if pregnant, and has her period 16-30 y</i> )			
Blood pressure/pulse			
Height			
Weight			
Waist girth ( <i>not to be done if pregnant</i> )			
Oropharyngeal sample			
Antibiotic –proton-pump Rx documented			
Body composition ( <i>not to be done if pregnant and has her period</i> )			

Health passport given yes

Payment handed over yes  coupon coop number : \_\_\_\_\_ initials : \_\_\_\_\_

**Data Entry;** Socio demographic questionnaire done by: \_\_\_\_\_ Date: \_\_\_\_\_

August 7th 2017



Nunavik Inuit Health Survey-2017. Qanuilirpitaa 2017 – How are we now?

**SPIROMETRY QUESTIONNAIRE (before a spirometry)**

Participant#:     Date of Test (yyyy-mmm-dd):  2017

**Safety questions**

*To be completed by a research nurse (initials : \_\_\_\_\_)*

1. In the past three months have you had any surgery on your chest or abdomen?  yes  
 no
2. Have you had a heart attack within the past three months?  yes  
 no
3. Do you have a detached retina or have you had eye surgery within the past three months?  yes  
 no
4. Have you been hospitalized for any other heart problem within the past month?  yes  
 no
5. Are you in the last trimester of pregnancy?  yes  
 no
6. Does the participant have a resting pulse of greater than 120 beats per minute?  yes  
 no
7. Are you currently taking medication for tuberculosis?  yes  
 no

If the answer to any of Questions 1 through 7 is **yes**, do **NOT** proceed with the test. Skip to the Spirometry Outcome section and mark Questions 11a and 11b as **no**, and check the second box "The participant was medically excluded" for Question 11c.

*To be completed by the respiratory therapist*

9. Have you had a respiratory infection (cold) in the last three weeks?  yes  
 no
10. Have you taken any medications for breathing in the last six hours?  yes  
 no

If **yes**, record name/type of medication(s) used and its code. (Use the list Medication name and code)

Name	code
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

If Question 10 is **yes** and medication used includes a short acting beta agonist, answer Question 10a.

- 10a. Did participant use a short acting beta agonist, either alone or in combination with some other product, in the last six hours?  yes  
 no

**Pre-bronchodilator**

Note: Ask participant if a doctor or a nurse ever told them that they have asthma.

FEV1/FVC ratio < .70 Yes \_\_\_\_ No \_\_\_\_

If Yes,

Then perform the post-bronchodilator

Administer 2 puffs of Ventolin

Start time: \_\_\_\_ \_\_\_\_ (24hrs) Note: wait 10 minutes

End Time: \_\_\_\_ \_\_\_\_ (24 hrs)

**Spirometry Outcome**

11a. Pre-bronchodilator test completed?

<input type="checkbox"/>	yes
<input type="checkbox"/>	no

11b. Post-bronchodilator test completed?

<input type="checkbox"/>	yes
<input type="checkbox"/>	no

11c. Unable to obtain satisfactory spirometry (check one)

<input type="checkbox"/>	The participant did not understand instructions
<input type="checkbox"/>	The participant refused
<input type="checkbox"/>	The participant was unable to physically cooperate
<input type="checkbox"/>	The participant was medically excluded

12. Were any adverse events related to the spirometry maneuver observed by the evaluator?

<input type="checkbox"/>	yes
<input type="checkbox"/>	no

**If yes, please briefly describe event:**


13. If the participant had a condition that would affect the result of their spirometry test (e.g., kyphosis, dentures, missing limbs, etc.) note that condition here


Completed by : \_\_\_\_\_



**Nunavik Inuit Health Survey-2017. Qanuilirpitaa 2017 – How are we now?**

**Clinic**

Date: 2017-\_\_\_\_\_/\_\_\_\_\_  
 Month Day

Study number: Q17-0001

**1. Stools collect (labelled the specimen)**

Yes  →Date : \_\_\_\_\_ hour : \_\_\_\_\_ No  *initials:* \_\_\_\_\_

**2. Women only** na

a)Are you pregnant: No

Yes  (if YES, NO vaginal swab and and InBody ONLY for weight)

Number of weeks : \_\_\_\_\_ (if third trimester  $\geq 29$  weeks, NO spirometry test)

b)If not pregnant

Do you have your period now: No

Yes  (if YES no vaginal swab and InBody ONLY for weight)

c)If you are aged 16 to 20, were you pregnant within the last 12 months: Yes  No  na

*If yes, has to be referred to Caroline Moisan for the interview*

*initials:* \_\_\_\_\_

**3. Collection of blood samples (to be done under fasting condition in the morning ONLY)**

Yes  →If Yes, time blood taken : \_\_\_\_\_

Are you fasting since midnight ? Yes  No  If PM-na

Are you diabetic Yes  (type 1 – type 2) No

*initials:* \_\_\_\_\_



**4. Collection of urine samples, and vaginal swab**

Yes  No  →If NO, give the reason : \_\_\_\_\_

initials: \_\_\_\_\_

Vaginal swab (woman 16-30 years old only and not pregnant or having her periods) na

Yes  No  →If NO, give the reason : \_\_\_\_\_

initials: \_\_\_\_\_

**5. Measurements of blood pressure (mmHg) / pulse**

Pulse: \_\_\_\_\_

Second reading Systolic: \_\_\_\_\_ Diastolic : \_\_\_\_\_

Third reading Systolic: \_\_\_\_\_ Diastolic : \_\_\_\_\_

initials: \_\_\_\_\_



**6. Anthropometric measurements**

Height : \_\_\_\_\_ cm weight : \_\_\_\_\_ Kg (women only if ; pregnant-periods)

Waist girth not to be done if pregnant

Waist girth #1 : \_\_\_\_\_ cm Waist girth #2 : \_\_\_\_\_ cm

*If variation between the two measurements > 1cm, take a third measurement.*

Waist girth #3 : \_\_\_\_\_ cm na

initials: \_\_\_\_\_



**7. Oropharyngeal sampling**

Yes  No  →If NO, give the reason : \_\_\_\_\_

initials: \_\_\_\_\_

**8. During the last month did you took any antibiotic or proton-pump inhibitor\*.**



*\*Oméprazole (Mopral, Losec, Logastric, Mopralpro), ésoméprazole (Inexium, Nexium, Nexiam) dextransoprazole et lansoprazole (Lanzor, Ogast, Dakar, Iposec, Dexilant), pantoprazole (Pantoloc, Inipomp, Eupantol, Panthomed, Tecta), rabéprazole (Prevacid).*

Yes  No  →If Yes, give the Rx name (s) : \_\_\_\_\_

initials: \_\_\_\_\_



## Oral Health Data Collection Tool

RENSEIGNEMENTS SUR L'EXAMEN CLINIQUE		Statut : Nouveau
<b>IDENTIFICATION DU PARTICIPANT</b>		
N° d'identification unique :	<input type="text" value="Q17-"/>	*
Nom :	<input type="text"/>	*
Prénom :	<input type="text"/>	*
Date de naissance (aaaa-mm-jj) :	<input type="text" value="-- --"/>	*
Sexe :	<input type="text"/>	*
<b>CARACTÉRISTIQUES DE L'EXAMEN</b>		
Date :	<input type="text" value="2017-07-13"/>	*
Dentiste-examineur :	<input type="text" value="Hélène Fournier Noël"/>	*
Inscripteur de données :	<input type="text"/>	*
<input type="checkbox"/> L'individu ne peut être examiné (s'il est non coopératif, par exemple) Raison si non examiné : <input type="text"/>		
Stade de carie :	<input type="text" value="Codes 4 à 6"/>	*
<b>COMMENTAIRES GLOBAUX</b>		
<input type="text"/>		
<b>ÉDENTATION</b>		
<b>CONSIGNES</b>		
<ul style="list-style-type: none"> <li>- Si au moins une dent naturelle est présente, l'individu est considéré comme denté.</li> <li>- Si aucune dent naturelle n'est présente, l'individu est considéré comme édenté.</li> </ul>		
L'individu est :	<input type="text"/>	*
<b>COMMENTAIRES</b>		
<input type="text"/>		
		
<b>CONDITION PROTHÉTIQUE</b>		
<b>CONSIGNES</b>		
<ul style="list-style-type: none"> <li>- Les renseignements cliniques recueillis dans cette section portent uniquement sur la présence de <u>dents artificielles</u> ou d'<u>implants en combinaison avec une prothèse</u>. Ne pas noter les implants en combinaison avec une couronne ou un pont dans cette section.</li> <li>- Si le participant ne porte pas de prothèses au moment de l'examen, demandez-lui s'il possède une ou des prothèses qu'il ne porte pas actuellement. Si une prothèse est utilisée au moins une fois par mois, noter sa présence. Si elle est utilisée moins d'une fois par mois, noter aucune prothèse.</li> </ul>		
<b>DONNÉES À SAISIR</b>		
Condition prothétique au maxillaire supérieur :	<input type="text"/>	*
Condition prothétique au maxillaire inférieur :	<input type="text"/>	*
<b>COMMENTAIRES</b>		
<input type="text"/>		
		

## TRAUMATISMES DENTAIRES

### CONSIGNES

- La partie visible de la dent est examinée.
- Ne pas enregistrer l'usure comme un traumatisme.
- Seul l'état des dents permanentes est noté.
- Une dent absente ne sera pas remplacée.

### Codes des traumatismes dentaires

- 0 = aucun
- 1 = fracture de l'émail non restaurée - dentine non atteinte
- 2 = fracture de l'émail non restaurée - dentine atteinte
- 3 = lésion non traitée - décoloration, enflure, fistule
- 4 = fracture restaurée - couronne complète
- 5 = fracture restaurée - autre restauration
- 6 = restauration de la face linguale et antéécédents de traitement de canal
- 7 = dent présente avec autre condition liée à un traumatisme
- 8 = dent absente en raison d'un traumatisme
- 9 = dent absente pour une raison autre qu'un traumatisme

### DONNÉES À SAISIR

Question à l'individu examiné :

FR : *As-tu déjà eu une blessure sur les dents du devant?*

EN : *Have you ever injured your front teeth?*

12	11	21	22
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
42	41	31	32
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### COMMENTAIRES



## CONDITION GINGIVALE

### CONSIGNES

- Certaines conditions médicales spécifiques pourraient empêcher l'examen des gencives. Vérifier la fiche-santé à cet effet.
- La dent doit avoir fait une éruption complète pour être évaluée.
- Si la dent temporaire et la dent permanente ont fait une éruption complète, noter l'état de la dent permanente seulement.
- Si la dent permanente est absente ou en éruption incomplète, elle est remplacée par la dent temporaire.
- Si la dent temporaire et la dent permanente sont absentes ou en éruption incomplète, elles ne sont pas remplacées.

### Codes de gingivite

- 0 = aucune inflammation
- 1 = inflammation légère ou modérée, sans saignement
- 2 = inflammation modérée, avec saignement
- 3 = inflammation grave
- 7 = dent ne peut pas être examinée
- 8 = dent en éruption incomplète
- 9 = dent absente

### DONNÉES À SAISIR

- Une condition médicale empêche l'examen des gencives

16 (55)	12 (52)	24 (64)
<input type="text"/>	<input type="text"/>	<input type="text"/>
44 (84)	32 (72)	36 (75)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### COMMENTAIRES



## HYGIÈNE BUCCODENTAIRE

### CONSIGNES

- Si la dent temporaire et la dent permanente sont présentes, noter l'état de la dent permanente seulement
- La dent doit avoir fait une éruption complète pour être évaluée
- Les dents dont la couronne entière a été restaurée ou dont la hauteur des faces est réduite par la carie ou un traumatisme ne sont pas évaluées.
- Les dents ayant un boîtier orthodontique ou recouvertes d'une bague orthodontique ne sont pas évaluées.

DENTS TÉMOINS ET RÉGLES DE SUBSTITUTION ▶ [Sextants postérieurs](#) ▶ [Sextant antérieur supérieur](#) ▶ [Sextant antérieur inférieur](#)

#### Codes de débris

0 = aucun  
 1 = moins du 1/3 de la face  
 2 = 1/3 à 2/3 de la face  
 3 = plus des 2/3 de la face  
 7 = dent ne peut pas être examinée  
 8 = dent en éruption incomplète  
 9 = dent absente

#### Codes de tartre supragingival

0 = aucun  
 1 = moins du 1/3 de la face  
 2 = 1/3 à 2/3 de la face  
 3 = plus des 2/3 de la face  
 7 = dent ne peut pas être examinée  
 8 = dent en éruption incomplète  
 9 = dent absente

### DONNÉES À SAISIR

		MAXILLAIRE SUPÉRIEUR		
Face à examiner	buccale	buccale	buccale	
	Débris :	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tartre :	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<i>Sextant postérieur droit</i>	<i>Sextant antérieur</i>	<i>Sextant postérieur gauche</i>
Face à examiner	linguale	buccale	linguale	
	Débris :	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tartre :	<input type="text"/>	<input type="text"/>	<input type="text"/>
		MAXILLAIRE INFÉRIEUR		

### COMMENTAIRES

## CARIE, RESTAURATIONS ET AGENTS DE SCELLEMENT

### CONSIGNES AU DENTISTE-EXAMINATEUR

- Les dents doivent être brossées avant l'examen.
- Procéder dans l'ordre suivant :
  1. Noter la présence et l'absence des dents.
  2. Examiner les dents et les faces une après l'autre selon la méthode prescrite.
- Si la dent temporaire et la dent permanente sont présentes, indiquer la présence et l'état de la dent permanente seulement.
- Une dent est considérée comme présente aussitôt qu'une partie de celle-ci est visible en bouche.
- Les parties non visibles d'une dent ayant partiellement fait éruption sont considérées comme saines.
- La partie de la dent recouverte d'une bague ou d'un boîtier orthodontique est considérée comme saine.
- Dans le cas où deux conditions sont observées sur la même face, le pire état est noté.

### CONSIGNES À L'INSCRIPTEUR DE DONNÉES

- Indiquer la présence ou l'absence de chaque dent dans la case prévue à cet effet.
- Pour les dents présentes, noter le code à deux chiffres pour chacune des faces coronaires et pour la racine.

#### Codes de PRÉSENCE/ABSENCE

##### Dents présentes ou absentes

- # de la dent présente
- 90 = implant pour raison autre
- 91 = implant en raison de la carie/mal. parodontale
- 92 = pontique pour raison autre
- 93 = pontique en raison de la carie/mal. parodontale
- 97P = absente en raison de la carie/mal. parodontale
- 98 = absente pour raison autre
- 99 = n'ayant pas fait éruption

##### Codes pour la COURONNE

##### Codes pour la RACINE

##### Restaurations

##### Cane

- 0 = aucune
- 3 = matériau esthétique
- 4 = amalgame
- 6 = couronne, facette ou incrustation
- 7 = obturation perdue ou brisée
- 8 = obturation temporaire

- 0 = aucune
- 3 = matériau esthétique
- 4 = amalgame
- 7 = obturation perdue ou brisée
- 8 = obturation temporaire

- 0 = face saine et stades non considérés
- 4 = ombre dentinaire sans cavité
- 5 = cavité distincte avec dentine visible (< 50 % de la face)
- 6 = cavité extensive avec dentine visible (> ou = 50 % de la face)

- 0 = racine saine
- 1 = changement de teinte sans cavité
- 2 = changement de teinte avec cavité

### ODONTOGRAMME

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
Présence / absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Présence / absence
OM/O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OM/O
OD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OD
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M
B lisse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B lisse
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D
L sillon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L sillon
L lisse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L lisse
Racine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Racine(s)

	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
Présence / absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Présence / absence
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M
B sillon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B sillon
B lisse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B lisse
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D
L lisse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L lisse
Racine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Racine(s)

## CONSÉQUENCES DE LA CARIE (PUFA)

### CONSIGNES

- Un seul code PUFA est noté par dent.
- Les lésions des tissus adjacents, qui ne sont pas liées à une dent dont l'atteinte pulpaire est visible et causée par la carie, ne sont pas notées.
- Si la dent temporaire et la permanente correspondante sont présentes et montrent toutes les deux des signes d'atteinte pulpaire en raison de la carie, un code PUFA sera attribué à chacune des dents.

#### Codes PUFA

X = aucune conséquence  
 P = atteinte pulpaire  
 U = ulcération traumatique des tissus mous adjacents  
 F = fistule  
 A = abcès

### DONNÉES À SAISIR

					55	54	53	52	51						61	62	63	64	65					
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
18	17	16	15	14	13	12	11			21	22	23	24	25	26	27	28							
					85	84	83	82	81						71	72	73	74	75					
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
48	47	46	45	44	43	42	41			31	32	33	34	35	36	37	38							

### COMMENTAIRES

### GRILLE DE VALIDATION

- Cette grille permet de valider la cohérence sur la présence et l'absence des dents entre les indicateurs.
- Les cases oranges indiquent les incohérences relevées.
  - Cliquez sur le code que vous souhaitez corriger. Vous serez redirigé à l'endroit où le code a été initialement saisi.
  - Entrez le nouveau code souhaité et cliquez sur la flèche orange jusqu'à revenir à la grille de validation.
  - Lorsque toutes les erreurs auront été corrigées et qu'aucune case orange ne sera visible, inscrivez le numéro d'identification unique du participant au bas de la grille pour mettre fin à l'enregistrement.

Pour plus de détails sur l'utilisation de la grille, consultez le Guide de l'Inscripteur de données.

#### Maxillaire supérieur

	18	17	16	55	15	54	14	53	13	52	12	51	11	21	61	22	62	23	63	24	64	25	65	26	27	28	
Édentation																											
Carie, restaurations et agents de scellement																											
PUFA																											
Traumatismes dentaires																											
Condition gingivale																											
Hygiène bucco. - Débris																											
Hygiène bucco. - Tartre																											

#### Maxillaire inférieur

	48	47	46	85	45	84	44	83	43	82	42	81	41	31	71	32	72	33	73	34	74	35	75	36	37	38	
Édentation																											
Carie, restaurations et agents de scellement																											
PUFA																											
Traumatismes dentaires																											
Condition gingivale																											
Hygiène bucco. - Débris																											
Hygiène bucco. - Tartre																											

Pour terminer l'examen, veuillez valider le numéro d'identification unique de l'individu examiné :

Q17-\_\_\_\_\_



## NUNAVIK INUIT HEALTH SURVEY-2017. Qanuillirpita 2017 – How are we now?

### INFORMATION SHEET AND CONSENT FORM (16 years old and over)

#### Principal Investigator and Scientific co-director:

**Pierre Ayotte**, Department of Social and Preventive Medicine Faculty of Medicine, Université Laval, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Institut national de santé publique de Québec, Québec, QC, Canada.

#### Scientific co-director:

**Françoise Bouchard**, Director of Public Health Nunavik Regional Board of Health and Social Services, Kuujjuaq.

#### Co-principal investigators:

**Richard Bélanger**, Department of Pediatrics Faculty of Medicine, Université Laval CHU de Québec, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Québec, QC, Canada.

**Aimée Dawson**, Faculty of dental medicine Université Laval, Québec, QC, Canada.

**Christopher Fletcher**, Department of Social and Preventive Medicine Faculty of Medicine, Université Laval, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Québec, QC, Canada.

**Chris Furgal**, Indigenous Environmental Studies program, Trent University, Ontario.

**Chantal Galarneau**, Public Health Dentist, Direction du développement des individus et des communautés, Institut national de santé publique de Québec, Québec, QC, Canada.

**Mélanie Lemire**, Department of Social and Preventive Medicine Faculty of Medicine, Université Laval, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Québec, QC, Canada.

**Benoît Lévesque**, Department of Social and Preventive Medicine Faculty of Medicine, Université Laval, Institut national de santé publique de Québec, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Québec, QC, Canada.

**Michel Lucas**, Department of Social and Preventive Medicine Faculty of Medicine, Université Laval, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Québec, QC, Canada.

**Gina Muckle**, Vice-Dean of Studies Faculty of Social Science, Université Laval, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center-Université Laval, Québec, QC, Canada.

**Mylène Riva**, Institute for Health and Social Policy and Department of Geography, McGill University, Montréal, QC, Canada.

#### Who is funding this survey?

Nunavik Regional Board of Health and Social Services, Ministère de la santé et des services sociaux, ArcticNet, Makivik Corporation, Kativik Regional Government, Kativik School Board, Amundsen Science, Northern Contaminants Program.





## **NUNAVIK INUIT HEALTH SURVEY-2017. Qanuillirpita 2017 – How are we now?**

Take the time to acknowledge the following information and consent form. If something is not clear to you, or if you do not understand something, please do not hesitate to ask the research nurse or the interviewer. It will be our pleasure to answer you.

### **A description of the Nunavik Inuit Health Survey-2017**

The Nunavik Regional Board of Health and Social Services is working with the National Institute of Public Health of Québec, and with the cooperation of the CHU de Québec-Université Laval, Research Center in Québec City, to conduct a health and community survey in the 14 Inuit communities of Nunavik. The aim of the survey is to better document health, social and environmental issues affecting the Inuit population of Nunavik, to support actions that will improve health and develop knowledge. This survey will help to plan programs and services to support healthy community development and conditions, and to prevent diseases such as heart disease and cancer, anaemia, and other physical or mental health problems, and to implement positive life habits and nutrition programs. So far, two surveys have been conducted by Nunavik authorities: The Santé Québec survey in 1992, and the *Qanuippitaa* (How are we?) survey in 2004. Elected representatives and leaders of your communities have been actively involved in developing this survey from its beginning. The *Qanuillirpita* (How are we now?) 2017 survey will establish an up-to-date portrait of the health status of the Inuit in Nunavik.

### **The survey's specific objectives are as follows:**

- For the adult health component: to document the status and the factors affecting mental and physical health (31 years of age and older), and follow up of the 2004 adult participants.
- For the youth health component: to establish a new group of 1000 participants made up of Inuit youth aged 16 to 30 years old to document the status of and the factors affecting mental and physical health;
- For the community health component: to document the socio-cultural factors affecting health.

### **Who are the participants?**

Two thousands (2000) Nunavimmiut from the 14 communities will be invited to participate.

### **What you will be asked to do as a survey participant?**

After you agree to participate in this survey you will be asked to come onboard the icebreaker “Amundsen” where;

You will be interviewed, in the language of your preference, in a face-to-face interview with a trained interviewer.

This interview will ask questions about your: sociodemographic situation, lifestyle, physical and mental health, victimization, sexual health (youths 16 to 30 years old), issues of justice, family experiences and support, housing conditions, socio-cultural aspects of health, food security, and eating habits. The interview will last approximately two hours.

- You will undergo the following procedures;
  - Samples of blood (approximately 70 ml or 5 tablespoons), urine (approximately 10 ml), and stool will be collected.
  - Your weight, height, body mass index, and waist circumference will be measured.





## **NUNAVIK INUIT HEALTH SURVEY-2017. Qanuilirpitaa 2017 – How are we now?**

- Your body composition; total water, fat mass, fat free mass, visceral and body fat will be measured.
- Your blood pressure and heart rate will be taken.
- An oro-pharyngeal swab will be taken.
- Women will provide an auto-vaginal swab (16 to 30 years old).
- **Breathing tests**
  - A lung function test will be done for all participants. . Results will indicate if you have asthma or chronic obstructive pulmonary diseases.
- **Oral clinical exam**
  - This exam is to evaluate your oral health by looking at the number of teeth and use of dentures, results of injury (trauma) to front teeth, gum health, oral hygiene, cavities (dental caries) and results of treated and untreated cavities, as well looking at the soft tissues of your mouth (tongue, cheeks, and so on). The dentist may ask you questions from time to time about your teeth, as well.

The biological sampling and clinical tests will last approximately one hour.

### **Medical record**

A research nurse will record information from your medical file on the identification of diagnosed cases of heart disease, cancers, and metabolic disorders such diabetes (including gestational diabetes), brain injury and associated conditions, respiratory health and past infectious diseases.

### **What will we do with your blood, stool, swabs and urine samples?**

All your samples will be sent to laboratories in Québec City to measure concentrations of environmental contaminants and metals such as PCBs and mercury. Other tests will also be done such as a complete blood count, biomarkers of nutritional status and anemia, liver and kidney diseases, cardio-vascular health and diabetes, allergies, diseases caught from animal, sexually transmitted infections (chlamydia, gonorrhea, syphilis, youth only), antibodies indicating active or past infections such as *Helicobacter pylori*, occult blood presence for colorectal cancer screening (50 years old and over only), and possible risk factors of respiratory diseases. Remaining samples will be stored for 25 years in freezers located at the Institut national de santé publique de Québec, under the responsibility of Danielle St-Laurent, the Executive Director of *Qanuilirpitaa 2017*. All samples will be identified by a code number only, your name will not appear on them.

### **Benefits to participating in this project**

By participating in this project, you will be helping your community to know more about the health status and factors affecting the health of Nunavimmiut, how health care could be improved, and the well-being of your community. Moreover, the survey will also help Nunavimmiut to understand their oral health and plan programs and services that meet oral health needs.

You would be informed by letter of all your results if you want. If some of them are abnormal, you will be invited to consult a doctor at the nursing station clinic.

In order to thank you for your participation, a \$75.00 will be given to you at the end of the visit.



## **NUNAVIK INUIT HEALTH SURVEY-2017. Qanuillirpita 2017 – How are we now?**

### **Potential risk and discomforts**

The risk and discomforts of participating in this survey are minimal. You might develop a light bruise where the needle goes in, but this is rare.

During the interview you might feel tired, uncomfortable, or distressed in answering some of the questions. At any time you can ask for a rest or you can refuse to answer any questions if it is causing you discomfort. All participants will receive a list of appropriate resources.

For the breathing tests discomfort is unusual. This test involves maximum effort breathing out and this may cause you to feel dizzy or lightheaded. These feelings are usually temporary. To reduce this risk, the breathing test is performed while you are seated on a chair. The personnel who administer the test are specially trained and certified in this procedure.

The oral examination is not designed to cause pain or discomfort. However, risks of participating could include mild jaw discomfort from keeping your mouth open.

### **Confidentiality**

All information gathered for this project will be kept confidential. Your name will only appear on what is called the ‘Master List’ that matches names with project numbers. Only the Principal investigator and his/her designated representative will have access to that list. After 25 years, the ‘Master List’ will be destroyed along with all the blood, stool, swabs and urine samples. Your name will not appear in any publication or report.

### **Who is involved in the project:**

- Nunavik Regional Board of Health and Social Services, Nunavik.
- Institut national de santé publique de Québec, Québec.
- CHU de Québec-Université Laval, Research Center in Québec City.
- McGill University, Montréal.
- Trent University, Ontario.

### **Do I have to participate in this project?**

Your participation is on a voluntary basis. If you agree to participate in the project now and wish to withdraw later, you can stop at any time. What you decide will not cause any prejudice to you or members of your family.

**If you have any questions about this survey project**, you are free and welcome to contact:

- Pierre Ayotte, Department of Social and Preventive Medicine Faculty of Medicine, Université Laval, Population Health and Optimal Health Practices Research Unit, CHU de Québec Research Center- Université Laval, Institut national de santé publique de Québec, Québec, QC, Canada: (418) 650-5115 ext. 4654 (Quebec City).
- Françoise Bouchard, Director of Public Health Nunavik Regional Board of Health and Social Services, Kuujuaq: (819) 964-2222 ext. 226

If you have any concerns about your participation, questions or complaints, you can also write to:

- The Nunavik Regional Board of Health and Social Services, Director Françoise Bouchard, Kuujuaq, Quebec, J0M 1C0.



## **NUNAVIK INUIT HEALTH SURVEY-2017. Qanuillirpita 2017 – How are we now?**

- Complaints Commissioners:
  - 1) Ungava Bay Coast: Contact person Kitty Gordon, Tulatavik Health Centre, Kuujjuaq, Quebec, J0M 1C0.
  - 2) Hudson Bay Coast: Pierre-Antoine Guinard, Inuulitsivik Health Centre, Puvirnituaq, Quebec, J0M 1P0.

If you have any comments or questions regarding your rights as a participant, please contact the Research Ethics Office of the Université Laval CHU (Québec city) at 418 525-4444 ext. 52715.

If you have any complaints, you can also contact the Local Service Quality and Complaints Commissioner of the CHU de Québec - Université Laval (Québec city) at 418-654-2211.

The survey has been approved by the CHU de Québec – Université Laval Research Ethics Committee (No.2016-2499-21).



**NUNAVIK INUIT HEALTH SURVEY-2017. Qanuillirpita? 2017 – How are we now?**

**CONSENT FORM (16 years old and over)**

**The Principal Investigator** and the survey team have made a formal commitment to do what is explained in this information and consent form. A copy of this information and consent form will be given to you.

I have been fully informed of the objective of the survey being conducted, in a language that I understand and speak (Inuktitut, English or French), and all my questions were duly answered. I understand what this survey involves and I hereby agree to participate in the *Qanuillirpita? (How are we now?) 2017* survey.

I understand that even if I accept, I can change my mind at any time without suffering any consequences (without prejudice).

**I agree to participate in this survey.**

Yes

No

I authorize the principal investigator of the *Qanuillirpita? (How are we now?) 2017* survey to send my results to a medical representative of the CLSC (nursing station) in my community, and this by way of prevention. I understand that I will receive all my results, and if any of my results are abnormal, I will be advised to consult the responsible physician or nurse of my CLSC.

*You do not need to agree to this to be in the survey.*

Yes

No

I agree to be contacted again in the future to be invited to participate in a follow-up of this survey, or for any other analyses, or other survey, not mentioned above.

*You do not need to agree to this to be in the survey.*

Yes

No

If you are a participant from the adult cohort of 2004, you already agreed and signed to be part of the International Inuit Cohort Study, which mean a research nurse do record information (diagnosed cases of heart disease, cancers, and metabolic disorders such diabetes (including gestational diabetes), brain injury and associated conditions, respiratory health and past infectious diseases) from your medical file every 7 years.

Do you still agree to be part of this group of participants?

If you were not recruited in 2004, do you agree to be part of the International Inuit Cohort Study?

*You do not need to agree to this to be in the survey.*

Yes

No

\_\_\_\_\_  
Name of participant  
(please print your name)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (dd / mm / yy)



## Qanuilirpita? 2017 – How are we now?

### HEALTH SURVEY OF THE INUIT OF NUNAVIK - 2017

#### Individual Appointment

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

#### Welcome on the Amundsen

YOU HAVE AN APPOINTMENT FOR THE SURVEY ON THE SHIP “AMUNDSEN” :

Day: \_\_\_\_\_ TIME: \_\_\_\_\_ : \_\_\_\_\_

Date : \_\_\_\_\_  
MM DD YY

Fasting  YES  NO

Therefore you have to be at \_\_\_\_\_(place) \_\_\_\_\_(hour) for the  
Barge or helicopter to take you on the ship.

\*\*\*\*\*

You have **to be fasting**, that mean no food/drink\* and alcohol **after midnight** the day before.

\*You can drink water **but no coffee, no tea, no juice and alcohol.**

In the morning you can take your medication. ***For diabetes, no insulin or hypoglycemiants; e.g. glucophage, diabetas, etc but bring it with you, a meal will be serve after the blood test so you will be able to adjust your glycaemia.***

\*\*\*\*\*

Thank you for your collaboration in the Health Survey of the Inuit of Nunavik. Your participation is essential since you have been randomly chosen to represent people of your community.

**We look forward to see you**

\_\_\_\_\_  
Recruiter signature



Nunavik Inuit Health Survey-2017. Qanuilirpitaa 2017 – How are we now?

Enquête de santé chez les Inuit du Nunavik-2017. Qanuilirpitaa 2017 – Comment allons-nous maintenant ?

## Instructions for Stool Specimen Collection

Appointment on the ship Date ; \_\_\_\_\_ Hour : \_\_\_\_\_.

Specimen should be collected before your visit on the ship.  
Ideally within 24 hours of your appointment. \_\_\_\_\_.

**STEP 1.** Raise the toilet seat. Place the stool collection frame on the back of the toilet bowl (see Figure 1). All four corners of the collection frame should be supported by the toilet bowl. Place collection bowl in frame (see Figure 2).



Figure 1



Figure 2

**STEP 2.** Place toilet seat down (see Figure 3). **Do not urinate into the collection container\***. Deposit your stool directly into the collection container.

Figure 3



**STEP 3.** After collecting your specimen, remove the container from the frame (see Figure 4). Place the container on a flat surface and firmly press the lid closed (see Figures 5 and 6).



Figure 4



Figure 5



Figure 6

**STEP 4.** Place the closed container into the green plastic bag. **And write on the sticker on the plastic bag :**

- your name
- date
- hour

**STEP 5.** Discard collection frame in trash.

**STEP 6.** Store your specimen in your refrigerator.

**STEP 7.** Bring your specimen with you on the ship (Amundsen) and give it to the personnel of the survey on board.

*May 16th 2017*

## **Consignes pour le recrutement des participants à partir des listes d'échantillon par communauté**

Préparé par Denis Hamel, statisticien, BIESP, INSPQ

Version du 11 août 2017.

L'échantillonnage est fait de manière indépendante selon la communauté et deux groupes d'âge : 16-30 (youth) et 31+ (old).

Dans les feuilles EXCEL préparées pour le recrutement des participants d'une communauté donnée, il y a donc un onglet pour chaque groupe d'âge.

### ***Ce qu'il faut savoir à propos de l'échantillonnage***

Pour le groupe des 16 à 30 ans, des strates de sexe et de sous-groupes d'âge (16-19 ans et 20-29 ans) ont été formées. L'échantillon est alors réparti proportionnellement dans ces strates.

Pour le groupe des 31 ans et plus, des strates sont formées du sexe et de l'appartenance à la cohorte (enquête de 2004). Toutes les personnes encore vivantes faisant partie de la cohorte de 2004 sont inclus dans l'échantillon de 2017. D'autres personnes doivent être échantillonnées pour atteindre l'objectif de 1 000 participants de ce groupe d'âge.

Compte tenu des informations de l'enquête précédente, le taux de réponse (incluant les refus et les absents) au niveau des personnes est estimé entre 50 et 60%. Il faudra donc prévoir échantillonner des personnes en surplus (back-up) comme remplacement afin d'obtenir les tailles d'échantillons prévues.

L'enquête vise les personnes âgées de 16 ans et plus. L'éligibilité des personnes échantillonnées a été vérifiée à l'aide de la date de naissance apparaissant dans les listes des bénéficiaires. Malgré tout, il se pourrait que des personnes faisant partie de l'échantillon ne respectent pas ce critère pour l'âge. Ils ne devront en aucun cas être recrutés



### Comment procéder au recrutement des participants

Pour le recrutement, dans tous les cas, le principe est le même. Voici les étapes à suivre

1. On doit d'abord obtenir le consentement des personnes faisant partie de l'échantillon, ceux avec la mention **Y** dans la colonne *Sample* (onglets 16-30 et 31+).

**Rappel** : Éligibilité du participant : être âgé de 16 ans et plus au moment de l'enquête et ne pas être atteint de la tuberculose.

- Si le participant ne respecte pas ces deux critères, inscrire le code 2 ou 3 correspondant dans la colonne *Status* et arrêter le processus de recrutement en le remerciant.
2. Si la personne est absente ou refuse de participer à l'enquête,
    - a. Mentionner la raison de cette non-participation en inscrivant le code approprié dans le champ *Status*. Voir la liste des codes dans l'onglet « Status code ».

Sample ID	First_name	Last_name	Date_of_birth	Sex	Community of residence	Cohort 2004	Age	Sample Replaced Sample ID	Appointment	Status	C
									Preference		
Q17-01-221	Maggie	Fleming	1967-01-07	F	Kuujuaraapik	Yes	50	Y	Morning	1	
Q17-01-252	Masta	Fleming (Weetaltuk)	1965-01-09	F	Kuujuaraapik	Yes	52	Y	Morning	1	
Q17-01-316	Dinah Samantha	Iftoshat (Napatuk)	1986-08-12	F	Outside territory	Yes	31	Y	Morning	3	
Q17-01-333	Betsy	Kitishimik	1971-11-26	F	Kuujuaraapik	Yes	45	Y	Morning	5	
Q17-01-338	Mary	Kitishimik	1943-10-08	F	Kuujuaraapik	Yes	73	Y	Morning		

- b. La remplacer par une personne appartenant à la même strate (sexe et âge s'il y a lieu) avec mention **B**. On essaie d'obtenir le consentement de cette nouvelle personne en retournant à l'étape 1.

**Attention** : il faut suivre l'ordre ou la séquence des personnes en back-up (B).

**Important** : s'il ne reste plus de personnes de 16-19 ans dans les back-up, prendre alors une personne de 20-29 ans de même sexe dans les back-up de ce groupe d'âge. Il devrait avoir suffisamment de personnes en back-up pour les autres groupes d'âges (20-29 ans et 31 ans et plus). Advenant le cas que les back-up soient tous épuisés, faudra contacter Denis Hamel (sur les heures de bureau : 418-650-5115 poste 5714 ou en dehors de ces heures au 418-563-6866).

- d. Mettre le numéro *Sample ID* de la personne remplacée dans le champ approprié (Replaced sample ID) comme dans l'exemple précédent.

**Exemple :** Le participant Q17-01-316 (Dinah Samantha Ittoshat (Nupartuk) ) a refusé de participer à l'étude (Status Code=5). Il est remplacé par le premier individu en back-up dont le *Sample ID* est Q17-01-652. On transcrit alors le numéro Q17-01-316 dans la colonne *Replaced Sample ID*.

Ensuite, cette personne en Back-up refuse à son tour. Elle est alors remplacée par une autre personne en Back-up (la prochaine disponible soit Q17-01-448) qui accepte finalement de participer. On inscrit alors le numéro Q17-01-652 dans la colonne *Replaced Sample ID* pour Q17-01-652.

Sample ID	First_name	Last_name	Date_of_birth	Sex	Community of residence	Cohort 2004	Age	Sample Replaced Sample ID	Appointment	Status	Comr
									Preference		
Q17-01-221	Maggie	Fleming	1967-01-07	F	Kuujuaaraapik	Yes	50	Y	Morning	1	PM only
Q17-01-252	Masta	Fleming (Weetalluk)	1965-01-09	F	Kuujuaaraapik	Yes	52	Y	Morning	1	
Q17-01-316	Dinah Samantha	Ittoshat (Nupartuk)	1986-08-12	F	Outside territory	Yes	31	Y	Morning	5	
Q17-01-333	Betsy	Kitishimik	1971-11-26	F	Kuujuaaraapik	Yes	45	Y	Morning	5	
Q17-01-338	Mary	Kitishimik	1943-10-08	F	Kuujuaaraapik	Yes	73	Y	Morning	1	
Q17-01-339	Parsa	Kitishimik	1973-10-09	F	Kuujuaaraapik	Yes	43	Y	Morning	1	
Q17-01-488	Ina	Quara	1984-07-02	F	Kuujuaaraapik	Yes	33	Y	Morning	1	
Q17-01-520	Mary	Roussel (Fleming)	1958-03-16	F	Kuujuaaraapik	Yes	59	Y	Morning	1	
Q17-01-551	Emily	Tookalook	1956-09-01	F	Kuujuaaraapik	Yes	60	Y	Morning	1	
Q17-01-574	Daphne Carol	Tooktoo	1979-10-07	F	Kuujuaaraapik	Yes	37	Y	Morning	1	
Q17-01-581	Lizzie	Tooktoo	1963-05-01	F	Outside territory	Yes	54	Y	Morning	1	
Q17-01-604	Marilyn Sue	Tuckatuck	1971-12-12	F	Kuujuaaraapik	Yes	45	Y	Morning	1	
Q17-01-636	Dinah	Weetalluk	1976-01-12	F	Kuujuaaraapik	Yes	41	Y	Morning	1	
Q17-01-11	Alice	Angatookalook	1977-08-09	F	Kuujuaaraapik	Yes	40	Y		1	
Q17-01-281	Sarah	Hunter (Novalinga)	1949-02-07	F	Kuujuaaraapik	Yes	68	Y		1	
Q17-01-407	Annie	Nupartuk	1970-04-06	F	Outside territory	Yes	47	Y		1	
Q17-01-12	Alicia Alice	Angatookalook	1981-08-24	F	Kuujuaaraapik		35	Y		1	
Q17-01-167	Alice	Fleming	1983-09-15	F	Kuujuaaraapik		33	Y		1	
Q17-01-200	Jeannie Louisa	Fleming	1961-07-26	F	Kuujuaaraapik		56	Y		1	
Q17-01-224	Mary (esperon) Connie	Fleming	1949-04-26	F	Kuujuaaraapik		68	Y		1	
Q17-01-361	Natasha Ita	Maddonald	1974-03-01	F	Kuujuaaraapik		43	Y		1	
Q17-01-459	Louisa	Nowra	1976-11-22	F	Kuujuaaraapik		40	Y		1	
Q17-01-467	Louisa Aqiaruq	Nutaraluk	1985-10-13	F	Kuujuaaraapik		31	Y		1	
Q17-01-482	Ciara	Papyarluk (Ittoshat)	1957-07-12	F	Kuujuaaraapik		60	Y		1	
Q17-01-496	Lucy	Quarak	1964-12-30	F	Kuujuaaraapik		52	Y		1	
Q17-01-637	Dora Jean	Weetalluk	1969-04-30	F	Kuujuaaraapik		48	Y		1	
Q17-01-652	Minnie	Weetalluk	1979-02-28	F	Kuujuaaraapik		38	B	Q17-01-316	5	
Q17-01-72	Louisa	Brown (Cookie)	1951-05-01	F	Kuujuaaraapik		66	B	Q17-01-333	1	
Q17-01-448	Emily (fleming)	Novalinga	1954-03-16	F	Kuujuaaraapik		63	B	Q17-01-652	1	

- e. Si la préférence du rendez-vous est le matin (Preference= Morning)
  - i. Si la personne absente ou qui refuse fait partie de la cohorte (pour les 31 ans et plus, vérifier *Cohort 2004* = Yes)
    - 1. On doit d'abord assigner un rendez-vous le matin pour une autre personne de la cohorte dont la préférence est l'après-midi
    - 2. sinon, on accorde le rendez-vous du matin à une autre personne échantillonné (Y) ou en back-up (B).

Sample ID	First_name	Last_name	Date_of_birth	Sex	Community of residence	Cohort 2004	Age	Sample Replaced Sample ID	Appointment Preference	Status	Comments
Q17-01-221	Maggie	Fleming	1967-01-07	F	Kuujuaraapik	Yes	50	Y	Morning	1	PM only
Q17-01-252	Masta	Fleming (Weetalluk)	1965-01-09	F	Kuujuaraapik	Yes	52	Y	Morning	1	
Q17-01-316	Dinah Samantha	Iltoshat (Nupartuk)	1986-08-12	F	Outside territory	Yes	31	Y	Morning	5	
Q17-01-333	Betsy	Kitshimik	1971-11-26	F	Kuujuaraapik	Yes	45	Y	Morning	5	
Q17-01-338	Mary	Kitshimik	1943-10-08	F	Kuujuaraapik	Yes	73	Y	Morning	1	
Q17-01-339	Parsa	Kitshimik	1973-10-09	F	Kuujuaraapik	Yes	43	Y	Morning	1	
Q17-01-488	Ima	Quara	1984-07-02	F	Kuujuaraapik	Yes	33	Y	Morning	1	
Q17-01-520	Mary	Roussel (Fleming)	1958-03-16	F	Kuujuaraapik	Yes	59	Y	Morning	1	
Q17-01-551	Emily	Tookalook	1956-09-01	F	Kuujuaraapik	Yes	60	Y	Morning	1	
Q17-01-574	Daphne Carol	Tookalook	1979-10-07	F	Kuujuaraapik	Yes	37	Y	Morning	1	
Q17-01-581	Lizzie	Tookalook	1963-05-01	F	Outside territory	Yes	54	Y	Morning	1	
Q17-01-604	Marilyn Sue	Tuckatuk	1971-12-12	F	Kuujuaraapik	Yes	45	Y	Morning	1	
Q17-01-636	Dinah	Weetalluk	1976-01-12	F	Kuujuaraapik	Yes	41	Y	Morning	1	
Q17-01-11	Alice	Angatookalook	1977-08-09	F	Kuujuaraapik	Yes	40	Y	Morning	1	Make an appointment in the morning
Q17-01-281	Sarah	Hunter (Novalinga)	1949-02-07	F	Kuujuaraapik	Yes	68	Y	Morning	1	Make an appointment in the morning
Q17-01-407	Annie	Nupartuk	1970-04-06	F	Outside territory	Yes	47	Y	Morning	1	
Q17-01-12	Alicia Alice	Angatookalook	1981-08-24	F	Kuujuaraapik		35	Y	Morning	1	
Q17-01-167	Alice	Fleming	1983-09-15	F	Kuujuaraapik		33	Y	Morning	1	
Q17-01-200	Jeannie Louisa	Fleming	1961-07-26	F	Kuujuaraapik		56	Y	Morning	5	
Q17-01-224	Mary (esperon) Connie	Fleming	1949-04-26	F	Kuujuaraapik		68	Y	Morning	1	
Q17-01-361	Natasha Ita	Macdonald	1974-03-01	F	Kuujuaraapik		43	Y	Morning	1	
Q17-01-459	Louisa	Nowra	1976-11-22	F	Kuujuaraapik		40	Y	Morning	1	Make an appointment in the morning
Q17-01-467	Louisa Aqiaruq	Nutaraluk	1985-10-13	F	Kuujuaraapik		31	Y	Morning	1	
Q17-01-482	Clara	Papyarluk (Iltoshat)	1957-07-12	F	Kuujuaraapik		60	Y	Morning	1	
Q17-01-496	Lucy	Quarak	1964-12-30	F	Kuujuaraapik		52	Y	Morning	1	
Q17-01-637	Dora Jean	Weetalluk	1969-04-30	F	Kuujuaraapik		48	Y	Morning	1	
Q17-01-652	Minnie	Weetalluk	1979-02-28	F	Kuujuaraapik		38	B	Q17-01-316	5	
Q17-01-72	Louisa	Brown (Cookie)	1951-05-01	F	Kuujuaraapik		66	B	Q17-01-333	1	
Q17-01-448	Emily (Fleming)	Novalinga	1954-03-16	F	Kuujuaraapik		63	B	Q17-01-652	1	

- ii. Si la personne absente ou qui refuse ne fait pas partie de la cohorte (pour tous les 16 à 30 ans et pour les 31 ans et plus, vérifier *Cohort 2004* n'est pas égale à Yes)
  - 1. on accorde le rendez-vous du matin à une autre personne échantillonné (Y) ou en back-up (B).

3. Si la personne accepte de participer à l'enquête,
  - a. Inscrire le code 1 dans le champ *Status*.

Sample ID	First_name	Last_name	Date_of_birth	Sex	Community of residence	Cohort 2004	Age	Sample Replaced Sample ID	Appointment Preference	Status	
Q17-01-221	Maggie	Fleming	1967-01-07	F	Kuujuaraapik	Yes	50	Y	Morning	1	
Q17-01-252	Masta	Fleming (Weetaltuk)	1965-01-09	F	Kuujuaraapik	Yes	52	Y	Morning	1	
Q17-01-316	Dinah Samantha	Ittoshat (Napatuk)	1986-08-12	F	Outside territory	Yes	31	Y	Morning	3	
Q17-01-333	Betsy	Kitishimik	1971-11-26	F	Kuujuaraapik	Yes	45	Y	Morning	5	
Q17-01-338	Mary	Kitishimik	1943-10-08	F	Kuujuaraapik	Yes	73	Y	Morning		

- b. Donner la journée et le moment du rendez-vous tout en s'assurant de respecter la préférence du matin pour les personnes de la cohorte de 2004 (voir colonne *Preference*).

**IMPORTANT pour les 31 ans et + :** si une personne de la cohorte dont la participation est prévue le matin (*Preference*= Morning) et consent à participer uniquement en PM

➔ prendre un rendez-vous le matin pour une autre personne de la cohorte (Cohort 2004 = Yes) dont la préférence est en après-midi

➔ s'il n'y a plus de personnes de la cohorte (Cohort 2004 = Yes) dont la préférence n'était pas le matin, on accorde le rendez-vous du matin à une autre personne échantillonné (Y) ou en back-up (B).

Sample ID	First_name	Last_name	Date_of_birth	Sex	Community of residence	Cohort 2004	Age	Sample Replaced Sample ID	Appointment Preference	Status	Comments
Q17-01-221	Maggie	Fleming	1967-01-07	F	Kuujuaraapik	Yes	50	Y	Morning	1	PM only
Q17-01-252	Masta	Fleming (Weetaltuk)	1965-01-09	F	Kuujuaraapik	Yes	52	Y	Morning	1	
Q17-01-316	Dinah Samantha	Ittoshat (Napatuk)	1986-08-12	F	Outside territory	Yes	31	Y	Morning	3	
Q17-01-333	Betsy	Kitishimik	1971-11-26	F	Kuujuaraapik	Yes	45	Y	Morning	5	
Q17-01-338	Mary	Kitishimik	1943-10-08	F	Kuujuaraapik	Yes	73	Y	Morning	1	
Q17-01-339	Parsa	Kitishimik	1973-10-09	F	Kuujuaraapik	Yes	43	Y	Morning	1	
Q17-01-488	Ima	Quara	1984-07-02	F	Kuujuaraapik	Yes	33	Y	Morning	1	
Q17-01-520	Mary	Roussel (Fleming)	1958-03-16	F	Kuujuaraapik	Yes	59	Y	Morning	1	
Q17-01-551	Emily	Tookalook	1956-09-01	F	Kuujuaraapik	Yes	60	Y	Morning	1	
Q17-01-574	Daphne Carol	Tooktoo	1979-10-07	F	Kuujuaraapik	Yes	37	Y	Morning	1	
Q17-01-581	Lizzie	Tooktoo	1963-05-01	F	Outside territory	Yes	54	Y	Morning	1	
Q17-01-604	Marilyn Sue	Tuckatuck	1971-12-12	F	Kuujuaraapik	Yes	45	Y	Morning	1	
Q17-01-636	Dinah	Weetaltuk	1976-01-12	F	Kuujuaraapik	Yes	41	Y	Morning	1	
Q17-01-11	Alice	Angatookalook	1977-08-09	F	Kuujuaraapik	Yes	40	Y			Make an appointment in the morning
Q17-01-281	Sarah	Hunter (Novalinga)	1949-02-07	F	Kuujuaraapik	Yes	68	Y			Make an appointment in the morning
Q17-01-407	Annie	Napatuk	1970-04-06	F	Outside territory	Yes	47	Y			Make an appointment in the morning
Q17-01-12	Alicia Alice	Angatookalook	1981-08-24	F	Kuujuaraapik		35	Y			
Q17-01-167	Alice	Fleming	1983-09-15	F	Kuujuaraapik		33	Y			
Q17-01-200	Jeannie Louisa	Fleming	1961-07-26	F	Kuujuaraapik		56	Y			
Q17-01-224	Mary (esperon) Connie	Fleming	1949-04-26	F	Kuujuaraapik		68	Y			
Q17-01-361	Natasha Ita	Macdonald	1974-03-01	F	Kuujuaraapik		43	Y			
Q17-01-459	Louisa	Nowra	1976-11-22	F	Kuujuaraapik		40	Y			
Q17-01-467	Louisa Aqiaruq	Nutaraluk	1985-10-13	F	Kuujuaraapik		31	Y			
Q17-01-482	Ciara	Papyarluk (Ittoshat)	1957-07-12	F	Kuujuaraapik		60	Y			
Q17-01-496	Lucy	Quarak	1964-12-30	F	Kuujuaraapik		52	Y			
Q17-01-637	Dora Jean	Weetaltuk	1969-04-30	F	Kuujuaraapik		48	Y			
Q17-01-652	Minnie	Weetaltuk	1979-02-28	F	Kuujuaraapik		38	B			
Q17-01-72	Louisa	Brown (Cookie)	1951-05-01	F	Kuujuaraapik		66	B			
								Q17-01-316		1	
								Q17-01-333		1	

Il doit y avoir autant de personnes de 16-30 ans que de personnes de 31 ans et plus, le matin comme l'après-midi.

## Feuilles de rendez-vous

Les feuilles de rendez-vous se trouvent aux onglets *Appointment Day 1* à *n*.

- Remplir les feuilles de rendez-vous pour le jour concerné **en mentionnant si les entrevues sur le bateau doivent être faites en Inuktitut** (colonne *Inuktitut*).
- Généralement, il y a autant de 16-30 que 31 ans et plus par jour.
- Autant que possible, la moitié des participants de chaque groupe d'âge doivent être vus le matin et l'autre en après-midi.

Exemple : pour le jour 1, 48 participants sont attendus dont 24 âgés de 16 à 30 ans et 24 âgés de 31 ans et plus. Il devrait y avoir 12 participants de 16 à 30 ans et 12 autres de 31 ans et plus avec un rendez-vous le matin. Tous les autres devront avoir une heure de rendez-vous en après-midi.

**IMPORTANT** : ne jamais dépasser le nombre de personnes fixées par jour (généralement 48 participants par jour) car il n'est pas prévu de voir plus de participants sur le bateau. Cependant, il existe des exceptions comme par exemple à Kuujuaq, 40 participants par jour, voir sur les feuilles de rendez-vous. Si une personne ne se pointe pas à son rendez-vous au jour convenu, ne lui accordez pas une autre date de rendez-vous.

Seq	Age group	Sample ID	Last_name	First_name	Date_of_birth	Sex	Cohort 2004	Age	Inuktitut	Appointment		
										Day	Hour	Presence
1	16-30	Q17-01-501	Sally Mina	Quarak	2000-09-11	F			N	2017-08-21	8:00	
2	16-30	Q17-01-674	April Leanne	Weetaltuk Tooktoo		F			N	2017-08-21	8:00	
3	16-30	Q17-01-70	Yasmine Sivanau	Bourmissa		F			N	2017-08-21	8:00	
4	16-30	Q17-01-194	Harriet Talirtuq	Fleming		F			N	2017-08-21	8:00	
5	16-30	Q17-01-206	Jobie Anaqata David Willie	Fleming	1998-08-25	M			N	2017-08-21	8:00	
6	16-30	Q17-01-239	Ryan Jackson Franklin Eva	Fleming	2000-11-03	M			N	2017-08-21	8:00	
7	16-30	Q17-01-360	Steven John	Lavallee	2000-01-24	M			N	2017-08-21	8:30	
8	16-30	Q17-01-455	Caleb Lawrence	Nowra	2001-06-22	M			N	2017-08-21	8:30	
9	16-30	Q17-01-552	Glen John Pascale	Tookalook	2000-02-09	M			N	2017-08-21	8:30	
10	16-30	Q17-01-643	Jeremy Michel	Weetaltuk	1998-11-29	M			N	2017-08-21	8:30	
11	16-30	Q17-01-213	Josephine Armasuk Malaya	Fleming	1991-02-18	F			N	2017-08-21	8:30	
12	16-30	Q17-01-216	Katrina Kappu	Fleming	1989-11-24	F			N	2017-08-21	8:30	
13	16-30	Q17-01-242	Siara Katsiak Louisa	Fleming	1997-04-12	F			N	2017-08-21	12:00	
14	16-30	Q17-01-492	Annie Mary Ann	Quarak	1989-01-13	F			N	2017-08-21	12:00	
15	16-30	Q17-01-650	Mary Rose	Weetaltuk	1992-11-25	F			N	2017-08-21	12:00	
16	16-30	Q17-01-81	Katherine Daphne	Calvin	1993-11-10	F			N	2017-08-21	12:00	
17	16-30	Q17-01-244	Tamara Courteney	Fleming	1993-05-18	F			N	2017-08-21	12:00	
18	16-30	Q17-01-263	Uqaujaq Marie-Clarice	Garneau-Angatookalook	1995-12-06	F			N	2017-08-21	12:00	
19	16-30	Q17-01-269	Sheila	Gordon	1988-03-04	F			N	2017-08-21	12:30	
20	16-30	Q17-01-528	Mary	Sala	1994-10-19	F			N	2017-08-21	12:30	
21	16-30	Q17-01-302	George Steven	Ittoshat		M			N	2017-08-21	12:30	
22	16-30	Q17-01-352	Harry Ittuapik	Kudu		M			N	2017-08-21	12:30	
23	16-30	Q17-01-46	Andy	Aragutak		M			N	2017-08-21	12:30	
24	16-30	Q17-01-514	Dominic	Roussel		M			N	2017-08-21	12:30	
25	31+	Q17-01-338	Mary	Kitishmik	1943-10-08	F	Yes		N	2017-08-21	8:00	
26	31+	Q17-01-339	Parsa	Kitishmik	26946	F	Yes		N	2017-08-21	8:00	
27	31+	Q17-01-488	Ima	Quara	30885	F	Yes		N	2017-08-21	8:00	
28	31+	Q17-01-520	Mary	Roussel (Fleming)	21260	F	Yes	Y	N	2017-08-21	8:00	
29	31+	Q17-01-551	Emily	Tookalook	20699	F	Yes		N	2017-08-21	8:00	
30	31+	Q17-01-574	Daphne Carol	Tooktoo	29135	F	Yes	Y	N	2017-08-21	8:00	
31	31+	Q17-01-203	Jeffrey David	Fleming	1972-07-29	M	Yes		N	2017-08-21	8:30	

Ainsi, autant que possible, toutes les personnes de 31 ans et plus qui embarqueront sur le navire en avant-midi (AM) font partie de la cohorte.

Age	Sex	Community	Name	Address	Phone	Gender	Participation	Date	Time
24	16-30	Q17-01-514	Dominic	Roussel		M		2017-08-21	12:30
25	31+	Q17-01-338	Mary	Kitishimik	1943-10-08	F	Yes	2017-08-21	8:00
26	31+	Q17-01-339	Parsa	Kitishimik	26948	F	Yes	2017-08-21	8:00
27	31+	Q17-01-488	Ima	Quara	30865	F	Yes	2017-08-21	8:00
28	31+	Q17-01-520	Mary	Roussel (Fleming)	21260	F	Yes	2017-08-21	8:00
29	31+	Q17-01-551	Emily	Tookalook	20895	F	Yes	2017-08-21	8:00
30	31+	Q17-01-574	Daphne Carol	Tooktoo	29135	F	Yes	2017-08-21	8:00
31	31+	Q17-01-203	Jeffrey David	Fleming	1972-07-29	M	Yes	2017-08-21	8:30
32	31+	Q17-01-21	David Paul	Angatookalook	1985-07-06	M	Yes	2017-08-21	8:30
33	31+	Q17-01-233	Peter	Fleming	1983-10-25	M	Yes	2017-08-21	8:30
34	31+	Q17-01-236	Richard Ittualupik	Fleming	1960-08-25	M	Yes	2017-08-21	8:30
35	31+	Q17-01-307	Noah	Ittoshat	1966-01-24	M	Yes	2017-08-21	8:30
36	31+	Q17-01-39	Johnny	Angatookalook (Inukpuk)	1973-12-23	M	Yes	2017-08-21	8:30
37	31+	Q17-01-12	Alicia Alice	Angatookalook	1981-08-24	F		2017-08-21	12:00
38	31+	Q17-01-167	Alice	Fleming	1983-09-15	F		2017-08-21	12:00
39	31+	Q17-01-200	Jeannie Louisa	Fleming	1961-07-26	F		2017-08-21	12:00
40	31+	Q17-01-224	Mary (esperon) Connie	Fleming	1949-04-26	F		2017-08-21	12:00
41	31+	Q17-01-361	Natasha Ila	Macdonald	1974-03-01	F		2017-08-21	12:00
42	31+	Q17-01-459	Louisa	Nowra	1976-11-22	F		2017-08-21	12:00
43	31+	Q17-01-130	Paul	Crow	1968-10-26	M	Yes	2017-08-21	12:30
44	31+	Q17-01-351	George Tommy	Kudlu	1970-06-15	M		2017-08-21	12:30
45	31+	Q17-01-381	Johnny	Mickoyook	1965-11-27	M		2017-08-21	12:30
46	31+	Q17-01-453	Willie	Novalinga	1977-12-19	M		2017-08-21	12:30
47	31+	Q17-01-530	Willie	Sappa	1958-10-15	M		2017-08-21	12:30
48	31+	Q17-01-556	Joe	Tookalook	1973-01-15	M		2017-08-21	12:30

## Argumentaires en lien avec sélection des participants

### Comment j'ai été sélectionné à participer à cette étude ?

Votre nom a été choisi au hasard parmi la liste des bénéficiaires du Nunavik et par souci de représentativité, il était important d'obtenir la participation des personnes ayant des caractéristiques différentes : sexe, âge, communauté. Ainsi, il sera possible de dresser le portrait de santé et socio-culturel de l'ensemble des personnes vivant dans votre communauté. Votre participation est donc essentielle pour la bonne conduite de cette enquête.

### J'aimerais participer à l'étude à la place de X. Est-ce que c'est possible?

### Ou simplement, pourquoi je ne peux pas participer à l'étude ?

L'échantillon de participants a été conçu de manière à obtenir la participation de personnes ayant des caractéristiques différentes afin d'être représentatif de l'ensemble des personnes vivant dans votre communauté. Si vous n'avez pas été sélectionné, c'est que l'échantillon de personnes partageant les mêmes caractéristiques que vous a été choisi aléatoirement et est malheureusement complet. Le hasard a ainsi fait en sorte que vous n'avez pas été retenu. Vous ne pouvez pas remplacer quelqu'un d'autre qui forcément, risque de ne pas partager les mêmes visions que vous. Si nous choisissons des candidats volontaires comme vous, ce ne serait plus du hasard et cela pourrait fausser les résultats de l'étude.



## Calcul des tailles d'échantillon optimales pour l'analyse des Inuits du Nunavik âgés de 16 à 29 ans

Par Denis Hamel, statisticien, BIESP, INSPQ.

Date : 25 mai 2015

### Modifié le 10 janvier 2017 : Scénarios envisagés pour une taille d'échantillon global de 1 600 participants

Pour déterminer la taille d'échantillon requise pour l'enquête de santé chez les Inuits du Nunavik âgés de 16 à 29 ans, plusieurs paramètres doivent être pris en considération. Selon les besoins exprimés par les chercheurs, le potentiel analytique doit tenir compte des disparités selon certaines caractéristiques de cette population : le sexe, l'âge (16-19 ans et 20-29 ans), la taille des communautés (grandes et petites) et la répartition géographique (Côte de l'Hudson et Côte de l'Ungava. Ainsi, tous les calculs présentés dans ce court texte méthodologique s'appuie sur les chiffres de populations tels que décrits au tableau 1 ci-dessous.

Tableau 1 : Taille de la population attendue des Inuits du Nunavik âgés de 16-29 en 2016 selon le sexe, la taille des communautés, la répartition géographique et l'âge.

Caratéristiques		N Pop. Totale	% pop. Totale	N attendu 16-29 ans <sup>3</sup>
Selon le sexe <sup>1</sup>	Hommes	6751	50,7%	1730
	Femmes	6555	49,3%	1683
Selon la taille des communautés <sup>2</sup>	Grandes (Inukjuak, Kuujjuaq et Puvirnituaq)	4935	44,4%	1517
	Petites (autres)	6169	55,6%	1896
Selon la répartition géographique <sup>2</sup>	Côte de l'Hudson	6786	61,1%	2086
	- Détroit	2622	23,6%	806
	- Baie	4164	37,5%	1280
	Côte de l'Ungava	4318	38,9%	1327
Selon l'âge <sup>1</sup>	16-19 ans	993	29,1%	993
	20-29 ans	2420	70,9%	2420

<sup>1</sup> Source : ISQ, Projections de population 2011-2036; décembre 2014.

<sup>2</sup> Source : MSSS, Direction des Affaires autochtones : registre des autochtones CBJNQ et de la CNEQ; 2013.

<sup>3</sup> D'après la taille attendue de la population des 16-29 en 2016, soit 3 413 ou 25,65%.

De plus, toujours selon les besoins exprimés, il faut être en mesure de comparer, à l'intérieur de chaque catégorie des caractéristiques de la population retenues, divers variables d'intérêt pour les personnes exposées et non-exposées à une autre caractéristique. La non-exposition attendue dans la population est de l'ordre de 15%.

Pour les besoins de l'exercice, le calcul des tailles d'échantillon est fait pour des comparaisons de variables d'intérêt de type proportions, l'indicateur le plus conservateur. Pour des variables de type continu, les tailles d'échantillon requises seront toujours inférieures. De plus, pour simplifier les choses, ces calculs ne prévoit pas de correction pour un possible effet de plan, mise en grappe des individus, et laisse ainsi supposer que pour la

sélection des répondants, une liste de ceux-ci est disponible. Donc, aucune sélection à deux degrés dont le premier degré serait le ménage.

Deux types de calcul de taille d'échantillon ont été effectués. Le premier se rapporte aux calculs de précision des estimations de proportions d'une variable d'intérêt pour les personnes non exposées. Le critère retenu pour la précision des estimations est un coefficient de variation (CV) d'au plus de 15%<sup>1</sup>. Les résultats sont présentés au tableau 2. Ainsi, pour un pourcentage de non-exposés attendu de 15%, il faut une taille d'échantillon de l'ordre de 1 178 pour qu'une estimation de proportion de 25% présente une bonne précision pour des sous-populations formées par deux groupes (par exemple, le sexe, l'âge et la taille des communautés). La fraction de sondage, soit le nombre de répondants sur l'effectif de la population, serait alors de 35%. La taille d'échantillon requise diminue avec l'augmentation du pourcentage de non-exposés et de la proportion attendue. Par exemple, si le % de non-exposés passe de 15% à 20% et 25%, la taille requise serait de l'ordre de 966 et de 819 respectivement. Si on ne s'intéresse qu'à l'ensemble du territoire du Nunavik, la taille d'échantillon diminue tangiblement.

Tableau 2 : Tailles d'échantillon requises pour des estimations de proportions avec un coefficient de variation d'au plus 15% selon le pourcentage de personnes non-exposées et la sous-population à l'étude chez les Inuits du Nunavik âgés de 16 à 29 ans.

Pourcentage de Non exposé	Proportion attendue Variable dépendante ou d'intérêt	Sous-population (2 groupes) <sup>1</sup>		Sous-population (3 groupes) <sup>2</sup>		Total <sup>3</sup>	
		n <sup>4</sup>	f <sup>5</sup>	n <sup>4</sup>	f <sup>5</sup>	n <sup>4</sup>	f <sup>5</sup>
15%	15%	1 699	50%	2 020	59%	1 130	33%
	<b>25%</b>	<b>1 178</b>	<b>35%</b>	<b>1 491</b>	<b>44%</b>	<b>711</b>	<b>21%</b>
	50%	516	15%	715	21%	279	8%
20%	15%	1 455	43%	1 779	52%	924	27%
	<b>25%</b>	<b>966</b>	<b>28%</b>	1 256	37%	562	17%
	50%	402	12%	566	17%	213	6%
25%	15%	1 272	37%	1 590	47%	781	23%
	25%	819	24%	1 086	32%	465	14%
	50%	329	10%	469	14%	173	5%

<sup>1</sup> Par exemple, le sexe, l'âge (16-19 ans et 20-29 ans), la taille des communautés (grandes et petites) et la répartition géographique (côte de l'Hudson et côte de l'Ungava).

<sup>2</sup> Pour la répartition géographique en trois catégories : Détroit de la Côte de l'Hudson, Baie de la Côte de l'Hudson et Côte de l'Ungava.

<sup>3</sup> Pour l'ensemble des communautés du Nunavik.

<sup>4</sup> Taille d'échantillon requise.

<sup>5</sup> Fraction de sondage : rapport de la taille d'échantillon sur l'effectif de la population.

Le deuxième type concerne la détermination des tailles d'échantillons pour une puissance donnée de tests de comparaison de proportions entre les exposés et les non-exposés. Ici, d'autres paramètres doivent être fixés : le seuil du test à 5% et une puissance de 80%. De plus, on doit fixer les % à être comparés entre les exposés et les non-exposés. Les résultats de l'évaluation de ces tailles d'échantillons, effectuées à l'aide du logiciel PASS<sup>2</sup>, sont présentés au tableau 3.

<sup>1</sup> Critère généralement retenu dans les enquêtes de l'Institut de la statistique du Québec.

<sup>2</sup> Hintze J: NCSS and PASS. Number Cruncher Statistical Systems. Kaysville, Utah. ([www.ncss.com](http://www.ncss.com)), 2004



Tableau 3 : Tailles d'échantillon requises pour les comparaisons, au seuil de 5% et avec une puissance de 80%, de deux proportions, exposés vs non- exposés, selon le pourcentage de personnes non-exposées et la sous-population à l'étude chez les Inuits du Nunavik âgés de 16 à 29 ans.

Pourcentage de Non exposé	Comparaison (Non exposé) vs Exposé)	Sous-population (2 groupes) <sup>1</sup>		Sous-population (3 groupes) <sup>2</sup>		Total <sup>3</sup>	
		n <sup>4</sup>	f <sup>5</sup>	n <sup>4</sup>	f <sup>5</sup>	n <sup>4</sup>	f <sup>5</sup>
15%	10% c. 20%	1 006	30%	1 300	38%	589	17%
	15% c. 25%	1 199	35%	1 512	44%	727	21%
	20% c. 10%	1 119	33%	1 426	42%	669	20%
	20% c. 30%	1 338	39%	1 659	49%	832	24%
	<b>25% c. 15%</b>	<b>1 282</b>	<b>38%</b>	<b>1 601</b>	<b>47%</b>	<b>789</b>	<b>23%</b>
	25% c. 35%	1 446	42%	1 770	52%	917	27%
	30% c. 20%	1 400	41%	1 723	51%	881	26%
	30% c. 40%	1 519	45%	1 843	54%	976	29%
	35% c. 25%	1 489	44%	1 813	53%	952	28%
	35% c. 45%	1 570	46%	1 894	56%	1 020	30%
25%	40% c. 30%	1 551	45%	1875	55%	1 003	29%
	10% c. 20%	774	23%	1 033	30%	436	13%
	15% c. 25%	923	27%	1 207	35%	534	16%
	20% c. 10%	841	25%	1 111	33%	479	14%
	20% c. 30%	1 052	31%	1 353	40%	622	18%
	<b>25% c. 15%</b>	<b>985</b>	<b>29%</b>	<b>1 278</b>	<b>37%</b>	<b>576</b>	<b>17%</b>
	25% c. 35%	1 144	34%	1 454	43%	687	20%
	30% c. 20%	1 092	32%	1 396	41%	650	19%
	30% c. 40%	1 210	35%	1 524	45%	735	22%
	35% c. 25%	1 172	34%	1 484	44%	708	21%
35% c. 45%	1 256	37%	1 573	46%	769	23%	
40% c. 30%	1 230	36%	1 546	45%	750	22%	

<sup>1</sup> Par exemple, le sexe, l'âge (16-19 ans et 20-29 ans), la taille des communautés (grandes et petites) et la répartition géographique (côte de l'Hudson et côte de l'Ungava).

<sup>2</sup> Pour la répartition géographique en trois catégories : Détroit de la Côte de l'Hudson, Baie de la Côte de l'Hudson et Côte de l'Ungava.

<sup>3</sup> Pour l'ensemble des communautés du Nunavik.

<sup>4</sup> Taille d'échantillon requise.

<sup>5</sup> Fraction de sondage : rapport de la taille d'échantillon sur l'effectif de la population.

Ainsi, une taille de 1 282 répondants de 16 à 29 ans, pour une fraction de sondage de 38%, serait nécessaire pour déceler une différence entre des proportions de 25% pour les non-exposé et de 15% pour les exposés par exemple chez les hommes (sous-population à deux groupes) à un seuil de 5% avec une puissance de 80% et un % de non-exposé à 15% (scénario en vert). Si le % de non-exposé passe à 25%, la taille d'échantillon serait beaucoup moins importante à 985 (scénario en jaune).

Conclusion : dans un cas comme dans l'autre, une taille d'échantillon de l'ordre de 1 000 répondants de 16 à 29 ans permettrait

- De produire des estimations avec une assez bonne précision pour des proportions entre 25% et 75% en autant que le % de non-exposés soit de 20% et ce, pour des

sous-populations à deux groupes (selon le sexe, l'âge, la taille des communautés et la répartition géographiques).

- De produire des estimations avec une assez bonne précision pour des proportions entre 15% et 85% en autant que le % de non-exposés soit de 20% pour l'ensemble des communautés du Nunavik.
- De déceler, à un seuil de 5%, des différences significatives de 10% entre des proportions inférieures à 30% ou supérieures à 70% avec un % de non-exposés de 25% et ce, pour des sous-populations à deux groupes (selon le sexe, l'âge, la taille des communautés et la répartition géographiques).
- De déceler, à un seuil de 5%, TOUTES différences significatives de 10% entre la proportion des exposés et celle des non-exposés avec un % de non-exposés entre 15 et 85% pour l'ensemble des communautés du Nunavik.

### **Scénarios à envisager avec la participation de 1 600 répondants âgés de 16 ans et plus au lieu des 2 000 initialement prévus**

Compte tenu que le nombre de jours pour la collecte est sensiblement réduit, il ne sera plus possible de respecter les nombres de répondants optimaux proposés pour l'enquête, soit 1 000 répondants pour deux groupes visés : 16 à 30 ans et 31 ans et plus, afin d'atteindre les objectifs précédemment cités. On prévoit tout au plus la participation totale de 1 600 répondants. D'autres scénarios doivent être considérés

#### **Scénario 1 : 800 répondants âgés de 16 à 30 ans et 800 répondants âgés de 31 ans et plus**

##### Avantages :

- Scénario qui permet de produire les estimations les plus fiables sur l'ensemble de la population des 16 ans et plus;
- Ne favorise pas un groupe d'âge au détriment de l'autre → meilleur compromis.

##### Inconvénients :

- Affecte également les deux groupes d'âge pour la précision des estimations. Par exemple;
- Par contre, impact plus important pour la comparaison de deux proportions.

#### **Scénario 2 : 1 000 répondants âgés de 16 à 30 ans et 600 répondants âgés de 31 ans et plus**

##### Avantages :

- Scénario qui maintient les objectifs initiaux d'estimation pour le groupe d'âge des 16 à 30 ans;
- Dont des analyses par sous-population de ce groupe d'âge.

##### Inconvénients :

- Favorise le groupe d'âge des 16 à 30 ans au détriment des 31 ans et plus;
- Affecte énormément la précision des estimations pour des sous-populations des 31 ans et plus → ne permet que de produire des estimations pour l'ensemble des 31 ans et plus du Nunavik.
- Tests de comparaison

#### **Scénario 3 : 600 répondants âgés de 16 à 30 ans et 1 000 répondants âgés de 31 ans et plus**

##### Avantages :

- Scénario qui maintient les objectifs initiaux d'estimation pour le groupe d'âge des 31 ans et plus.

Inconvénients :

- Favorise le groupe d'âge des 31 ans et plus au détriment des 16 à 30 ans;
- Affecte énormément la précision des estimations pour des sous-populations des 16 à 30 ans → ne permet que de produire des estimations pour l'ensemble des 16 à 30 ans du Nunavik.
- Tests de comparaison

### Méthode standard du « bootstrap »

La méthode standard du « bootstrap » implique de sélectionner un nombre donné de sous-échantillons d'unités primaires d'échantillonnage à partir de l'échantillon de base de l'enquête, qui comprend autant des répondants que des non-répondants. Ainsi, chaque sous-échantillon, communément appelés « échantillon bootstrap », est construit grâce à un tirage aléatoire simple avec remise d'unités primaires à l'intérieur de chaque strate. Habituellement,  $n_j - 1$  unités primaires sont tirées par strate, où  $n_j$  est le nombre d'unités primaires appartenant à la strate  $j$  de l'échantillon de l'enquête. Dans cette enquête, les individus sélectionnés à partir de la base de sondage constituent les unités primaires et les strates sont définies par la communauté de résidence, le groupe d'âge et le sexe (voir section 3). Afin d'obtenir 500 sous-échantillons, il a fallu tirer, à 500 reprises et avec remise,  $n_j - 1$  individus à l'intérieur de chaque strate.

Le poids initial de l'individu  $i$  appartenant à la strate  $j$  pour la pondération du  $b^{\text{ème}}$  sous-échantillon a été établi en multipliant le nombre de fois que cet individu a été sélectionné dans ce sous-échantillon par l'inverse de la probabilité de sélection de l'individu dans le sous-échantillon:

$$P_{1,ij,b} = \frac{1}{\pi_{ij}} \times m_{ij,b}$$

où :

$$\pi_{ij} = \begin{cases} 1, & \text{si } i \text{ fait partie de la cohorte de 2004} \\ \frac{n_j - 1}{N_j - ech_j^{2004}}, & \text{sinon} \end{cases}$$

- $n_j$  représente le nombre d'individus dans l'échantillon<sup>1</sup> de la strate  $j$ ;
- $N_j$  représente le nombre d'individus dans la population de la strate  $j$  obtenu des listes de bénéficiaires (base de sondage);
- $ech_j^{2004}$  pour les strates d'âge de 31 ans et plus, nombre d'individus faisant partie de la cohorte de 2004 dans les listes de bénéficiaires;
- $m_{ij,b}$  représente le nombre de fois que l'individu  $i$  appartenant à la strate  $j$  est sélectionné pour le sous-échantillon  $b$ .

Si l'individu  $i$  appartenant à la strate  $j$  n'a pas été sélectionné dans le  $b^{\text{ème}}$  sous-échantillon, puisque  $m_{ij,b}$  est nul, le poids initial de cet individu pour la pondération du sous-échantillon  $b$  l'est également.

Ensuite, toutes les autres étapes de pondération décrites à la section 7.3 sont appliquées pour obtenir un poids final pour le  $b^{\text{ème}}$  sous-échantillon « bootstrap ». On répète ce processus 500 pour former un ensemble de poids « bootstrap ».

### Méthode « Bootstrap » avec ajustement de Rao-Wu et ses variantes

Vu que l'enquête comporte des fractions de sondage élevées dans les strates et des taux de réponse sont relativement faibles, la méthode standard doit être modifiée pour estimer convenablement la variance

<sup>1</sup> Incluant tous les individus de l'échantillon initial et ceux de l'échantillon de remplacement qui ont été utilisés par les équipes de recrutement

d'échantillonnage. En effet, en présence de fractions de sondage élevées, la variance de la méthode standard « bootstrap » tend à surestimer la « vraie » variance (St-Pierre, 2003). Pour contourner ce problème, Rao et Wu (1988) suggèrent d'intégrer un facteur de correction pour l'effet de population finie au poids de base.

$$P_{1,ij,b} = P_{1,ij,b} \times \left( 1 - \sqrt{1 - f_j} + \sqrt{1 - f_j} \frac{n_j}{n_j - 1} m_{ij,b} \right)$$

où  $f_j = n_j/N_j$  est la fraction de sondage dans la strate  $j$ ;

$n_j$  est le nombre d'individus échantillonnés dans la strate  $j$ ;

$N_j$  est la taille de la population dans la strate  $j$ ;

$m_{ij,b}$  est le nombre de fois que l'individu  $i$  de la strate  $j$  est sélectionné dans le sous-échantillon  $b$ .

Malheureusement, cette approche produit l'effet contraire de la méthode standard soit de sous-estimer la « vraie » variance quand les taux de réponse sont faibles (St-Pierre, 2003) comme c'est le cas avec la présente enquête. En fait, plus la fraction de sondage était grande, plus la sous-estimation était grande. Une solution intuitive pour réduire la variance est d'utiliser la fraction de sondage liée aux répondants au lieu de la fraction de sondage calculée à partir de l'échantillon. En effet, cette nouvelle fraction de sondage est plus représentative de la réalité, surtout en présence de taux de réponse faibles. Ainsi, plus le taux de réponse est faible, plus la fraction de sondage calculée à partir des répondants est faible et conséquemment plus la variance est majorée.

Si la fraction de sondage est calculée à partir des répondants, il est conséquent de considérer uniquement les répondants lors de la création des échantillons « bootstrap ». L'approche finale consiste donc à sélectionner des échantillons « bootstrap » à partir des **répondants seulement** contrairement à la méthode standard où les échantillons « bootstrap » proviennent de l'échantillon initial. En conséquence, les deux ajustements pour la non-réponse ne sont pas effectués sur chacun des échantillons « bootstrap » mais plutôt avant la création de ceux-ci. Les ajustements pour la non-réponse sont donc calculés une seule fois à partir de l'échantillon initial.

L'approche finale que nous retenons pour l'enquête est similaire à celle de Statistique Canada pour leur enquête sur la santé auprès des membres des Forces armées canadiennes (St-Pierre, 2003):

1. Dans chaque strate, sélectionner un échantillon aléatoire simple avec remise de  $n_j - 1$  individus à partir **des répondants seulement**.
2. Calculer le poids des répondants après les ajustements pour la non-réponse:

$$P_{3,ijkl,b} = P_{3,ijkl,b} \times 1 - \sqrt{1 - f_{rj}} + \sqrt{1 - f_{rj}} \frac{n_{rj}}{n_{rj} - 1} m_{ij,b}^*$$

où  $f_{rj} = n_{rj}/N_j$  est la fraction de sondage pour les répondants dans la strate  $j$

$n_{rj}$  est le nombre de répondants dans la strate  $j$ ;

$N_j$  est la taille de la population dans la strate  $j$ ;

$m_{ij,b}^*$  est le nombre de fois que le répondant  $i$  de la strate  $j$  est sélectionné dans le sous-échantillon  $b$ .

Notons que si le *i*ème répondant n'est pas sélectionné dans le sous-échantillon, le poids correspondant sera supérieur à 0.

3. Appliquer l'ajustement à la distribution de la population visée à l'échantillon « bootstrap ».
4. Répéter 500 fois les étapes 1 à 3.
5. Évaluer l'estimation de la variance.

### **References**

Rao, J.N.K. and Wu, C.F.J. (1988) *Resampling Inference With Complex Survey Data*. Journal of the American Statistical Association, 83, 231-241.

St-Pierre, M. (2003) *Calcul de la variance du supplément de l'ESCC 2002 auprès des Forces canadiennes – Méthode bootstrap modifiée*. Document interne. Statistique Canada.

Avec la transformation « logit », un intervalle de confiance à un seuil de  $1 - \alpha/2$  peut être déduit de la façon suivante :

$$\log\left(\frac{\hat{p}}{1-\hat{p}}\right) \pm z_{1-\alpha/2} \sqrt{\widehat{Var}\left(\log\left(\frac{\hat{p}}{1-\hat{p}}\right)\right)}$$

En utilisant la méthode Delta, on peut démontrer que

$$\widehat{Var}\left(\log\left(\frac{\hat{p}}{1-\hat{p}}\right)\right) = \left(\frac{1}{\hat{p}(1-\hat{p})}\right)^2 \widehat{Var}(\hat{p})$$

Où  $\widehat{Var}(\hat{p}) = \frac{\sum_{b=1}^B (\hat{p}_b - \hat{p})^2}{B}$  tel que défini précédemment (section 8.1.1)

L'intervalle de confiance du logit est donc

$$I_l = \log\left(\frac{\hat{p}}{1-\hat{p}}\right) - z_{1-\alpha/2} \left(\frac{1}{\hat{p}(1-\hat{p})}\right) \sqrt{\widehat{Var}(\hat{p})}$$

$$U_l = \log\left(\frac{\hat{p}}{1-\hat{p}}\right) + z_{1-\alpha/2} \left(\frac{1}{\hat{p}(1-\hat{p})}\right) \sqrt{\widehat{Var}(\hat{p})}$$

Par transformation, l'intervalle de confiance pour  $p$  est

$$I_p = \frac{\exp(I_l)}{1 + \exp(I_l)}$$

$$U_p = \frac{\exp(U_l)}{1 + \exp(U_l)}$$

Pour le test de la différence de deux proportions ( $p_1 - p_2$ ), la transformation logit peut également servir. La statistique de Wald serait alors égale à

$$W = \frac{\left(\log\left(\frac{\hat{p}_1}{(1-\hat{p}_1)}\right) - \log\left(\frac{\hat{p}_2}{(1-\hat{p}_2)}\right)\right)^2}{\widehat{Var}\left(\log\left(\frac{\hat{p}_1}{(1-\hat{p}_1)}\right) - \log\left(\frac{\hat{p}_2}{(1-\hat{p}_2)}\right)\right)} \sim \text{Chi} - \text{deux}$$

Où  $\widehat{Var}\left(\log\left(\frac{\hat{p}_1}{(1-\hat{p}_1)}\right) - \log\left(\frac{\hat{p}_2}{(1-\hat{p}_2)}\right)\right)$  par la méthode Delta est égale à

$$\left(\frac{1}{\hat{p}_1(1-\hat{p}_1)}\right)^2 \widehat{Var}(\hat{p}_1) + \left(\frac{1}{\hat{p}_2(1-\hat{p}_2)}\right)^2 \widehat{Var}(\hat{p}_2) - 2\left(\frac{1}{\hat{p}_1(1-\hat{p}_1)\hat{p}_2(1-\hat{p}_2)}\right) \text{Cov}(\hat{p}_1, \hat{p}_2).$$

Les variances sont déduites de la méthode bootstrap et définies comme précédemment. Maintenant, il s'agit de programmer une nouvelle entité, la covariance de deux proportions toujours selon la méthode bootstrap.



# Guide d'utilisation des bases de données.

## *Enquête de santé chez les Inuits Qanuilirpitaa 2017.*

Auteurs : Denis Hamel en collaboration avec Mélanie Tessier, BIESP, INSPQ  
Version : 9 Octobre 2018

### 0. Contexte

Pour faciliter les analyses thématiques de la part des chercheurs, le Bureau d'information et d'études en santé des populations (BIESP) rend disponible des données recueillies lors de l'enquête de santé chez les Inuits Qanuilirpitaa ? 2017. Ce document se veut un outil pour une bonne utilisation de ces bases de données. Après une brève introduction aux divers outils de collecte<sup>1</sup> de l'enquête (section 1), la section suivante décrit les différentes bases de données disponibles pour l'analyse, leurs dictionnaires de variables (« codebook ») et les formats à utiliser pour bien lire ces variables. Ensuite, la section 3 porte sur des consignes quant au choix des poids d'enquête à utiliser afin d'inférer les résultats à l'ensemble de la population visée. Finalement, l'utilisation des poids « bootstrap » qui est la méthode retenue pour le calcul des variances des estimations de l'enquête est présentée à la dernière section.

### 1. Introduction aux diverses sources de données

L'enquête de santé chez les Inuits Qanuilirpitaa 2017 comprenait plusieurs volets. Tout d'abord, une fiche d'identification des participants servaient en guise de fichier-maître pour raccorder tous les instruments ou outils de collecte (acronyme MST).

Un questionnaire conçu à l'aide de l'outil Interviewer de VOXCO a été administré à tous les participants de l'enquête et était divisé en 5 blocs de questions. Le premier bloc comportait des questions sur le « Psychosocial » partie 1, sections 1 à 4 (acronyme ci-après PS), le deuxième sur le « Physical health and Food security » (acronyme ci-après PHFS), le troisième sur le « Psychosocial » partie 2, sections 5 à 9 (acronyme ci-après PS2), le quatrième portant sur le « Food Frequency Questionnaire » (acronyme ci-après FFQ) et finalement, le dernier bloc portant sur des questions sociodémographiques (acronyme ci-après SOCIO). À l'exception du dernier bloc qui était rempli par l'équipe de recrutement avant la venue des participants sur le navire, les autres blocs de questions devaient être répondus en séquence à l'aide d'un interviewer sur le navire. Ainsi, pour passer à un bloc donné, il fallait avoir répondu à toutes les questions des blocs précédents (par exemple, pour le bloc 3, il fallait avoir complété les blocs 1 et 2). Comme le temps passé sur le navire était limité, des blocs de questions n'ont pas tous été complétés par les participants. Le tableau 1 présente le nombre de répondants participants ayant complété chacun des blocs de questions. Le bloc 4 est celui qui comporte le plus de non répondants (11,4%) parmi les participants qui se sont rendus sur le navire.

Les autres volets de l'enquête étaient axés sur des mesures cliniques et des examens de santé. Cela comprenait un examen dentaire complet (acronyme ci-après BUCCO), un test de spirométrie en guise de santé respiratoire (acronyme ci-après SPIRO), des tests de laboratoire

<sup>1</sup> Outil de collecte et instrument de collecte sont considérés comme synonymes dans ce document.

à partir de prise de sang, d'un échantillon d'urine, de mesures sur « swab » vaginal et d'un échantillon de selles (acronyme ci-après LABO), des prises de tension artérielle et de diverses mesures anthropométriques (acronyme ci-après CLIN). Les données de ces cinq volets cliniques se trouveront dans leur base de données respectives. Et comme pour les questionnaires, le nombre de participants à chacun de ces volets pouvait différer (voir tableau 1).

Tableau 1 : Description des volets de l'enquête Qanuilirpitaa 2017 et nombre de participants à chacun des volets de la collecte

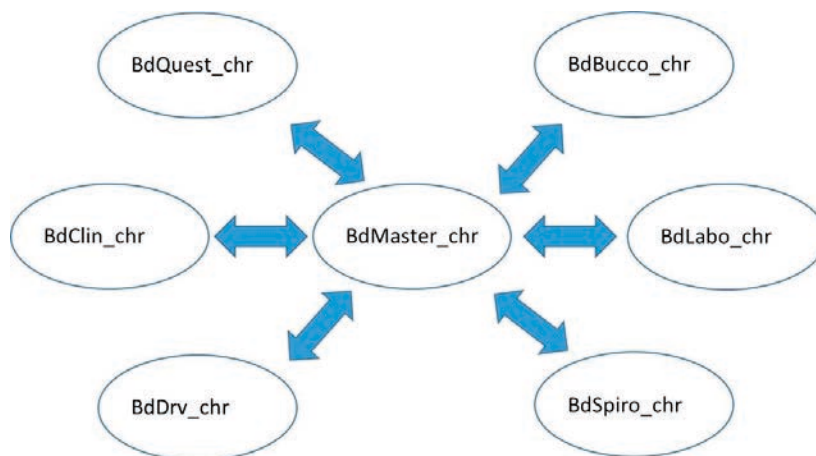
Questionnaire VOXCO	Préfixe des variables	Critère d'admissibilité	Nombre individus répondants <sup>1</sup>
<i>Bloc 1</i>	PS	16 ans et +	1304 (1.7%)
<i>Bloc 2</i>	PHFS	16 ans et +	1295 (2.4%)
<i>Bloc 3</i>	PS2	16 ans et +	1266 (4.6%)
<i>Bloc 4</i>	FFQ	16 ans et +	1176 (11.4%)
<i>Bloc 5</i>	SOCIO	16 ans et +	1326 (0%)
<b>Tests cliniques</b>			
<i>Prise sanguine</i>	LAB	16 ans et +	1325 (0.1%)
- <i>Folate (red blood cells)</i>		16 ans et +	1245 (6.1%)
<i>Urine</i>		16 ans et +	1311 (1.1%)
<i>Stool, H. pylori</i>		16 ans et +	734 (>30%)
<i>Stool, blood presence</i>		50 ans et +	250 (10%)
<i>Gonorrhée/Chlamydia</i>		16-30 ans	547 (4.7%)
<i>Syphilis</i>		16-30 ans	573 (0.2%)
<i>Mesures cliniques (anthropométriques)</i>	CLIN	16 ans et plus (excepté femmes enceintes et menstruées)	1186 (1.7%)
<i>Santé Respiratoire</i>	SPIRO	16 ans et +	1110 (11.6%)
<i>Buccodentaire</i>	BUCCO	16 ans et +	1275 (3.8%)

<sup>1</sup> Entre parenthèses, le % de participants qui n'ont pas répondu à l'outil

## 2. Description des bases de données

Les bases de données décrites ci-après peuvent toutes être jumelées les unes aux autres grâce à une clé unique d'appariement qui est le numéro de participant : RECORD\_NO. Ces bases de données sont toutes en format SAS mais peut être transmises sous d'autres formats (Stata, SPSS) à la demande des chercheurs.

Figure 1 : Schéma des bases de données disponibles pour Qanuilirpitaa 2017 ?



### 2.1 Fichier-maître (MASTER)

Nom : BDMASTER\_CHR

Description : Fichier de l'enquête contenant des variables de base sur les participants entre autres sexe, groupe d'âge, communauté de résidence, langue d'entrevue, caractéristiques du logement.

**Ce fichier de base, comme son nom l'indique, devrait toujours être jumelé aux autres fichiers d'analyse.**

Note : Pour des raisons de confidentialité, l'âge a dû être regroupé et les groupes d'âge ont été formés de manière à répondre aux besoins de la région : 16-19, 20-30 (les jeunes sont les 16-30 vs les 31 ans et plus (âge de la cohorte de 2004)), 31-39, 40-44, 45-49, 50-54, 55-59, 60-64 et 65 ans et +.

Description des variables : CodeBookMaster. Tous les noms des variables débutent par MST\_.

### 2.2 Questionnaires VOXCO

Nom : BDQUEST\_CHR

Description : Fichier de l'enquête contenant les variables provenant des différents questionnaires (blocs 1 à 5). Se référer aux questionnaires de l'enquête.

Description des variables : CodeBookQuest\_Chrr.

Préfixe des variables :

- Bloc 1 (« Psychosocial » sections 1 à 4) : PS\_
- Bloc 2 (« Physical health and Food security ») : PHFS\_
- Bloc 3 (« Psychosocial » sections 5 à 9) : PS2\_
- Bloc 4 (« Food Frequency Questionnaire ») : FFQ\_
- Bloc 5 (« Sociodemographic ») : SOCIO\_

### 2.3 Tests de laboratoire

Nom : BDLABO\_CHR

Description : Fichier de l'enquête contenant les résultats aux tests de laboratoires (serum, plasma, whole blood, red blood cells, urine, vaginal swab, stool). Des informations cliniques recueillies par les infirmières y figurent également : voir variables dans la section Test Clinic du manuel de codes.

Attention : certains tests portent sur les 16-30 ans : Syphilis, Chlamydia, Gonorrhée et d'autres sur les 50 ans et plus : présence de sang dans les selles (voir tableau 1).

*Notes recueillies durant la collecte et pouvant être utiles pour l'interprétation*

Pour les participants RECORD\_ID allant de 170001 à 170413 :

Le soir du 3 septembre, la porte du congélateur -20oC est restée ouverte, la température a monté à -8oC, la porte est restée ouverte un maximum de 2 heures.

Pour les participants RECORD\_ID allant de 170001 à 170504 :

Le soir du 8 septembre. La porte du congélateur -20oC est restée ouverte la nuit dernière, la température à monter à +9oC, la porte est restée ouverte un maximum de 2 heures (pendant la tempête, nous pensons que la porte s'ouvre seule, mais maintenant nous avons mis une barrure pour la nuit.

Pour les participants RECORD\_ID allant de 170001 à 170537 :

Le 9 septembre; Le congélateur -20oC ne descend plus en bas de -14oC, la température a monté à +9oC, la porte est restée ouverte un maximum de 2 heures (pendant la tempête, nous pensons que la porte s'ouvre seule, mais maintenant nous avons mis une barrure pour la nuit. Dans la journée, des gens de la garde côtière viendront dégeler le système de ventilation, probablement causé par la porte ouverte de la veille et de la fois d'avant. Les échantillons sont donc restés à une température entre 0 et -14oC pendant cette journée et la réparation. Tout semble être entré dans l'ordre maintenant.

Description des variables : CodeBookLabo. Tous les noms des variables débutent par LAB\_.

### 2.4 Mesures cliniques (anthropométriques)

Nom : BDCLIN\_CHR

Description : certaines mesures cliniques et anthropométriques. Pour tous : pulsation, pression sanguine (blood pressure), taille et poids. Pour tous, excepté femmes enceintes ou menstruées : mesures prises par l'instrument In-Body.

Description des variables : CodeBookClin. Tous les noms des variables débutent par CLIN\_.

## 2.5 Santé buccodentaire

Nom : BDBUCCO\_CHR

Description : Fichier de données comprenant les indicateurs en lien avec l'examen buccodentaire complet.

Description des variables : CodeBookBucco. Tous les noms des variables débutent par BUCCO\_.

## 2.6 Santé respiratoire (spirométrie)

Nom : BDSPIRO\_CHR

Description : Fichier de données comprenant les mesures en lien avec la spirométrie. Pour faire ce test, les participants devaient répondre à des critères d'admissibilité.

Description des variables : CodeBookSpiro. Tous les noms des variables débutent par SPIRO\_.

## 2.7 Variables dérivées

Nom : BDDRV\_CHR

Description : Fichier comprenant l'ensemble des indicateurs créés lors des analyses nécessaires à la production du rapport descriptif. Ce fichier sera en constante évolution et plusieurs versions sont à prévoir.

D'autres variables dérivées créées par les chercheurs peuvent être accessibles à tous les autres chercheurs. Il s'agit d'en faire la demande auprès des chercheurs concernés. Le partage pourrait se faire simplement en fournissant une base de données comprenant la variable RECORD\_NO, qui sert de clé d'appariement, et les variables créées.

Description des variables : CodeBookDrv. Tous les noms des variables débutent par DRV\_. Une colonne du manuel de code identifiera le fichier de poids à utiliser pour chaque variable

## 2.8 Formats

Les formats SAS des variables de toutes les bases de données ont été compilés dans un fichier **formats.sas7bcat** se trouvant dans le dossier MASTER. Le code de programmation de ces formats est aussi disponible dans ce même dossier :

**Format\_Chr.sas.**

## 2.9 Exemple de programmation SAS pour la lecture et le jumelage des bases de données

```
libname master "S:\...\BdChercheur\Sept2018\Master";
libname quest " S:\...\BdChercheur\Sept2018\Questionnaires";
options fmtsearch=(master) /***** Endroit où lire les formats
*****/
      nofmterr;

proc sort data=master.BDMASTER_CHR out=bdmaster;
  by record_no;

proc sort data=quest.BDQUEST_CHR out=bdvoxox;
  by record_no;

data analysel; /*** Contient les infos de la BD Master et de la BD des cinq
blocs de questionnaires *****/
  merge bdmaster bdvoxox;
  by record_no;
run;
```

### 3. Pondération à utiliser

Le principe sur lequel s'appuie l'estimation dans le cas d'un échantillon probabiliste tel que celui de cette enquête veut que, outre elle-même, chaque personne faisant partie de l'échantillon en « représente » plusieurs autres qui ne font pas partie de l'échantillon. Le poids d'un individu de l'échantillon correspond au nombre de personnes que représente ce répondant dans l'ensemble de la population.

De plus, la répartition de l'échantillon final de participants obtenu lors de cette enquête selon l'âge, le sexe et la communauté est loin de celle de la population pour laquelle il se doit d'être représentatif. La pondération est alors un ajustement nécessaire afin que les estimations produites à partir des données d'enquête soient représentatives de la population couverte et non seulement de l'échantillon lui-même. L'utilisateur doit tenir compte des poids d'enquêtes dans le calcul des estimations. Un poids est donné à chaque personne incluse dans l'échantillon final, c'est-à-dire l'échantillon des personnes qui ont répondu à l'enquête. Ce poids correspond au nombre de personnes représentées par le répondant pour la population entière.

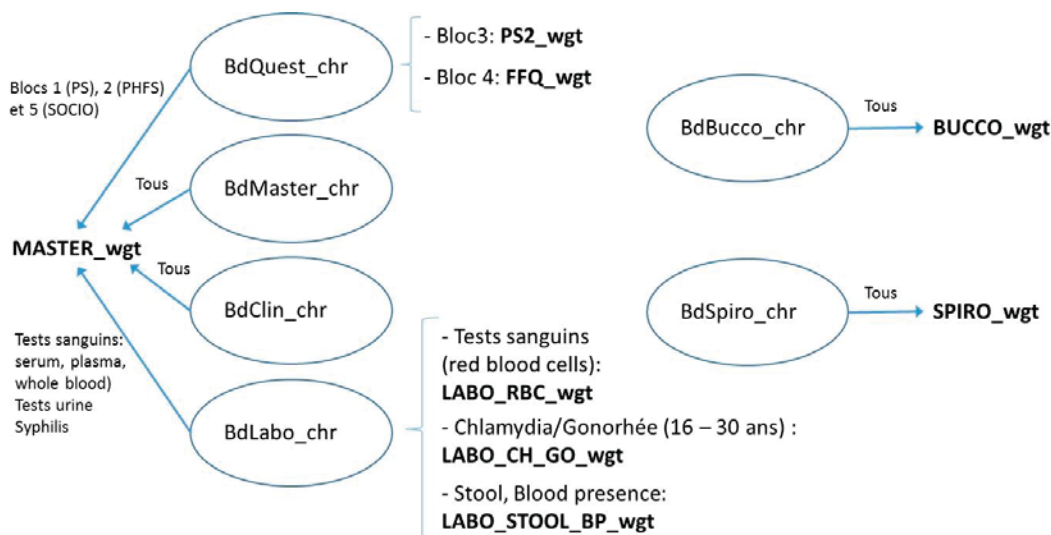
La détermination des poids est assez complexe et comporte plusieurs étapes. La pondération doit d'abord prendre en considération le plan de sondage et plus particulièrement des probabilités de sélection des participants. Les poids doivent également subir des ajustements pour la non-réponse observée à tous les degrés du plan d'échantillonnage, soit au moment du recrutement des participants et du rendez-vous sur le navire. Enfin, une dernière étape consiste à redresser l'échantillon pour que la distribution des poids des répondants corresponde à celle de la population visée d'après certaines caractéristiques sociodémographiques. Ici, ces caractéristiques sont le sexe, les groupes d'âges : 16-19, 20-30 et 31 ans et plus et le regroupement des communautés : Détroit d'Hudson, Baie d'Hudson et Baie d'Ungava (voir la variable *MS\_CommRegChr* dans le fichier BDMASTER\_CHR). Toutes ces étapes seront décrites plus en détails dans le rapport méthodologique.

#### 3.1 Description des fichiers de poids

##### *Pondération de base*

La pondération de base concerne l'ensemble des 1 326 participants et se trouve dans le fichier MASTER\_wgt. La variable de poids *WGT* contenu dans ce fichier devra être utilisée pour produire des estimations sur la plupart des variables présentes dans les bases de données décrites précédemment (voir tableaux 1 et 2 de même que la figure 2 ci-après). En effet, la presque totalité des participants ont répondu aux blocs 1, 2 et 5 des questionnaires, ont donné des échantillons sanguins et d'urine et ont consenti aux mesures anthropométriques (excepté les femmes enceintes ou menstruées).

Figure 2 : Schéma du fichier de poids à utiliser selon la base de données<sup>1</sup> d'où provient l'indicateur



<sup>1</sup> Pour chaque variable de la base de données BDDRV\_CHR, le fichier de poids à utiliser est indiqué dans le manuel de code.

### Pondération spécifique

Pour certains volets ou outils de collecte, la non-réponse globale parmi les participants est assez importante pour justifier une pondération particulière dans le but de réduire le plus possible le biais qui pourrait être induit par ces non répondants. Dans la plupart des enquêtes (EQSP, ESCC), le seuil largement reconnu de 5% permet de déterminer ce qui peut être négligeable ou non. Pour ce qui est de la présente étude, tous les volets ou sous-groupes présentant un taux de non-réponse global supérieur à 4%<sup>2</sup> (voir les % à la dernière colonne du tableau 1) ont fait l'objet d'une pondération spécifique. Le fichier de poids à utiliser dans ces situations se trouve au tableau 2 ci-après.

Tableau 2 : Fichier de poids à utiliser selon l'outil de collecte et la provenance

Outils de collecte	Provenance	Fichier de poids
Questionnaire	Bloc 3	PS2_WGT
	Bloc 4	FFQ_WGT
Buccodentaire	Tous	BUCCO_WGT
Spirométrie	Tous	SPIRO_WGT
Laboratoire	Tests sanguins (red blood cells): ex. Folate	LABO_RBC_WGT
	Tests Chlamydia/Gonorrhoea (16-30 y.o.)	LABO_CH_GO_WGT
	Tests stool, Blood presence (50 years old and over)	LABO_STOOL_BP_WGT
	Tests stool, H Pylori	Aucun

<sup>2</sup> Car il faut inclure un taux de non réponse partielle aux questions et aux mesures conservateur de 1%.



Comme pour la pondération de base, la variable de poids *WGT* contenue dans le fichier de poids approprié doit être utilisée afin d'inférer les résultats obtenus de l'échantillon des participants à la population-cible.

### *Cas particulier*

Pour les tests portant sur les selles, tout au plus 55 % des participants âgés de 16 ans et plus ont apporté avec eux, lors de leur rendez-vous sur le navire, leur échantillon de selles (stool), ce qui en font des mesures associées au plus petit nombre de personnes participantes. Comme le taux de réponse global pour ces tests n'atteint pas 20 %, il a été décidé de ne pas procéder à une pondération particulière pour ces cas. Une telle action s'avère inutile pour corriger la représentativité de l'échantillon de répondants. Il faudra ainsi ramener les résultats à l'ensemble des participants ayant apporté leur échantillon de selles et non les inférer à la population de la région ou à n'importe quel sous-groupe de cette population.

## 3.2 Pondération liée à l'étude de variables provenant de divers instruments

Les analyses peuvent prévoir des croisements de variables ou d'indicateurs provenant de deux instruments ou outils de collecte et il s'avère nécessaire dans ces cas de déterminer la pondération la plus appropriée. Le principe directeur est de choisir la pondération qui minimise la perte d'unités d'analyse tout en ayant une bonne qualité de l'ajustement de la non-réponse.

Comme la plupart des variables proviennent d'outils de collecte avec la pondération de base sur l'ensemble des 1 326 participants de l'enquête, la règle générale pour le croisement comprenant une de ces variables avec la pondération de base sera de privilégier le poids de l'outil ayant le moins de participants (en se référant au tableau 1). Par exemple, un utilisateur désire croiser une variable provenant du bloc 2 du questionnaire (pondération de base sur 1 326 participants) avec une variable du bloc 4 du questionnaire ou une variable de l'outil de collecte buccodentaire. Dans ces cas, il devrait prendre la variable de poids *WGT* dans les fichiers FFQ\_WGT et BUCCO\_WGT respectivement.

D'autres types de croisement ont fait l'objet d'un examen plus approfondi pour la détermination de la variable de pondération. Il s'agit des variables provenant des blocs 3 et 4 du questionnaire qui seront plus souvent susceptibles de faire partie des variables de croisement. Pour savoir quelle pondération utiliser, on doit évaluer le nombre de participants ayant répondu ou non conjointement à une variable d'un de ces blocs et à un autre outil de collecte (voir tableau 3). Le choix de la pondération est dicté par le nombre le plus faible de non répondants afin de minimiser le biais causé par la non-réponse. Par exemple, si l'indicateur d'intérêt vient de de l'outil buccodentaire et qu'on désire croiser cet indicateur avec une variable du bloc 3 du questionnaire, la variable de poids devra être celle du fichier BUCCO\_WGT. En effet, on trouve 3,3 % de non répondants à l'outil buccodentaire parmi les répondants au bloc 3 comparativement à 4,0 % de non répondants au bloc 3 parmi les répondants à l'outil buccodentaire. On peut faire ce même exercice avec les autres outils de collecte qui ont une pondération particulière.

Tableau 3 : Description des fichiers de poids à utiliser lors des croisements avec les variables du bloc 3 ou 4 du questionnaire pour les outils de collecte n'utilisant pas le fichier de poids de base (MASTER\_WGT)

Outil ou instrument de collecte	Questionnaire Bloc 3				Questionnaire Bloc 4			
	Nombre répondants aux deux instruments	Répondant au bloc 3 mais non répondant à l'autre instrument (%)	Non répondant au bloc 3 mais répondant à l'autre instrument (%)	Fichier de poids à utiliser	Nombre répondants aux deux instruments	Répondant au bloc 4 mais non répondant à l'autre instrument (%)	Non répondant au bloc 4 mais répondant à l'autre instrument (%)	Fichier de poids à utiliser
<i>Santé buccodentaire</i>	1224	3,3	4,0	<b>BUCCO_WGT</b>	1145	2,6	10,2	<b>FFQ_WGT</b>
<i>Spirométrie</i>	1070	> 10,0	3,6	<b>SPIRO_WGT</b>	994	> 10,0	10,5	<b>SPIRO_WGT</b>
<i>Tests sanguins (red blood cells)</i>	1188	6,2	4,6	<b>LABO_RBC_WGT</b>	1100	6,5	11,7	<b>FFQ_WGT</b>
<i>Tests Chlamydia/Gonorrhoea (16-30 y.o.)</i>	523	4,6	4,4	<b>LABO_CH_GO_WGT</b>	484	4,7	11,5	<b>FFQ_WGT</b>
<i>Tests stool, Blood presence (50 y. o. &amp; +)</i>	232	>20,0	7,2	<b>LABO_BP_WGT</b>	213	>20,0	14,8	<b>LABO_BP_WGT</b>
<i>Tous les autres outils</i>	Non applicable			<b>PS2_WGT</b>	Non applicable			<b>FFQ_WGT</b>

### 2.3 Pondération pour différents regroupements géographiques

Les fichiers de pondération présentés jusqu'à maintenant permettent de faire des comparaisons pour trois regroupements de communauté basés sur des environnements similaires : Baie d'Hudson (Inukjuak, Kuujjuarapik, Puvirnituk, Umiujaq, Akulivik), Détroit d'Hudson (Salluit, Ivujivik, Kangiqsujuaq, Quaqtac) et Baie d'Ungava (Kangiqsualujuaq, Kangirsuk, Tasiujaq, Kuujjuaq, Aupaluk), catégories incluses dans la variable **MS\_CommRegChr**. La dernière étape de la pondération se calquait à la distribution de la population selon ces trois regroupements.

Pour le rapport descriptif régional, d'autres fichiers de pondération ont été produits afin de refléter la représentativité de la région sur la base des deux secteurs : Hudson (Inukjuak, Kuujjuarapik, Puvirnituk, Umiujaq, Akulivik, Ivujivik, Salluit) et Ungava (Kangiqsujuaq, Quaqtac, Kangiqsualujuaq, Kangirsuk, Tasiujaq, Kuujjuaq, Aupaluk). Ces deux secteurs ne pouvant être déduites de la variable **MS\_CommRegChr**, l'étape de la poststratification de la pondération a dû être revue pour tenir compte de la distribution de la population selon ces secteurs.

Les noms des fichiers de poids à utiliser pour ce regroupement de communautés contiennent de mêmes préfixes que ceux présentés précédemment. Seul le suffixe **\_WGT** est remplacé par **\_R\_WGT**. Les résultats produits à l'aide de l'un ou l'autre de ces poids sont très similaires (différences de proportions inférieures à 1 %).

### 2.4 Exemples d'utilisation des poids d'enquête

- Indice de masse corporelle selon le découpage Baie d'Hudson, Détroit d'Hudson et Baie d'Ungava

La variable de l'indice de masse corporelle est repérée dans la base de données BDCLIN\_CHR et elle s'appelle **CLIN\_BMI**. On désire créer les catégories usuelle de cet indicateur (Insuffisant < 18.5 ; normal de 18.5 à <25 ; embonpoint de 25 à <30 ; obésité 30 et plus). La variable de croisement est **MS\_CommRegChr** et se trouve dans la base BDMaster\_CHR. La variable de poids à utiliser est **WGT** présente dans le fichier de poids MASTER\_WGT (voir graphique 2).

#### Code SAS complet :

```
libname master " S:\...\BdChercheur\Sept2018\Master";
libname clin " S:\...\BdChercheur\Sept2018\Clinique";
libname poids " S:\...\BdChercheur\Sept2018\Poids";

options fmtsearch=(master) /***** Endroit où lire les formats
*****/
      nofmterr;

proc sort data=master.BDMaster_CHR out=bdmaster;
  by record_no;

proc sort data= clin.BDCLIN_CHR out=bdclin;
  by record_no;
```

```

proc sort data=poids.MASTER_WGT out=MASTER_WGT;
  by record_no;

data analyse1;
  merge BDMASTER BDCLIN MASTER_WGT;
  by record_no;
  if .<clin_bmi<18.5 then bmi_cat=1;
  else if 18.5<=clin_bmi<25 then bmi_cat=2;
  else if 25<=clin_bmi<30 then bmi_cat=3;
  else if clin_bmi>=30 then bmi_cat=4;
run;

proc sort data=analyse1;
  by MS_CommRegChr;
proc freq data=analyse1;
  weight wgt;          /** ← POIDS d'enquête **/
  by MS_CommRegChr;
  tables bmi_cat;
  where ms_pregnancy ne 1 and ms_period ne 1;
run;

```

## STATA :

Après avoir jumelé les bons fichiers ensemble

```

...
SVYSET [pweight=wgt]

```

- Résultats du test de spirométrie (Gold) selon le statut tabagique

La variable du GOLD de la spirométrie est repérée dans la base de données BDSPIRO\_CHR et elle s'appelle **SPIRO\_NEWGOLD**. Comme cette variable compte peu d'individus dans les catégories de GOLD 3 et 4, ceux-ci sont regroupés avec GOLD 2. La variable de croisement est le type de fumeur actuel en deux catégories (voir variable **PS\_S3\_1\_Q1** du bloc 1 du questionnaire). On a affaire ici à un croisement d'une variable portant sur un sous-groupe de participants qui ont passé le test de spirométrie dont l'outil a fait l'objet d'une pondération particulière (SPIRO\_WGT) avec une variable du bloc 1 du questionnaire dont la quasi-totalité des participants ont répondu et dont le poids se trouve dans MASTER\_WGT. Pour le choix du bon poids, le critère général s'applique ici. Le poids est celui contenu dans SPIRO\_WGT puisque ce fichier s'adresse au plus petit nombre de participants (selon le tableau 1 : 1 110 vs 1 301).

```

libname master " S:\...\BdChercheur\Sept2018\Master ";
libname spiro " S:\...\BdChercheur\Sept2018\Spirometrie ";
libname poids " S:\...\BdChercheur\Sept2018\Poids";

options fmtsearch=(master) /***** Endroit où lire les formats *****/
  nofmterr;

proc sort data=master.BDMASTER_CHR out=bdmaster;

```

```

by record_no;

proc sort data= spiro.BDspiro_CHR out=bdspiro;
by record_no;

proc sort data=poids.SPIRO_WGT out=SPIRO_WGT; /* Mettre le bon fichier de
poids ici */
by record_no;

data analyse2; /** Contient les infos de la BD Master et de la BD des cinq
blocs de questionnaires *****/
merge BDMASTER BDspiro SPIRO_WGT;
by record_no;

if ps_s3_1_q1 in (1,2) then ps_d_smstal=1; /** Fumeur actuel **/
else if ps_s3_1_q1=3 then ps_d_smstal=2; /** NON Fumeur actuel **/
else if ps_s3_1_q1=99 then ps_d_smstal=.1; /* Non réponse à la question */
if bloc1 ne 1 then ps_d_smstal=.A; /** n'a pas complét le bloc 1 du
questionnaire **/

if SPIRO_NEWGOLD in (3,4) then NEWGOLD=2;
else if SPIRO_NEWGOLD not in (0,1,2) then NEWGOLD=.1;

run;

proc sort data=analyse2;
by ps_d_smstal;
proc freq data=analyse2;
weight wgt;
by ps_d_smstal;
tables NEWGOLD;
run;

```

**STATA:**

Après avoir jumelé les bons fichiers ensemble

```

...
SVYSET [pweight=wtg]

```

## 4. Méthode Bootstrap pour le calcul des variances

### 4.1 Description de la méthode « Bootstrap »

La majorité des enquêtes statistiques comportent des erreurs dites d'échantillonnage, dues au fait que seule une partie des unités de la population enquêtée sont sélectionnées pour participer à l'enquête. L'erreur d'échantillonnage est définie comme la différence entre les résultats générés de l'échantillon et la vraie mesure de la population ou, en d'autres termes, la mesure obtenue lors d'un recensement de toute la population. Ces erreurs se répercutent sur les estimations produites, dont la précision est par ailleurs influencée non seulement par la complexité du plan d'échantillonnage, mais également par tous les ajustements de non-réponse et de la poststratification apportés à la pondération. Il est donc nécessaire de mesurer la précision de chaque estimation et d'en tenir compte dans l'interprétation des résultats inférés à la population visée. L'effet de plan est le rapport de cette « nouvelle » variance sur celle qu'on aurait obtenu d'un plan d'échantillonnage aléatoire simple de même taille.

La plupart des logiciels statistiques tiennent maintenant compte des effets associés au plan de sondage dans le calcul de la variance des estimations de variables d'intérêt en autant que des paramètres du plan de sondage y soient spécifiés. Pour cette enquête, la méthode choisie pour l'estimation de la variance des estimations obtenues du plan d'échantillonnage est celle de la méthode « bootstrap » (méthode de ré-échantillonnage avec remise).

Un petit mot pour illustrer le principe de la méthode « bootstrap ». On désire évaluer la précision d'une proportion estimée d'un indicateur donné. Une solution serait de tirer 500 nouveaux échantillons dans des conditions identiques à celui de l'enquête et ainsi calculer 500 fois l'estimation de la proportion de fumeurs. La variance serait simplement obtenue par la mesure de dispersion entre les 500 nouvelles estimations. Malheureusement, tirer 500 nouveaux échantillons serait très coûteux et impossible à réaliser. Il est toutefois possible de tirer indépendamment, à l'aide d'un échantillonnage aléatoire avec remise, 500 sous-échantillons à partir de l'échantillon initial puisqu'il est représentatif de la population. Pour chacun de ces sous-échantillons, on recalcule les poids d'après les mêmes étapes de pondération que pour les poids d'enquête pour créer ainsi 500 ensembles de poids « bootstrap ». Pour obtenir l'estimation de la variance d'une estimation ponctuelle (statistique calculée à partir du poids de sondage) à l'aide de la méthode « bootstrap », il suffit de recalculer cette même estimation ponctuelle 500 fois en utilisant les 500 ensembles de poids « bootstrap ». La variabilité observée entre les 500 résultats représente l'estimation de la variance.

D'un point de vue pratique, voici les principales étapes de l'estimation de la précision d'une estimation donnée à l'aide de la méthode du « bootstrap »:

- a) L'estimation du paramètre d'intérêt (proportion, total, etc.) est d'abord calculée en utilisant la variable de poids d'enquête (*WGT*) incluse dans le fichier de poids.
- b) La même estimation ponctuelle est calculée en utilisant cette fois chacun des 500 ensembles de poids « bootstrap » contenus dans le fichier de poids (*bw1* à *bw500*). 500 estimations « bootstrap », par exemple de la proportion, sont ainsi obtenues.
- c) Finalement, la variance (selon la formule utilisée pour un plan aléatoire simple) de ces 500 estimations « bootstrap » est calculée.

$$\text{Var}(p) = \frac{\sum_{b=1}^{500} (p_b - \bar{p})}{500}$$

Cette variance correspond à l'estimation de la variance de l'estimation du paramètre d'intérêt calculée en a)

## 4.2 L'utilisation de la méthode « Bootstrap » dans les logiciels statistiques

### SAS

Avec SAS, les procédures de la série PROC SURVEY... permettent de tenir compte des poids « bootstrap » dans le calcul des estimations de variance. En fait, c'est la méthode BRR (Balanced repeated replication) qui est disponible avec quelque nuance négligeable par rapport à la méthode « bootstrap ».

Pour en tenir compte, il faut ajouter VARMETHOD=BRR en options à l'énoncé PROC et ajouter l'énoncé REPWEIGHTS pour identifier les poids « bootstrap ».

Si on revient à l'exemple de l'indice de masse corporelle selon le découpage Baie d'Hudson, Détroit d'Hudson et Baie d'Ungava, cela se traduit comme suit :

```
proc surveyfreq data=analyse1 varmethod=brr;
  weight wgt;
  repweights bw1-bw500;
  tables MS_CommRegChr*bmi_cat/col row;
  where ms_pregnancy ne 1 and ms_period ne 1;
run;
```

Pour les analyses à l'infocentre de santé publique, les résultats proviennent de l'utilisation de macros SAS adaptés de BOOTVAR (diffusés par Statistique Canada). Ces macros ont été programmées pour tenir compte de la méthode « pure » de la méthode « bootstrap ». Les résultats peuvent donc différer légèrement de ceux obtenus des procédures SURVEY... de SAS.

### SUDAAN

SUDAAN est un logiciel très convivial qui permet de faire toutes sortes d'analyses multivariées complexe. Il ajoute tout simplement d'autres procédures à SAS. De la même manière que SAS, SUDAAN supporte la méthode BRR qui englobe celle de « bootstrap ». Il suffit d'ajouter l'option DESIGN=BRR à l'énoncé de la procédure et l'énoncé REPWGT.

Encore une fois avec l'exemple de l'indice de masse corporelle, cela se résume ainsi :

```
proc crosstab data=analyse1 filetype=sas design=brr;
  weight wgt;
  repwgt bw1-bw500;
  tables MS_CommRegChr*bmi_cat;
  subgroup bmi_cat MS_CommRegChr;
  levels 4 3 ;
  setenv labwidth=28 colspce=1 colwidth=12 decwidth=3;
  print nsum wsum sewgt rowper serow lowrow uprow deffrow/style=nchs;
```

```
/*output rowper serow lowrow uprow /serowfmt=F8.5 filename=actifs_adulte  
filetype=sas replace;*/  
run;
```

### *Stata*

Pour estimer correctement les variances des estimations avec la méthode « bootstrap » en Stata, il faut déclarer l'énoncé SVYSET comme suit avant de soumettre toutes analyses :

```
SVYSET [pweight=wgt], bsrweight(bw*) vce(bootstrap)
```

Ainsi, les estimations seront calculées avec le poids d'enquête *WGT* et les estimations de la variance par la méthode « bootstrap » à l'aide des poids *bw1* à *bw500*.



## Enquête de santé du Nunavik Qanuilirpitaa? 2017

### Rapport prétest de novembre 2016, Inukjuak.

**Auteurs : Louis Rochette, Caroline Moisan, Pierre Lejeune, Suzanne Bruneau.**

**Dernière Version : 2017-01-20**

#### Remerciements

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5. Commentaires et suggestions pour chacun des blocs de questionnaires.
6. Proposition de changements pour réduire la durée des questionnaires.
7. Conclusion.

Annexe 1. Déroulement quotidien du prétest

#### 1. Introduction

Un prétest de l’enquête de santé du Nunavik Qanuilirpitaa 2017 s’est déroulé du 14 au 19 novembre 2016 à Inukjuak. Les principaux objectifs du prétest étaient les suivants :

-Évaluer la clarté et la compréhension des questions et des instructions des instruments de collecte.

-Identifier les questions qui provoquaient des malaises chez les répondants.

-Identifier les problèmes rencontrés dans la version Inuktitut.

-Identifier ce qui pouvait provoquer un intérêt accru du répondant.

-Déterminer la durée de l’entrevue.

Le prétest avait également pour but d'évaluer la formation et le travail des interviewers d'origine inuit. De façon plus spécifique :

- Évaluer la compréhension du rôle de l'interviewer.
- Évaluer la compréhension par l'interviewer des contenus et des consignes des questionnaires.
- Évaluer l'habileté à diriger une entrevue.
- Évaluer l'aisance des interviewers avec le logiciel servant à administrer le questionnaire.

Les questionnaires évalués étaient divisés en plusieurs blocs :

- Le bloc 0 était consacré aux formulaires d'identification et de consentement.
- Le bloc 1 couvrait les sujets moins sensibles du volet psychosocial.
- Le bloc 2 comprenait l'évaluation de la santé physique et de l'insécurité alimentaire.
- Le bloc 3 traitait des sujets plus sensibles du volet psychosocial.
- Le bloc 4 était dédié au volet de la fréquence alimentaire.
- Le bloc 5 traitait du volet sociodémographique.

Ce rapport présente un bilan de l'évaluation du travail des interviewers ainsi que des principaux problèmes rencontrés lors de l'administration des questionnaires. Des recommandations seront formulées pour la formation des interviewers. De plus, des modifications au contenu des questionnaires seront suggérées.

## 2. Constitution de l'échantillon du prétest

Au global, 22 individus ont participé au prétest. Cet échantillon était constitué de volontaires qui ont été recrutés à partir d'une liste téléphonique. La répartition de l'échantillon selon l'âge et le sexe est présentée au tableau 2.1. Un total de 21 individus a complété l'ensemble des instruments. Un des participants a choisi de quitter après avoir complété le bloc 3.

**Tableau 2.1 Répartition de l'échantillon selon l'âge et le sexe, prétest Qanuillirpita Inukjuak, novembre 2016.**

	Femmes	Hommes	Total
<b>16-19 ans</b>	1	3	4
<b>20-29 ans</b>	5	3	8
<b>30-44 ans</b>	1	3	4
<b>45+ ans</b>	3	3	6
<b>Total</b>	10	12	22

La répartition de l'échantillon selon la langue d'entrevue est présentée au tableau 2.2. La majorité des entrevues s'est déroulée en anglais. Néanmoins, comme l'anglais demeure une langue seconde pour cette population, certaines entrevues se sont déroulées dans un mélange d'anglais et d'Inuktitut tandis que cinq entrevues ont été administrées en Inuktitut seulement. Comme le logiciel servant à administrer l'entrevue n'était pas disponible en Inuktitut, l'interviewer utilisait une version papier

pour poser les questions et entrain immédiatement les réponses du participant dans le logiciel. Par ailleurs, il fut très difficile de trouver des participants qui maîtrisaient assez bien le français pour accepter de passer l'entrevue dans cette langue. Au final, une seule personne a acceptée et bien que toutes les questions aient été posées en français, le participant répondait en anglais puisqu'il suivait les questions en anglais simultanément à partir de la version papier. Ceci dit, il est possible de supposer qu'une minorité complètera le questionnaire en français lors l'enquête de l'été prochain. Ainsi, il ne faudra pas oublier que tous les commentaires fait à partir de la version anglaise devront également être appliqués à la version française et Inuktitut.

**Tableau 2.2 Langue d’entrevue du prétest Qanuilirpitaa Inukjuak, novembre 2016.**

Langue	Nombre
Anglais	13
Anglais-Inuktitut	3
Français-Anglais	1
Inuktitut	5
<b>Total</b>	<b>22</b>

L’horaire du déroulement du prétest est disponible en annexe. Après une journée et demie de formation des trois interviewers, des entrevues se sont déroulées durant quatre jours. Lors de la dernière journée d’entrevues, nous avons tenu une rencontre avec les interviewers Inuit afin de revenir sur certaines problématiques identifiées au cours de la semaine. Cette rencontre fut très utile pour corriger l’Inuktitut, identifier des sections difficiles à prononcer et à expliquer, ainsi qu’avoir des suggestions pour prendre en compte la culture Inuit.

### 3. Évaluation de la formation et du travail des interviewers

La formation des interviewers s’est déroulée sur une journée et demie. Une première partie a consisté à une présentation générale de l’enquête, des différents questionnaires ainsi qu’une explication liée à l’éthique et la confidentialité. Par la suite, le logiciel Voxco a été présenté aux interviewers et fut suivi d’une simulation de séances questions réponses où les interviewers ont pu se familiariser avec les sujets traités en pratiquant la passation des questionnaires ainsi qu’avec le fonctionnement du logiciel.

Les interviewers recrutés avaient une expérience limitée dans le domaine des enquêtes. Aucun des interviewers n’avait administré auparavant une entrevue assistée par ordinateur. Ils étaient donc important d’évaluer la capacité et à quel rythme les interviewers étaient habilités à apprivoiser le logiciel et maîtriser les sujets traités dans le questionnaire.

Les interviewers étaient également responsables du recrutement des participants. Ce recrutement a été fait au téléphone à partir d’une liste des différents numéros du CLSC d’Inukjuak. Le recrutement n’était pas aléatoire. Il a été demandé aux recruteurs de sélectionner des volontaires selon les critères d’âge et sexe définis au tableau 2.1, ainsi que selon les langues parlées. Les recruteurs appelaient les participants potentiels et expliquaient le but de l’étude, la durée d’entrevue et la compensation financière. Si la personne acceptait, un rendez-vous était fixé pour le jour suivant. Un appel de confirmation était ajouté une heure avant leur rendez-vous. Dans le cas d’une annulation, un volontaire pouvait être rapidement recruté à l’aide d’appels supplémentaires.

Lors du recrutement de l’enquête de l’été prochain, il est suggéré qu’il y ait au moins deux Inuit pour une sollicitation, un qui appelle et l’autre qui note et aide.

Quelques problèmes ont été rencontrés lors de l’administration des questionnaires par les interviewers. Lors des premières entrevues, les interviewers avaient tendance à lire machinalement, sans intégrer ce qui est lu, notamment les messages qui leur étaient adressés, par exemple : ‘read this section to the participant’ ‘if yes to the previous answer’. En outre, il a été noté que les interviewers cochaient les réponses même si celle-ci ne faisait pas de sens. Nous avons également noté des problèmes de manque

de neutralité : des interviewers commentaient parfois les réponses données. Il faudra mettre l'emphase sur ces deux points lors de la formation des interviewers en 2017.

Selon ce qui a été constaté lors du prétest, il faudra donc trois à quatre entrevues de pratique et de l'accompagnement lors des premières entrevues avant que l'interviewer soit autonome. Par exemple, les premières entrevues pourraient se faire en équipes formées d'un interviewer blanc, et d'un interviewer Inuit. Les entrevues pourraient être simulées lors du transit en début d'enquête.

Lors de la formation, il faudra mettre l'emphase sur le fait que l'interviewer doit être neutre et qu'il n'émette aucun jugement ni de commentaires. De plus, celui-ci ne doit pas influencer le répondant ou assumer la réponse. Il sera également pertinent de mentionner aux interviewers qu'il est possible de faire des pauses pour respecter le rythme du participant, mais que l'interviewer peut aussi encourager le participant à continuer jusqu'à fin d'un bloc ou d'une étape. L'interviewer peut aussi informer le participant de la proportion du questionnaire complétée.

Il sera important de répéter à quelques reprises lors de la formation et des premières entrevues sur le bateau, quelques détails importants pour une bonne administration d'entrevue. Par exemple, lors d'une pose de question, il faudra rappeler ne jamais nommer la catégorie DK/NR/R. Pour les questions mesurant des échelles de Likert, mentionner qu'il faut répéter les échelles à intervalle régulier par exemple, aux 5 questions. Ne pas oublier de montrer les images lorsque celles-ci s'appliquent pour une question. Lorsque la question est sans objet, cochez 'DK/NR/R'. Il est possible lors de la séance de formation, de prévoir certaines situations menant à une réponse sans objet comme par exemple, bloc 3 section 5.1 question 1d 'Were your parents divorced...' lorsque le répondant a été adopté par une femme seule ou encore, bloc 3 section 5.5 question 21c 'at an hospital clinic in the South' alors que la personne n'y est jamais allé.

Les entrevues se sont parfois déroulées en utilisant l'anglais de façon prédominante mais avec des compléments en Inuktitut. Cependant, il a été remarqué à ces occasions que l'entrevue ne se déroulait pas de façon standardisée. Par exemple, l'interviewer lisait les questions en anglais et traduisait directement en Inuktitut en s'inspirant de la version Inuktitut écrite. En d'autres occasions, l'interviewer traduisait directement en Inuktitut sans les lire en anglais en premier. Il a été remarqué que la version Inuktitut papier était utilisée davantage en support pour les aider à expliquer. D'ailleurs, il ne faudra pas oublier de vérifier lors de la formation que l'interviewer est en mesure de lire sans problème l'Inuktitut.

Pour les entrevues en Inuktitut, le plus pratique est que l'interviewer lise la question sur papier et complète la réponse à l'écran simultanément. L'alternative de tout remplir sur papier est moins pratique, plus long, et risque d'augmenter le nombre d'erreurs. Avec la pratique, les interviewers qui ont travaillé lors du prétest ont rapidement appris à compléter le questionnaire avec le logiciel. Cependant, les interviewers se sont parfois perdus en faisant la correspondance entre la version papier en Inuktitut à la version anglaise sur l'ordinateur. Pour aider l'interviewer qui fait l'entrevue en Inuktitut et qui saisit les réponses en même temps à l'ordinateur en anglais, il serait utile d'avoir le numéro de pages sur l'ordinateur correspondant à la version papier. Ex : PHFS\_S10\_Q19 block 2 page 33.

Nous avons testé les sections du bloc 3, traitant de sujets sensibles, selon différentes combinaisons interviewers-répondants selon le sexe et une différence d'âge plus ou moins prononcée. Aucune

différence dans l'aisance du participant et dans les réponses n'a été notée. Il n'a pas été offert aux participants de répondre par eux-mêmes de façon confidentielle en l'absence de l'interviewer. Les observateurs n'ont pas jugé que c'était nécessaire selon les réactions observées de la part de l'ensemble des participants. Le constat est que l'interviewer devient en quelque sorte un accompagnateur et le fait de rappeler que cette section peut être omise semble tout à fait adéquat.

Finalement, il s'agit d'un avantage de garder le même interviewer pour tous les blocs considérant le lien de confiance qui s'est établi et le lien que l'interviewer peut faire entre les réponses.

#### 4. Durée des entrevues

La durée des entrevues, en excluant le temps des pauses, a été calculée pour 21 des 22 entrevues puisqu'un des répondants a choisi de quitter après le bloc 3. De plus, la durée par bloc de questionnaires a été mesurée pour 17 entrevues.

Le tableau 4.1 présente les durées moyennes et médianes de l'ensemble des entrevues, au total et selon la langue d'administration. La durée des entrevues exclusivement en Inuktitut est beaucoup plus longue que les autres. Les interviewers nous ont d'ailleurs fait remarquer que les formulations en Inuktitut sont plus longues. Les trois premières entrevues en Inuktitut de la semaine ont duré autour de 5 heures alors que les deux dernières ont duré autour de 3h15. L'échantillonnage est trop faible pour nous amener à conclure mais il est possible que les interviewers deviennent plus expérimentés à la longue et que la durée soit réduite tout en demeurant plus longue que les entrevues dans les autres langues.

**Tableau 4.1. Durée moyenne et médiane en minutes de l'ensemble des entrevues ainsi que selon la langue d'administration exclusivement Inuktitut vs les autres, prétest Qanuilirpitaa Inukjuak.**

Langue	Nombre	Moyenne	Médiane
<b>Ensemble des entrevues</b>	21 (sur 22)	187 (3h07)	169 (2h49)
<b>Inuktitut seulement</b>	5	257 (4h17)	290 (4h50)
<b>Anglais et mixte</b>	17	166 (2h46)	164 (2h44)

La durée médiane par bloc de questionnaires de 17 entrevues est présentée au tableau 4.2. Le bloc 1 est celui qui a demandé le plus de temps d'administration avec près du tiers du temps total d'entrevue.

**Tableau 4.2. Durée médiane en minutes par bloc de questionnaires, prétest Qanuilirpitaa Inukjuak.**

Bloc 0	Bloc 1	Bloc 2	Bloc 3	Bloc 4	Bloc 5	Total
9	55	40	30	27	9	169 (2h49)

## 5. Commentaires et suggestions pour chacun des blocs de questionnaires.

### Commentaires généraux

Le questionnaire prend plus de temps à administrer en Inuktitut. Selon une des interviewers, l’Inuktitut prend plus de mots avant d’arriver au cœur du sujet.

La grande majorité des participants utilisent principalement l’Inuktitut comme langue principale dans la vie de tous les jours. Ils comprennent pour la plupart bien l’anglais mais il s’agit tout de même d’une langue seconde. Il serait donc important lors du déroulement de l’enquête que le participant ait accès à une copie papier en Inuktitut lorsque l’interviewer n’est pas Inuit. Dans les entrevues du prétest dirigées par des interviewers non-Inuit, l’interviewer faisait lire la question au répondant lorsque celui-ci ne comprenait pas la formulation anglaise.

Dans les questions où il y a plusieurs énoncés avec réponses sur une échelle, par exemple les questions 1, 2 et 8 de la section 1 du bloc 1, la lecture des énoncés dans la version Inuktitut serait facilitée si les lettres définissant la question étaient en gras. Par exemple (avec la version anglaise), **h** I am proud to be an Inuk.

La compréhension des échelles serait améliorée en ajoutant des nombres ordinaux aux questions. Par exemple **1**-Very satisfied, **2**-Satisfied et ainsi de suite jusqu’à **5**-Very dissatisfied. Les observateurs et les interviewers ont remarqué que certains répondants aimaient mieux s’exprimer sur une échelle numérique plutôt que par sentiment de satisfaction, d’accord ou de fréquences qui sont parfois difficiles à prononcer.

Nous suggérons d’ajouter des cartes plastifiées pour les réponses à échelle ordinale qui reviennent à plusieurs reprises tel que ‘Strongly agree’, ‘agree’, ..., ‘Strongly disagree’, accompagnées de nombres ordinaux.

Les interviewers ont observés que certains répondants étaient confus lorsque l’interviewer lui demandait d’évaluer des énoncés exprimés à la première personne. Le répondant avait l’impression qu’on ne lui demandait pas son avis mais plutôt celui de l’interviewer. Il serait donc plus clair d’exprimer les énoncés à la deuxième personne. Par exemple, au bloc 1, section 1, question 2 l’énoncé a) serait ‘**You** feel most comfortable..’ plutôt que ‘I feel most comfortable...’. Cette correction s’appliquerait à toute cette question ainsi qu’aux questions 2, 3, 5, 10, 11 de la section 2, bloc 1 ainsi qu’à tout autre endroit où cette situation se présente.

Éviter tout symbole tels que ‘>’ ou ‘<’ dans les introductions, questions et réponses. Ceux-ci ne sont pas compris.

Il faudra vérifier attentivement l’Inuktitut car à plusieurs endroits les symboles embarquent les uns sur les autres empêchant la lecture du mot. De plus, on pourrait retirer toutes les traductions en Inuktitut de ‘DK/NR/R’ qui prennent beaucoup d’espace et c’est inutile puisque ce n’est pas proposé au participant.

Il est suggéré de retirer les ‘e.g.’ et les ‘i.e.’ et de remplacer par ‘for example’ ou ‘such as’. Les interviewers lisent ces acronymes ne sachant pas ce que ça signifie.

## 5.0. Bloc 0 : fiche d'identification et formulaire de consentement

Dans le formulaire de consentement, trouver des synonymes ou des termes plus simples pour les mots suivants: 'determinants', 'preliminary', 'exclusively', 'adequate', 'participatory approach', 'appropriateness'.

Dans la fiche d'identification, à la question sur l'origine ethnique, les choix de réponses pourraient tout simplement être 'Inuit' et 'Other'. Corriger 'can't participated' par 'can't participate'.

La plupart des participants n'ont pas pu fournir leur numéro d'assurance-maladie ni leur numéro de dossier d'hôpital. Il faudrait s'assurer que les participants apportent leurs cartes avec eux sur le bateau lors de l'enquête. Lors du recrutement, les recruteurs pourront rappeler aux participants d'amener leur carte d'assurance maladie.

### 5.1. Bloc 1 : Psychosocial sections 1-4

#### Section 1. Identity and Spirituality

Question 2g, *I feel connected to other indigenous peoples in general* : le terme 'Indigenous' est parfois incompris, il faudrait un synonyme par exemple 'Aboriginal'.

Question 2i, *I believe that things were better for Inuit long ago (before life in settlement-Taitsumani)* : Le terme 'Taitsumani' est moins bien compris par les répondants plus jeunes. La traduction littérale en Inuktitut est 'Long time ago was better than today', les interviewers suggèrent d'ajouter à l'Inuktitut 'when there were settlement'.

Question 3 *Do you have any Sauniit (namesake)?* Answers: Having to select between *No, One, A few, Many*: les choix de réponses sont imprécis et subjectifs. Après discussion avec les interviewers, il est suggéré de remplacer 'A few' par 'Two to four' et 'Many' par 'Five or more'.

Question 5 *In the community you live in, how many people do you consider ilaginiq Ilagiiniq (extended family)*: En Inuktitut, la traduction est: 'How many are your relatives' alors qu'en anglais c'est 'How many do you consider..' c'est un peu différent. Les interviewers suggèrent la formulation suivante 'In the community you live in, how many are your relatives?' Par ailleurs l'expression ilaginiq ilagiiniq n'est pas comprise de tous.

Question 6 *Do you use tursurautiniq (kinship, kindred spirit) to address people in your community*: le mot 'tursurautiniq' n'a pas été bien compris par plusieurs répondants.



## Section 2. Well-Being and Support

Question 3: *How much do you agree to the next following statements?*

Il faudrait remplacer le dernier caractère de l'énoncé de la question 3 par un point d'interrogation dans la version Inuktitut.

-Item 3 d) : Il est suggéré de réviser l'Inuktitut.

-Item 3 e) *I am competent and capable in the activities that are important to me:*  
'Competent' parfois incompris, trouver un synonyme.

Question 4 :

-Tous les derniers termes dans la version Inuktitut sont à remplacer par des ' ?'. À réviser dans tous les questionnaires.

-Item 4a) *In the past month, about how often did you feel nervous?*

Il est suggéré par les interviewers de modifier la version Inuktitut du terme 'nervous' (voir la copie papier de Lisa).

-Item 4c) *In the past month, about how often did you feel restless or fidgety?:*

'fidgety' est généralement incompris, il faudrait remplacer par un synonyme ou spécifier entre parenthèses.

Question 11 :

-Item F et G, *Health services are sensitive to Inuit [women's]/[men's] realities* : un répondant ne comprend pas 'Inuit Women realities'

Question 14 : *The next few questions are about your social network, that is your family and friends, neighbors and colleagues. Tell us how often these situations happened to you.*

Les interviewers suggèrent de remplacer dans la formulation de la question 'colleagues' par 'co-workers'. Cette suggestion pourrait être appliquée dans tous les questionnaires

Question 15 : *Think about children, parents, siblings, spouse or other significant persons such as friends and others you know. For each of the following sentences, tell us how much the response describes you well.*

L'introduction de la question est longue et le devient encore plus en Inuktitut. Il est suggéré 'Think about your family and other significant person you know'.

Item 15 e): *There are people that make my life difficult because they expect too much care, sharing, and support from me, without giving in return*

enlever une partie de l'Inuktitut (voir copie papier de Lisa).

Question 16 :

Item 16 a) : *This is a close-knit community*

‘close-knit’ est incompris’, il faudrait trouver un synonyme.

Question 17 :

Item 17 a) : *Attended or participated in a cultural, community or sports event such as a festival, dance, feast, Inuit games?*

Il est suggéré de réduire les exemples, la formulation est longue.

### **Section 3 Substance Use and Gambling**

#### **Section 3.1. Tobacco**

La section 3.1 est problématique pour les non-fumeurs. Avec la structure actuelle, il n’est pas possible de différencier les non-fumeurs des anciens fumeurs. Par exemple, un adulte ayant fumé une seule cigarette à son adolescence sera considéré comme un fumeur occasionnel. Selon cet exemple, le participant répond ‘not at all’ à la question 1, suivi de ‘Yes at least a whole cigarette’ à 2a) et doit, de façon absurde, répondre à 4a), 4b) et 4c). Il est fortement recommandé de remplacer la question 2a) par la question utilisée dans l’enquête 2004 ainsi que dans toutes les enquêtes de Statistique Canada sur le tabagisme : ‘In your lifetime, have you smoked a total of 100 cigarettes or more (about 4 packs) ? 1-Yes 2-No. Ceux qui répondent ‘No’ sont catégorisés ‘Non fumeurs’ et ‘Yes’ comme fumeurs occasionnels ou ancien fumeur selon leur statut tabagique actuel répondu à la question 1. Pour plus de détails, nous vous référons à la section 9 du questionnaire individuel de l’enquête Qanuippitaa 2004. Une autre solution possible est d’adopter intégralement la section concernant le tabagisme de l’enquête de santé dans les collectivités Canadiennes de Statistique Canada (‘*Canadian Community Health Survey*’).

-Question 7 : *Which of the following reasons made you quit smoking? Because...*

Reformuler la question, remplacer ‘Because...’ par ‘I quit smoking because...’

a) -Question 7c : *Of I was pregnant or had a baby*  
Enlever le ‘Of’ au début de l’énoncé.

-Pour la formation des interviewers, trouver des références et des exemples dans la situation où le participant répond vaguement à la question sur le nombre de cigarettes fumées.

-Questions 10a et 10b : a) *Smoke cigarettes once in a while* b) *Smoke cigarettes on a regular basis*

souligner ‘once in a while’ et ‘on a regular basis’ pour bien les différencier.

### Section 3.2. Alcohol

Il est suggéré par les interviewers d'ajouter des photos de bouteilles de 13 onces ('mickey') et de 26 onces à la carte plastifiée expliquant ce que représente une consommation et de mentionner qu'il correspond à plus de dix consommations. Selon nos interviewers, plusieurs personnes dans la population boivent cette quantité lors d'une même occasion.

-Question 17 : *Have you ever felt that you ought to cut down on your drinking?*

deux ou trois répondants n'ont pas compris 'ought to', il est suggéré de remplacer par 'should'.

### Section 3.3. Drugs

L'introduction est considérée un peu longue par les interviewers. Il faudrait néanmoins être plus clair dans les directives concernant les médicaments pris sur prescription et les médicaments non prescrits. Il y a la mention 'in excess of the medical directives' au deuxième paragraphe, mais nous avons observé qu'une des interviewers ne faisaient toujours pas la distinction entre les deux à la fin de la semaine du prétest.

Un des observateurs a remarqué que les questions 22 (*In your lifetime, have you ever used drugs*) et 24 (*Have you used other drugs in the past 12 months?*), qui sont des questions filtres globales sur la consommation de drogues, ne sont pas utilisées dans aucune autre enquête québécoise. La norme utilisée dans les enquêtes québécoises est de poser les questions directement. La réponse pour une drogue spécifique ne doit pas être présumée à partir d'un "Non" à une question globale, sinon ce ne sera pas comparable avec le reste du Québec. Il est suggéré d'utiliser les mêmes formulations que l'Enquête québécoise sur la santé de la population 2014 – 2015.

Un des observateurs est d'avis qu'il faudrait prévoir un saut à la question 34 (*Referring to your drug use in the past 12 months*) si la personne rapporte une très faible consommation telle que moins d'une fois par mois.

-Question 25 : *In the past 12 months, have you used or tried synthetic cannabinoids such as K2 or Spice?*

tous les répondants ainsi que les interviewers ont dit ignorer ce qu'était cette drogue. Il est suggéré de retirer cette question.

-Question 33 : *In the past 12 months, have you tried or used injection drugs?*

les gens qui répondent non à cette question devraient être référés à la question 34 plutôt qu'à la question 35. Tous les participants qui ont répondu non à la question 24 sont dirigés vers la question 34.

-Question 35 *How much do you think people risk harming themselves when they...:* préciser que 'harming themselves' est un risque pour la santé et non un risque d'automutilation tel que compris par un des répondants.

-Question 35 a (*Smoke weed, marijuana or cannabis once in a while?*) et 35 b (*Smoke weed, marijuana or cannabis on a regular basis?*): il est suggéré de souligner 'once in a while' et 'on a regular basis' pour distinguer les deux questions.

- a) -Question 35 c (*Take harder drugs?*)  
): une des interviewers ne comprenait pas la signification de drogues dures.

### Section 3.4. Gambling

Corriger ‘navada’ par ‘nevada’ dans l’introduction.

-Question 38 (*If yes, how many times have you bet or spent money on slot machines or video lottery terminals outside Casinos?*) : Il y a eu un peu de confusion à cette question. Il est suggéré de remplacer ‘If yes’ par ‘outside Nunavik, how many times...’. L’intervalle de temps doit également être rappelé.

-Questions 38 a (*If yes, how many times have you bet or spent money on slot machines or video lottery terminals outside Casinos? Number of times: \_\_\_\_\_ On a typical occasion, how much money do you spend? Amount of money: \_\_\_\_\_*) et 39 a (*Amount of money: \_\_\_\_\_*)

:

il est suggéré d’offrir les mêmes choix de réponses qu’à la question 36 a (*Less than 1\$, 1 to 19 \$, 20 to 49\$, 50 to 99\$, 100-199\$, 200 to 299\$, 300 to 399\$, 400\$ or more*). Les répondants ont éprouvé de la difficulté à estimer leurs dépenses. C’est plus facile pour eux lorsqu’on leur suggère des catégories de montants.

### Section 3.5. Internet and Media

Question 44 (*In the past week, about how many hours per day did you spend watching TV/movies, playing video/computer games, chatting, emailing, or surfing the Internet?*): la section semble porter sur la mesure d’une utilisation excessive d’internet. Il est difficile de comprendre pourquoi on inclut le temps passé à regarder la télévision et des films.

Question 45 (*In the last 12 months, did you use the Internet?*): cette question sur l’utilisation d’internet est déjà demandée à la question 44.

Question 46 (*About how many hours per day do you usually spend on social media websites such as Facebook, Twitter, Instagram, Snapchat, either posting or browsing?*) : Il est suggéré de retirer Instagram et Snapchat qui sont inconnus pour la grande majorité des répondants. Par ailleurs, les interviewers suggèrent de conserver les noms anglais Facebook et Twitter dans la version Inuktitut. Ce sont des marques de commerce reconnus de tous.

Question 48 (*For each of the following statements, please tell us which best applies to you.*) : cette question ne devrait pas être posée à tous mais seulement à ceux qui ont une consommation importante par exemple ceux ayant répondu 3 heures ou plus à la question 46. De plus, on devrait faire une différence entre une utilisation personnelle et professionnelle. La dépendance à internet concerne davantage une utilisation personnelle.

## Section 4. Family

1. Question 1 (*The following questions are about your mother's and father's behaviors or those who were your principal caregivers. Can you tell us how strongly you agree with the following statements?*

*When you were growing up.*): le libellé de la question concerne ‘your mother **and** father’ alors que les énoncés proposent ‘he **or** she’. Cela a confondu quelques répondants. Il est suggéré d'utiliser le ‘or’ dans la question principale.

Question 2 a (*In my immediate family, we really help and support each other*): les interviewers nous recommandent de remplacer l'expression ‘immediate family’ par ‘close family’.

Question 10d (*In an unrelated family living in Nunavik*) et 10f (*In an unrelated family living in the South*): il faudrait préciser la définition de ‘unrelated Inuit family’. Il nous a été rapporté que Qallunaat family’ peut aussi être une ‘unrelated family’.

Question 11 (*Was your family directly affected by... The sled dog slaughters conducted in the years 1950-1960? The forced relocation in the 1950s? The separation of families because of TB (tuberculosis)?*): un fort intérêt a été noté pour cette question. Un des répondants nous a d'ailleurs mentionné que ce sujet est d'une importance capitale pour lui, sans doute le plus important de tous le questionnaire.

Question 11b (*The forced relocation in the 1950s?*): les répondants plus jeunes ont plus de difficulté à se remémorer l'évènement de la relocalisation. Il est suggéré d'ajouter le nom du bateau CD Howe qui est plus présent dans la mémoire collective de la population.

## 5.2. Bloc 2: Physical health and Food security interview

### Section 1. Self-Rated Physical Health

Question 3 (*Do you have enough energy for everyday life?*): il est suggéré de remplacer ‘for everyday life’ par ‘for your everyday life’.

Question 4 (*To what extent do you feel that physical pain prevents you from doing what you need to do?*): un ou deux répondants ont eu de la difficulté à saisir la formulation ‘prevents you from’.

### Section 2. Non Intentional Injury

Question 5 (*After you were injured, did you seek medical attention/treatment outside of your household (e.g. at a hospital, CLSC)?*): il est suggéré de remplacer ‘outside of your household’ par ‘at a hospital or nursing’. Il est également suggéré, pour plus de clarté, de rajouter l'information obtenue à la question 3 dans la formulation de la question sur l'ordinateur, c'est-à-dire de remplacer ‘After you were injured’, ‘when you had xx injury’ xx étant la blessure nommée à la question 3.

Questions 6 à 9 (*Risk factors for transportation-related injuries*): ces questions provoquent des sourires chez plusieurs répondants. La totalité des participants ont répondu ne jamais porter de casque

et très rarement la ceinture de sécurité ou la veste de sauvetage. Considérant que les réponses à ces questions sont attendues et connues, il est suggéré de retirer ces questions.

Question 10 (*In the past 12 months, how often did you drive a vehicle (e.g. snowmobile, ATV(4-wheeler/Honda), dirt bike, car, truck) while under the influence of drugs or alcohol?*): il est suggéré de déplacer cette question vers la section 3.2 du bloc 1 (Alcool).

### Section 3. Physical Activity

Cette section a été mal interprétée par une majorité des répondants. Malgré les explications fournies, les participants n'arrivaient pas à distinguer les activités de type vigoureuses et modérées. À la lecture de la question, les répondants commençaient à réagir au moment où les exemples étaient mentionnés et s'en tenaient exclusivement à ceux-ci. Par exemple, un participant qui avait joué au hockey dans la rue avec son fils a compté cette activité comme étant rigoureuse alors qu'elle était de toute évidence modérée. Une autre répondante a intégré l'ensemble de ces activités dans la catégorie rigoureuse en mentionnant qu'elle était toujours essoufflée due à sa forte consommation de cigarettes. En outre, les participants éprouvaient beaucoup de difficultés à estimer le nombre d'heures et de minutes consacrées à l'activité. L'interviewer devait également souvent préciser que le temps recherché était une moyenne quotidienne et non un total pour la semaine. En outre, certains interviewers ont éprouvé des difficultés à orienter le répondant lorsque la réponse était floue. Il est donc fortement suggéré de regrouper les catégories activités rigoureuses et activités modérées ainsi que de faire des catégories pour évaluer le temps consacré à l'activité par exemple : 1-Less than one hour, 2-One to less than two hours, 3-Two to less than three hours, 4-Three hours or more. Cette catégorisation est également suggérée pour les questions 6 et 7.

Questions 6 (*How much time did you usually spend walking on one of those days?*) et 7 (*During the last 7 days, how much time did you spend sitting on a week day?*) : ces questions sont parfois incomprises. Les répondants ont l'impression qu'ils doivent répondre pour le total de la semaine et non pour une journée moyenne. Il est suggéré d'ajouter 'on average' dans l'énoncé par exemple pour la question 7: *During the last 7 days, how much time did you spend sitting, on average, on a week day.*

### Section 4. Respiratory Health

Question 4 (*When you don't have a cold, do you usually bring up phlegm from your chest, or do you usually have phlegm in your chest that is difficult to bring up?*): le terme 'phlegm' est généralement incompris. Un interviewer nous suggère de remplacer par 'sputum' et un autre interviewer suggère 'mucus'. Le mot en Inuktitut serait 'nuuvak' (à vérifier)

### Section 7. Helicobacter Pylori

Question 3 (*In the past 30 days, did you experience any illness that included vomiting or diarrhea? – excluding symptoms related to drugs, alcohol consumption, pregnancy and chronic illness?*): un 'go to section 8' est requis pour une réponse DK\NR\R.

## Section 8. Hunting and Fishing

Question 1 c : les interviewers suggèrent une modification à l’Inuktitut pour ‘Fall’ voir copie papier de Lisa.

1. Question 2 (*Do you use any of the following types of ammunition for hunting?*

) : il y a des gens qui vont à la chasse mais qui n’utilise pas d’armes. Ils accompagnent les chasseurs. Il faudrait prévoir un filtre pour ces individus. Cependant, il y a des Inuits qui ne vont pas à la chasse mais qui découpe la viande.

Question 3 (*When cutting up the meat, how much of the meat around the impact of the bullet is removed?*): cette question est accompagnée d’une carte plastifiée qui amène un biais dans la réponse. Sur la carte, les deux exemples donnés sont 5 cm et 10 cm. Un des choix de réponses suggéré est 5-10 cm qui inclue les deux exemples. Il faudrait donc distinguer ces deux choix. Par ailleurs, il faudrait ajouter une catégorie ‘I do not cut the meat’. Les interviewers nous ont expliqué que c’est l’homme qui la plupart du temps, traite les proies chassées par sa femme. Par ailleurs, l’image sur la carte est expliquée en Inuktitut par les interviewers. Il faudrait s’informer auprès du chercheur responsable s’il juge nécessaire d’ajouter une information standardisée de cette image en anglais.

Question 5 (*Compared to the same season, since 2011 (in the last five years) have any species you hunt for food been harder to find/hunt/catch?*) : cette question n’est pas formulée de façon neutre et entraîne inévitablement un biais de réponse. De plus, la question devrait être posée pour toutes les espèces prises séparément afin d’être cohérente avec la question 6. La formulation devrait être : ‘...in the last five years, have this species(see list) you hunt have been easier, harder to find/hunt/catch or you have noticed no change? 1-Easier 2-No change 3-Harder.

Question 6 (*If yes, which ones and why? (You can choose more than one answer)*) : il manque deux options de réponses pour chacune des espèces ‘I do not hunt this species’ et ‘No change’. La question 5 est posée à propos de toutes les espèces (‘any species’) alors que la question 6 concerne des espèces en particulier.

Question 7a : il est suggéré de modifier ‘Birds’ par ‘Wild birds’.

## Section 9. Contaminants and Risk Communication/Perception

Question 1 (*Have you heard about mercury in country foods in Nunavik?*): quelques répondants ne connaissent pas le terme ‘mercury’, Un peu plus de précision est requis. Dans la formation des interviewers, il sera important d’expliquer la signification de ce terme.

Question 3 (*Can you tell me what changes you have made for each of the following animals?*): il manque les options ‘No change’ et ‘Never eaten’. La question 2 réfère à tous les animaux alors que la question 3 réfère à des animaux en particulier.

Question 4 (*Have you heard about the concern related to the use of lead shot for hunting game in Nunavik?*): il est suggéré de modifier la formulation ‘about the concern’.

## Section 10. Food Security

Introduction très longue. (*All of the following questions pertain to your eating habits and access to foods in the last 12 months (since this same month last year – interviewer to state the month of the survey and remind the participant of the time period...“since last...” ). When the question refers to “food” we mean any food you eat, store food items or country foods. When the question refers to “resources to access food” we mean all the ways you access store food or country foods. This may include money to buy food, equipment to go hunting/fishing/gathering with, or relations/connections you have that you can get food from when you need.*)

L’explication sur les 12 derniers mois n’est pas nécessaire puisque ce concept a déjà été mentionné plusieurs fois auparavant. Le reste de l’introduction pourrait également être réduit. Il y a également de l’information pour l’interviewer alors que cette introduction est pour la personne interviewée. Les explications pour l’interviewer devro(nt être mentionnées au cours de la formation.

Questions 2, 3, 5, 7, 9, 11, 13, 15, 17 (*Did you worry that you would not have enough food?*): 1- *Never/No, I did not worry about this* 2- *Rarely (< 1/month)* 3-*Sometimes (2-3 times/month)* 4- *Often (>3 times/month)* ) les réponses offertes font référence au temps alors que les questions sont du style oui/non (‘Did you...’). Il faudrait reformuler les questions selon «le format ‘How often did you...’. Par ailleurs, les choix de réponses comprennent une partie subjective (‘Rarely’, ‘Sometimes’, ‘Often’), chacune accompagnée d’une valeur déterminée (‘Never’, ‘Less than once a month’, ‘2 to 3 times a month’, et ‘More than 3 times a month’) ce qui allonge la durée d’administration. Il est suggéré d’utilisé les valeurs seulement qui sont plus précises.

Questions 4, 6, 8, 10, 12, 14, 16, 18 (*Was this because of a lack of resources to access food*) : La même question revient à plusieurs reprises et agace le répondant à la longue. Si l’intérêt est porté sur le manque d’accès à la nourriture, ces questions pourraient être éliminées et ajouter l’information à la question qui la précède. Par exemple, la question 3 deviendrait: ‘How often were you not able to eat the kinds of food you preferred, because of a lack of ressources to access food?’ . De plus, cette formulation aurait l’avantage de réduire le temps d’administration de cette section.

Questions 19, 20, 21, 22 : les différentes options de réponses à ces questions sont très longues à lire. De plus, la première réponse exclue toutes les autres. Il serait beaucoup plus pratique de modifier le format de réponse par une série de questions oui-non. Par exemple :

	Yes	No
19 a) This was never an issue for me	If yes go to Q21	
19 b) Lack of money available to buy food		
.....		
19 h) Other- Specify		

Questions 19, 20 : ‘store food’ est généralement identifié par ‘Store bought food’.

Question 19, réponse 4 : il n’y a pas de ‘store bought food’ dans le ‘Community freezer’



Question 20 réponses 6 et 12 : ‘go hunting’ et ‘Community freezer’ s’appliquent pour les ‘country food’ et non pour les ‘store bought food’.

Question 21 (*Typically, what do you do when you cannot get enough country foods?*): les interviewers nous confirme qu’on peut emprunter de l’argent pour du store-bought food mais pas pour du country food. Il y a une notion de partage reliée au ‘country food’. Les réponses 2, 3, 4, 9, 10 ne s’appliquent donc pas.

Question 22, réponse 4 (*It was shared with by me or my household*): enlever le ‘by’ dans l’énoncé de la réponse. Par ailleurs, un participant suggère d’ajouter l’option ‘neighbors’.

Question 24 (*Identify your use of the following food access programs during the last 12 months*) : Comme précédemment, il y a une notion de temps dans les réponses proposées. Par conséquent, reformuler la question ‘Identify your use of the following food access programs...’ pour ‘How often did you use the following food access programs...’. Les réponses devraient correspondre à celles proposées précédemment, soit les valeurs ‘Never’, ‘Less than once a month’, ‘2 to 3 times a month’, et ‘More than 3 times a month’. Noter qu’il y a une erreur dans les valeurs actuelles, puisque ‘2 times a month’ se retrouve dans 2 choix de réponses.

-Question 24 d : il n’y a pas de ‘Soup kitchen’ à Inukjuak.

-Question 24 : ajouter une catégorie ‘food coupons from Makivik’.

Question 25 (*In the past 12 months how many households (other than your own) have you given (shared, provided) food to*): il est suggéré de retirer la parenthèse et de retirer le terme ‘shared’.

Question 27 :

Modifier « Store food » pour « Store bought food », « preferred » pour « prefer » dans toutes les réponses sauf 4, et « 4 - A mix of both is preferred » par « 4 - A mix of Store bought food and Country food is preferred » puisque « Country food » n’est pas été cité avant la réponse 5.

### 5.3. Bloc 3 : Psychosocial sections 5-9

## Section 5. Victimization

### Section 5.1. Adverse Experience During Childhood (Adults: 18 YRS and +)

-Introduction: il est suggéré de remplacer ‘refuse to answer to anyone of them’ par ‘refuse to answer to any of them’

-Question 1 : Il faudrait rappeler à intervalle régulier, par exemple après la lecture de 4 énoncés, que le sujet traité concerne les expériences vécues durant l’enfance. Le participant avait tendance à répondre en se basant sur leur vie actuelle plutôt que passé. Par exemple à 1e, il fallait rappeler aux gens plus âgés qu’on faisait référence au décès de leurs parents durant leur enfance.

-Questions 1o(*Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?*) et 1p(*Did someone actually have oral, anal, or vaginal intercourse with you*)

when you did not want them to?) : à quelques occasions, il semble que les répondants ne comprennent pas les subtilités de la langue anglaise. Par exemple, un participant a répondu non à 1o mais oui à 1p.

-Question 3e, 3f (*If yes to any of the previous questions, who subjected you to violence or threats?*) : il est suggéré de regrouper ‘stranger’ et ‘other person’ pour ces deux questions ainsi qu’à toutes les questions où ces deux options sont présentes.

### **Section 5.3. Elder’s Victimization**

Cette section n’a pu être entièrement testée puisqu’il n’y a pas eu aucun répondant qui a rapporté des problèmes d’abus.

### **Section 5.5. Discrimination**

- a) -Question 19j (*What do you think is the main reason for you to have had these experiences? Was it because of your sexual orientation*) ‘sexual orientation’ est souvent incompris, trouver un synonyme.
- Question 23 (*During the last 2 years, did you appear in court?*): certains participants nous ont demandé si ça comptait s’ils avaient assisté à une séance de cour. Il est suggéré d’ajouter l’accusation ou le témoignage dans la question : ‘During the last 2 years, did you appear in court as an offender or as a witness?’

### **Section 5.6. Community Safety**

-Question 27 (*In the past 12 months, did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window, a piece of furniture, a skidoo*): il est suggéré de raccourcir la question en retranchant ‘or anyone in the household, such as a window, a piece of furniture, a skidoo’

-Question 31 (*During the past 12 months, excluding incidents already mentioned, was anything of yours stolen from your place of work, from school or from a public place, such as a community center?*): il est suggéré de raccourcir la question.

## **Section 6. Men’s Health**

Question 1 :

-Question 1d (*The next questions are about your role as a man nowadays. For each statement, please tell us how strongly you agree or disagree: Working outside home (paid or unpaid) is an important part of being an Inuk man*) il y a un problème avec cette formulation dans la situation où l’homme travaille à partir de la maison.

-Question 1h (*Men should have a higher social status than women in the community*): le terme ‘social status’ est parfois incompris, penser à un synonyme.

Question 2 :

-Question 2d (*Please indicate how much each statement applies to you, in relation to being a successful man.*): le terme ‘autonomous’ est parfois incompris, penser à un synonyme.

## Section 7. Reproductive History

Les femmes de 16 à 30 ans ne devraient pas être exclues de cette section.

Question 1 et 2 (*Thinking about your life right now, how important is it to you to avoid becoming [or getting someone] pregnant? If you found out that you were [or your partner was] pregnant, how would you feel?*): il faudrait que ces questions s’adressent aux participants de moins de 40 ans seulement.

Question 7 (*Was the last child you gave birth to, breastfed*): il faudrait ajouter un filtre en utilisant la réponse à la question 5 (*How many children have you [given birth to]/ [fathered]?*), il est possible d’avoir été enceinte et de ne pas avoir accouché si on a eu un avortement.

## Section 8. Sexual Health (Youth Cohort)

Question 3 : selon un interviewer, l’énoncé ‘I feel confident’ est mal traduit. La traduction en Inuktitut dit ‘I think’. Par ailleurs, il est difficile d’expliquer les différents énoncés lorsque le répondant ne comprend pas.

Questions 3d et 3<sup>e</sup> (*I feel confident I could ask a doctor or health-care provider for STIs or HIV testing*) : l’acronyme STI est généralement incompris. Il est suggéré d’utiliser STD pour ‘sexually transmitted diseases’.

Question 5 (*How strongly do you agree with the following statements? Having a baby [makes]/ [would make] me feel important*): difficile d’expliquer les différents énoncés lorsque le répondant ne comprend pas.

a) Question 10b (*If yes, what type of birth control did you and your partner use? Withdrawal or pulling out*) : ajout d’une brève explication suggérée

Question 10c *Rhythm method (tracking ovulation cycle)*: trouver une explication plus simple que ‘tracking ovulation method’

a) Question 10 e (*Plan B pill (morning-after pill)*) : ‘Plan B pill’ est incompris. ‘Morning-after pill’ est suffisant.

Questions 11 (*Have you ever given someone sex in exchange for*), 12 (*Have you ever obtained sex by providing*): souligner ‘given’ et ‘obtained’ pour bien distinguer les deux questions.

## Section 9. Housing

Question 1 (*In the past 12 months, how many times did you move houses?*): cette question est parfois incomprise. Certains participants considéraient la question en termes de déplacement de maisons et non de déménagement. Il est suggéré de remplacer ‘did you move houses’ par ‘did you move from one house to another’.

Question 2 (*What type of house do you currently live in 2-Duplex 3-Row House*): les termes ‘Duplex’ et ‘Row house’ n’ont pas été compris par l’ensemble des participants. Il est suggéré d’ajouter des photos sur des cartes plastifiées et de les montrer aux participants pour les aider.

Question 11 (*Is there a water tank in your house?*): il y a eu parfois confusion, surtout avec la version Inuktitut, concernant la localisation du réservoir d’eau. La formulation suivante est suggérée : ‘Is there a water tank *outside* your house’. Par ailleurs, pour plus de cohérence entre les questions 11 et 11a, il est suggéré d’harmoniser ‘in your home’ et ‘in your house’.

### 5.4. Bloc 4 : food frequency questionnaire

#### Commentaires généraux

Il est inutile de lire l’exemple de l’introduction au répondant puisque l’entrevue est administrée par un interviewer.

Les Inuits ne lisent pas les signes </>. Ainsi, par exemple ‘1-3/month’ devient ‘1-3 month’. Il faudrait donc indiquer les catégories de réponses avec des mots : ‘less than once a month’, ‘1-3 per month’ etc.

Il a été remarqué que les répondants ont souvent de la difficulté à quantifier de façon précise la fréquence de consommation. Les réponses sont souvent répétitives et évasives du type ‘once in a while’, ‘from time to time’, ‘rarely’, ‘sometimes’, ‘almost every day’, ‘every day’ etc. Les répondants adoptent une catégorie et ont tendance à toujours répondre la même chose et ce, même après l’intervention de l’interviewer. En outre, il faut rappeler que les interviewers ont peu d’expérience dans le domaine des enquêtes et qu’il est plus difficile pour eux d’orienter le participant vers une catégorie précise. Pour toutes ces raisons et dans le but d’augmenter la validité, il est recommandé de regrouper certaines catégories plus particulièrement ‘2-4/week’ avec ‘5-6/week’ ainsi que ‘2-3/day’ avec ‘4+/day’.

Dans la section market foods, il est difficile pour les interviewers de considérer la fréquence ainsi que la portion lorsque nécessaire. Si par exemple, un individu mange plus de ‘12 chicken nuggets 1x/week’, il faudrait mettre ‘2x/week’ parce que celui-ci mange le double de la portion écrite dans le questionnaire. Il sera très difficile d’inculquer le réflexe de modifier la fréquence en fonction de la portion à des interviewers qui ont peu ou pas d’expérience dans le domaine des enquêtes. Cela augmentera également le temps d’administration et le risque d’erreurs. Il est suggéré de simplifier le questionnaire et d’omettre la spécification de toutes les portions.

Les figures accompagnant la section country foods sont généralement considérées utiles par les répondants et plus spécialement, aux sections sur les poissons et les fruits sauvages.

## Commentaires spécifiques

### Country foods

Les cases ‘eat raw’ sont parfois oubliées par les interviewers. Il est suggéré d’ajouter des sous-questions du type oui-non qui pourraient être signalées par le logiciel lorsque non complétées : ‘Did you often eat this raw ? 1-Yes 2-No’.

Question 2 *Beluga Meat* (fresh, cooked or frozen, NOT dried): À retirer. Il nous a été rapporté que la viande de béluga est consommée seulement sous forme séchée. Cette viande n’est jamais mangée cuite ou crue.

Question 7 . *Mattaaq* (skin and blubber): À retirer. Les interviewers nous ont mentionné que le *Mattaaq* de phoques n’est pas consommé au Nunavik.

Question 12 . *Bear* (polar/black): Les ours noirs ne sont pas mangés, seulement les ours polaires.

Questions 16, 17, 25 : il faudrait mettre de façon plus explicite que plus d’une réponse est possible pour les espèces consommées, dans la forme actuelle il n’y a qu’un (s). Plutôt que ‘Check the one(s) usually eaten’ mettre ‘Which ones did you usually eat? (check all that apply)’.

Question 17 *Dried fish* (pitsik) : ajouter ‘fish nikku’ à la description entre parenthèses.

Questions 18, 19, 20 : *Lake trout, Brook or sea trout, or salmon, Arctic char* ajouter la précision ‘Fresh, cooked or frozen; NOT DRIED ‘.

Question 24 : . *Seaweed* (kanniq, qirquak, etc.) remplacer kanniq par kuanniq.

Question 27 : Which fat you usually used ajouter ‘Misirak’ aux catégories de ‘fat usually used’.

### Market foods

Question 2 : problème avec la version Inuktitut, ce n’est pas exactement le même aliment qui est décrit.

Question 13 : les répondants ne semblent pas comprendre la version Inuktitut.

Question 23 : ‘Fruit puree’ est parfois incompris. Il est suggéré d’ajouter ‘Apple sauce’ ou tout autre synonyme.

Entête des questions 32 à 44 : certains répondants et interviewers ne comprennent pas le mot ‘starches’.

Question 32 : un des participants a répondu qu’il faisait son propre pain et qu’il devait répondre ‘never’ aux questions 32 et 33 puisqu’il n’achète pas son pain en magasin. Prévoir une catégorie pour ce type de réponses ou ajouter la description dans la catégorie déjà existante.

Question 34 . *Cold cereals* (cornflakes, etc.) (1 cup): ‘cornflakes’ est parfois inconnu, ajouter d’autres exemples.

Question 49 *Artificial sweetener* (Splenda, etc.) (1 packet) : parfois incompris, ajouter d’autres exemples.

Question 51 *Milk* : la question ‘check if made from powder’ a tendance à être oubliée puisqu’il s’agit d’une deuxième question dans les énoncés qui n’en contiennent généralement qu’une. Il faudrait

remplacer ‘check if made from powder’ par une question du type oui-non qui pourrait être signalé par le logiciel lorsque non complété.

Question 53 Non-dairy coffee whitener (1 Tbs): parfois incompris, ajouter coffee-mate à la description.

Question 60 Soft drinks, low-calories (sugar-free types): la description est majoritairement incomprise. Il est suggéré de remplacé par ‘Diet’.

Question 65 Coffee with caffeine: parfois incompris. Il est proposé d’ajouter un terme d’explication ‘Regular coffee (with caffeine)’.

Question 72 : le terme ‘Miscellaneous’ est souvent incompris. Trouver un synonyme de remplacement ou simplement ‘Other’.

Question 73 . How many teaspoons of sugar do you add to your beverages or food each day?: cette question a été très souvent incomprise par les participants. Le participant avait tendance à répondre un nombre de cuillérées ajouté en moyenne à chaque tasse. Même à la fin de la semaine, deux des trois interviewers avaient conservé cette interprétation. Il est suggéré de ramener cette question au nombre de cuillérées par tasse plutôt qu’au total de la journée. C’est fort exigeant de demander aux participants ainsi qu’aux interviewers, de d’abord déterminer quelles sont les boissons auxquelles ils ajoutent du sucre, et ensuite le nombre de boissons consommées par jour et finalement multipliez pour obtenir la réponse.

Question 74 : il faudrait ajouter l’option ‘Never’ qui entraînerait un saut à la question 75 sans répondre à la question 74.1.

Questions 74.1 et 75 : quelques répondants ont mentionné qu’il ne comprenait pas pourquoi il y avait une distinction entre ces deux questions. La question 74.1 réfère à une technique de cuisson et la question 75 à la cuisson en général.

### 5.5. Bloc 5 : sociodemographic information questionnaire

Question 2 (*Do you consider yourself to be...? Heterosexual: love relationship with people of the opposite sex, Homosexual that is lesbian or gay: love relationship with people of your own sex, Bisexual: love relationship with people of both sexes, Asexual: absence of sexual orientation*) : incomprise de la totalité des répondants. Les termes ‘Heterosexual’ ‘Bisexual’ ‘Asexual’ sont incompris de l’ensemble de la population même après l’explication suivant la définition. Il est fortement suggéré de modifier cette question et de remplacer par des termes beaucoup plus simples. Le terme ‘straight’ en particulier pour les hétérosexuels semble être compris. Il est suggéré d’ajouter une introduction du type ‘The next question is about to whom you are sexually attracted to. Are you attracted to: 1) men, 2) women , 3)both, 4)none.

Question 6: (Did you ever attend any training such as the carpentry trade school, cooking school, jewelry school, heavy equipment apprenticeship program, training on the job (construction’s card).):

L’ajout de la parenthèse (construction’s card) est plus confondante qu’autres choses. Un répondant a demandé si ‘training on the job’ ne concernait que les travailleurs de la construction.

6a (*If yes, did you obtain a certification about this training? Examples: CCQ Competency Certificates, heavy equipment operator license.*) : remplacer certificate

Question 8 (*In the past 12 months, how many paid jobs or self-employment jobs did you have?*): question incomprise par un bon nombre de répondants. Il est recommandé de formuler de façon plus simple, par exemple 'Jobs that you received money for'

Question 9 (*Which of the following best describes your current status?*): le terme 'self-employment' est généralement incompris, trouver une explication supplémentaire.

Question 11 (*In the last 12 months, including you, how many household members receive income (money) from any sources?* )

: le terme 'income' est parfois incompris, trouver un synonyme.

Question 12 (*In the last 12 months, think about the total amount you earned, tell us your best estimate to the nearest \$1,000*) : seulement 3 répondants sur 22 ont été en mesure de répondre à cette question dont un après plusieurs explications. Les répondants ont de la difficulté à estimer le nombre de dollars gagné. De plus, les énoncés sont généralement incompris. Des termes tel que 'wages', 'payment as an expert', 'dividend', 'shareholder' sont incompris de la très grande majorité. Il est fortement suggéré de remplacer toutes ces questions par une seule générique formulée en des termes beaucoup plus simple où il y aurait des choix de réponses en trois ou quatre catégories par exemple : 'Less the 25 000\$', '25 000-49 000\$', 'more than 50 000\$'.

## 6. Proposition de changements pour réduire la durée des questionnaires.

La durée médiane des entrevues du prétest a été de deux heures cinquante minutes. Dans le but de rencontrer l'objectif d'un temps d'administration de deux heures, il est recommandé de retrancher environ 25 à 30% des questionnaires utilisés lors du prétest.

Une première cible de coupes devrait être les questions complémentaires sur un même sujet qui prennent plusieurs minutes à administrer. Par ailleurs, beaucoup de temps d'entrevues est consacré à l'administration d'échelle de Likert. La pertinence de chacune de ces échelles devrait être évaluée en vue d'en retirer le quart de celle-ci.

### Bloc 1 Psychosocial sections 1-4

#### Section 1 Identity and spirituality

Et

#### Section 2 Well-being and support

- Il y a douze échelles de Likert au total dans ces deux sections. Dans le but de rencontrer l'objectif de 25% de coupes, trois ou quatre d'entre elles devraient être retirées.

Les échelles sont:

- Section 1: questions 1, 2.

-Section 2: questions 2, 3, 4, 5, 10, 11, 14 15, 16, 17.

- De plus, la question 13 de la section 2 exige un niveau de détails qui est probablement moins informatif que d'autres sujets traités dans cette enquête.

### *Section 3.1 Tobacco*

- Questions 6, 7: ces questions n'ont pas été beaucoup utilisées lors de l'enquête de 2004 et prennent beaucoup de temps à administrer.
- Question 10: information moins utile que d'autres recueillie dans cette section.

### *Section 3.2 Alcohol*

- À conserver en entier.

### *Section 3.3 Drugs*

- Est-il nécessaire de demander la consommation pour chaque type de drogues? Il est suggéré de demander la fréquence pour la marijuana et de demander des questions oui-non pour les autres types de drogues.
- Utiliser la formulation de l'*Enquête québécoise sur la santé de la population 2014 – 2015* qui permettrait des comparaisons avec le reste du Québec.
- Question 25: à retirer: cette drogue est inconnue de la population.
- Question 34: restreindre aux participants qui ont déclaré consommé des drogues régulièrement, par exemple une fois par semaine ou plus. Une autre alternative serait de retirer quelques items de l'échelle.
- Question 35: moins utile que d'autres informations recueillies dans cette section.

### *Section 3.4 Gambling*

- Plutôt que de demander trois questions distinctes, une question globale pourrait être demandée en regroupant les questions 38 et 39 avec la question 36. Les catégories de montant dépensé à 36a devraient être ajustées en accord avec ce regroupement. La question 37 devient ainsi non pertinente et peut être éliminée.

### *Section 3.5 Internet and media*

- Les questions 47 et 48 sont longues à administrer et demandent un niveau de détails qui est probablement moins informatif que d'autres informations recueillies dans cette section.

### *Section 4 Family*

- La question 10 est longue à administrer et demande un niveau de détails qui est probablement moins informatif que d'autres informations recueillies dans cette section.



## **Bloc 2 Physical health and Food security**

### *Section 1 Self-Rated Physical Health*

- Les questions 2 et 3 semblent couvrir le même sujet.
- Les questions 7 et 8 semblent couvrir le même sujet.

### *Section 2 Non intentional injury*

- Questions 6-9: il est suggéré de retirer ces questions étant donné que les réponses sont connues et attendues.
- Question 10: retirer et transférer à la section alcool: bloc 1 section 3.2.

### *Section 3 Physical activity*

- Retirer les questions 1 à 6.

### *Section 8 Hunting and fishing*

- Les questions 5 et 6 sont longues à administrer et demandent un niveau de détails qui est probablement moins informatif que d'autres informations recueillies dans cette enquête.

### *Section 9 Contaminants and risk communication/perception*

- Les questions 3 et 7 sont longues à administrer et demandent un niveau de détails qui est probablement moins informatif que d'autres informations recueillies dans cette enquête.

### *Section 10 Food security*

- Cette section a besoin d'une refonte majeure. En addition des suggestions de la section 5, de regrouper les questions 3-4, 5-6, 7- 8, 9-10, 11-12, 13-14, 15-16, 17-18, il est suggéré de retrancher les questions 19, 20, 21 et 23 qui prennent beaucoup de temps à administrer.
- Question 24: longue à administrer et demande un niveau de détails probablement moins informatif que d'autres sujets traités dans cette enquête.
- Réduire la longueur de l'introduction.

## **Bloc 3 Psychosocial sections 5-9**

### *Section 5.1 Adverse experience during childhood (Adults: 18 years and over)*

- Les questions f à q réfèrent à une échelle de l'OMS. Il serait probablement possible de retrancher certains items ou de remplacer par une échelle plus courte.

### *Section 5.2 Adverse experience during adulthood*

- Questions 3 et 5: est-ce possible de regrouper certains items?

### *Section 5.3 Elder's victimization*

- Questions 8, 12, 14: étudier la possibilité de regrouper certains items.
- Retrancher la question 12.
- Ajouter des exemples à la question 9 et retrancher la question 10.
- Question 15: réduire le nombre de catégories des réponses de cinq à trois.

### *Section 5.5 Discrimination*

- La question 19 a 16 items: est-ce qu'il y a possibilité de regrouper certains d'entre eux?

### *Section 6 Men's health*

- Questions 1, 2, 4: regrouper les niveaux des questions de cinq à trois en regroupant 'Strongly agree' with 'Agree' and 'Strongly disagree' with 'Disagree'. Another option would be to cut one of these three questions.

### *Section 8 Sexual Health*

- Question 3: cette question a des items qui sont très longs à lire. Il est suggéré de regrouper les items d à f.
- Question 5: cette question a 11 items dont certains d'entre eux sont très longs à lire : est-ce qu'il y a possibilité de regrouper certains d'entre eux ?

### *Section 9 Housing*

- Regrouper les questions 7 et 8 en une seule question.

## **Bloc 4 Food frequency questionnaire**

Quelques scénarios sont suggérés pour retrancher du temps d'administration à ce questionnaire.

- Regrouper des catégories de fréquence, par exemple '2-4/week' with '5-6/week' and '2-3/day' and '4+/day'.
- Éliminer les références aux portions.
  - Réduire le nombre d'items dans la section sur les market foods. Par exemple, regrouper les fruits, les légumes verts, les sucreries. Voici une liste de quelques suggestions:
  - Questions 1 et 2
  - Questions 6 et 7
  - Questions 9 et 10
  - Questions 16 to 21
  - Questions 22 et 23
  - Questions 24, 26 et 27
  - Questions 29, 30 et 31
  - Questions 32 et 33
  - Questions 34 et 35
  - Questions 42, 43, 44

- Questions 45, 46, 47
- Questions 51, 52, 54
- Questions 57, 58
- Questions 60, 61, 62, 64
- Questions 67, 68
- Questions 69, 70
- Questions 71, 72

## Bloc 5 Sociodemographic information

- Retirer la question 12 et remplacer par une seule question générique.

## 7. Conclusion

Les observations recueillies lors du prétest d’Inukjuak ont permis d’obtenir de l’information qui sera utile pour le déroulement de l’enquête qui aura lieu d’août à octobre 2017. Les objectifs fixés au départ ont tous pu être rencontrés grâce à l’excellente collaboration des répondants et interviewers Inuit.

Le prétest a permis de fournir de l’information importante en vue de la formation des interviewers. Les observations notées lors des différentes entrevues ont permis de démontrer les forces et les faiblesses des interviewers et permettra une formation plus efficace.

Une rencontre avec les interviewers Inuit à la fin du prétest a rendu possible l’identification des corrections à apporter dans la version Inuktitut. De plus, cette rencontre a permis à l’équipe d’obtenir des renseignements forts utiles pour tenir compte de la culture de la population Inuit.

La durée d’administration de l’ensemble des questionnaires du prétest dépasse la durée prévue pour l’enquête. La durée d’administration en Inuktitut est particulièrement problématique. Il est fortement suggéré de retrancher des questions et des sujets d’étude. Compte tenu que le temps médian d’administration lors du prétest a été de 2h50 minutes, il est évalué qu’un retranchement d’environ 25 à 30% de l’ensemble des instruments de collecte permettrait une durée d’administration d’environ deux heures.

Plusieurs changements ont été proposés aux questionnaires suite à l’observation des entrevues. Ces changements font surtout état des termes incompris par les participants mais suggère également en quelques occasions, des changements structurels afin d’améliorer la qualité et la validité des renseignements obtenus.

## Annexe 1- Déroulement quotidien du prétest

Jour 1 – dimanche 13 novembre 2016

- Arrivée à Inukjuak
- Vérification des questionnaires
- Vérification des ordinateurs portables et du fonctionnement du logiciel Voxco.
- Rencontre de planification pour le lendemain

Jour 2 – lundi 14 novembre 2016

- En avant-midi, Introduction de l'enquête aux trois interviewers Inuit.
- Toujours en avant-midi, démonstration du fonctionnement du logiciel.
- À partir du début de l'après-midi, formation pratique des interviewers par simulation d'entrevues. Suzanne Bruneau(SB), Pierre Lejeune(PL) et Louis Rochette(LR) agissaient comme répondants alors que Caroline Moisan(CM) agissait comme observatrice.

Jour 3 – mardi 15 novembre 2016

- En avant-midi, poursuite des simulations d'entrevues.
- En après-midi, début des entrevues du pré-test. Quatre participants. LR administre une entrevue alors que SB, PL, et CM observent les entrevues des trois interviewers Inuit.

Jours 4, 5,6 – mercredi 16, jeudi 17, vendredi 18 novembre 2016

- Poursuite des entrevues du prétest avec cinq à six entrevues par jour. Au total, quatre entrevues se sont déroulées sur deux jours lorsque le temps manquait en fin de journée.
- CM et LR ont agi en tant qu'interviewer en quelques occasions mais ont la plupart du temps observé les entrevues des interviewers Inuit. PL et SB ont consacré la totalité de leur temps à l'observation d'entrevues.

Jour 7 – samedi 19 novembre 2016

- En avant-midi, rencontre avec les interviewers Inuit afin de revenir sur certaines problématiques identifiées au cours de la semaine.
- En après-midi, administration de deux entrevues avec CM et LR agissant en tant qu'observateurs.

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BdMaster\_Chr  
Code book – MASTER

VARIABLE NAME	TYPE	LABEL	VALUE
Record_no	NUM	Participant Id	
Ms_HouseID	NUM	House ID	Present only for 1,214 participants
Ms_InterviewDate	NUM	Date of interview	
Ms_Lang	NUM	Interview to be done in (language)	1 = "English" 2 = "Inuktitut" 3 = "French" 4 = "English - Inuktitut" 5 = "Inuktitut - French" 6 = "English - French" 7 = "English - Inuktitut - French"
Ms_Sex	ALPHA	Sex	"F" = "Female" "M" = "Male"
Ms_AGE	NUM	Age group	1 = "16-19 y.o." 2 = "20-30 y.o." 3 = "31-39 y.o." 4 = "40-44 y.o." 5 = "45-49 y.o." 6 = "50-54 y.o." 7 = "55-59 y.o." 8 = "60-64 y.o." 9 = "65 y.o. and over"
Ms_Cohort	ALPHA	Participant's cohort 2004	"Yes" "No"
Ms_CommSize	NUM	Community size	1 = "Large community" 2 = "Small community"
Ms_CommReg	NUM	Administrative communities	1= "Hudson Coast" 2 = "Ungava Coast"
Ms_CommRegChr	NUM	Geographical group of communities for researchers	1 = "Hudson Strain" 2 = "Hudson Bay" 3 = "Ungava Bay"
Ms_Ethnic	ALPHA	Ethnic origin	1="Inuit" 2="Caucasian" 3="Other"

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Qanuilirpitaa survey 2017

BdMaster\_Chr  
Code book – MASTER

VARIABLE NAME	TYPE	LABEL	VALUE
Ms_Bloc1	NUM	Psychosocial interview	1 = "Completed Block" 2 = "Block started" 9 = "Block not started "
Ms_Bloc2	NUM	Physical health and food security	1 = "Completed Block" 2 = "Block started" 9 = "Block not started "
Ms_Bloc3	NUM	Psychosocial interview	1 = "Completed Block" 2 = "Block started" 9 = "Block not started "
Ms_Bloc4	NUM	Food frequency questionnaire	1 = "Completed Block" 2 = "Block started" 9 = "Block not started "
Ms_Bloc5	NUM	Sociodemographic interview	1 = "Completed Block" 2 = "Block started" 9 = "Block not started "
Ms_Diabetic	NUM	Are you diabetic ?	1 = "Yes" 2 = "No"
Ms_Pregnancy	NUM	Are you pregnant ? (according to Clinic sheet)	1 = "Yes" 2 = "No" 9 = "Not applicable"
Ms_PregWeek	NUM	Number of weeks (according to Clinic sheet)	Value between 4 to 36
Ms_Period	NUM	Do you have your period now ? (according to Clinic sheet)	1 = "Yes" 2 = "No" 9 = "Not applicable"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_LANG	ALPHA	Please select the interview language / Veuillez sélectionner la langue de l'entrevue	"EN" = "English / Anglais" "FR" = "French / Français"
RECORD_NO	NUM	Participant ID	17XXXX
BLOCK 1 - PsychoSocial Survey			
SECTION 1. IDENTITY AND SPIRITUALITY The following questions are about your identity as an Inuk and spirituality			
PS_S1_Q1A	NUM	How satisfied are you with: Your ability to go out on the land, hunting, fishing and berry picking	01 = "1- Very satisfied"
PS_S1_Q1B	NUM	How satisfied are you with: Your ability to satisfy country food cravings	02 = "2- Satisfied"
PS_S1_Q1C	NUM	How satisfied are you with: Your ability to communicate with others in Inuktitut	03 = "3- Neither satisfied nor dissatisfied"
PS_S1_Q1D	NUM	How satisfied are you with: Your knowledge and skills of cultural and traditional activities, games, arts	04 = "4- Dissatisfied"
PS_S1_Q2A	NUM	How strongly do you agree with the following statements: I feel most comfortable around other Inuit, even if they are not from my community	05 = "5- Very dissatisfied"
PS_S1_Q2B	NUM	How strongly do you agree with the following statements: The fact that I am an Inuk is an important part of my identity	99 = "DK/NR/R"
PS_S1_Q2C	NUM	How strongly do you agree with the following statements: I feel comfortable in places where there are lots of non-Inuit	01 = "1- Strongly agree"
PS_S1_Q2D	NUM	How strongly do you agree with the following statements: Going on the land is an important part of my life	02 = "2- Agree"
PS_S1_Q2E	NUM	How strongly do you agree with the following statements: I believe that sharing is an important Inuit value	03 = "3- Neither agree nor disagree"
PS_S1_Q2F	NUM	How strongly do you agree with the following statements: To express myself in Inuktitut is an important part of my identity	04 = "4- Disagree"
PS_S1_Q2G	NUM	How strongly do you agree with the following statements: I feel connected to other aboriginal peoples in general	05 = "5- Strongly disagree"
PS_S1_Q2H	NUM	How strongly do you agree with the following statements: I am proud to be an Inuk	99 = "DK/NR/R"
PS_S1_Q2I	NUM	How strongly do you agree with the following statements: I believe that things were better for Inuit long ago (before life in settlement - Taitsumanni)	01 = "1- Strongly agree"
PS_S1_Q2J	NUM	How strongly do you agree with the following statements: I have close	02 = "2- Agree"
			03 = "3- Neither agree nor disagree"
			04 = "4- Disagree"
			05 = "5- Strongly disagree"
			99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		connections to elders in my community	
PS_S1_Q2K	NUM	How strongly do you agree with the following statements: I have close connections to young people in my community	
PS_S1_Q2L	NUM	How strongly do you agree with the following statements: I like travelling outside of Nunavik	
PS_S1_Q2M	NUM	How strongly do you agree with the following statements: I feel homesick when I am away from my community	
PS_S1_Q3	NUM	Do you have any Sauniit (namesake)?	01 = "No" 02 = "One" 03 = "Two to four" 04 = "Five or more" 99 = "DK/NR/R"
PS_S1_Q4	NUM	Have you ever been a godparent or sanajik or arnaqtik (the person that cuts the umbilical cord of the newborn)?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S1_Q5	NUM	In the community you live in, how many people do you consider ilaginiq ilagiiniq (extended family)?	01 = "None" 02 = "Less than 10" 03 = "Between 10 and 20" 04 = "More than 20" 99 = "DK/NR/R"
PS_S1_Q6	NUM	When growing up, did you have the chance to watch and learn Inuit skills?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S1_Q7	NUM	How often do you visit or get visited?	01 = "Daily" 02 = "A couple of times per week" 03 = "A few times per month" 04 = "Rarely" 99 = "DK/NR/R"
PS_S1_Q8	NUM	Do spiritual values play an important role in your life?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S1_Q9A	NUM	If yes, to what extent do your spiritual values: Help you to find meaning in your life?	01 = "1- Not at all" 02 = "2- A little"



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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_S1_Q9B	NUM	If yes, to what extent do your spiritual values: Give you the strength to face everyday difficulties?	03 = "3- Moderately" 04 = "4- Quite a bit"
PS_S1_Q9C	NUM	If yes, to what extent do your spiritual values: Help you to understand the difficulties of life?	05 = "5- Extremely" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S1_Q10	NUM	During the past 12 months, not counting events such as weddings or funerals, how often did you participate in religious activities or attend religious services or meetings?	01 = "Never" 02 = "One or a few times a year" 03 = "One or a few times a month" 04 = "One or few times a week" 99 = "DK/NR/R"
<b>SECTION 2. WELL-BEING AND SUPPORT</b> The following questions are about the way you think about yourself.			
PS_S2_Q1	NUM	How satisfied are you with your life in general?	01 = "Very satisfied" 02 = "Satisfied" 03 = "Neither satisfied nor dissatisfied" 04 = "Dissatisfied" 05 = "Very dissatisfied" 99 = "DK/NR/R"
PS_S2_Q2A	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. I feel I have a number of good qualities	01 = "1- Usually" 02 = "2- Sometimes"
PS_S2_Q2B	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. I feel I have much to be proud of	03 = "3- Rarely" 04 = "4- Never"
PS_S2_Q2C	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. I take a positive attitude toward myself	99 = "DK/NR/R"
PS_S2_Q2D	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. On the whole, I am satisfied with myself	01 = "1- Usually" 02 = "2- Sometimes"
PS_S2_Q2E	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. I wish I could have more respect for myself	03 = "3- Rarely" 04 = "4- Never"
PS_S2_Q2F	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. At times I think I am no good at all	99 = "DK/NR/R"
PS_S2_Q2G	NUM	For each of the following statements about yourself, please tell how often the statement applies to you. I certainly feel useless at times	
PS_S2_Q3A	NUM	During the past week, how often have you felt this way? I was bothered by things that usually don't bother me	01 = "1- All of the time" 02 = "2- Most of the time"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_S2_Q3B	NUM	During the past week, how often have you felt this way? I had trouble keeping my mind on what I was doing	03 = "3- Some of the time" 04 = "4- Rarely or none of the time" 99 = "DK/NR/R"
PS_S2_Q3C	NUM	During the past week, how often have you felt this way? I felt depressed	
PS_S2_Q3D	NUM	During the past week, how often have you felt this way? I felt that everything I did was an effort	
PS_S2_Q3E	NUM	During the past week, how often have you felt this way? I felt hopeful about the future	
PS_S2_Q3F	NUM	During the past week, how often have you felt this way? I felt fearful	
PS_S2_Q3G	NUM	During the past week, how often have you felt this way? My sleep was restless	
PS_S2_Q3H	NUM	During the past week, how often have you felt this way? I was happy	
PS_S2_Q3I	NUM	During the past week, how often have you felt this way? I felt lonely	
PS_S2_Q3J	NUM	During the past week, how often have you felt this way? I could not "get going"	
PS_S2_Q3K	NUM	During the past week, how often have you felt this way? I felt bored	
PS_S2_Q3L	NUM	During the past week, how often have you felt this way? I felt lazy	
PS_S2_Q4A	NUM	The following questions are about suicide. Have you ever thought seriously about committing suicide (taking your life)?	
PS_S2_Q4B	NUM	The following questions are about suicide. In the past 12 months, have you thought seriously about committing suicide?	
PS_S2_Q4C	NUM	The following questions are about suicide. Have you ever attempted suicide (tried to take your life)?	
PS_S2_Q4D	NUM	The following questions are about suicide. In the past 12 months, have you attempted suicide?	
PS_S2_Q5A	NUM	Just before you attempted suicide, were you: Feeling bored, tired of life or very depressed	
PS_S2_Q5B	NUM	Just before you attempted suicide, were you: Feeling very angry	01 = "Yes" 02 = "No" 99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			996 = "Sans objet"
PS_S2_Q5C	NUM	Just before you attempted suicide, were you: Dreaming/thinking of/hearing being called by someone who has committed suicide	
PS_S2_Q5D	NUM	Just before you attempted suicide, were you: Having a conflict with your partner, family, friends or other close ones	
PS_S2_Q5E	NUM	Just before you attempted suicide, were you: Drinking alcohol or using sniffing drugs	
PS_S2_Q5F	NUM	Just before you attempted suicide, were you: In trouble with the law	
PS_S2_Q5G	NUM	Just before you attempted suicide, were you: Being under a lot of pressure or stressed-out	
PS_S2_Q6	NUM	When you attempted suicide, did you get emotional support?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S2_Q7A	NUM	If yes, from whom? Friends, family or other relatives	
PS_S2_Q7B	NUM	If yes, from whom? Community wellness workers	01 = "Yes" 02 = "No"
PS_S2_Q7C	NUM	If yes, from whom? Health professionals such as nurses doctors	99 = "DK/NR/R" 996 = "Sans objet"
PS_S2_Q7D	NUM	If yes, from whom? A psychologist or social services	
PS_S2_Q7E	NUM	If yes, from whom? School counsellors or teachers	01 = "Yes" 02 = "No"
PS_S2_Q7F	NUM	If yes, from whom? A hotline or a website	99 = "DK/NR/R" 996 = "Sans objet"
PS_S2_Q7G	NUM	If yes, from whom? Other	
PS_S2_Q8A	NUM	For each of the sentences listed below, tell us how much the response describes you well. I tend to bounce back quickly after hard times	01 = "1- Very well" 02 = "2- Quite well"
PS_S2_Q8B	NUM	For each of the sentences listed below, tell us how much the response describes you well. It does not take me long to recover from a stressful	03 = "3- Not very well" 04 = "4- Not at all"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		event	99 = "DK/NR/R"
PS_S2_Q8C	NUM	For each of the sentences listed below, tell us how much the response describes you well. I usually come through difficult times with little trouble	
PS_S2_Q8D	NUM	For each of the sentences listed below, tell us how much the response describes you well. I have a hard time making it through stressful events	
PS_S2_Q8E	NUM	For each of the sentences listed below, tell us how much the response describes you well. It is hard for me to snap back when something bad happens	
PS_S2_Q8F	NUM	For each of the sentences listed below, tell us how much the response describes you well. I tend to take a long time to get over set-backs in my life	
PS_S2_Q9A	NUM	For each statement, tell us how strongly you agree. When I have a health problem, I prefer not talk about it to anyone	
PS_S2_Q9B	NUM	For each statement, tell us how strongly you agree. I have confidence in health services	01 = "1- Strongly agree" 02 = "2- Agree"
PS_S2_Q9C	NUM	For each statement, tell us how strongly you agree. I have confidence in social services	03 = "3- Neither agree nor disagree" 04 = "4- Disagree"
PS_S2_Q9D	NUM	For each statement, tell us how strongly you agree. I am aware of the resources to help solve my health problems	05 = "5- Strongly disagree" 99 = "DK/NR/R"
PS_S2_Q9E	NUM	For each statement, tell us how strongly you agree. I am shy or ashamed to talk about my health problems	
PS_S2_Q9F	NUM	For each statement, tell us how strongly you agree. Health services are sensitive to Inuit [women's]/[men's] realities	01 = "1- Strongly agree" 02 = "2- Agree"
PS_S2_Q9G	NUM	For each statement, tell us how strongly you agree. Social services are sensitive to Inuit [women's]/[men's] realities	03 = "3- Neither agree nor disagree" 04 = "4- Disagree"
PS_S2_Q9H	NUM	For each statement, tell us how strongly you agree. Inuit [women]/[men] need more health services adapted to them	05 = "5- Strongly disagree" 99 = "DK/NR/R"
PS_S2_Q10	NUM	In the past 12 months, have you taken part in any activities to promote your own healing or wellness? In the past 12 months, have you taken part in any activities to promote your own healing or wellness?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S2_Q11A	NUM	If yes, did this involve: A medical or psychological professional such as a nurse, a doctor or a social worker	01 = "Yes" 02 = "No"
PS_S2_Q11B	NUM	If yes, did this involve: An elder	99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			996 = "Sans objet"
PS_S2_Q11C	NUM	If yes, did this involve: A natural helper or healer	
PS_S2_Q11D	NUM	If yes, did this involve: A healing circle	
PS_S2_Q11E	NUM	If yes, did this involve: A church-related group	
PS_S2_Q12A	NUM	The next few questions are about your social network, that is your family and friends, neighbors and co-workers. Tell us how often these situations happened to you. How often do you find that you have someone to have a good time with?	
PS_S2_Q12B	NUM	The next few questions are about your social network, that is your family and friends, neighbors and co-workers. Tell us how often these situations happened to you. How often do you have someone to talk to if you feel troubled or for some reason need emotional support?	01 = "1- All of the time" 02 = "2- Most of the time" 03 = "3- Sometimes"
PS_S2_Q12C	NUM	The next few questions are about your social network, that is your family and friends, neighbors and co-workers. Tell us how often these situations happened to you. How often do you have someone you can count on when you need advice?	04 = "4- Rarely" 05 = "5- Never" 99 = "DK/NR/R"
PS_S2_Q12D	NUM	The next few questions are about your social network, that is your family and friends, neighbors and co-workers. Tell us how often these situations happened to you. How often do you have someone you can count on to listen to you when you need to talk?	
PS_S2_Q12E	NUM	The next few questions are about your social network, that is your family and friends, neighbors and co-workers. Tell us how often these situations happened to you. How often do you have someone to take you to the doctor or another health professional if you need it?	01 = "1- All of the time" 02 = "2- Most of the time" 03 = "3- Sometimes"
PS_S2_Q12F	NUM	The next few questions are about your social network, that is your family and friends, neighbors and co-workers. Tell us how often these situations happened to you. How often do you have someone who shows you love and affection?	04 = "4- Rarely" 05 = "5- Never" 99 = "DK/NR/R"
PS_S2_Q13A	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well.	01 = "1- Very well" 02 = "2- Quite well"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		There are people in my life that I care about, but who dislike one another	03 = "3- Not very well"
PS_S2_Q13B	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well. There is a person in my life that needs my help, but whom I don't know how to help	04 = "4- Not at all" 99 = "DK/NR/R"
PS_S2_Q13C	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well. There is an important person in my life that wants to support me, but who often hurts my feelings instead	
PS_S2_Q13D	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well. There is a person I have to be around almost daily that often criticize me	
PS_S2_Q13E	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well. There are people that make my life difficult because they expect too much care, sharing, and support from me	
PS_S2_Q13F	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well. There is a person I care about that expects more of me than I can manage	
PS_S2_Q13G	NUM	Think about your family and other significant person you know. For each of the following sentences, tell us how much the response describes you well. There is a person usually living in my house that is physically disabled and that regularly needs my help	
PS_S2_Q14A	NUM	The next questions are about your community. Can you tell us how strongly you agree with the next statements? There is a feeling of togetherness or closeness in this community	01 = "1- Strongly agree"
PS_S2_Q14B	NUM	The next questions are about your community. Can you tell us how strongly you agree with the next statements? People in this community help others	02 = "2- Agree" 03 = "3- Neither agree nor disagree"
PS_S2_Q14C	NUM	The next questions are about your community. Can you tell us how strongly you agree with the next statements? People in this community can be trusted	04 = "4- Disagree" 05 = "5- Strongly disagree"
PS_S2_Q14D	NUM	The next questions are about your community. Can you tell us how	99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		strongly you agree with the next statements? I feel like I belong in this community	
PS_S2_Q15A	NUM	In the past 12 months, outside of work or school, how often have you... Participated in a cultural, community or sports event such as a festival, dance, feast, Inuit games?	01 = "1- Always" 02 = "2- Often"
PS_S2_Q15B	NUM	In the past 12 months, outside of work or school, how often have you... Volunteered for a group, an organization, or community event such as a rescue team, church group, feasts, spring clean-up?	03 = "3- Sometimes" 04 = "4- Rarely" 05 = "5- Never"
PS_S2_Q15C	NUM	In the past 12 months, outside of work or school, how often have you... Participated in local committees or board meetings?	99 = "DK/NR/R"
SECTION 3. SUBSTANCE USE AND GAMBLING			
SECTION 3.1 TOBACCO			
PS_S3_1_Q1	NUM	At the present time, do you smoke cigarettes daily, occasionally, or not at all?	01 = "Daily" 02 = "Occasionally" 03 = "Not at all" 99 = "DK/NR/R"
PS_S3_1_Q2	NUM	For those who do not smoke at all at this time. Have you ever smoked cigarettes?	01 = "Never smoked" 02 = "Yes, but not a whole cigarette" 03 = "Yes, at least one cigarette but less than 100 cigarettes (about 4 packs) in your lifetime" 04 = "Yes, at least 100 cigarettes or more (about 4 packs) in your lifetime" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q3A	NUM	For those who smoke daily. At what age did you smoke your first whole cigarette? Enter the age	Value between 4 and 43 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q3B	NUM	At what age did you begin to smoke cigarettes daily? Enter the age	Value between 4 and 43 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q3C	NUM	How many cigarettes do you smoke each day now? Enter number of cigarettes	Value between 0 and 99 996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			999 = "DK/NR/R"
PS_S3_1_Q4A	NUM	For those who smoke occasionally or smoked at least 100 cigarettes or more (about 4 packs) in your lifetime At what age did you smoke your first whole cigarette? Enter the age	Value between 4 and 40 99 = "DK/NR/R"
PS_S3_1_Q4B	NUM	On the days that you smoke, about how many cigarettes do (did) you usually have? Enter number of cigarettes	Value between 1 and 50 996 = "Sans objet" 999 = "DK/NR/R"
PS_S3_1_Q4C	NUM	In the past month, about how many days have you smoked one or more cigarettes? Enter number of days	Value between 0 and 31 99 = "DK/NR/R"
PS_S3_1_Q4D	NUM	Have you ever smoked cigarettes daily?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q4E	NUM	If yes, at what age did you begin to smoke cigarettes daily? Enter the age	Value between 7 and 41 99 = "DK/NR/R"
PS_S3_1_Q5	NUM	In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q6A	NUM	When you tried to quit, what method did you use to help you quit? With help from spirituality/traditional methods	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q6B	NUM	When you tried to quit, what method did you use to help you quit? With assistance from family/self-help or support programs	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_1_Q6C	NUM	When you tried to quit, what method did you use to help you quit? Nicotine patches	
PS_S3_1_Q6D	NUM	When you tried to quit, what method did you use to help you quit? Nicotine gum	
PS_S3_1_Q6E	NUM	When you tried to quit, what method did you use to help you quit? Pills (Zyban/Champix)	
PS_S3_1_Q6F	NUM	When you tried to quit, what method did you use to help you quit? E-cigarette/Vapor	



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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_S3_1_Q6G	NUM	When you tried to quit, what method did you use to help you quit? No method (cold turkey)	
PS_S3_1_Q6H	NUM	When you tried to quit, what method did you use to help you quit? Other	
PS_S3_1_Q7	NUM	In the past 12 months, have you used or tried an electronic cigarette (or e-cigarette/vapor), even just a few puffs?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S3_1_Q8	NUM	Currently, how often are you exposed to second-hand smoke in your home?	01 = "Every day" 02 = "Nearly every day" 03 = "Approximately once a week" 04 = "Approximately once a month" 05 = "Less than once a month" 06 = "Never" 99 = "DK/NR/R"
PS_S3_1_Q9A	NUM	How much do you think people risk harming themselves when they... Smoke cigarettes once in a while?	01 = "1- No risk" 02 = "2- Slight risk"
PS_S3_1_Q9B	NUM	How much do you think people risk harming themselves when they... Smoke cigarettes on a regular basis?	03 = "3- Moderate risk" 04 = "4- Great risk" 99 = "DK/NR/R"
PS_S3_1_Q10	NUM	Among the people living in your house, how many of them are smokers, including yourself if you smoke? Enter number of smokers	Value between 0 and 14 99 = "DK/NR/R"
PS_S3_1_Q11	NUM	How many of them smoke indoors, including in the furnace room, close to an open window, under the kitchen vent, or only in certain rooms? Enter number of smokers	Value between 0 and 10 99 = "DK/NR/R"
SECTION 3.2 ALCOHOL			
PS_S3_2_Q12	NUM	Have you ever had a drink of alcohol?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S3_2_Q13	NUM	In the past 12 months, how often did you drink alcoholic beverages?	01 = "Daily or almost daily" 02 = "3-6 times a week" 03 = "Once to 2 times a week" 04 = "Once to 3 times a month" 05 = "Less than once a month"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			06 = "Never" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_2_Q14	NUM	In the past 12 months, how many drinks did you usually have on the same occasion?	01 = "1 beer or glass of wine or liquor" 02 = "2-5 beers or glasses of wine or liquor" 03 = "6-10 beers or glasses of wine or liquor" 04 = "More than 10 beers or glasses of wine or liquor" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_2_Q15	NUM	In the past 12 months, how often have you had 5 or more drinks in a row/on an occasion (same evening, same party, etc.)?	01 = "More than once a week" 02 = "Once a week" 03 = "2-3 times a month" 04 = "Once a month" 05 = "Less than once a month" 06 = "Never" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_2_Q16	NUM	Have you ever felt that you should cut down on your drinking?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_2_Q17	NUM	Have people ever annoyed you by criticizing your drinking (such as, partner, children, boss, co-workers or friends)?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_2_Q18	NUM	Have you ever felt bad or guilty about your drinking?	
PS_S3_2_Q19	NUM	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	
PS_S3_2_Q20	NUM	Have you ever sought any help or treatment for your alcohol or drug use? Include self-help groups and professionals such as doctors, nurses or counselors?	
PS_S3_2_Q21	NUM	In the past 12 months, how often did you drive a vehicle (e.g. snowmobile, ATV (4-wheeler/Honda), dirt bike, car, truck) while under the influence of	01 = "Often" 02 = "Rarely"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		drugs or alcohol?	03 = "Never" 04 = "I did not drive in the past 12 months" 99 = "DK/NR/R"
SECTION 3.3 DRUGS			
PS_S3_3_Q22	NUM	In your lifetime, have you ever used drugs?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S3_3_Q23	NUM	In the past 12 months, have you used or tried weed, pot, marijuana, grass, or hashish?	01 = "Never" 02 = "Once or twice" 03 = "3 to 11 times a year" 04 = "About once a month" 05 = "2 or 3 times a month" 06 = "About once or twice a week" 07 = "3 to 4 times a week" 08 = "Daily or almost daily" 99 = "DK/NR/R"
PS_S3_3_Q24	NUM	In your lifetime, have you tried to get high by sniffing glue, gasoline, propane, or any other solvent?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_3_Q25	NUM	In the past 12 months, have you used or tried prescribed or over-the-counter medications in excess of the directions and any non-medical use such as Valium, Ativan, Xanax, Ritalin, Concerta, Dilaudid, Codeine, Oxycontin or Purple drank?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S3_3_Q26	NUM	Have you used other drugs in the past 12 months?	996 = "Sans objet"
PS_S3_3_Q27A	NUM	In the past 12 months, have you used or tried: cocaine such as coke, snow, crack or freebase?	
PS_S3_3_Q27B	NUM	In the past 12 months, have you used or tried: ecstasy such as E, XTC or X?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S3_3_Q27C	NUM	In the past 12 months, have you used or tried: amphetamine/methamphetamines such as speed, peanut, crystal, meth, or ice?	996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_S3_3_Q27D	NUM	In the past 12 months, have you used or tried: hallucinogens such as PCP, LSD, acid, mushrooms, or mescaline?	
PS_S3_3_Q27E	NUM	In the past 12 months, have you used or tried: heroin (smack, crank)?	
PS_S3_3_Q27F	NUM	In the past 12 months, have you used or tried: injection drugs?	
PS_S3_3_Q27FA	NUM	if yes to injection drugs, have you shared needles?	
PS_S3_3_Q28A	NUM	Referring to your drug use in the past 12 months: Do you use more than one drug at a time?	
PS_S3_3_Q28B	NUM	Referring to your drug use in the past 12 months: Are you always able to stop using drugs when you want to?	
PS_S3_3_Q28C	NUM	Referring to your drug use in the past 12 months: Have you had "blackouts" or "flashbacks" as a result of drug use?	01 = "Yes" 02 = "No"
PS_S3_3_Q28D	NUM	Referring to your drug use in the past 12 months: Do you ever feel bad or guilty about your drug use?	99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_3_Q28E	NUM	Referring to your drug use in the past 12 months: Do your partner or parents ever complain about your involvement with drugs?	
PS_S3_3_Q28F	NUM	Referring to your drug use in the past 12 months: Have you neglected your family because of your use of drugs?	
PS_S3_3_Q28G	NUM	Referring to your drug use in the past 12 months: Have you engaged in illegal activities in order to obtain drugs?	
PS_S3_3_Q28H	NUM	Referring to your drug use in the past 12 months: Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S3_3_Q28I	NUM	Referring to your drug use in the past 12 months: Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	996 = "Sans objet"
PS_S3_3_Q29	NUM	How much do you think people risk harming themselves when they smoke weed, marijuana or cannabis on a regular basis?	01 = "No risk" 02 = "Slight risk" 03 = "Moderate risk" 04 = "Great risk" 99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
<b>SECTION 3.4 GAMBLING</b>			
PS_S3_4_Q30	NUM	In a month, how much money do you generally spend on gambling?	01 = "0\$" 02 = "\$1 to \$19" 03 = "\$20 to \$49" 04 = "\$50 to \$99" 05 = "\$100 to \$199" 06 = "\$200 to \$299" 07 = "\$300 to \$399" 08 = "\$400 or more" 99 = "DK/NR/R"
PS_S3_4_Q31	NUM	In the past 12 months, how often did you bet money online (through internet) on poker tables, cards, bingo, lotteries, casino games or on sports results?	01 = "Daily" 02 = "3 times or more per week, but not everyday" 03 = "Weekends or once or twice per week" 04 = "About once a month" 05 = "Occasionally" 06 = "Never" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_4_Q32	NUM	Have you ever had to lie to people important to you about how much you gambled?	01 = "Yes" 02 = "No"
PS_S3_4_Q33	NUM	Have you ever felt the need to bet more and more money?	99 = "DK/NR/R" 996="Sans objet"
<b>SECTION 3.5 INTERNET AND MEDIA</b>			
PS_S3_5_Q34	NUM	In the past week, about how many hours per day did you spend watching TV/movies, playing video/computer games, chatting, emailing, or surfing the Internet?	01 = "None" 02 = "Less than 1 hour a day" 03 = "1 to 2 hours a day" 04 = "3 to 4 hours a day" 05 = "5 to 6 hours a day" 06 = "7 or more hours a day" 99 = "DK/NR/R"
PS_S3_5_Q35	NUM	In the last 12 months, did you use the Internet?	01 = "Yes" 02 = "No"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			99 = "DK/NR/R"
PS_S3_5_Q36	NUM	About how many hours per day do you usually spend on social media websites such as Facebook, Twitter either posting or browsing?	01 = "None" 02 = "Visit these websites, but not daily" 03 = "Less than 1 hour a day" 04 = "1 to 2 hours a day" 05 = "3 to 4 hours a day" 06 = "5 to 6 hours a day" 07 = "7 or more hours a day" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_5_Q37A	NUM	In the past 12 months, when you used internet, did you look for information about... A specific illness or health problem?	01 = "Yes"
PS_S3_5_Q37B	NUM	In the past 12 months, when you used internet, did you look for information about... Life habits such as diet, exercise, smoking or alcohol	02 = "No"
PS_S3_5_Q37C	NUM	In the past 12 months, when you used internet, did you look for information about... Depression, anxiety, stress, or suicide?	99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_5_Q38A	NUM	Think about your personal internet use for each of the following statements. Please tell us which best applies to you. I use the Internet more than I ought to	01 = "1- Strongly agree" 02 = "2- Agree" 03 = "3- Neither agree nor disagree" 04 = "4- Disagree" 05 = "5- Strongly disagree" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S3_5_Q38B	NUM	Think about your personal internet use for each of the following statements. Please tell us which best applies to you. I usually stay on the Internet longer than I had planned	01 = "1- Strongly agree" 02 = "2- Agree"
PS_S3_5_Q38C	NUM	Think about your personal internet use for each of the following statements. Please tell us which best applies to you. Even though there are times when I would like to, I can't cut down on my use of the Internet	03 = "3- Neither agree nor disagree" 04 = "4- Disagree" 05 = "5- Strongly disagree"
PS_S3_5_Q38D	NUM	Think about your personal internet use for each of the following statements. Please tell us which best applies to you. My use of the Internet sometimes seems beyond my control	99 = "DK/NR/R" 996 = "Sans objet"

SECTION 4. FAMILY The next questions are about support from your family and events your family may have experienced.

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_S4_Q1A	NUM	Listed below are statements about families. Please tell us how true each of these statements are... In my close family, we really help and support each other	01 = "1- Very true" 02 = "2- Somewhat true" 03 = "3- Not true" 99 = "DK/NR/R"
PS_S4_Q1B	NUM	Listed below are statements about families. Please tell us how true each of these statements are... In my close family, we spend a lot of time doing things together at home	
PS_S4_Q1C	NUM	Listed below are statements about families. Please tell us how true each of these statements are... In my close family, we spend a lot of time doing things together on the land	
PS_S4_Q1D	NUM	Listed below are statements about families. Please tell us how true each of these statements are... In my close family, there is a feeling of togetherness	
PS_S4_Q1E	NUM	Listed below are statements about families. Please tell us how true each of these statements are... I am proud to be a part of my family	
PS_S4_Q1F	NUM	Listed below are statements about families. Please tell us how true each of these statements are... In my close family, we really get along well with each other	
PS_S4_Q2A	NUM	We would like to know which of these events has happened to a close family member within the past 12 months... Death of a close family member	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S4_Q2B	NUM	We would like to know which of these events has happened to a close family member within the past 12 months... Alcohol or drug addiction of a close family member	
PS_S4_Q2C	NUM	We would like to know which of these events has happened to a close family member within the past 12 months... Life-threatening illness or accident of a close family member	
PS_S4_Q2D	NUM	We would like to know which of these events has happened to a close family member within the past 12 months... A close family member got in serious trouble with the law	
PS_S4_Q2E	NUM	We would like to know which of these events has happened to a close family member within the past 12 months... A close family member was a victim of serious assault	
PS_S4_Q2F	NUM	We would like to know which of these events has happened to a close	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		family member within the past 12 months... A close family member had a serious mental health problem	
PS_S4_Q2AA	NUM	You have mentioned "YES" for Death of a close family member in the previous question, did he or she die by suicide?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S4_Q3	NUM	Did you ever attend a Residential school?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S4_Q4_1 PS_S4_Q4_2	NUM	Did your parents attend a Residential school?(Check all that apply)	01 = "Yes, my mother" 02 = "Yes, my father" 03 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS_S4_Q5	NUM	Did any of your grandparents or great-grand-parents attend a Residential school?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S4_Q5A	NUM	How many of them? Enter number of great grand-parents and grand-parents	Value between 1 and 8 99 = "DK/NR/R"
PS_S4_Q6	NUM	Have your mother or father ever been in foster care following the intervention of social services?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S4_Q7	NUM	Have you ever been placed in foster care following the intervention of social services for more than a month?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS_S4_Q8A	NUM	If yes, where have you been placed? In a Qallunaat family	01 = "Yes" 02 = "No"
PS_S4_Q8B	NUM	If yes, where have you been placed? In an Inuit family	99 = "DK/NR/R" 996 = "Sans objet"
PS_S4_Q9A	NUM	Was your family directly affected by... The sled dog slaughters conducted in the years 1950 - 1960?	01 = "Yes" 02 = "No"
PS_S4_Q9B	NUM	Was your family directly affected by... The forced relocation in the 1950s?	99 = "DK/NR/R"



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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS_S4_Q9C	NUM	Was your family directly affected by... The separation of families because of TB (tuberculosis)?	
BLOCK 2 – Physical health and Food security			
PHFS_S1 - PHYSICAL HEALTHSECTION 1. SELF-RATED PHYSICAL HEALTH - Let us start with a few questions on your health in general.			
PHFS_S1_Q1	NUM	In general, would you say your health is :	01 = "Excellent" 02 = "Very good" 03 = "Good" 04 = "Fair" 05 = "Poor" 99 = "DK/NR/R"
PHFS_S1_Q2	NUM	How well are you able to get around?	01 = "Very well" 02 = "Well" 03 = "Neither poor nor well" 04 = "Poor" 05 = "Very poor" 99 = "DK/NR/R"
PHFS_S1_Q3	NUM	Do you have enough energy for everyday life?	01 = "Completely" 02 = "Mostly" 03 = "Moderately" 04 = "A little" 05 = "Not at all" 99 = "DK/NR/R"
PHFS_S1_Q4	NUM	To what extent do you feel that physical pain prevents you from doing what you need to do?	01 = "Not at all" 02 = "A little"
PHFS_S1_Q5	NUM	How much do you need any medical treatment to function in your daily life?	03 = "A moderate amount" 04 = "Very much" 05 = "An extreme amount" 99 = "DK/NR/R"
PHFS_S1_Q6	NUM	How satisfied are you with your sleep?	01 = "Very satisfied" 02 = "Satisfied"
PHFS_S1_Q7	NUM	How satisfied are you with your ability to perform your daily living activities?	03 = "Neither satisfied nor dissatisfied" 04 = "Dissatisfied"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PHFS_S1_Q8	NUM	How satisfied are you with your capacity for work?	05 = "Very dissatisfied" 99 = "DK/NR/R"
PHFS_S1_Q9A	NUM	During the last 7 days, how much time did you spend sitting on a week day? hours per day	Value between 0 and 24 99 = "DK/NR/R"
PHFS_S1_Q9B	NUM	During the last 7 days, how much time did you spend sitting on a week day? minutes per day	Value between 0 and 55 99 = "DK/NR/R"
<b>SECTION 2. NON INTENTIONAL INJURY - In your home or around your home, are there any firearms not stored in a locked container or locked cupboard?</b>			
PHFS_S2_Q1	NUM	In your home or around your home, are there any firearms not stored in a locked container or locked cupboard?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S2_Q2	NUM	The following questions refer to injuries that were serious enough to limit your usual activities; injuries such as a broken bone, a brain injury (e.g. concussion), a bad cut, a sprained ankle, a burn, etc.) In the past 12 months, did you have any injuries that resulted in limitations of your usual activities?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S2_Q3	NUM	If there has been more than one injury, report the most important one (the one that most limited your activities). What caused the injury?	01 = "All terrain vehicle accident (4-wheeler/Honda)" 02 = "Fall (e.g., on stairs, on ice, after having stumbled or jumped)" 03 = "Car/truck/van/motorcycle accident" 04 = "Snowmobile(skidoo) accident" 05 = "Traffic injury while walking" 06 = "Struck/hit by person or object" 07 = "Poisoning" 08 = "Cut with a sharp instrument" 09 = "Frostbite/Hypothermia" 10 = "Smoke, fire, flames or heat" 11 = "Gun shot" 12 = "Animal bite" 13 = "Near-drowning" 14 = "Other kind of accident" 99 = "DK/NR/R" 996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PHFS_S2_Q4	NUM	If yes to choice #2 or #6 Were you injured while playing or doing sports?	01 = "Yes" 02 = "No"
PHFS_S2_Q5	NUM	After you were injured, did you seek medical attention/treatment at a hospital or nursing?	99 = "DK/NR/R" 996 = "Sans objet"

## SECTION 3. PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

[SECTION 4. RESPIRATORY HEALTH The following questions are about your lung health.]

PHFS_S3_Q1	NUM	Do you usually cough when you don't have a cold?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S3_Q2	NUM	If yes, do you cough on most days for as much as three months each year?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S3_Q3	NUM	For how many years have you had this cough?	01 = "Less than 2 years" 02 = "2 - 5 years" 03 = "More than 5 years" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S3_Q4	NUM	When you don't have a cold, do you usually bring up mucus from your chest, or do you usually have mucus in your chest that is difficult to bring up?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S3_Q5	NUM	If yes, do you bring up this mucus on most days for as much as three months each year?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S3_Q6	NUM	For how many years have you had this mucus?	01 = "Less than 2 years" 02 = "2 - 5 years" 03 = "More than 5 years" 99 = "DK/NR/R" 996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PHFS_S3_Q7	NUM	In the last 12 months, have you had wheezing or whistling in your chest at any time?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S3_Q8	NUM	I walk slower than people of the same age on the level because of breathlessness or I have to stop for breath when walking at my own pace on the level	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
SECTION 4. ORAL HEALTH			
[SECTION 5. ORAL HEALTH The following questions concern your oral health.]			
PHFS_S4_Q1	NUM	In general, would you say the health of your mouth is...	01 = "Excellent" 02 = "Very good" 03 = "Good" 04 = "Fair" 05 = "Poor" 99 = "DK/NR/R"
PHFS_S4_Q2	NUM	In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth?	01 = "Often"
PHFS_S4_Q3	NUM	In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth?	02 = "Sometimes" 03 = "Rarely"
PHFS_S4_Q4	NUM	During the past 12 months, how often have you had painful aching anywhere in your mouth? Would you say...	04 = "Never" 99 = "DK/NR/R"
PHFS_S4_Q5	NUM	Now a question about your regular dental care habits. How often do you usually brush your teeth and/or dentures?	01 = "Daily" 02 = "Weekly" 03 = "Monthly" 04 = "Yearly" 05 = "Never" 99 = "DK/NR/R"
PHFS_S4_Q6	NUM	When was the last time you saw a dental professional?	01 = "Less than a year ago" 02 = "1 to 3 years ago" 03 = "More than 3 years ago" 04 = "Never saw a dental professional" 99 = "DK/NR/R"
SECTION 5. ZONOSIS The following questions refer to human health and interactions with animals.			
[SECTION 6. ZONOSIS]			

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PHFS_S5_Q1A	NUM	In the last 12 months, have you ever been bitten or scratched by: A dog?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S5_Q1B	NUM	In the last 12 months, have you ever been bitten or scratched by: A wild animal (wolf, fox or bear)?	
SECTION 6. GASTRO-INTESTINAL ILLNESS The following questions refer to common symptoms of stomach and intestinal illnesses. [SECTION 7. GASTRO-INTESTINAL ILLNESS]			
PHFS_S6_Q1	NUM	During the last six months, have you involuntarily lost weight and not gained it back? (Did you have to tighten your belt or do your clothes fit more loosely?)	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S6_Q2	NUM	In the last six months, did you have very black stool (like coal tar) or have you ever seen blood in your stool?	
PHFS_S6_Q3	NUM	In the past 30 days, did you experience any illness that included vomiting or diarrhea? - excluding symptoms related to drugs, alcohol consumption, pregnancy and chronic illness?	
PHFS_S6_Q4	NUM	How many days did your episode of vomiting and/or diarrhea last? Enter number of days	Value between 1 and 98 996 = "Sans objet" 999 = "DK/NR/R"
SECTION 7. HUNTING AND FISHING The following questions refer to your hunting and fishing habits. [SECTION 8. HUNTING AND FISHING]			
PHFS_S7_Q1A	NUM	In the past 12 months, on average, how often did you go hunting? Spring	01 = "1. Never" 02 = "2. Less than once a month" 03 = "3. 1 to 3 days per month" 04 = "4. Once a week or more" 99 = "DK/NR/R"
PHFS_S7_Q1B	NUM	In the past 12 months, on average, how often did you go hunting? Summer	
PHFS_S7_Q1C	NUM	In the past 12 months, on average, how often did you go hunting? Fall	
PHFS_S7_Q1D	NUM	In the past 12 months, on average, how often did you go hunting? Winter	
PHFS_S7_Q2	NUM	Do you or someone in your home clean guns inside the house?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S7_Q3	NUM	Are you the one who use the firearm?	01 = "Yes" 02 = "No"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S7_Q4A	NUM	Do you use any of the following types of ammunition for hunting? Bullets (with lead)	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S7_Q4B	NUM	Do you use any of the following types of ammunition for hunting? Bullets (without lead, ex. Copper)	
PHFS_S7_Q4C	NUM	Do you use any of the following types of ammunition for hunting? Lead shot for shotguns	
PHFS_S7_Q4D	NUM	Do you use any of the following types of ammunition for hunting? Unleaded shot (steel, etc.) for shotguns	
PHFS_S7_Q4E	NUM	Do you use any of the following types of ammunition for hunting? Lead slug (with one lead bullet) for shotguns	
PHFS_S7_Q4F	NUM	Do you use any of the following types of ammunition for hunting? Unleaded slug (with one steel bullet, etc.) for shotguns	
PHFS_S7_Q5	NUM	How do you clean meat that is damaged after shooting with a bullet or a slug? Instructions: the impact area refers to the bullet channel: both at the surface of the animal and inside the meat. The interviewer shows the picture of the meat with bullet impact to the participant.	01 = "Nothing is done, I only extract the slug/bullet from the meat I extract the slug/bullet and..." 02 = "I cut away less than 5 cm of the meat around the slug/bullet impact" 03 = "I cut away between 5 and 10cm of the meat around the slug/bullet impact" 04 = "I cut away more than 10 cm of the meat around the slug/bullet impact" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S7_Q6A	NUM	Compared to the same season, since 2011 (in the last five years) have the following species you hunt for food been harder, easier or the same to find/hunt/catch? Caribou	01 = "1. Harder" 02 = "2. No change" 03 = "3. Easier" 04 = "4. I do not hunt this species" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S7_Q6B	NUM	Compared to the same season, since 2011 (in the last five years) have the following species you hunt for food been harder, easier or the same to find/hunt/catch? Seal	
PHFS_S7_Q6C	NUM	Compared to the same season, since 2011 (in the last five years) have the following species you hunt for food been harder, easier or the same to	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		find/hunt/catch? Beluga	
PHFS_S7_Q6D	NUM	Compared to the same season, since 2011 (in the last five years) have the following species you hunt for food been harder, easier or the same to find/hunt/catch? Walrus	
PHFS_S7_Q6E	NUM	Compared to the same season, since 2011 (in the last five years) have the following species you hunt for food been harder, easier or the same to find/hunt/catch? Goose	
PHFS_S7_Q7A	NUM	In the past 12 months, how many of the following animals did you prepare such as skinning, washing, cutting, etc.? Wild Birds	01 = "None" 02 = "1 - 2" 03 = "3 - 9" 04 = "10 - 29" 05 = "More than 30" 99 = "DK/NR/R"
PHFS_S7_Q7B	NUM	In the past 12 months, how many of the following animals did you prepare such as skinning, washing, cutting, etc.? Caribou or muskox	
PHFS_S7_Q7C	NUM	In the past 12 months, how many of the following animals did you prepare such as skinning, washing, cutting, etc.? Fox, wolves or dogs	01 = "None" 02 = "1 - 2" 03 = "3 - 9"
PHFS_S7_Q7D	NUM	In the past 12 months, how many of the following animals did you prepare such as skinning, washing, cutting, etc.? Bear	04 = "10 - 29" 05 = "More than 30"
PHFS_S7_Q7E	NUM	In the past 12 months, how many of the following animals did you prepare such as skinning, washing, cutting, etc.? Sea mammals (seals, whales, walrus)	99 = "DK/NR/R"
PHFS_S7_Q8	NUM	Have you heard about the concern related to the use of lead shot for hunting game in Nunavik?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S7_Q9A	NUM	In the past 12 months, on average, how often did you go fishing? Spring	
PHFS_S7_Q9B	NUM	In the past 12 months, on average, how often did you go fishing? Summer	01 = "1. Never" 02 = "2. Less than once a month"
PHFS_S7_Q9C	NUM	In the past 12 months, on average, how often did you go fishing? Fall	03 = "3. 1 to 3 days per month" 04 = "4. Once a week or more"
PHFS_S7_Q9D	NUM	In the past 12 months, on average, how often did you go fishing? Winter	99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PHFS_S7_Q10	NUM	In the past 12 months, during berry picking season, how often did you go picking berries	
PHFS_S7_Q11A	NUM	In the past 12 months, on average, how often did you go harvesting seaweeds, mollusks (mussels, scallops, clams, etc.) and urchins? Spring	01 = "1. Never"
PHFS_S7_Q11B	NUM	In the past 12 months, on average, how often did you go harvesting seaweeds, mollusks (mussels, scallops, clams, etc.) and urchins? Summer	02 = "2. Less than once a month"
PHFS_S7_Q11C	NUM	In the past 12 months, on average, how often did you go harvesting seaweeds, mollusks (mussels, scallops, clams, etc.) and urchins? Fall	03 = "3. 1 to 3 days per month"
PHFS_S7_Q11D	NUM	In the past 12 months, on average, how often did you go harvesting seaweeds, mollusks (mussels, scallops, clams, etc.) and urchins? Winter	04 = "4. Once a week or more"
			99 = "DK/NR/R"
SECTION 8. CONTAMINANTS AND RISK COMMUNICATION/ PERCEPTION			
[SECTION 9. CONTAMINANTS AND RISK COMMUNICATION/ PERCEPTION] The following questions refer to your knowledge of contaminants.			
PHFS_S8_Q1	NUM	Have you heard about mercury in country foods in Nunavik?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S8_Q2	NUM	If yes, have you modified your eating habits?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S8_Q3A	NUM	Can you tell me what changes you have made for each of the following animals? Beluga Mattaaq/blubber/fat	
PHFS_S8_Q3B	NUM	Can you tell me what changes you have made for each of the following animals? Beluga meat	01 = "1. Stopped eating"
PHFS_S8_Q3C	NUM	Can you tell me what changes you have made for each of the following animals? Seal meat	02 = "2. Eat less"
PHFS_S8_Q3D	NUM	Can you tell me what changes you have made for each of the following animals? Seal liver	03 = "3. Eat more"
PHFS_S8_Q3E	NUM	Can you tell me what changes you have made for each of the following animals? Seal fat	04 = "4. Change the way it is prepared"
PHFS_S8_Q3F	NUM	Can you tell me what changes you have made for each of the following animals? Other (please specify)	99 = "DK/NR/R"
PHFS_S8_Q3FO_O	ALPHA		996 = "Sans objet"



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VARIABLE NAME	TYPE	LABEL	CATEGORY
SECTION 9. FOOD SECURITY The next questions are about the food you and your family need.			
[SECTION 10. FOOD SECURITY]			
PHFS_S9_Q1	NUM	In the last month, did it happen that there was not enough to eat in your house?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S9_Q2	NUM	In the last year since... ("interviewer to say month of the survey") last year...How often did you worry that the food in your house would run out before you had the resources to get more (e.g. money to buy food, equipment to hunt, fish or gather food, social connections to get food from etc)?	01 = "Never/No, I did not worry about this" 02 = "Sometimes" 03 = "Often" 99 = "DK/NR/R"
PHFS_S9_Q3	NUM	How often did it happen that the food in your house just didn't last and you didn't have resources to get more?	01 = "Never" 02 = "Sometimes" 03 = "Often" 99 = "DK/NR/R"
PHFS_S9_Q4	NUM	How often were you not able to eat healthy foods because you didn't have resources to get them?	01 = "Never" 02 = "Sometimes" 03 = "Often" 99 = "DK/NR/R"
PHFS_S9_Q5	NUM	Did you ever cut the size of your meals or skip meals because you didn't have resources to get food?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S9_Q5B	NUM	How often did this happen?	01 = "Only 1 or 2 months" 02 = "Some months but not every month" 03 = "Almost every month" 04 = "DK/NR/R" 996 = "Sans objet"
PHFS_S9_Q6	NUM	Did you ever eat less than you felt you should because you didn't have resources to get food?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PHFS_S9_Q7	NUM	Were you ever hungry but didn't eat because you didn't have resources to get food?	
PHFS_S9_Q8	NUM	Did you lose weight because you didn't have resources to get food?	
PHFS_S9_Q9	NUM	Did you ever not eat for a whole day because you didn't have resources to	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		get food?	
PHFS_S9_Q9B	NUM	How often did this happen?	01 = "Only 1 or 2 months" 02 = "Some months but not every month" 03 = "Almost every month" 04 = "DK/NR/R" 996 = "Sans objet"
PHFS_S9Q10A	NUM	Can you identify your use of the following food access programs during the last 12 months. Community Freezer (including distribution of country food to households)	01 = "Yes"
PHFS_S9Q10B	NUM	Can you identify your use of the following food access programs during the last 12 months. Hunter support program-support to go hunting	02 = "No" 99 = "DK/NR/R"
PHFS_S9Q10C	NUM	Can you identify your use of the following food access programs during the last 12 months. Cooking activity, cooking classes or community kitchen	
PHFS_S9Q10D	NUM	Can you identify your use of the following food access programs during the last 12 months. Meal or food distribution from a community organization (like a meals-on-wheel program or others)	01 = "Yes" 02 = "No"
PHFS_S9Q10E	NUM	Can you identify your use of the following food access programs during the last 12 months. Food coupons	99 = "DK/NR/R"
PHFS_S9Q10F	NUM	Can you identify your use of the following food access programs during the last 12 months. Other	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PHFS_S9Q10F_O	NUM	Can you identify your use of the following food access programs during the last 12 months. Other Specify	98 = "Please specify:"
PHFS_S9Q11A	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Go to family or friend's house to eat / ask for food from family or friends	
PHFS_S9Q11B	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Ask store manager for more credit	01 = "Yes" 02 = "No"
PHFS_S9Q11C	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Borrow money for food from friends or family	99 = "DK/NR/R"
PHFS_S9Q11D	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Buy the cheapest food that feeds the most people	996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		in the house	
PHFS_S9Q11E	NUM	Identify your use of the following strategies when you don't have enough to eat in your household I go hunting, fishing or gathering country food myself	
PHFS_S9Q11F	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Someone other than me in my house goes hunting/fishing/gathering country food	
PHFS_S9Q11G	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Ask for help from a health worker	
PHFS_S9Q11H	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Other	
PHFS_S9Q11H_O	NUM	Identify your use of the following strategies when you don't have enough to eat in your household Other Specify	98 = "Please specify:"
PHFS_S9_Q12	NUM	In the past 12 months, how many households (other than your own) have you given (shared, provided) food to?	01 = "0" 02 = "1 or 2"
PHFS_S9_Q13	NUM	In the past 12 months how many different households have you received (shared or been given) food from?	03 = "Between 3 and 9" 04 = "10 or more" 99 = "DK/NR/R"
PHFS_S9_Q14	NUM	Which of the following represents your preference between store bought foods and country foods? (choose one) :	01 = "I prefer store bought foods" 02 = "A mix of both is preferred" 03 = "I prefer country food" 99 = "DK/NR/R"
BLOCK 3 – Psychosocial interview			
SECTION 5. VICTIMIZATION SECTION 5.1. ADVERSE EXPERIENCE DURING CHILDHOOD (ADULTS: 18 YRS AND +)			
PS2_S5_1_Q1A	NUM	These next questions are about certain things you may have experienced when you were a child. When you were growing up, prior to your 18th birthday: Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_1_Q1B	NUM	When you were growing up, prior to your 18th birthday: Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S5_1_Q1C	NUM	When you were growing up, prior to your 18th birthday: Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	
PS2_S5_1_Q1D	NUM	When you were growing up, prior to your 18th birthday: Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	
PS2_S5_1_Q1E	NUM	When you were growing up, prior to your 18th birthday: Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	
PS2_S5_1_Q1F	NUM	When you were growing up, prior to your 18th birthday: Were your parents ever separated or divorced?	
PS2_S5_1_Q1G	NUM	When you were growing up, prior to your 18th birthday: Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	
PS2_S5_1_Q1H	NUM	When you were growing up, prior to your 18th birthday: Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	01 = "Yes" 02 = "No"
PS2_S5_1_Q1I	NUM	When you were growing up, prior to your 18th birthday: Was a household member depressed or mentally ill, or did a household member attempt suicide?	99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_1_Q1J	NUM	When you were growing up, prior to your 18th birthday: Did a household member go to prison?	
PS2_S5_1_Q1K	NUM	When you were growing up, prior to your 18th birthday: Do you believe that you were sexually abused?	
<b>SECTION 5.2. ADVERSE EXPERIENCE DURING ADULthood (ADULTS: 18 YRS AND +)</b>			
PS2_S5_2_Q2A	NUM	Have you as an adult ever been subjected to one or more of the following forms of violence? Pushed, shaken or struck lightly	01 = "Yes" 02 = "No"
PS2_S5_2_Q2B	NUM	Have you as an adult ever been subjected to one or more of the following forms of violence? Kicked, struck with a fist or object	99 = "DK/NR/R" 996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S5_2_Q2C	NUM	Have you as an adult ever been subjected to one or more of the following forms of violence? Thrown against furniture, into walls, down stairs or similar	
PS2_S5_2_Q2D	NUM	Have you as an adult ever been subjected to one or more of the following forms of violence? Strangulation attempt, assault with a knife or firearm	
PS2_S5_2_Q2E	NUM	Have you as an adult ever been subjected to one or more of the following forms of violence? Other form of violence	
PS2_S5_2_Q3A	NUM	If yes to any of the previous questions, who subjected you to violence or threats? Current or previous spouse/partner or boyfriend/girlfriend	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_2_Q3B	NUM	If yes to any of the previous questions, who subjected you to violence or threats? Parent or foster parent, or other family member	
PS2_S5_2_Q3C	NUM	If yes to any of the previous questions, who subjected you to violence or threats? Friend	01 = "Yes"
PS2_S5_2_Q3D	NUM	If yes to any of the previous questions, who subjected you to violence or threats? Someone at your workplace	02 = "No" 99 = "DK/NR/R"
PS2_S5_2_Q3E	NUM	If yes to any of the previous questions, who subjected you to violence or threats? Stranger	996 = "Sans objet"
PS2_S5_2_Q3F	NUM	If yes to any of the previous questions, who subjected you to violence or threats? Other person	
PS2_S5_2_Q4	NUM	Have you, as an adult, been subjected to any form of forced or attempted forced sexual activity?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_2_Q5A	NUM	Which of these people forced you? Current or previous spouse/partner or boyfriend/girlfriend	
PS2_S5_2_Q5B	NUM	Which of these people forced you? Parent or foster parent, or other family member	01 = "Yes" 02 = "No"
PS2_S5_2_Q5C	NUM	Which of these people forced you? Friend	99 = "DK/NR/R"
PS2_S5_2_Q5D	NUM	Which of these people forced you? Someone at your workplace	996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S5_2_Q5E	NUM	Which of these people forced you? Stranger	
PS2_S5_2_Q5F	NUM	Which of these people forced you? Other person	
<b>SECTION 5.3. ELDER'S VICTIMIZATION</b>			
PS2_S5_3_Q6	NUM	Since you turned 55, has a family member or someone you spend a lot of time with ever been violent toward you in any way?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q7A	NUM	Page 8 Since you turned 55, have you been subjected to one or more of the following forms of violence? Pushed, shaken or struck lightly	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q7B	NUM	Since you turned 55, have you been subjected to one or more of the following forms of violence? Kicked, struck with a fist or object	
PS2_S5_3_Q7C	NUM	Since you turned 55, have you been subjected to one or more of the following forms of violence? Thrown against furniture, into walls, down stairs or similar	01 = "Yes" 02 = "No"
PS2_S5_3_Q7D	NUM	Since you turned 55, have you been subjected to one or more of the following forms of violence? Strangulation attempt, assault with a knife or firearm	99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q7E	NUM	Since you turned 55, have you been subjected to one or more of the following forms of violence? Other form of violence	
PS2_S5_3_Q8A	NUM	Who subjected you to violence or threats? Current or previous spouse/partner or boyfriend/girlfriend	
PS2_S5_3_Q8B	NUM	Who subjected you to violence or threats? Parent or foster parent	
PS2_S5_3_Q8C	NUM	Who subjected you to violence or threats? Friend	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_3_Q8D	NUM	Who subjected you to violence or threats? Children, grandchildren or adopted children	996 = "Sans objet"
PS2_S5_3_Q8E	NUM	Who subjected you to violence or threats? Son-in-law or daughter-in-law	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S5_3_Q8F	NUM	Who subjected you to violence or threats? Someone at your workplace	
PS2_S5_3_Q8G	NUM	Who subjected you to violence or threats? Other person	
PS2_S5_3_Q9	NUM	Do you currently have a physical limitation, that prevents you from doing your daily activities such as going to the grocery, preparing your meal and doing your housework?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q10	NUM	During the last 12 months, have people who usually helped you to do these activities did not help when you needed?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q11A	NUM	During the last 12 months, has someone you live with or spend a lot of time with done any of the following: Stolen anything from you or used things that belonged to you without your permission (including money, checks, credit cards, food, snowmobile)?	
PS2_S5_3_Q11B	NUM	During the last 12 months, has someone you live with or spend a lot of time with done any of the following: Forced, convinced or misled you to give something that belonged to you?	01 = "Yes"
PS2_S5_3_Q11C	NUM	During the last 12 months, has someone you live with or spend a lot of time with done any of the following: Pretended to be you to obtain goods or money?	02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q11D	NUM	During the last 12 months, has someone you live with or spend a lot of time with done any of the following: Stopped or were unwilling to contribute to household expenses such as rent, food, internet?	
PS2_S5_3_Q11E	NUM	During the last 12 months, has someone you live with or spend a lot of time with done any of the following: Harassed you for money?	
PS2_S5_3_Q12A	NUM	What are these people's relationships to you? Close family member	01 = "Yes"
PS2_S5_3_Q12B	NUM	What are these people's relationships to you? Other relative	02 = "No" 99 = "DK/NR/R"
PS2_S5_3_Q12C	NUM	What are these people's relationships to you? Neighbour or friend	996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S5_3_Q12D	NUM	What are these people's relationships to you? Other	
PS2_S5_3_Q13A	NUM	To what extent do you agree to the next following statements? Health services are sensitive to Inuit elders' realities and needs	01 = "1. Strongly agree" 02 = "2. Agree" 03 = "3. Neither agree nor disagree"
PS2_S5_3_Q13B	NUM	To what extent do you agree to the next following statements? Social services are sensitive to Inuit elders' realities and needs	04 = "4. Disagree" 05 = "5. Strongly disagree" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_3_Q14	NUM	Since you turned 55 years old, do you believe that you experienced abuse or neglect?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
<b>SECTION 5.4. BULLYING (YOUTH COHORT)</b>			
PS2_S5_4_Q15A	NUM	There are many ways to bully someone. A bully wants to hurt the other person by doing or saying the same things over and over again. Bullying is unfair. During the past 12 months... How many times has someone bullied you using internet such as Facebook, Snapchat, Messenger, Instagram or any other social media?	
PS2_S5_4_Q15B	NUM	There are many ways to bully someone. A bully wants to hurt the other person by doing or saying the same things over and over again. Bullying is unfair. During the past 12 months... Not using internet, how many times has someone bullied you by spreading rumours or gossip about you?	01 = "1. Never" 02 = "2. 1 to 2 times" 03 = "3. 3 or more times"
PS2_S5_4_Q15C	NUM	There are many ways to bully someone. A bully wants to hurt the other person by doing or saying the same things over and over again. Bullying is unfair. During the past 12 months... Not using internet, how many times has someone bullied you by calling you names, saying mean things to you, or saying they didn't want you around ?	99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_4_Q15D	NUM	There are many ways to bully someone. A bully wants to hurt the other person by doing or saying the same things over and over again. Bullying is unfair. During the past 12 months... How many times has someone bullied you by chasing you or grabbing your hair or by forcing you physically to do	



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VARIABLE NAME	TYPE	LABEL	CATEGORY
		something you didn't want to do?	
PS2_S5_4_Q15E	NUM	There are many ways to bully someone. A bully wants to hurt the other person by doing or saying the same things over and over again. Bullying is unfair. During the past 12 months... During the past 12 months, have you taken part in bullying others?	
SECTION 5.5. DISCRIMINATION The next questions are about discrimination, that is being treated differently, hassled or made feel inferior."			
PS2_S5_5_Q16	NUM	In the past 12 months, how often have you felt that you were treated unfairly or discriminated against?	01 = "Never" 02 = "A few times a year" 03 = "A few times a month" 04 = "At least once a week" 99 = "DK/NR/R"
PS2_S5_5_Q17A	NUM	What do you think is the main reason for you to have had these experiences? Was it because... You are an Inuk?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_5_Q17B	NUM	What do you think is the main reason for you to have had these experiences? Was it because... You don't speak Inuktitut properly?	
PS2_S5_5_Q17C	NUM	What do you think is the main reason for you to have had these experiences? Was it because... You don't speak English or French properly?	
PS2_S5_5_Q17D	NUM	What do you think is the main reason for you to have had these experiences? Was it because... Of your family?	
PS2_S5_5_Q17E	NUM	What do you think is the main reason for you to have had these experiences? Was it because... You're not from this community?	
PS2_S5_5_Q17F	NUM	What do you think is the main reason for you to have had these experiences? Was it because... Of your gender?	
PS2_S5_5_Q17G	NUM	What do you think is the main reason for you to have had these experiences? Was it because... You are attracted to people of the same sex	
PS2_S5_5_Q17H	NUM	What do you think is the main reason for you to have had these experiences? Was it because... Of something related to your physical appearance?	
PS2_S5_5_Q17I	NUM	What do you think is the main reason for you to have had these experiences? Was it because... You were adopted?	
PS2_S5_5_Q17J	NUM	What do you think is the main reason for you to have had these experiences? Was it because... Of your mental health?	
PS2_S5_5_Q17K	NUM	What do you think is the main reason for you to have had these	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		experiences? Was it because... Other	
PS2_S5_5_Q18A	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? At school or work	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_5_Q18B	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? On the street or in a public setting (ex: Coop, Northern)?	
PS2_S5_5_Q18C	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? Getting a job?	
PS2_S5_5_Q18D	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? Getting housing?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_5_Q18E	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? Getting work benefits?	
PS2_S5_5_Q18F	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? By the police or the justice system	
PS2_S5_5_Q18G	NUM	In the past 12 months, while in Nunavik, in which of the following situations were you treated unfairly or discriminated against? By social services staff?	
PS2_S5_5_Q19A	NUM	In the past 12 months, have you experienced poorer services than others because you are an Inuk in any of the following situations? At the local health clinic	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_5_Q19B	NUM	In the past 12 months, have you experienced poorer services than others because you are an Inuk in any of the following situations? At an hospital in Nunavik	
PS2_S5_5_Q19C	NUM	In the past 12 months, have you experienced poorer services than others because you are an Inuk in any of the following situations? At an hospital or clinic in the South	
PS2_S5_5_Q20	NUM	During the past 12 months, have you felt ignored or excluded by your community?	01 = "Yes" 02 = "No"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			99 = "DK/NR/R"
PS2_S5_5_Q21	NUM	During the last 2 years, did you appear in court as an offender or as a witness?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_5_Q22A	NUM	Can you tell us how strongly you agree with the next statements? I feel the court treated me fairly	01 = "1. Strongly agree" 02 = "2. Agree" 03 = "3. Neither agree nor disagree" 04 = "4. Disagree" 05 = "5. Strongly disagree" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S5_5_Q22B	NUM	Can you tell us how strongly you agree with the next statements? Going to court caused problems for me at home	01 = "1. Strongly agree" 02 = "2. Agree"
PS2_S5_5_Q22C	NUM	Can you tell us how strongly you agree with the next statements? Going to court caused problems for me at work or school	03 = "3. Neither agree nor disagree" 04 = "4. Disagree"
PS2_S5_5_Q22D	NUM	Can you tell us how strongly you agree with the next statements? Going to court caused problems for me in the community	05 = "5. Strongly disagree" 99 = "DK/NR/R"
PS2_S5_5_Q22E	NUM	Can you tell us how strongly you agree with the next statements? I felt supported by friends or family when going to court	996 = "Sans objet"
SECTION 5.6. COMMUNITY SAFETY The following questions are about how safe you feel in your community.			
PS2_S5_6_Q23	NUM	How safe do you feel in your daily life?	01 = "Not at all" 02 = "Slightly" 03 = "A moderate amount" 04 = "Very much" 05 = "Extremely" 99 = "DK/NR/R"
PS2_S5_6_Q24	NUM	In your opinion, is your community generally peaceful or affected by violence?:	01 = "Very peaceful" 02 = "Moderately peaceful" 03 = "Neither peaceful or violent" 04 = "Moderately violent" 05 = "Very violent" 99 = "DK/NR/R"
PS2_S5_6_Q25	NUM	In the past 12 months, did anyone deliberately damage or destroy any	01 = "Yes"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		property belonging to you or anyone in your household?	02 = "No" 99 = "DK/NR/R"
PS2_S5_6_Q26	NUM	In the past 12 months, did anyone take or try to take something from you by force or threat of force?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_6_Q27	NUM	In the past 12 months, did anyone illegally break into or attempt to break into your residence or any other building on your property?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_6_Q28	NUM	During the past 12 months, was anything of yours stolen from the things usually kept outside your home, such as tools, ski-doo?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S5_6_Q29	NUM	During the past 12 months, excluding incidents already mentioned, was anything of yours stolen from your place of work, from school or from a public place, such as a community center?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
<b>SECTION 6. MEN'S HEALTH (FOR MEN ONLY)</b>			
PS2_S6_Q1A	NUM	Getting a degree at school is an important part of being an Inuk man	01 = "1.Agree" 02 = "2.Neither agree nor disagree" 03 = "3.Disagree" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S6_Q1B	NUM	To be an Inuk man, you have to be a hunter	
PS2_S6_Q1C	NUM	Working outside home (paid or unpaid) is an important part of being an Inuk man	
PS2_S6_Q1D	NUM	To be a man, you need to be tough and strong	
PS2_S6_Q1E	NUM	It's hard to be an Inuk man in today's world	
PS2_S6_Q1F	NUM	Men should have a higher social status than women in the community	
PS2_S6_Q1G	NUM	There are other men in the community who are good role models for me	
PS2_S6_Q2A	NUM	Please indicate how much each statement applies to you, in relation to being a successful man. I can balance traditional and modern lifestyle	01 = "1.Agree" 02 = "2.Neither agree nor disagree" 03 = "3.Disagree"
PS2_S6_Q2B	NUM	Please indicate how much each statement applies to you, in relation to	99 = "DK/NR/R"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		being a successful man. Being autonomous is important for me	996 = "Sans objet"
PS2_S6_Q2C	NUM	Please indicate how much each statement applies to you, in relation to being a successful man. I consider myself as a good father (or can be a good father)	
PS2_S6_Q2D	NUM	Please indicate how much each statement applies to you, in relation to being a successful man. It is easy for me to express my emotions	
PS2_S6_Q3	NUM	Please self-rate how much you feel you achieve at being a successful man Scale of 1 to 10 (1: totally fail to achieve; 10: achieve completely)	01 = "Totally fail to achieve1" 02 = "2" 03 = "3" 04 = "4" 05 = "5" 06 = "6" 07 = "7" 08 = "8" 09 = "9" 10 = "Achieve completely10" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S6_Q4A	NUM	The following questions are dedicated to your actual or potential role as a father. How strongly do you agree or disagree with the following statements? I believe it's important to have several children, including with one or more than one women	01 = "1.Agree" 02 = "2.Neither agree nor disagree"
PS2_S6_Q4B	NUM	The following questions are dedicated to your actual or potential role as a father. How strongly do you agree or disagree with the following statements? I believe it's important to keep contact with my children if a relationship broke up	03 = "3.Disagree" 99 = "DK/NR/R"
PS2_S6_Q5A	NUM	The following questions are dedicated to your actual or potential relationships with a partner and children. Who should have the final word about decisions in my home?	01 = "1. Always me" 02 = "2. Mostly me" 03 = "3. Equally with my partner"
PS2_S6_Q5B	NUM	The following questions are dedicated to your actual or potential relationships with a partner and children. Who should have the main responsibility for providing for the family?	04 = "4. Mostly my partner" 05 = "5. Always my partner" 99 = "DK/NR/R"
PS2_S6_Q5C	NUM	The following questions are dedicated to your actual or potential	996 = "Sans objet"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		relationships with a partner and children. Who should play the major role in taking care of children?	
SECTION 7. REPRODUCTIVE HISTORY (MEN AND WOMEN)			
PS2_S7_Q1	NUM	Thinking about your life right now, how important is it to you to avoid becoming pregnant?	01 = "Very important" 02 = "Somewhat important" 03 = "A little important" 04 = "Not important" 99 = "DK/NR/R"
PS2_S7_Q2	NUM	If you found out that [you were] / [your partner was] pregnant, how would you feel?	01 = "Very upset" 02 = "A little upset" 03 = "A little pleased" 04 = "Very pleased" 05 = "Wouldn't care" 99 = "DK/NR/R"
PS2_S7_Q3	NUM	Have you ever [been pregnant] / [got someone pregnant] ?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S7_Q3A	NUM	In the last 12 months, have you been pregnant?	01 = "Yes" 02 = "No"
PS2_S7_Q3B	NUM	Are you currently pregnant?	99 = "DK/NR/R" 996 = "Sans objet"
PS2_S7_Q4	NUM	How old were you when you [got pregnant for the first time?] / [got someone pregnant for the first time?] Enter the number of years old	Value between 5 and 41 99 = "DK/NR/R"
PS2_S7_Q5	NUM	How many children have you [given birth to] / [fathered]? Enter number of children	Value between 0 and 24 99 = "DK/NR/R"
PS2_S7_Q6	NUM	How many children have you given up for adoption? Enter number of children	Value between 0 and 11 99 = "DK/NR/R"
PS2_S7_Q7	NUM	Was the last child you gave birth to, breastfed?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S7_Q8	NUM	During your last pregnancy, did you smoke daily, occasionally, or not at all?	01 = "Daily" 02 = "Occasionally"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S7_Q9	NUM	During your last pregnancy, did you drink alcohol daily, occasionally, or not at all?	03 = "Not at all" 99 = "DK/NR/R" 996 = "Sans objet"
SECTION 8. SEXUAL HEALTH (YOUTH COHORT) Here are a few questions about your sexual health			
PS2_S8_Q1	NUM	Have you ever had sexual education at school?	01 = "Yes" 02 = "No" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S8_Q2	NUM	Have you ever openly talked about sex with your parents or other adults in your family?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S8_Q3A	NUM	How strongly do you agree with each of the following statements? I feel confident I would be able to date someone without feeling obligated to engage in sexual activity	01 = "1. Strongly agree" 02 = "2. Agree" 03 = "3. Neither agree nor disagree" 04 = "4. Disagree" 05 = "5. Strongly disagree" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S8_Q3B	NUM	How strongly do you agree with each of the following statements? I feel confident I would be able to choose when and where to engage in sexual activity	
PS2_S8_Q3C	NUM	How strongly do you agree with each of the following statements? I feel confident I would be able to refuse sexual activity with someone I'm not comfortable with	
PS2_S8_Q3D	NUM	How strongly do you agree with each of the following statements? I feel confident I could ask my partner to get tested for STIs or HIV	
PS2_S8_Q4A	NUM	If I have questions about sexual health, I feel I could ask... A teacher, a school counsellor or a school nurse	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S8_Q4B	NUM	If I have questions about sexual health, I feel I could ask... A doctor or a nurse	
PS2_S8_Q4C	NUM	If I have questions about sexual health, I feel I could ask... An Inuit midwife	
PS2_S8_Q4D	NUM	If I have questions about sexual health, I feel I could ask... A friend	
PS2_S8_Q4E	NUM	If I have questions about sexual health, I feel I could ask... A close family member	
PS2_S8_Q5A	NUM	How strongly do you agree with the following statements? Having a baby	01 = "1. Strongly agree"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		[gives]/ [would give] me someone to love or [means]/[would mean] somebody will love me	02 = "2. Agree" 03 = "3. Neither agree nor disagree"
PS2_S8_Q5B	NUM	How strongly do you agree with the following statements? Having a baby [makes]/ [would make] me feel important	04 = "4. Disagree" 05 = "5. Strongly disagree"
PS2_S8_Q5C	NUM	How strongly do you agree with the following statements? Having a baby [gives]/ [would give] me more of a reason to stay away from trouble (excessive parties, drinking, drugs, etc.)	99 = "DK/NR/R" 996 = "Sans objet"
PS2_S8_Q5D	NUM	How strongly do you agree with the following statements? Having a baby [makes]/ [would make] my relationship with the other parent stronger	
PS2_S8_Q5E	NUM	How strongly do you agree with the following statements? Being a [mother]/[father] [is]/[would] be special; a baby is a blessing	01 = "1. Strongly agree"
PS2_S8_Q5F	NUM	How strongly do you agree with the following statements? Having a baby [makes]/ [would make] me feel like I fit in with other [women]/[men] of my age	02 = "2. Agree" 03 = "3. Neither agree nor disagree" 04 = "4. Disagree"
PS2_S8_Q5G	NUM	How strongly do you agree with the following statements? Having a baby [helps]/ [would help] me get a house	05 = "5. Strongly disagree" 99 = "DK/NR/R"
PS2_S8_Q5H	NUM	How strongly do you agree with the following statements? Having a baby [gives]/ [would give] me a purpose of life or a role in the society	996 = "Sans objet"
PS2_S8_Q6	NUM	How old were you when you had consensual sexual intercourse for the first time?	01 = "Never had sexual intercourse" 02 = "Less than 12 years old" 03 = "12-13 years old" 04 = "14-15 years old" 05 = "16-17 years old" 06 = "18 or more years old" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S8_Q7	NUM	In the past 12 months, how many different sexual partners have you had?	01 = "None or abstinent" 02 = "1 partner" 03 = "2 partners" 04 = "3 partners" 05 = "4 or more partners" 99 = "DK/NR/R" 996 = "Sans objet"



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VARIABLE NAME	TYPE	LABEL	CATEGORY
PS2_S8_Q8	NUM	The last time you had sexual intercourse, did you drink alcohol or use drugs within 2 hours before?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S8_Q9	NUM	In the last 12 months, how often did you and your partner use birth control?	01 = "Never" 02 = "Sometimes" 03 = "Always" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S8_Q10	NUM	Did you use a condom the last time you had sexual intercourse?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S8_Q11A	NUM	Have you ever given someone sex in exchange for: Alcohol, drugs, money, gifts or goods	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S8_Q11B	NUM	Have you ever given someone sex in exchange for: A place to sleep	
PS2_S8_Q12A	NUM	Have you ever obtained sex by providing: Alcohol, drugs, money, gifts or goods	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S8_Q12B	NUM	Have you ever obtained sex by providing: A place to sleep	
SECTION 9. HOUSING			
PS2_S9_Q1	NUM	In the past 12 months, how many times did you move houses? Enter number of times	Value between 0 and 10 99 = "DK/NR/R"
PS2_S9_Q2	NUM	Is your current house in need of repairs?	01 = "No, only regular maintenance is needed (painting, furnace cleaning, etc.)" 02 = "Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)" 03 = "Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceiling, etc.)" 99 = "DK/NR/R"
PS2_S9_Q3	NUM	During the last 12 months, were there people living in your house for a	01 = "Yes"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		certain period of time because they had nowhere else to live? Do not count visitors.	02 = "No" 99 = "DK/NR/R"
PS2_S9_Q4	NUM	In the last summer, what was the main source of drinking water in your home?	01 = "Municipal system (tap water/water tank at home)"
PS2_S9_Q5	NUM	In the last winter, what was the main source of drinking water in your home?	02 = "Tap directly at the water plant" 03 = "Bottled water" 04 = "From nearby lake, river or stream" 05 = "Melted snow, ice or iceberg" 99 = "DK/NR/R"
PS2_S9_Q6	NUM	In the last 12 months, what was the main reason for not using the municipal system as the main source of drinking water?	01 = "Taste of chlorine" 02 = "Fear of bad germs" 03 = "Fear of chemicals" 04 = "Other reasons" 99 = "DK/NR/R" 996 = "Sans objet"
PS2_S9_Q7A	NUM	At home, do you treat the water you drink by any of the following methods? Boiling	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S9_Q7B	NUM	At home, do you treat the water you drink by any of the following methods? Filtering (Brita, charcoal or similar)	
PS2_S9_Q7C	NUM	At home, do you treat the water you drink by any of the following methods? Other type of treatment	
PS2_S9_Q8	NUM	Is there a water tank in your house?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
PS2_S9_Q8A	NUM	In your home, when was the water tank cleaned the last time?	01 = "In the last month" 02 = "In the last year" 03 = "About 2 years ago" 04 = "Between 2-5 years ago" 05 = "More than five years ago" 99 = "DK/NR/R" 996 = "Sans objet"

BLOCK 4 – Food frequency  
COUNTRY FOODS

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VARIABLE NAME	TYPE	LABEL	CATEGORY
Marine mammals			
FFQ_S1_Q1	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beluga - Dried meat (nikku)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q2	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beluga - Meat.	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q2A	NUM	Do you often eat this raw? Beluga - Meat	1 = "Yes" 2 = "No"
FFQ_S1_Q3	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beluga - Misirak/Ursuk (blubber only)	1 = "Never or less than once a month" 2 = "1-3 times a month"
FFQ_S1_Q4	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beluga - Mattaaq (skin and blubber)	3 = "Once a week" 4 = "2-6 times a week"
FFQ_S1_Q5	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Seal - Meat (fresh, cooked, frozen)	5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q5A	NUM	Do you often eat this raw? Seal - Meat (fresh, cooked, frozen)	1 = "Yes" 2 = "No"
FFQ_S1_Q6	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Seal - Misirak/Ursuk (blubber only)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week"
FFQ_S1_Q7	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Seal - Liver	4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S1_Q7A	NUM	Do you often eat this raw? Seal - Liver	1 = "Yes" 2 = "No"
FFQ_S1_Q8	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Walrus meat, igunak	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q8A	NUM	Do you often eat this raw? Walrus meat, igunak	1 = "Yes" 2 = "No"
Game Animals and Birds			
FFQ_S1_Q9	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Caribou - Dried meat (nikku)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week"
FFQ_S1_Q10	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Caribou - Meat	4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q10A	NUM	Do you often eat this raw? Caribou - Meat	1 = "Yes" 2 = "No"
FFQ_S1_Q11	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Polar bear	1 = "Never or less than once a month" 2 = "1-3 times a month"
FFQ_S1_Q12	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Muskox	3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day"
FFQ_S1_Q13	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Ptarmigan, partridge	6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q13A	NUM	Do you often eat this raw? Ptarmigan, partridge	1 = "Yes" 2 = "No"
FFQ_S1_Q14	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food?	1 = "Never or less than once a month"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		Goose (Canada or white goose)	2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q14A	NUM	Do you often eat this raw? Goose (Canada or white goose)	1 = "Yes" 2 = "No"
FFQ_S1_Q15	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Eggs of game bird	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q15_1 FFQ_S1_Q15_2 FFQ_S1_Q15_3	NUM	Which ones do you usually eat? (check all that apply) Eggs of game bird	1 = "Duck" 2 = "Geese" 3 = "Murre/Seagulls" 996 = "Sans objet"
Fish and seafood			
FFQ_S1_Q16	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Dried fish (nikku, pitsik)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q16_1 FFQ_S1_Q16_2 FFQ_S1_Q16_3 FFQ_S1_Q16_4	NUM	Which ones do you usually eat? (check all that apply) Dried fish (nikku, pitsik)	1 = "Char" 2 = "Brook trout" 3 = "Lake trout" 4 = "Other" 996 = "Sans objet"
FFQ_S1_Q17	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food?	1 = "Never or less than once a month"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		Lake trout (fresh, cooked or frozen, NOT dried)	2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q18	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Brook or sea trout, or salmon (fresh, cooked, canned or frozen, NOT dried)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q19	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Arctic char (fresh, cooked or frozen, NOT dried)	
FFQ_S1_Q20	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Pike or walleye	
FFQ_S1_Q21	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Other fish, e.g. Lake whitefish (Coregone), Sculpin (Ugly fish)	
FFQ_S1_Q22	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Mollusks (Mussels, scallops, clams, etc.) and urchins	
FFQ_S1_Q22_1	NUM	Do you often eat this raw? Mollusks (Mussels, scallops, clams, etc.) and urchins	
FFQ_S1_Q23	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Seaweed (kuanniq, qirquak, etc.)	
Wild berries			
FFQ_S1_Q24	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Wild berries	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S1_Q24_1 FFQ_S1_Q24_2 FFQ_S1_Q24_3 FFQ_S1_Q24_4	NUM	Which ones do you usually eat? (check all that apply) Wild berries	1 = "Cloudberrries (arpik)" 2 = "Blackberries (paurngaq)" 3 = "Blueberries (kigutangirnaq)" 4 = "Redberries or Cranberries (kimminaq)" 996 = "Sans objet"
Traditional recipes			
FFQ_S1_Q25	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Bannock	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q25_1 FFQ_S1_Q25_2 FFQ_S1_Q25_3	NUM	IN THE LAST 3 MONTHS, Check the one usually eaten: Bannock	1 = "Deep fried" 2 = "Oven-baked" 3 = "Pan fried" 996 = "Sans objet"
FFQ_S1_Q26	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Suuvalik or Uarutilik	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S1_Q26B	NUM	IN THE LAST 3 MONTHS, Check the one usually eaten:	1 = "Suuvalik (fish eggs, blackberries or blueberries, fat)" 2 = "Uarutilik (cooked fish, blackberries or blueberries, fat)"
FFQ_S1_Q26_1 FFQ_S1_Q26_2 FFQ_S1_Q26_3 FFQ_S1_Q26_4 FFQ_S1_Q26_5	NUM	Which fat do you usually use?	1 = "Ursuk (blubber)" 6 = "Misirak" 2 = "Mayonnaise" 3 = "Vegetable oil (Crisco canola oil, etc.)" 4 = "Vegetable shortening (Crisco but solid)"

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Code book – VOXCO

VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S1_Q26_6			5 = "Animal shortening (Tenderflake solid)" 996 = "Sans objet"
MARKET FOODS			
Store bought meats, eggs, etc.			
FFQ_S2_Q1	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Sliced or processed meat (ham, salami, bologna, Kam/Spam, etc.), Sausage (small links or canned)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S2_Q2	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hot dogs (Beef or pork)	
FFQ_S2_Q3	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Bacon	
FFQ_S2_Q4	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beef Jerky or (dried, canned, stewed or corned)	
FFQ_S2_Q5	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hamburger, lean or regular	
FFQ_S2_Q6	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beef or Pork as main dish (steak, roast, chops, etc.)	
FFQ_S2_Q7	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Chicken/turkey (breast, legs)	
FFQ_S2_Q8	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Chicken nuggets, wings, fried chicken	
FFQ_S2_Q9	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Canned fish (salmon, sardines, tuna)	
FFQ_S2_Q10	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Eggs (chicken)	
FFQ_S2_Q11	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Beans, lentils, Chickpeas (baked, canned)	
FFQ_S2_Q12	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Peanut butter	
FFQ_S2_Q13	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Nuts (almonds, etc.), Peanuts, sunflower seeds	
Fruits			



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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S2_Q14	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Fruits (orange, banana, apple, pear, store-bought berries, etc.) (fresh or frozen)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week"
FFQ_S2_Q15	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Canned fruit	4 = "2-6 times a week" 5 = "Once a day"
FFQ_S2_Q16	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Applesauce, Fruit puree	6 = "2-3 times a day" 7 = "4 times and more a day"
Vegetables			
FFQ_S2_Q17	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Green, leafy vegetables (iceberg, romaine or leaf lettuce, spinach)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S2_Q18	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Carrots	
FFQ_S2_Q19	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Broccoli, cauliflower, cabbage	
FFQ_S2_Q20	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Tomatoes (whole or canned) or V8 juice	
FFQ_S2_Q21	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Other vegetables (pepper (green, red, yellow), onions, corn, cucumber, celery, mushrooms, mixed vegetables)(fresh, frozen, canned)	
Bread, cereals, starches			
FFQ_S2_Q22	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Bread, white	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S2_Q23	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Bread, whole wheat or other whole grains	1 = "Never or less than once a month" 2 = "1-3 times a month"
FFQ_S2_Q24	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Cold cereals (cornflakes, special K, etc.)	3 = "Once a week" 4 = "2-6 times a week"
FFQ_S2_Q25	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hot cereals (oatmeal, etc.)	5 = "Once a day" 6 = "2-3 times a day"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S2_Q26	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Pasta, e.g. macaroni, spaghetti	7 = "4 times and more a day"
FFQ_S2_Q27	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Pizza	
FFQ_S2_Q28	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Bowl noodle soup	
FFQ_S2_Q29	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Rice	
FFQ_S2_Q30	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Potatoes, mashed, baked or boiled	
FFQ_S2_Q31	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? French fries or poutine	
FFQ_S2_Q32	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Potato chips or corn Tortillas chips	
FFQ_S2_Q33	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Popcorn	
FFQ_S2_Q34	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Crackers (Ritz, etc.)	
Sweets, baked goods			
FFQ_S2_Q35	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Cookies, cakes, muffins (homemade or ready made)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S2_Q36	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Chocolate (Hershey's, Aero, M&M's, etc.) or Candy bars (Snickers, Reeses, Mars, etc.) (bar or pack)	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week"
FFQ_S2_Q37	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Candies (Gummies, Jelly, etc.)	4 = "2-6 times a week" 5 = "Once a day"
FFQ_S2_Q38	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Chocolate spread (Nutella), jam (homemade or ready made, marmalade)	6 = "2-3 times a day" 7 = "4 times and more a day"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S2_Q39	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Artificial sweetener (Splenda, NutraSweet, Sweet'N Low, etc.)	
FFQ_S2_Q40	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Ketchup	
Dairy foods			
FFQ_S2_Q41	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Milk	1 = "Never or less than once a month" 2 = "1-3 times a month" 3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S2_Q41_1 FFQ_S2_Q41_2	NUM	Which one do you usually use? Milk	1 = "whole" 2 = "2%" 3 = "1%" 4 = "skim" 5 = "Grand Pré" 6 = "Milk made from powder" 7 = "Canned milk (evaporated, unsweetened condensed)" 996 = "Sans objet"
FFQ_S2_Q42	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Coffee-mate, non-dairy coffee whitener	1 = "Never or less than once a month" 2 = "1-3 times a month"
FFQ_S2_Q43	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Chocolate milk	3 = "Once a week" 4 = "2-6 times a week" 5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
FFQ_S2_Q43_1 FFQ_S2_Q43_2	NUM	Which one do you usually use? Chocolate milk	1 = "powder" 2 = "ready to drink" 996 = "Sans objet"
FFQ_S2_Q44	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Yogurt (drink, container)	1 = "Never or less than once a month" 2 = "1-3 times a month"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S2_Q45	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Ice cream	3 = "Once a week" 4 = "2-6 times a week"
FFQ_S2_Q46	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Cheese, plain or as part of a dish (cheddar, mozza)	5 = "Once a day" 6 = "2-3 times a day"
FFQ_S2_Q47	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Processed cheese, Kraft Singles or Cheez Whiz	7 = "4 times and more a day"
<b>Beverages</b>			
FFQ_S2_Q48	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Water	
FFQ_S2_Q49	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Carbonated beverages - Diet soft drinks, low-calories (sugar-free types)	
FFQ_S2_Q50	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Carbonated beverages - Soft drinks, regular type NOT DIET (not sugar-free)	1 = "Never or less than once a month" 2 = "1-3 times a month"
FFQ_S2_Q51	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Carbonated beverages - Energy drinks (Red Bull, Monster, etc.)	3 = "Once a week" 4 = "2-6 times a week"
FFQ_S2_Q52	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Other beverages - Real fruit juices (100% pure), bottled or canned, frozen concentrate and diluted	5 = "Once a day" 6 = "2-3 times a day"
FFQ_S2_Q53	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Other beverages - Fruit cocktail (Punch, Sunny D), powdered drinks (Kool-Aid), sport drinks (Gatorade, Powerade)	7 = "4 times and more a day"
FFQ_S2_Q54	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hot beverages - Regular coffee (with caffeine)	
FFQ_S2_Q55	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hot beverages - Decaffeinated coffee	1 = "Never or less than once a month" 2 = "1-3 times a month"
FFQ_S2_Q56	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hot beverages - Tea with caffeine (Salada, green tea)	3 = "Once a week" 4 = "2-6 times a week"
FFQ_S2_Q57	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Hot beverages - Labrador tea or traditional tea	5 = "Once a day" 6 = "2-3 times a day" 7 = "4 times and more a day"
<b>Others</b>			
FFQ_S2_Q58	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Butter, added to food or bread; exclude use in cooking	1 = "Never or less than once a month" 2 = "1-3 times a month"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
FFQ_S2_Q59	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Margarine, added to food or bread; exclude use in cooking	3 = "Once a week" 4 = "2-6 times a week"
FFQ_S2_Q60	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Regular mayonnaise or Miracle Whip	5 = "Once a day" 6 = "2-3 times a day"
FFQ_S2_Q61	NUM	IN THE LAST 3 MONTHS, how often on average do you eat this food? Salad dressing	7 = "4 times and more a day"
FFQ_S2_Q62	NUM	For each day, how many teaspoons of sugar do you add to your beverages or food?	00 = "zero" 01 = "1 tsp." 02 = "2 tsp." 03 = "3 tsp." 04 = "4 tsp." 05 = "5 tsp." 06 = "6 tsp." 07 = "7 tsp." 08 = "8 tsp." 09 = "9 tsp." 10 = "10 tsp." 11 = "More than 10 (write the number):"
FFQ_S2_Q62_O	ALPHA	For each day, how many teaspoons of sugar do you add to your beverages or food? More than 10 (write the number)	
FFQ_S2_Q63	NUM	At the table, do you add salt to food ?	1 = "Yes" 2 = "No"
FFQ_S2_Q64	NUM	How often do you eat fried food at home?	1 = "Less than once a week" 2 = "1-3 times per week" 3 = "4-6 times per week" 4 = "Daily" 5 = "Never"
FFQ_S2_Q64_1 FFQ_S2_Q64_2 FFQ_S2_Q64_3 FFQ_S2_Q64_4 FFQ_S2_Q64_5	NUM	Kind of fat used to fry food:	1 = "Margarine" 2 = "Vegetable oil (Crisco canola oil, etc.)" 3 = "Vegetable shortening (Crisco but solid)" 4 = "Animal shortening (Tenderflake solid)" 5 = "Ursuk (blubber)" 6 = "Other, specify:"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			996 = "Sans objet"
FFQ_S2_Q64_1_O FFQ_S2_Q64_2_O FFQ_S2_Q64_3_O FFQ_S2_Q64_4_O	ALPHA	Kind of fat used to fry food: Other	
FFQ_S2_Q65_1 FFQ_S2_Q65_2 FFQ_S2_Q65_3 FFQ_S2_Q65_4 FFQ_S2_Q65_5 FFQ_S2_Q65_6	NUM	What kind of fat is usually used for baking at home?	1 = "Margarine" 2 = "Real butter" 3 = "Vegetable oil (Crisco canola oil, etc.)" 4 = "Vegetable shortening (Crisco but solid)" 5 = "Animal shortening (Tenderflake solid)" 6 = "Ursuk (blubber)" 7 = "Other, specify:" 996 = "Sans objet"
FFQ_S2_Q65_1_O FFQ_S2_Q65_2_O FFQ_S2_Q65_3_O	ALPHA	What kind of fat is usually used for baking at home? Other	
<b>SECTION SOCIODEMOGRAPHIC INFORMATION (SECTION SD)</b>			
Socio_Q1	NUM	What is your marital status?	01 = "Single" 02 = "Married" 03 = "Common law relationship (in a couple but not married)" 04 = "Separated, but still legally married" 05 = "Divorced" 06 = "Widowed" 99 = "DK/NR/R"
Socio_Q2	NUM	The next question is about...to whom you are sexually attracted to. Are you attracted to:	01 = "Men" 02 = "Women" 03 = "Both" 04 = "None" 99 = "DK/NR/R"
Socio_Q3	NUM	Which language is most used at home?	01 = "Almost exclusively Inuktitut" 02 = "Mixed, but primarily Inuktitut" 03 = "About half Inuktitut, half English, French"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			or other" 04 = "Mixed, but mostly English or French" 05 = "Almost exclusively English or French" 99 = "DK/NR/R"
Socio_Q4	NUM	How well do you speak Inuktitut?	01 = "Without difficulty" 02 = "Fairly well" 03 = "With difficulty" 04 = "Not at all" 99 = "DK/NR/R"
Socio_Q5	NUM	How well do you speak English or French?	01 = "Without difficulty" 02 = "Fairly well" 03 = "With difficulty" 04 = "Not at all" 99 = "DK/NR/R"
Socio_Q6	NUM	How well do you read Inuktitut?	01 = "Without difficulty" 02 = "Fairly well" 03 = "With difficulty" 04 = "Not at all" 99 = "DK/NR/R"
Socio_Q7	NUM	How well do you read English/French?	01 = "Without difficulty" 02 = "Fairly well" 03 = "With difficulty" 04 = "Not at all" 99 = "DK/NR/R"
Socio_Q8	NUM	Including you, how many people usually live in your home? Think about all persons who usually live in your home, even if they are temporarily away. Do not count people who have a usual home elsewhere. Enter number of people:	Value between 1 and 15 99 = "DK/NR/R"
Socio_Q8_1A	NUM	How many are children :Under 5 years old:	Value between 0 and 4 99 = "DK/NR/R"
Socio_Q8_1B	NUM	5-17 years old:	Value between 0 and 7 99 = "DK/NR/R"
Socio_Q8_2A	NUM	How many are adults:18-54 years old :	Value between 0 and 8

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			99 = "DK/NR/R"
Socio_Q8_2B	NUM	55 years and older:	Value between 0 and 3 99 = "DK/NR/R"
Socio_Q9	NUM	If you have grand-children, do you help care for them?	01 = "Yes" 02 = "No" 03 = "Not applicable" 99 = "DK/NR/R"
Socio_Q9A	NUM	How often:	01 = "Daily" 02 = "A couple of times per week" 03 = "A few times per month" 99 = "DK/NR/R" 996 = "Sans objet"
Socio_Q10	NUM	What is the highest grade you have completed?	01 = "Grade 1" 02 = "Grade 2" 03 = "Grade 3" 04 = "Grade 4" 05 = "Grade 5" 06 = "Grade 6" 07 = "Grade 7/secondary 1" 08 = "Grade 8/secondary 2" 09 = "Grade 9/secondary 3" 10 = "Grade 10/secondary 4" 11 = "Grade 11/secondary 5 (graduated)" 12 = "Some CEGEP/ college, but not graduated" 13 = "Graduated from CEGEP/college" 14 = "Some University, but not graduated" 15 = "Graduated from University" 99 = "DK/NR/R"
Socio_Q11	NUM	Did you ever attend any training such as the carpentry trade school, cooking school, jewelry school, heavy equipment apprenticeship program, training on the job?	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
Socio_Q11A	NUM	Did you obtain a certification about this training? Examples: CCQ	



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VARIABLE NAME	TYPE	LABEL	CATEGORY
		Competency Certificates, heavy equipment operator license.	
Socio_Q12A	NUM	Over the past 12 months, which of the following activities did you participate in? Harvesting or traditional activities (e.g. hunting, going on the land, sewing)	01 = "Yes" 02 = "No" 99 = "DK/NR/R"
Socio_Q12B	NUM	Over the past 12 months, which of the following activities did you participate in? Unpaid work (e.g. childcare, volunteer)	
Socio_Q12C	NUM	Over the past 12 months, which of the following activities did you participate in? Paid work (e.g. job or self-employment)	
Socio_Q12D	NUM	Over the past 12 months, which of the following activities did you participate in? Learning program (e.g. school, training, or other learning)	
Socio_Q12E	NUM	Over the past 12 months, which of the following activities did you participate in? Personal development (e.g. spiritual learning, healing)	
Socio_Q12F	NUM	Over the past 12 months, which of the following activities did you participate in? Other learning or work	
Socio_Q13	NUM	How do you usually get around town?	01 = "I use a vehicle" 02 = "I get rides from friends/family" 03 = "I walk or bike" 04 = "I use the bus" 99 = "DK/NR/R"
Socio_Q14	NUM	From the Spring until now, how often did you go on the land?	01 = "Never" 02 = "Occasionally" 03 = "Often" 99 = "DK/NR/R"
Socio_Q15	NUM	If Occasionally or Often, for how long?	01 = "Day trips" 02 = "A couple of days" 03 = "A week or more" 99 = "DK/NR/R" 996 = "Sans objet"
Socio_Q16	NUM	In the past 12 months, how many jobs or self-employment, for which you received money, did you have? Enter number of jobs:	Value between 0 and 10 99 = "DK/NR/R"
Socio_Q17	NUM	Which of the following best describes your current status? (choose only one answer)	01 = "Work full-time (with a salary)" 02 = "Work regular part-time (with a salary)" 03 = "Work occasionally (seasonal, contract,"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			on call) (with a salary)" 04 = "Self-employed full-time" 05 = "Self-employed part-time" 06 = "Self-employed occasionally" 07 = "Hunter support program" 08 = "Housework" 09 = "Retired or on pension" 10 = "Employment insurance (or unemployment insurance)" 11 = "Parental leave" 12 = "Income Support" 13 = "Student" 14 = "Other" 99 = "DK/NR/R"
Socio_Q18	NUM	In the last 12 months, including you, how many household members work in a full time or part-time job for pay (any type of job; self-employment; hunting for the community; sewing)?Number of people:	Value between 0 and 8 99 = "DK/NR/R"
Socio_Q19	NUM	In the last 12 months, including you, how many household members receive income (money) from any sources? Number of people:	Value between 0 and 11 99 = "DK/NR/R"
Socio_Q20	NUM	What was your main source of income in the last 12 months? Show card and choose one answer only	01 = "Hunter support program" 02 = "Wages and salaries" 03 = "Income from self-employment" 04 = "Dividends and interest (such as on bonds, savings)" 05 = "Employment insurance" 06 = "Worker's compensation" 07 = "Maternity leave" 08 = "Preventative leave" 09 = "Carvers, sewing" 10 = "Home Day Care" 11 = "Participation to Committees" 12 = "Benefits from Canada or Quebec Pension Plan"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			13 = "Retirement pensions, superannuation and annuities" 14 = "Old Age Security and Guaranteed Income Supplement" 15 = "Child Tax Benefit" 16 = "Provincial or municipal social assistance or welfare" 17 = "Child support" 18 = "Alimony" 19 = "Other (such as rental income, scholarships, parental leave)(specify)" 20 = "None"
Socio_Q20_O	ALPHA	What was your main source of income in the last 12 months? Show card and choose one answer only. Other, specify	
Socio_Q21	NUM	What is your best estimate of your total personal income, before taxes and other deductions, from all sources in the past 12 months?	01 = "Less than \$15,000" 02 = "\$15,000 to less than \$20,000" 03 = "\$20,000 to less than \$25,000" 04 = "\$25,000 to less than \$40,000" 05 = "\$40,000 to less than \$60,000" 06 = "\$60,000 to less than \$80,000" 07 = "\$80,000 or more" 99 = "DNK"
Socio_Q22	NUM	Do you have enough money to meet your needs?	01 = "Not at all" 02 = "A little" 03 = "Moderately" 04 = "Mostly" 05 = "Completely" 99 = "DK/NR/R"

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Code book – LABO

VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
RECORD_NO	ALPHA	Participant Id				17XXXX
<b>TEST CLINIC</b>						
Lab_Stool	NUM	Stools collect				1 = "Yes" 2 = "No"
Lab_BloodSample	NUM	Collection of blood samples				1 = "Yes"
Lab_TimeBlood	ALPHA	Time blood taken				
Lab_Fasting	NUM	Are you fasting since midnight ?				1 = "Yes" 2 = "No" 3 = "If PM-na"
Lab_UrineSample	NUM	Collection of urine samples				1 = "Yes" 2 = "No"
Lab_UrineReason	ALPHA	No, give the reason				
Lab_VaginalSample	NUM	Collection of vaginal swab				1 = "Yes" 2 = "No"
Lab_VaginalNa	NUM	Vaginal swab NA				1 = "NA"
Lab_VaginalReason	ALPHA	No, give the reason				
Lab_Antibio	NUM	During the last month did you took any antibiotic or proton-pump inhibitor				1 = "Yes" 2 = "No"
Lab_AntibioRxName	ALPHA	Give the Rx name				
<b>METALS</b>						
Lab_Cadmium	ALPHA	Initial value of Cadmium	Whole blood K <sub>2</sub> -EDTA	nmol/L		
Lab_Cadmium_N	NUM	Derived numeric value of Cadmium	Whole blood K <sub>2</sub> -EDTA	nmol/L	MADO : ≥45	Value between 0.4 to 75
Lab_Cadmium_AB	NUM	Cadmium Abnormal			Abnormal : ≥45	1 = "Abnormal" 0 = "Normal"
Lab_Mercure	ALPHA	Initial value of Mercury	Whole blood	nmol/L		

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
			K <sub>2</sub> -EDTA			
Lab_Mercure_N	NUM	Derived numeric value of Mercury	Whole blood K <sub>2</sub> -EDTA	nmol/L	MADO : ≥60	Value between 0.6 to 1200
Lab_Mercure_AB	NUM	Mercury Abnormal			Abnormal : ≥60	1 = "Abnormal" 0 = "Normal"
Lab_Lead	ALPHA	Initial value of Lead	Whole blood K <sub>2</sub> -EDTA	µmol/L		
Lab_Lead_N	NUM	Derived numeric value of Lead	Whole blood K <sub>2</sub> -EDTA	µmol/L	MADO : ≥0.5	Value between 0.0167 to 1.59
Lab_Lead_AB	NUM	Lead Abnormal			Abnormal : ≥0.5	1 = "Abnormal" 0 = "Normal"
Lab_Selenium	ALPHA	Initial value of Selenium	Whole blood K <sub>2</sub> -EDTA	µmol/L	Normal : 2.0 – 3.0	
Lab_Selenium_N	NUM	Derived numeric value of Selenium	Whole blood K <sub>2</sub> -EDTA	µmol/L	Normal : 2.0 – 3.0	Value between 1.3 to 28
Lab_Selenium_AB	NUM	Selenium Abnormal				1 = "Abnormal" 0 = "Normal"
<b>CARDIOVASCULAR HEALTH AND DIABETES</b>						
Lab_CHOL	ALPHA	Initial value of Total cholesterol	Plasma lithium heparine	mmol/L	Normal : < 6.00  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de	

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
					Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	
Lab_CHOL_N	NUM	Derived numeric value of Total cholesterol	Plasma lithium heparine	mmol/L	Normal : < 6.00  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	Value between 2.21 to 9.82
Lab_CHOL_AB	NUM	Total cholesterol Abnormal				1 = "Abnormal" 0 = "Normal"
Lab_LDLc	ALPHA	Initial value of Low density lipoprotein	Plasma lithium heparine	mmol/L	Normal : < 5.00  LDL non calculé	

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
					lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	
Lab_LDLc_N	NUM	Derived numeric value of Low density lipoprotein	Plasma lithium heparine	mmol/L	Normal : < 5.00  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	Value between 0.02 to 43.06
Lab_LDLc_AB	NUM	Low density lipoprotein Abnormal				1 = "Abnormal" 0 = "Normal"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_HDL	ALPHA	Initial value of High density lipoprotein	Plasma lithium heparine	mmol/L	Normal : Male >1.00 Female > 1.30  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	
Lab_HDL_N	NUM	Derived numeric value of High density lipoprotein	Plasma lithium heparine	mmol/L	Normal : Male >1.00 Female > 1.30  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et	Value between 0.431 to 4.4



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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
					du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	
Lab_HDL_AB	NUM	High density lipoprotein Abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Chdl	ALPHA	C/HDL (calculated)				
Lab_Chdl_N	NUM	C/HDL (calculated) numeric				Value between 1.45 to 22.32
Lab_TRIG	ALPHA	Initial value of Triglycerides	Plasma lithium heparine	mmol/L	Normal : <1.7  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL (direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	
Lab_TRIG_N	NUM	Derived numeric value of Triglycerides	Plasma lithium heparine	mmol/L	Normal : <1.7  LDL non calculé lorsque les triglycérides >4,50 mmol/L Les résultats de Cholestérol-HDL	Value between 0.4 to 30.67

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
					(direct), de Cholestérol-LDL (calc.), Cholestérol non-HDL (calc.) et du Ratio Chol tot./Chol-HDL sont "non valides" lorsque trig > 10.	
Lab_TRIG_AB	NUM	Triglycerides Abnormal				1 = "Abnormal" 0 = "Normal"
Lab_ApoB	ALPHA	Initial value of Apolipoprotein-B	Plasma lithium heparine	g/L	Normal : < 1.2	
Lab_ApoB_N	NUM	Derived numeric value of Apolipoprotein-B	Plasma lithium heparine	g/L	Normal : < 1.2	Value between 0.34034 to 2
Lab_ApoB_AB	NUM	Apolipoprotein-B Abnormal				1 = "Abnormal" 0 = "Normal"
Lab_ApoA	ALPHA	Initial value of Apolipoprotein-A1	Plasma lithium heparine	g/L	Normal : Male : 1.1 to 2.05 Female : 1.25 to 2.15	
Lab_ApoA_N	NUM	Derived numeric value of Apolipoprotein-A1	Plasma lithium heparine	g/L	Normal : Male : 1.1 to 2.05 Female : 1.25 to 2.15	Value between 0.89274 to 4.0091
Lab_ApoA_AB	NUM	Apolipoprotein-A1 abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Glu	ALPHA	Initial value of Glucose	Plasma lithium heparine	mmol/L		

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_Glu_N	NUM	Derived numeric value of Glucose	Plasma lithium heparine	mmol/L		Value between 3.1 to 38.24
Lab_GluRandom	NUM	Glucose at random	Plasma lithium heparine	mmol/L	Normal : 3.5 to 7.8	Value between 3.1 to 38.24 9999="N/A"
Lab_GluRandom_AB	NUM	Glucose at random abnormal				1 = "Abnormal" 0 = "Normal"
Lab_GluFasting	NUM	Glucose fasting	Plasma lithium heparine	mmol/L	Normal : 3.6 to 6.0	Value between 3.9 to 9.8 9999="N/A"
Lab_GluFasting_AB	NUM	Glucose fasting abnormal				1 = "Abnormal" 0 = "Normal"
Lab_HbA1c	ALPHA	Initial value of Glycated hemoglobin	Whole blood K <sub>2</sub> -EDTA		Normal : < 0.060	
Lab_HbA1c_N	NUM	Derived numeric value of Glycated hemoglobin	Whole blood K <sub>2</sub> -EDTA		Normal : < 0.060	Value between 0.0062 to 0.58
Lab_HbA1c_AB	NUM	Glycated hemoglobin abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Zinsu	ALPHA	Initial value of Insulin fasting	Plasma lithium heparine	pmol/L	Normal : 18 to 173	
Lab_Zinsu_N	NUM	Derived numeric value of Insulin	Plasma lithium heparine	pmol/L	Normal : 18 to 173	Value between 2.81 to 2153.1
Lab_ZinsuFasting	NUM	Derived numeric value of Insulin fasting				Value between 2.81 to 2153.1 9999="N/A"
Lab_ZinsuFasting_AB	NUM	Insulin abnormal				1 = "Abnormal" 0 = "Normal"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
<b>TABLE ANEMIA</b>						
Lab_Ferr	ALPHA	Initial value of Ferritin	Serum	µg/L	Normal : Male : 30 to 400 Female : 13 to 150	
Lab_Ferr_N	NUM	Derived numeric value of Ferritin	Serum	µg/L	Normal : Male : 30 to 400 Female : 13 to 150	Value between 1.33 to 3881
Lab_Ferr_AB	NUM	Ferritin abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Fer	ALPHA	Initial value of Serum iron	Serum	µmol/L	Normal : 10 to 30	
Lab_Fer_N	NUM	Derived numeric value of Serum iron	Serum	µmol/L	Normal : 10 to 30	Value between 1.6 to 45.6
Lab_Fer_AB	NUM	Serum iron abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Tran	ALPHA	Initial value of Transferrin concentration	Serum	g/L	Normal : 2 to 3.60	
Lab_Tran_N	NUM	Derived numeric value of Transferrin concentration	Serum	g/L	Normal : 2 to 3.60	Value between 0.05 to 6.68
Lab_Tran_AB	NUM	Transferrin concentration abnormal				1 = "Abnormal" 0 = "Normal"
Lab_TIBC	ALPHA	Initial value of Total iron-binding capacity – Tran_N*25.1	Serum	µmol/L	Normal : 45 to 80	
Lab_TIBC_N	NUM	Derived numeric value of Total iron-binding capacity – Tran_N*25.1	Serum	µmol/L	Normal : 45 to 80	Value between 18.574 to 167.668
Lab_TIBC_AB	NUM	Total iron-binding capacity abnormal – Tran_N*25.1				1 = "Abnormal" 0 = "Normal"
Lab_CRP_hs	ALPHA	Initial value of High sensitive – C reactive protein	Serum	mg/L	Normal : < 10	
Lab_CRP_hs_N	NUM	Derived numeric value of High	Serum	mg/L	Normal : < 10	Value between 0 to 231.76

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
		sensitive – C reactive protein				
Lab_CRP_hs_AB	NUM	High sensitive – C reactive protein abnormal				1 = "Abnormal" 0 = "Normal"
<b>NUTRITIONAL STATUS</b>						
Lab_B12	ALPHA	Initial value of Vitamin B <sub>12</sub>	Serum	pmol/L	Normal : >135	
Lab_B12_N	NUM	Derived numeric value of Vitamin B <sub>12</sub>	Serum	pmol/L	Normal : >135	Value between 120.6 to 7363.4
Lab_B12_AB	NUM	Vitamin B <sub>12</sub> abnormal				1 = "Abnormal" 0 = "Normal"
Lab_VitD	ALPHA	Initial value of Vitamin D 25-OH	Serum	nmol/L	Normal : > 50  > 50 nmol/L Déficience: <30 nmol/L Insuffisance: 30 - 49 nmol/L Suffisance: 50 - 125 nmol/L Toxicité possible: >250 nmol/L  La trousse utilisée, qui mesure les 25-OH vitamines D2 et D3, peut sous-estimer jusqu'à 50% les résultats des patients (valeurs basses) Supplémentés en	

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
					vitamine D2 (ergocalciférol: D-Forte) (technique Roche)	
Lab_VitD_N	NUM	Derived numeric value of Vitamin D 25-OH	Serum	nmol/L	Normal : > 50  > 50 nmol/L Déficiency: <30 nmol/L Insuffisance: 30 - 49 nmol/L Suffisance: 50 - 125 nmol/L Toxicité possible: >250 nmol/L  La trousse utilisée, qui mesure les 25-OH vitamines D2 et D3, peut sous- estimer jusqu'à 50% les résultats des patients (valeurs basses) Supplémentés en vitamine D2 (ergocalciférol: D-Forte) (technique Roche)	Value between 13.18 to 294.6
Lab_VitD_AB	NUM	Vitamin D 25-OH abnormal				1 = "Abnormal" 0 = "Normal"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_Folate	NUM	Erythrocyte Folate FOLATE_N/HCT_N,0.01	Whole blood K <sub>2</sub> -EDTA	nmol/L	Normal : > 1000	Value between 151.92 to 3902.65
Lab_Folate_N	NUM	Initial value of Erythrocyte Folate	Whole blood K <sub>2</sub> -EDTA	nmol/L	Normal : > 1000	Value between 55.3 to 1408
Lab_Folate_AB	NUM	Erythrocyte Folate abnormal				1 = "Abnormal" 0 = "Normal"
<b>RENAL HEALTH</b>						
Lab_Crea	ALPHA	Initial value of serum creatinine	Plasma lithium heparine	µmol/L	Normal : Male : 50 to 110 Female : 40 to 90	
Lab_Crea_N	NUM	Derived numeric value of serum creatinine	Plasma lithium heparine	µmol/L	Normal : Male : 50 to 110 Female : 40 to 90	Value between 32.8 to 196.6
Lab_Crea_AB	NUM	Serum creatinine abnormal				1 = "Abnormal" 0 = "Normal"
Lab_CreaU	ALPHA	Initial value of urine creatinine	Urine	mmol/L	Normal : Male : 3 to 26 Female : 2 to 20	
Lab_CreaU_N	NUM	Derived numeric value of urine creatinine	Urine	mmol/L	Normal : Male : 3 to 26 Female : 2 to 20	Value between 0.56 to 99.8
Lab_CreaU_AB	NUM	Urine creatinine abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Albu	ALPHA	Initial value of Micro-Albumin	Urine	mg/L	< 20 (for 24 h. urine)	
Lab_Albu_N	NUM	Derived numeric value of Micro-Albumin	Urine	mg/L	< 20 (for 24 h. urine)	Value between 2.49 to 1350.8
Lab_Albu_AB	NUM	Micro-Albumin abnormal				1 = "Abnormal" 0 = "Normal"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_Densite	ALPHA	Initial value of Specific gravity	Urine		Normal: 1.004 to 1.035	
Lab_Densite_N	NUM	Derived numeric value of Specific gravity	Urine		Normal: 1.004 to 1.035	Value between 1.00 to 1.30
Lab_RatioAlb	NUM	Ratio albumin Lab_Albu_N/Lab_CreaU_N,0.01	Plasma lithium heparine	mg/mmol creatinine	<2 2 to 20 = Microalbuminuria > 20 = Macroalbuminuria	Value between 0.05 to 306.89
Lab_RatioAlb_AB	NUM	Ratio albumin abnormal			<2 2 to 20 = Microalbuminuria > 20 = Macroalbuminuria	1 = "Abnormal" 0 = "Normal"
Lab_GFR	NUM	Glomerular filtration rate $141 \times \min(\text{Scr}/\kappa, 1)^\alpha \times$ $\max(\text{Scr}/\kappa, 1) - 1.209 \times 0.993^{\text{age}}$ $\times 1.018$ (if female) $\times 1.159$ (if black) Sex=M Kappa=0.9 Alpha=0.411 Sex=F Kappa=0.7 Alpha=-0.329		ml/min/1.73 m <sup>2</sup>	≥ 60	
Lab_GFR_AB	NUM	Glomerular filtration rate abnormal				1 = "Abnormal" 0 = "Normal"
Lab_SCR	NUM	Creatinine sérique SCR=crea_N/88.4		mg/dl		
<b>HEPATIC HEALTH (NAFLD)</b>						
Lab_Alt	ALPHA	Initial value of Alanine	Plasma	U/L	Normal :	



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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
		aminotransferase (ALT)	lithium heparine		Male : < 45 Female : < 35  Si ALT > 42, AST est déclenché	
Lab_Alt_N	NUM	Derived numeric value of Alanine aminotransferase (ALT)	Plasma lithium heparine	U/L	Normal : Male : < 45 Female : < 35  Si ALT > 42, AST est déclenché	Value between 0 to 204
Lab_Alt_AB	NUM	Alanine aminotransferase (ALT) abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Bt	ALPHA	Initial value of Total bilirubin	Plasma lithium heparine	µmol/L	Normal : < 17  Si bilirubine totale > 21 la bilirubine directe est déclenchée	
Lab_Bt_N	NUM	Derived numeric value of Total bilirubin	Plasma lithium heparine	µmol/L	Normal : < 17  Si bilirubine totale > 21 la bilirubine directe est déclenchée	Value between 1 to 31
Lab_Bt_AB	NUM	Total bilirubin abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Ast	ALPHA	Initial value of Asparate aminotransferase	Plasma lithium heparine	U/L	Normal : < 45	
Lab_Ast_N	NUM	Derived numeric value of Asparate aminotransferase	Plasma lithium	U/L	Normal : < 45	Value between 0.21 to 938

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
			heparine			
Lab_Ast_AB	NUM	Asparate aminotransferase abnormal				1 = "Abnormal" 0 = "Normal"
Lab_Alb	ALPHA	Initial value of Albumin	Plasma lithium heparine	g/L	Normal : 36 to 50	
Lab_Alb_N	NUM	Derived numeric value of Albumin	Plasma lithium heparine	g/L	Normal : 36 to 50	Value between 29.2 to 52.3
Lab_Alb_AB	NUM	Albumin abnormal				1 = "Abnormal" 0 = "Normal"
Lab_GGT	ALPHA	Initial value of Gamma-glutamyl transferase	Plasma lithium heparine	UI/L	Normal : Male : 8 to 61 Female : 5 to 36	
Lab_GGT_N	NUM	Derived numeric value of Gamma-glutamyl transferase	Plasma lithium heparine	UI/L	Normal : Male : 8 to 61 Female : 5 to 36	Value between 4.3 to 403.1
Lab_GGT_AB	NUM	Gamma-glutamyl transferase abnormal				1 = "Abnormal" 0 = "Normal"
<b>RESPIRATORY HEALTH</b>						
Lab_IGE	ALPHA	Initial value of IgE	Plasma lithium heparine	KU/L	Normal : < 100	
Lab_IGE_N	NUM	Derived numeric value of IgE	Plasma lithium heparine	KU/L	Normal : < 100	Value between 0.05 to 6022
Lab_Cotinine	ALPHA	Initial value of Cotinine	Urine	ng/mL		
Lab_Cotinine_N	NUM	Derived numeric value of Cotinine	Urine	ng/mL		Value between 0.115 to 3050.8
<b>COMPLETE BLOOD FORMULA</b>						
Lab_AnalysDateBlood	ALPHA	Analysis date blood	Whole			

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
			blood K <sub>2</sub> -EDTA			
Lab_AnalysTimeBlood	ALPHA	Analysis time blood	Whole blood K <sub>2</sub> -EDTA			
Lab_HGB	ALPHA	Initial value of Hemoglobin	Whole blood K <sub>2</sub> -EDTA	g/L	Normal : Male : 135 to 175 Female : 120 to 160 (for inuit)	
Lab_HGB_N	NUM	Derived numeric value of Hemoglobin	Whole blood K <sub>2</sub> -EDTA	g/L	Normal : Male : 135 to 175 Female : 120 to 160 (for inuit)	
Lab_HGB_AB	NUM	Hemoglobin abnormal				1 = "Abnormal" 0 = "Normal"
Lab_HGB_F	ALPHA	Hemoglobin - Flag				L="Patient results below the action limit / Control results below the expected range" I="Patient results below the reference interval, but less than the action limit (L)" H="Patient results above the action limit / Control results above the expected range" *="Hemoglobin and Hematocrit (H&H) check failure" *L="Hemoglobin and Hematocrit (H&H) check failure - Patient results below the action limit / Control results

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						below the expected range " *I=" Hemoglobin and Hematocrit (H&H) check failure / Patient results below the reference interval, but less than the action limit (L)" -="Result is below the analytical measuring range low limit"
Lab_MCH	ALPHA	Initial value of Corpuscular hemoglobin average	Whole blood K <sub>2</sub> -EDTA	pg	Normal : 26 to 34 (for inuit)	
Lab_MCH_N	NUM	Derived numeric value of Corpuscular hemoglobin average	Whole blood K <sub>2</sub> -EDTA	pg	Normal : 26 to 34 (for inuit)	Value between 15.2 to 38.2
Lab_MCH_AB	NUM	Corpuscular hemoglobin average abnormal				1 = "Abnormal" 0 = "Normal"
Lab_MCH_F	ALPHA	Corpuscular hemoglobin average – Flag				H="Patient results above the action limit / Control results above the expected range" h=" Patient results above the reference interval, but less than the action limit (H)" l="Patient results below the reference interval, but less than the action limit (L)" *="Hemoglobin and Hematocrit (H&H) check failure" *H= " Hemoglobin and Hematocrit (H&H) check failure - Patient results above the action limit / Control results above the expected range "

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						*I=" Hemoglobin and Hematocrit (H&H) check failure / Patient results below the reference interval, but less than the action limit (L)"
Lab_MCHC_N	NUM	Numeric value of Corpuscular hemoglobin average concentration	Whole blood K <sub>2</sub> -EDTA	g/L	Normal : 310 to 370 (for inuit)	Value between 289 to 411
Lab_MCHC_AB	NUM	Corpuscular hemoglobin average concentration abnormal				1 = "Abnormal" 0 = "Normal"
Lab_MCHC_F	ALPHA	Corpuscular hemoglobin average concentration - Flag				L=" Patient results below the action limit / Control results below the expected range " I=" Patient results below the reference interval, but less than the action limit (L)" RL=" Review results – Patient results below the action limit / Control results below the expected range" *="Hemoglobin and Hematocrit (H&H) check failure " *H= "Hemoglobin and Hematocrit (H&H) check failure - Patient results above the action limit / Control results above the expected range " *L="Hemoglobin and Hematocrit (H&H) check failure - Patient results below the action limit / Control results

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						below the expected range "
Lab_PLT	ALPHA	Initial value of platelets	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 142.0 to 424.0 (for inuit)	
Lab_PLT_N	NUM	Derived numeric value of platelets	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 142.0 to 424.0 (for inuit)	
Lab_PLT_AB	NUM	Platelets abnormal				1 = "Abnormal" 0 = "Normal"
Lab_PLT_F	ALPHA	Platelets - Flag				h="Patient results above the reference interval, but less than the action limit (H)" R="Review results " Rh="Review results - Patient results above the reference interval, but less than the action limit (H)" Rl="Review results – Patient results below the reference interval, but less than the action limit (L)" -R="Result is below the analytical measuring range low limit - Review results"
Lab_MPV	ALPHA	Initial value of mean platelet volume	Whole blood K <sub>2</sub> -EDTA	fL	Normal : 7.40 to 11.40 (for inuit)	
Lab_MPV_N	NUM	Derived numeric value of mean platelet volume	Whole blood K <sub>2</sub> -EDTA	fL	Normal : 7.40 to 11.40 (for inuit)	Value between 6.6 to 11.4
Lab_MPV_AB	NUM	Mean platelet volume abnormal				1 = "Abnormal" 0 = "Normal"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_MPV_F	ALPHA	Mean platelet volume - Flag				l=" Patient results below the reference interval, but less than the action limit (L) " R=" Review results " Rl=" Review results – Patient results below the reference interval, but less than the action limit (L) "
Lab_RBC	ALPHA	Initial value of erythrocytes – Red blood cell	Whole blood K <sub>2</sub> -EDTA	x10 <sup>12</sup> /L	Normal : Male : 4.50 to 5.90 Female : 4.00 to 5.20 (for inuit)	
Lab_RBC_N	NUM	Derived numeric value of erythrocytes – Red blood cell	Whole blood K <sub>2</sub> -EDTA	x10 <sup>12</sup> /L	Normal : Male : 4.50 to 5.90 Female : 4.00 to 5.20 (for inuit)	Value between 3.17 to 6.19
Lab_RBC_AB	NUM	Erythrocytes – Red blood cell abnormal				1 = "Abnormal" 0 = "Normal"
Lab_RBC_F	ALPHA	Erythrocytes – Red blood cell - Flag				H=" Patient results above the action limit / Control results above the expected range " h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L) "
Lab_HCT	ALPHA	Initial value of hematocrit	Whole	L/L	Normal : 0.410 to	

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
			blood K <sub>2</sub> -EDTA		0.530 (for inuit)	
Lab_HCT_N	NUM	Derived numeric value of hematocrit	Whole blood K <sub>2</sub> -EDTA	L/L	Normal : 0.410 to 0.530 (for inuit)	Value between 0.225 to 0.502
Lab_HCT_AB	NUM	Hematocrit abnormal				1 = "Abnormal" 0 = "Normal"
Lab_HCT_F	ALPHA	Hematocrit - Flag				H=" Patient results above the action limit / Control results above the expected range " L=" Patient results below the action limit / Control results below the expected range " I=" Patient results below the reference interval, but less than the action limit (L) " *=" Hemoglobin and Hematocrit (H&H) check failure " *I=" Hemoglobin and Hematocrit (H&H) check failure / Patient results below the reference interval, but less than the action limit (L) "
Lab_RDW	ALPHA	Initial value of distribution index of red blood cells	Whole blood K <sub>2</sub> -EDTA	%	Normal : 11.6 to 14.8 (for inuit)	
Lab_RDW_N	NUM	Derived numeric value of distribution index of red blood cells	Whole blood K <sub>2</sub> -EDTA	%	Normal : 11.6 to 14.8 (for inuit)	Value between 11.7 to 24.7
Lab_RDW_AB	NUM	Distribution index of red blood				1 = "Abnormal"



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Code book – LABO

VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
		cells anormal				0 = "Normal"
Lab_RDW_F	ALPHA	Distribution index of red blood cells - Flag				h=" Patient results above the reference interval, but less than the action limit (H)" *=" Hemoglobin and Hematocrit (H&H) check failure " *h=" Hemoglobin and Hematocrit (H&H) check failure - Patient results above the reference interval, but less than the action limit (H) "
Lab_RDWSD	ALPHA	Initial value of red blood cell distribution width standard deviation	Whole blood K <sub>2</sub> -EDTA	fL	Normal : 36.5 to 46.0 (for inuit)	
Lab_RDWSD_N	NUM	Derived numeric value of red blood cell distribution width standard deviation	Whole blood K <sub>2</sub> -EDTA	fL	Normal : 36.5 to 46.0 (for inuit)	Value between 26.3 to 57.5
Lab_RDWSD_AB	NUM	Red blood cell distribution width standard deviation abnormal				1 = "Abnormal" 0 = "Normal"
Lab_RDWSD_F	ALPHA	Red blood cell distribution width standard deviation - flag				h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" *=" Hemoglobin and Hematocrit (H&H) check failure " *l=" Hemoglobin and Hematocrit (H&H) check failure

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						/ Patient results below the reference interval, but less than the action limit (L)"
Lab_MCV	ALPHA	Initial value of mean corpuscular volume	Whole blood K <sub>2</sub> -EDTA	fL	Normal : 80.0 to 100.0 (for inuit)	
Lab_MCV_N	NUM	Derived numeric value of mean corpuscular volume	Whole blood K <sub>2</sub> -EDTA	fL	Normal : 80.0 to 100.0 (for inuit)	Value between 52.5 to 103.2
Lab_MCV_AB	NUM	Mean corpuscular volume abnormal				1 = "Abnormal" 0 = "Normal"
Lab_MCV_F	ALPHA	Mean corpuscular volume - Flag				H=" Patient results above the action limit / Control results above the expected range " L=" Patient results below the action limit / Control results below the expected range " h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)"
Lab_WBC	ALPHA	Initial value of white blood cell	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 4.50 to 11.00 (for inuit)	
Lab_WBC_N	NUM	Derived numeric value of white blood cell	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 4.50 to 11.00 (for inuit)	Value between 2.41 to 20.12
Lab_WBC_AB	NUM	White blood cell abnormal				1 = "Abnormal" 0 = "Normal"
Lab_WBC_F	ALPHA	White blood cell - Flag				H=" Patient results above the

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						action limit / Control results above the expected range " L=" Patient results below the action limit / Control results below the expected range " h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H) " Rl=" Review results – Patient results below the reference interval, but less than the action limit (L)" -= "Result is below the analytical measuring range low limit"
Lab_LY_P	ALPHA	Initial value of lymphocyte percentage	Whole blood K <sub>2</sub> -EDTA	%		
Lab_LY_P_N	NUM	Derived numeric value of lymphocyte percentage	Whole blood K <sub>2</sub> -EDTA	%		Value between 0.073 to 0.579
Lab_LY_P_F	ALPHA	Lymphocyte percentage - flag				h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the

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Code book – LABO

VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" Rl=" Review results – Patient results below the reference interval, but less than the action limit (L)"
Lab_LY_N	ALPHA	Initial value of lymphocyte number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 1.00 to 4.80 (for inuit)	
Lab_LY_N_N	NUM	Derived numeric value of lymphocyte number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 1.00 to 4.80 (for inuit)	Value between 0.52 to 7.44
Lab_LY_N_AB	NUM	Lymphocyte Abnormal				1 = "Abnormal" 0 = "Normal"
Lab_LY_N_F	ALPHA	Lymphocyte number -flag				H=" Patient results above the action limit / Control results above the expected range " h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the

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Code book – LABO

VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						action limit (H)" RI=" Review results – Patient results below the reference interval, but less than the action limit (L)"
Lab_MO_P	ALPHA	Initial value of monocyte percentage	Whole blood K <sub>2</sub> -EDTA	%		
Lab_MO_P_N	NUM	Derived numeric value of monocyte percentage	Whole blood K <sub>2</sub> -EDTA	%		Value between 0.04 to 0.17
Lab_MO_P_F	ALPHA	Monocyte percentage -flag				h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" RI=" Review results Patient results below the reference interval, but less than the action limit (L)"
Lab_MO_N	ALPHA	Initial value of monocyte number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 0.01 to 0.80 (for inuit)	
Lab_MO_N_N	NUM	Derived numeric value of monocyte number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 0.01 to 0.80 (for inuit)	Value between 0.17 to 1.59

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_MO_N_AB	NUM	Monocyte abnormal				1 = "Abnormal" 0 = "Normal"
Lab_MO_N_F	ALPHA	Monocyte number - flag				h=" Patient results above the reference interval, but less than the action limit (H)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" Rl=" Review results – Patient results below the reference interval, but less than the action limit (L)"
Lab_NE_P	ALPHA	Initial value of neutrophil percentage	Whole blood K <sub>2</sub> -EDTA	%		
Lab_NE_P_N	NUM	Derived numeric value of neutrophil percentage	Whole blood K <sub>2</sub> -EDTA	%		Value between 0.33 to 0.86
Lab_NE_P_F	ALPHA	Neutrophil percentage -flag				h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" Rl=" Review results – Patient

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						results below the reference interval, but less than the action limit (L)"
Lab_NE_N	ALPHA	Initial value of neutrophil number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 1.80 to 7.70 (for inuit)	
Lab_NE_N_N	NUM	Derived numeric value of neutrophil number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 1.80 to 7.70 (for inuit)	Value between 1.41 to 15.84
Lab_NE_N_AB	NUM	Neutrophil number abnormal				1 = "Abnormal" 0 = "Normal"
Lab_NE_N_F	ALPHA	Neutrophil number - flag				h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" Rl=" Review results – Patient results below the reference interval, but less than the action limit (L)"
Lab_EO_P	ALPHA	Initial value of eosinophil whole blood percentage	Whole blood K <sub>2</sub> -EDTA	%		
Lab_EO_P_N	NUM	Derived numeric value of eosinophil whole blood percentage	Whole blood K <sub>2</sub> -EDTA	%		Value between 0 to 0.15

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_EO_P_F	ALPHA	Eosinophil whole blood percentage - flag				h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" Rl=" Review results – Patient results below the reference interval, but less than the action limit (L)"
Lab_EO_N	ALPHA	Initial value of eosinophil number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 0.01 to 0.45 (for inuit)	
Lab_EO_N_N	NUM	Derived numeric value of eosinophil number	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 0.01 to 0.45 (for inuit)	Value between 0 to 1.05
Lab_EO_N_AB	NUM	Eosinophil number Abnormal				1 = "Abnormal" 0 = "Normal"
Lab_EO_N_F	ALPHA	Eosinophil number - flag				H=" Patient results above the action limit / Control results above the expected range " h=" Patient results above the reference interval, but less than the action limit (H)" l=" Patient results below the reference interval, but less than the action limit (L)"



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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						R=" Review results " RH=" Review results - Patient results above the action limit / Control results above the expected range " Rh=" Review results - Patient results above the reference interval, but less than the action limit (H)" RI=" Review results – Patient results below the reference interval, but less than the action limit (L)"
Lab_BA_P	ALPHA	Initial value of Basophil percentage	Whole blood K <sub>2</sub> -EDTA	%		
Lab_BA_P_N	NUM	Derived numeric value of Basophil percentage	Whole blood K <sub>2</sub> -EDTA	%		
Lab_BA_P_F	ALPHA	Basophil percentage flag				I=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " RI=" Review results – Patient results below the reference interval, but less than the action limit (L)" .....=" Incomplete computation (dots). Data cannot be derived "
Lab_BA_N	ALPHA	Initial value of basophil number whole blood	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 0 to 0.20 (for inuit)	

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_BA_N_N	NUM	Derived numeric value of basophil number whole blood	Whole blood K <sub>2</sub> -EDTA	x10 <sup>9</sup> /L	Normal : 0 to 0.20 (for inuit)	Value between 0 to 0.13
Lab_BA_N_AB	NUM	Basophil number abnormal				1 = "Abnormal" 0 = "Normal"
Lab_BA_N_F	ALPHA	Basophil number flag				I=" Patient results below the reference interval, but less than the action limit (L)" R=" Review results " RI=" Review results – Patient results below the reference interval, but less than the action limit (L)" ....="Incomplete computation (dots). Data cannot be derived "
Lab_MessBloodFormula	ALPHA	Suspect messages				
Lab_LastControlLoT	NUM	Last control lot number	Whole blood K <sub>2</sub> -EDTA			
Lab_LastControlDate	ALPHA	Last control lot date	Whole blood K <sub>2</sub> -EDTA			
Lab_LastControlTime	ALPHA	Last control lot time	Whole blood K <sub>2</sub> -EDTA			
<b>TABLE MICROBIOLOGY</b>						
Lab_ZoonoseNote	ALPHA	Note / comments zoonose				
Lab_ZoonoseLipemic	ALPHA	Lipemic sample				
Lab_Trichin_N	NUM	Result <i>Trichinella sp</i>	Serum			Value between 0.016 to 2.47
Lab_TrichinFirstInterp	ALPHA	Interpretation <i>Trichinella sp</i>				-=" Negative " Eq=" Negative "

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
						Low += " Positive " High += " Positive "
Lab_TrichinFinal	ALPHA	Trichinella final result	Serum			"Negative" "Positive"
Lab_TrichinSecondTest_N	NUM	Second test <i>Trichinella sp</i>				Value between 0.026 to 2.909
Lab_TrichinSecondInterp	ALPHA	Second interpretation <i>Trichinella sp</i>				-=" Negative " Eq=" Negative " Low += " Positive " High += " Positive "
Lab_Toxo	ALPHA	Initial value of <i>Toxoplasma gondii</i>	Serum			
Lab_Toxo_N	NUM	Derived numeric value of <i>Toxoplasma gondii</i>	Serum			Value between 0.5 to 300
Lab_ToxoInterp	ALPHA	Interpretation <i>Toxoplasma gondii</i>	Serum			-=" Negative " +=" Positive " Equivocal=" Negative "
Lab_Cparvum	ALPHA	Interpretation <i>Cryptosporidium sp</i>				-=" Negative " +=" Positive " Equivocal=" Negative "
Lab_Cparvum_N	NUM	Result <i>Cryptosporidium sp</i>	Serum			Value between 0.006 to 0.968
Lab_HpylSerum	ALPHA	Initial value of <i>Helicobacter pylori serum</i>	Serum			
Lab_HpylSerum_N	NUM	Derived numeric value of <i>Helicobacter pylori serum</i>	Serum			Value between 0 to 3.34
Lab_HpylSerumFinal	ALPHA	<i>Helicobacter pylori serum</i> final interpretation	Serum			"Positif"="Positive" "Négatif"="Negative" "Équivoq"="Negative" "Indéterminé"="Undetermined"
Lab_HpylSerumFirstInterp	ALPHA	<i>Helicobacter pylori serum</i> First interpretation test	Serum			"Positif"=" Positive " "Négatif"=" Negative " "Indéterminé"="Undetermined"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_HpylSerumSecond	NUM	<i>Helicobacter pylori</i> serum Second test	Serum			Value between 0.44 to 2.19
Lab_HpylSerumSecondInterp	ALPHA	<i>Helicobacter pylori</i> serum Second interpretation	Serum			"Positif"=" Positive " "Négatif"=" Negative " "Indéterminé"="Undetermined"
Lab_Hpyl04	ALPHA	<i>Helicobacter pylori</i> serum study 2004	Serum			"Positif"="Positive" "Négatif"="Negative" "Équivoque"="Negative" "Indéterminé"="Undetermined"
<b>STI</b>						
Lab_ChlamydiaU	ALPHA	Chlamydia only male (and pregnant female or with period)	Urine			"Negative" "Positive"
Lab_GonorheeU	ALPHA	Gonorrhea only male (and pregnant female or with period)	Urine			"Negative" "Positive"
Lab_CommentUrineSTI	ALPHA	Comment urine				
Lab_ChlamydiaV	ALPHA	Chlamydia (female accept for pregnant and with period)	Vaginal swab			"Negative" "Positive"
Lab_GonorheeV	ALPHA	Gonorrhea (female accept for pregnant and with period)	Vaginal swab			"Negative" "Positive"
Lab_CommentVaginalSTI	ALPHA	Comment vaginal				
Lab_SyphilisEIA	ALPHA	Syphilis screening EIA (Enzyme Immuno Assay)	Serum			"Réactif, voir résultat du RPR" "Négatif"="Negative"
Lab_SyphilisRPRAc	ALPHA	Syphilis RPR Ac (Rapid plasma regin)	Serum			"Positif"="Positive" "Négatif"="Negative"
Lab_Syphilis	ALPHA	Final result syphilis	Serum			"Positif"="Positive" "Négatif"="Negative"

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
<b>GASTROINTESTINAL HEALTH</b>						
Lab_HpYloriStool	ALPHA	<i>Helicobacter pylori</i>	Stool			"Positif"="Positive" "Negatif"="Negative" "Douteux"
Lab_BloodPresentStool	ALPHA	Blood present stool FIT test (RSOSi)	Stool			"Positive" "Negative" "Negatif use with caution " *
*Veut dire spécimen congelé par le participant						
<b>NOTES</b>						
Lab_BuffyCoat_Next	ALPHA	Analyse ultérieure 6CC – ACD Buffy coat				
Lab_BuffyCoat_Nt	ALPHA	Notes pour 6CC – ACD Buffy coat				
Lab_CitrateNa_Next	ALPHA	Analyse ultérieure 45 CC – Citrate Na (plasma)				
Lab_CitrateNa_Nt	ALPHA	Notes pour 45 CC – Citrate Na (plasma)				
Lab_EcouvOra_Next	ALPHA	Analyse ultérieure pour ecouvillon oropharynge				
Lab_EcouvOra_Nt	ALPHA	Notes pour ecouvillon oropharynge				
Lab_EcouvVag_Next	ALPHA	Analyse ultérieure pour ecouvillon vaginal				
Lab_EcouvVag_Pt	ALPHA	Post Amundsen pour ecouvillon vaginal				
Lab_HeparinePlasma_Next	ALPHA	Analyse ultérieure 5 CC – Héparine de Li (plasma)				
Lab_HeparinePlasma_Nt	ALPHA	Notes pour 5 CC – Héparine de Li (plasma)				
Lab_K2EDTAPlasma_Next	ALPHA	Analyse ultérieure 10 CC – K2 EDTA (plasma)				

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VARIABLE NAME	TYPE	LABEL	MATRIX	UNIT	REFERENCE VALUES	VALUE
Lab_K2EDTAPlasma_Nt	ALPHA	Notes pour 10 CC – K2 EDTA (plasma)				
Lab_SangComple6CCK2EDTA_Next	ALPHA	Analyse ultérieure 6 CC – K2 EDTA (sang complet)				
Lab_SangComple6CCK2EDTA_Nt	ALPHA	Notes 6 CC – K2 EDTA (sang complet)				
Lab_SangComple6CCK2EDTA_Pt	ALPHA	Post Amundsen 6 CC – K2 EDTA (sang complet)				
Lab_SangUrineSelleSwab_Nt	ALPHA	Notes pour échantillon sang/urine/selle/swab				
Lab_Selles_Next	ALPHA	Analyse ultérieure pour les selles				
Lab_Selles_Nt	ALPHA	Notes pour les selles				
Lab_Selles_Pt	ALPHA	Post Amundsen pour les selles				
Lab_SerumCCActCoag_Next	ALPHA	Analyse ultérieure 3 X 8,5 CC – Act. Coag (serum)				
Lab_SerumCCActCoag_Pt	ALPHA	Post Amundsen 3 X 8,5 CC – Act. Coag (serum)				
Lab_Urine60CC_Next	ALPHA	Analyse ultérieure 60 CC – Urine				
Lab_Urine60CC_Nt	ALPHA	Notes pour 60 CC – Urine				
Lab_Urine60CC_Pt	ALPHA	Post Amundsen pour 60 CC - Urine				

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Code book – INBODY

VARIABLE NAME	TYPE	LABEL	VALUE
Record_no	ALPHA	Participant Id	Value between 170001 to 171329
Clin_BloodPulse	NUM	Measurements of blood pressure - pulse	Value between 43 to 114
Clin_SecSystolic	NUM	Measurements of blood pressure - Second reading Systolic	Value between 82 to 186
Clin_SecDiastolic	NUM	Measurements of blood pressure - Second reading Diastolic	Value between 52 to 112
Clin_ThSystolic	NUM	Measurements of blood pressure - Third reading Systolic	Value between 82 to 185
Clin_ThDiastolic	NUM	Measurements of blood pressure - Third reading Diastolic	Value between 52 to 113
Clin_Height	NUM	Anthropometric measurements – height - cm	Value between 137 to 189
Clin_Weight	NUM	Anthropometric measurements – Weight – kg	Value between 30.7 to 143
Clin_WaistPregnant	NUM	Waist girth not to be done if pregnant	1 = "Pregnant" 0 = "No pregnant woman or man"
Clin_Waist1	NUM	Waist girth #1	Value between 30 to 143
Clin_Waist2	NUM	Waist girth #2	Value between 20 to 143
Clin_Waist3	NUM	Waist girth #3	Value between 48 to 135
Clin_WaistNa	NUM	Waist girth NA	1 = "NA" 0 = "No variation between the Waist girth #1 and #2 "
Clin_Orophar	NUM	Oropharyngeal sampling	1 = "Yes" 2 = "No"
Clin_OropharReason	ALPHA	Oropharyngeal, if no, give the reason	
Clin_TBW	NUM	Total body water	Value between 17,6 to 57,7
Clin_ICW	NUM	Intracellular water	Value between 10,8 to 36,5
Clin_ECW	NUM	Extracellular water	Value between 6,8 to 21,5
Clin_DLM	NUM	Dry lean mass	Value between 6,6 to 21,6
Clin_BFM	NUM	Body fat mass	Value between 3,1 to 68,5
Clin_LBM	NUM	Lean body mass	Value between 24,2 to 79,2
Clin_SMM	NUM	Skeletal muscle mass	Value between 12,1 to 45,6
Clin_BMI	NUM	Body mass index	Value between 15,4 to 50,1
Clin_PBF	NUM	Percent body fat	Value between 5,3 to 54,5
Clin_RightArm	NUM	Lean body mass of right arm	Value between 0,85 to 5,14
Clin_RightArm_P	NUM	Lean body mass of right arm percentage	Value between 57,8 to 168,6
Clin_LeftArm	NUM	Lean body mass of left arm	Value between 0,83 to 5,13
Clin_LeftArm_P	NUM	Lean body mass of left arm percentage	Value between 55,9 to 166,7

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Code book – INBODY

VARIABLE NAME	TYPE	LABEL	VALUE
Clin_Trunk	NUM	Lean body mass of trunk	Value between 10 to 37
Clin_Trunk_P	NUM	Lean body mass of trunk percentage	Value between 71,2 to 127,6
Clin_RightLeg	NUM	Lean body mass of right leg	Value between 2,8 to 12,07
Clin_RightLeg_P	NUM	Lean body mass of right leg percentage	Value between 66,2 to 124,8
Clin_LeftLeg	NUM	Lean body mass of left leg	Value between 2,85 to 12,23
Clin_LeftLeg_P	NUM	Lean body mass of left leg percentage	Value between 66,1 to 125,1
Clin_LegLeanMass	NUM	Lean body mass leg lean mass	Value between 5,7 to 24,0
Clin_ECWTBW	NUM	Lean body mass ECW/TBW	Value between 0,358 to 0,408
Clin_BFMRightArm	NUM	Body fat mass of right arm	Value between 0,1 to 9,6
Clin_BFMRightArm_P	NUM	Body fat mass of right arm percentage	Value between 14,6 to 1508,7
Clin_BFMLeftArm	NUM	Body fat mass of left arm	Value between 0,1 to 9,6
Clin_BFMLeftArm_P	NUM	Body fat mass of left arm percentage	Value between 18,5 to 1505,3
Clin_BFMTrunk	NUM	Body fat mass of trunk	Value between 0,4 to 31,7
Clin_BFMTrunk_P	NUM	Body fat mass of trunk percentage	Value between 11,3 to 772,3
Clin_BFMRightLeg	NUM	Body fat mass of right leg	Value between 0,8 to 10,2
Clin_BFMRightLeg_P	NUM	Body fat mass of right leg percentage	Value between 41.5 to 490.9
Clin_BFMLeftLeg	NUM	Body fat mass of left leg	Value between 0.7 to 10.1
Clin_BFMLeftLeg_P	NUM	Body fat mass of left leg percentage	Value between 41.3 to 497.8
Clin_Fitness	NUM	Fitness score	Value between 39 to 96
Clin_BFMControl	NUM	Body fat mass control	Value between -55.7 to 8.2
Clin_LBMControl	NUM	Lean body mass control	Value between 0 to 12.7
Clin_BMR	ALPHA	Basal metabolic rate	Value between 892 to 2081
Clin_VFL	NUM	Visceral fat level	"Level 1" to "Level 20"
Clin_Ac	NUM	Arm circumference	Value between 21.4 to 54.9
Clin_5Ra	NUM	5kHz RA impedance	Value between 213.2 to 616.7
Clin_5La	NUM	5kHz LA impedance	Value between 204.5 to 543.4
Clin_5Tr	NUM	5kHz TR impedance	Value between 15 to 32.7
Clin_5Rl	NUM	5kHz RL impedance	Value between 156.7 to 414.5
Clin_5Ll	NUM	5kHz LL impedance	Value between 157.6 to 422.8
Clin_Ra50	NUM	50kHz RA impedance	Value between 186.5 to 539.1
Clin_La50	NUM	50kHz LA impedance	Value between 178.5 to 499.4
Clin_Tr50	NUM	50kHz TR impedance	Value between 12.9 to 28.8



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<b>VARIABLE NAME</b>	<b>TYPE</b>	<b>LABEL</b>	<b>VALUE</b>
Clin_RI50	NUM	50kHz RL impedance	Value between 151.6 to 387.2
Clin_LI50	NUM	50kHz LL impedance	Value between 143.9 to 391.6
Clin_500Ra	NUM	500kHz RA impedance	Value between 159.1 to 440.2
Clin_500La	NUM	500kHz LA impedance	Value between 150.3 to 440
Clin_500Tr	NUM	500kHz TR impedance	Value between 9.3 to 22.6
Clin_500RI	NUM	500kHz RL impedance	Value between 134.5 to 345.9
Clin_500LI	NUM	500kHz LL impedance	Value between 127.9 to 352
Clin_SMI	NUM	SMI	Value between 3.9 to 11

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VARIABLE NAME	TYPE	LABEL	CATEGORY
<b>ADMINISTRATIVE VARIABLES</b>			
fileid	NUM	fileid	
BUCCO_dentist	NUM	Dentist's ID	
BUCCO_inscripteur	NUM	Assistant's ID	
BUCCO_dateexam	DATE	Oral Health Exam Date	
BUCCO_stadeexam	ALPHA	Decay stage used for exam	"Codes 4 to 6"
<b>DENTAL STATUS</b>			
BUCCO_edentation	NUM	Dental status	1 = "Dentate to both arches" 2 = "Dentate to upper arch only" 3 = "Dentate to lower arch only" 4 = "Edentulous"
BUCCO_comedentation	ALPHA	Comments on Dental Status	(Text)
<b>PROTHETIC CONDITION</b>			
BUCCO_protSUP	NUM	Prosthetic Condition - Maxilla	0 = "No prosthesis"
BUCCO_protINF	NUM	Prosthetic Condition - Mandible	1 = "Partial acrylic prosthesis without implant" 2 = "Partial acrylic prosthesis with implant(s)" 3 = "Partial metal structure prosthesis without implant" 4 = "Partial metal structure prosthesis with implant(s)" 5 = "Complete prosthesis without implant" 6 = "Complete prosthesis with implant(s)"
BUCCO_comcondproth	ALPHA	Comments on Prosthetic Condition	(Text)
<b>TRAUMAS</b>			
BUCCO_qtrauma	NUM	Have you ever injured your front teeth?	0 = "No" 1 = "Yes" 9 = "Don't know"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_trauma12	NUM	Trauma Index - Tooth 12	0 = "No trauma"
BUCCO_trauma11	NUM	Trauma Index - Tooth 11	1 = "Untreated enamel fracture"
BUCCO_trauma21	NUM	Trauma Index - Tooth 21	2 = "Untreated enamel fracture involving dentin"
BUCCO_trauma22	NUM	Trauma Index - Tooth 22	3 = "Untreated lesion - discoloration, swelling, fistula"
BUCCO_trauma31	NUM	Trauma Index - Tooth 31	4 = "Restored fracture - complete crown"
BUCCO_trauma32	NUM	Trauma Index - Tooth 32	5 = "Restored fracture - other"
BUCCO_trauma41	NUM	Trauma Index - Tooth 41	6 = "Lingual surface restoration and history of root canal"
BUCCO_trauma42	NUM	Trauma Index - Tooth 42	7 = "Other trauma condition - tooth present"
			8 = "Missing tooth related to trauma"
			9 = "Missing tooth related to cause other than trauma"
BUCCO_comtrauma	ALPHA	Comments on Trauma Index	(Text)
<b>GINGIVAL CONDITION</b>			
BUCCO_qging	NUM	Medical condition preventing gingival examination	1 = "Yes"
BUCCO_ging1252	NUM	Gingival Index - Tooth 12	0 = "No inflammation"
BUCCO_ging1655	NUM	Gingival Index - Tooth 16	1 = "Mild or moderate inflammation, without bleeding"
BUCCO_ging2464	NUM	Gingival Index - Tooth 24	2 = "Moderate inflammation, with bleeding"
BUCCO_ging3272	NUM	Gingival Index - Tooth 32	3 = "Severe inflammation"
BUCCO_ging3675	NUM	Gingival Index - Tooth 36	7 = "Tooth cannot be examined"
BUCCO_ging4484	NUM	Gingival Index - Tooth 44	8 = "Incomplete eruption of the tooth"
			9 = "Missing tooth"
BUCCO_comconging	ALPHA	Comments on Gingival Index	(Text)
<b>ORAL HYGIENE QUALITY</b>			
BUCCO_debris11	NUM	Debris Index - Anterior portion of upper arch	0 "No debris"
BUCCO_debris16	NUM	Debris Index - Right posterior portion of upper arch	1 "Soft debris covering less than 1/3 of surface"
BUCCO_debris26	NUM	Debris Index - Left posterior portion of upper arch	2 "Soft debris covering 1/3 to 2/3 of surface"
BUCCO_debris31	NUM	Debris Index - Anterior portion of lower arch	3 "Soft debris covering more than 2/3 of surface"
BUCCO_debris36	NUM	Debris Index - Left posterior portion of lower arch	7 "Tooth cannot be examined"
BUCCO_debris46	NUM	Debris Index - Right posterior portion of lower arch	8 "Incomplete eruption of the tooth"
			9 "Missing tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_tartre11	NUM	Calculus Index - Anterior portion of upper arch	0 "No calculus"
BUCCO_tartre16	NUM	Calculus Index - Right posterior portion of upper arch	1 "Supragingival calculus covering less than 1/3 of surface" 2 "Supragingival calculus covering 1/3 to 2/3 of surface"
BUCCO_tartre26	NUM	Calculus Index - Left posterior portion of upper arch	3 "Supragingival calculus covering more than 2/3 of surface" 7 "Tooth cannot be examined"
BUCCO_tartre31	NUM	Calculus Index - Anterior portion of lower arch	8 "Incomplete eruption of the tooth"
BUCCO_tartre36	NUM	Calculus Index - Left posterior portion of lower arch	9 "Missing tooth"
BUCCO_tartre46	NUM	Calculus Index - Right posterior portion of lower arch	
BUCCO_comhygbuc	ALPHA	Comments on Hygiene Index	(Text)
<b>INTERNATIONAL CARIES DETECTION AND ASSESSMENT SYSTEM II (ICDAS II)</b>			
<b>PART 1 : PRESENCE OF TEETH</b>			
BUCCO_dent18	ALPHA	Presence of Tooth 18	"18" = "Presence of tooth 18" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent17	ALPHA	Presence of Tooth 17	"17" = "Presence of tooth 17" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"

<sup>1</sup> Other reasons include traumas, orthodontic treatment, congenitally missing tooth, lack of space and fully or partially included tooth that have been extracted.

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent16	ALPHA	Presence of Tooth 16	"16" = "Presence of tooth 16" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent1555	ALPHA	Presence of Tooth 15	"15" = "Presence of tooth 15" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent1454	ALPHA	Presence of Tooth 14	"14" = "Presence of tooth 14" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" "99" = "Unerupted tooth"
BUCCO_dent1353	ALPHA	Presence of Tooth 13	"13" = "Presence of tooth 13" "90" = "Implant due to other reasons" "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent1252	ALPHA	Presence of Tooth 12	"12" = "Presence of tooth 12" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent1151	ALPHA	Presence of Tooth 11	"11" = "Presence of tooth 11" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent2161	ALPHA	Presence of Tooth 21	"21" = "Presence of tooth 21" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent2262	ALPHA	Presence of Tooth 22	"22" = "Presence of tooth 22" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent2363	ALPHA	Presence of Tooth 23	"23" = "Presence of tooth 23" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent2464	ALPHA	Presence of Tooth 24	"24" = "Presence of tooth 24" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent2565	ALPHA	Presence of Tooth 25	"25" = "Presence of tooth 25" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent26	ALPHA	Presence of Tooth 26	"26" = "Presence of tooth 26" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent27	ALPHA	Presence of Tooth 27	"27" = "Presence of tooth 27" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent28	ALPHA	Presence of Tooth 28	"28" = "Presence of tooth 28" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent38	ALPHA	Presence of Tooth 38	"38" = "Presence of tooth 38" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent37	ALPHA	Presence of Tooth 37	"37" = "Presence of tooth 37" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"



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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent36	ALPHA	Presence of Tooth 36	"36" = "Presence of tooth 36" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent3575	ALPHA	Presence of Tooth 35	"35" = "Presence of tooth 35" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent3474	ALPHA	Presence of Tooth 34	"34" = "Presence of tooth 34" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent3373	ALPHA	Presence of Tooth 33	"33" = "Presence of tooth 33" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent3272	ALPHA	Presence of Tooth 32	"32" = "Presence of tooth 32" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent3171	ALPHA	Presence of Tooth 31	"31" = "Presence of tooth 31" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent4181	ALPHA	Presence of Tooth 41	"41" = "Presence of tooth 41" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent4282	ALPHA	Presence of Tooth 42	"42" = "Presence of tooth 42" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent4383	ALPHA	Presence of Tooth 43	"43" = "Presence of tooth 43" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent4484	ALPHA	Presence of Tooth 44	"44" = "Presence of tooth 44" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent4585	ALPHA	Presence of Tooth 45	"45" = "Presence of tooth 45" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"
BUCCO_dent46	ALPHA	Presence of Tooth 46	"46" = "Presence of tooth 46" "90" = "Implant due to other reasons" <sup>1</sup> "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons" <sup>1</sup> "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons" <sup>1</sup> "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_dent47	ALPHA	Presence of Tooth 47	"47" = "Presence of tooth 47" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"
BUCCO_dent48	ALPHA	Presence of Tooth 48	"48" = "Presence of tooth 48" "90" = "Implant due to other reasons <sup>1</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>1</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97P" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>1</sup> " "99" = "Unerupted tooth"

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VARIABLE NAME	TYPE	LABEL	CATEGORY
<b>INTERNATIONAL CARIES DETECTION AND ASSESSMENT SYSTEM II (ICDAS II)</b>			
<b>PART 2 : RESTORATIONS AND CARIES ON CORONAL PART OF EACH TOOTH <sup>2</sup></b>			
BUCCO_om18	ALPHA	ICDAS Code - Tooth 18, mesial part of the occlusal surface	<b>If missing tooth :</b> "90" = "Implant due to other reasons <sup>3</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>3</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>3</sup> " "99" = "Unerupted tooth"  <b>If tooth is present :</b> "96" = "Surface cannot be examined"  <b>1<sup>st</sup> digit (restoration) :</b> "0" = "Surface not restored" "3" = "Tooth coloured restoration <sup>4</sup> " "4" = "Amalgam restoration" "6" = "Crown, veneer or inlay" "7" = "Lost or broken restoration" "8" = "Temporary restoration"  <b>2<sup>nd</sup> digit (caries) :</b> "0" = "Sound" "4" = "Underlying dark shadow from dentin" "5" = "Distinct cavity with visible dentin (less than 50% of the surface)" "6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_od18	ALPHA	ICDAS Code - Tooth 18, distal part of the occlusal surface	
BUCCO_m18	ALPHA	ICDAS Code - Tooth 18, mesial surface	
BUCCO_bl18	ALPHA	ICDAS Code - Tooth 18, buccal (smooth) surface	
BUCCO_d18	ALPHA	ICDAS Code - Tooth 18, distal surface	
BUCCO_ls18	ALPHA	ICDAS Code - Tooth 18, lingual (fissure) surface	
BUCCO_ll18	ALPHA	ICDAS Code - Tooth 18, lingual (smooth) surface	
BUCCO_om17	ALPHA	ICDAS Code - Tooth 17, mesial part of the occlusal surface	
BUCCO_od17	ALPHA	ICDAS Code - Tooth 17, distal part of the occlusal surface	
BUCCO_m17	ALPHA	ICDAS Code - Tooth 17, mesial surface	
BUCCO_bl17	ALPHA	ICDAS Code - Tooth 17, buccal (smooth) surface	
BUCCO_d17	ALPHA	ICDAS Code - Tooth 17, distal surface	
BUCCO_ls17	ALPHA	ICDAS Code - Tooth 17, lingual (fissure) surface	
BUCCO_ll17	ALPHA	ICDAS Code - Tooth 17, lingual (smooth) surface	
BUCCO_om16	ALPHA	ICDAS Code - Tooth 16, mesial part of the occlusal surface	
BUCCO_od16	ALPHA	ICDAS Code - Tooth 16, distal part of the occlusal surface	
BUCCO_m16	ALPHA	ICDAS Code - Tooth 16, mesial surface	
BUCCO_bl16	ALPHA	ICDAS Code - Tooth 16, buccal (smooth) surface	
BUCCO_d16	ALPHA	ICDAS Code - Tooth 16, distal surface	

<sup>2</sup> Categories in this entire section are not tagged in the database due to their complexity and format.

<sup>3</sup> Other reasons include traumas, orthodontic treatment, congenitally missing tooth, lack of space and fully or partially included tooth that have been extracted.

<sup>4</sup> Filling in aesthetic material that matches the colour of the tooth.

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_ls16	ALPHA	ICDAS Code - Tooth 16, lingual (fissure) surface	<p><b>If missing tooth :</b></p> <p>"90" = "Implant due to other reasons<sup>3</sup>"</p> <p>"91" = "Implant due to caries or periodontal disease"</p> <p>"92" = "Fixed bridge due to other reasons<sup>3</sup>"</p> <p>"93" = "Fixed bridge due to caries or periodontal disease"</p> <p>"97" = "Missing due to caries or periodontal disease"</p> <p>"98" = "Missing due to other reasons<sup>3</sup>"</p> <p>"99" = "Unerupted tooth"</p> <p><b>If tooth is present :</b></p> <p>"96" = "Surface cannot be examined"</p> <p><b>1<sup>st</sup> digit (restoration) :</b></p> <p>"0" = "Surface not restored"</p> <p>"3" = "Tooth coloured restoration<sup>4</sup>"</p> <p>"4" = "Amalgam restoration"</p> <p>"6" = "Crown, veneer or inlay"</p> <p>"7" = "Lost or broken restoration"</p> <p>"8" = "Temporary restoration"</p> <p><b>2<sup>nd</sup> digit (caries) :</b></p> <p>"0" = "Sound"</p> <p>"4" = "Underlying dark shadow from dentin"</p> <p>"5" = "Distinct cavity with visible dentin (less than 50% of the surface)"</p> <p>"6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"</p>
BUCCO_ll16	ALPHA	ICDAS Code - Tooth 16, lingual (smooth) surface	
BUCCO_om1555	ALPHA	ICDAS Code - Tooth 15 (55), occlusal surface	
BUCCO_m1555	ALPHA	ICDAS Code - Tooth 15 (55), mesial surface	
BUCCO_bl1555	ALPHA	ICDAS Code - Tooth 15 (55), buccal (smooth) surface	
BUCCO_d1555	ALPHA	ICDAS Code - Tooth 15 (55), distal surface	
BUCCO_ll1555	ALPHA	ICDAS Code - Tooth 15 (55), lingual (smooth) surface	
BUCCO_om1454	ALPHA	ICDAS Code - Tooth 14 (54), occlusal surface	
BUCCO_m1454	ALPHA	ICDAS Code - Tooth 14 (54), mesial surface	
BUCCO_bl1454	ALPHA	ICDAS Code - Tooth 14 (54), buccal (smooth) surface	
BUCCO_d1454	ALPHA	ICDAS Code - Tooth 14 (54), distal surface	
BUCCO_ll1454	ALPHA	ICDAS Code - Tooth 14 (54), lingual (smooth) surface	
BUCCO_m1353	ALPHA	ICDAS Code - Tooth 13 (53), mesial surface	
BUCCO_bl1353	ALPHA	ICDAS Code - Tooth 13 (53), buccal (smooth) surface	
BUCCO_d1353	ALPHA	ICDAS Code - Tooth 13 (53), distal surface	
BUCCO_ll1353	ALPHA	ICDAS Code - Tooth 13 (53), lingual (smooth) surface	
BUCCO_m1252	ALPHA	ICDAS Code - Tooth 12 (52), mesial surface	
BUCCO_bl1252	ALPHA	ICDAS Code - Tooth 12 (52), buccal (smooth) surface	
BUCCO_d1252	ALPHA	ICDAS Code - Tooth 12 (52), distal surface	
BUCCO_ls1252	ALPHA	ICDAS Code - Tooth 12 (52), lingual (fissure) surface	
BUCCO_ll1252	ALPHA	ICDAS Code - Tooth 12 (52), lingual (smooth) surface	
BUCCO_m1151	ALPHA	ICDAS Code - Tooth 11 (51), mesial surface	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_bl1151	ALPHA	ICDAS Code - Tooth 11 (51), buccal (smooth) surface	<b>If missing tooth :</b> "90" = "Implant due to other reasons <sup>3</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>3</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>3</sup> " "99" = "Unerupted tooth" <b>If tooth is present :</b> "96" = "Surface cannot be examined" <b>1<sup>st</sup> digit (restoration) :</b> "0" = "Surface not restored" "3" = "Tooth coloured restoration <sup>4</sup> " "4" = "Amalgam restoration" "6" = "Crown, veneer or inlay" "7" = "Lost or broken restoration" "8" = "Temporary restoration" <b>2<sup>nd</sup> digit (caries) :</b> "0" = "Sound" "4" = "Underlying dark shadow from dentin" "5" = "Distinct cavity with visible dentin (less than 50% of the surface)" "6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_d1151	ALPHA	ICDAS Code - Tooth 11 (51), distal surface	
BUCCO_ls1151	ALPHA	ICDAS Code - Tooth 11 (51), lingual (fissure) surface	
BUCCO_ll1151	ALPHA	ICDAS Code - Tooth 11 (51), lingual (smooth) surface	
BUCCO_m2161	ALPHA	ICDAS Code - Tooth 21 (61), mesial surface	
BUCCO_bl2161	ALPHA	ICDAS Code - Tooth 21 (61), buccal (smooth) surface	
BUCCO_d2161	ALPHA	ICDAS Code - Tooth 21 (61), distal surface	
BUCCO_ls2161	ALPHA	ICDAS Code - Tooth 21 (61), lingual (fissure) surface	
BUCCO_ll2161	ALPHA	ICDAS Code - Tooth 21 (61), lingual (smooth) surface	
BUCCO_m2262	ALPHA	ICDAS Code - Tooth 22 (62), mesial surface	
BUCCO_bl2262	ALPHA	ICDAS Code - Tooth 22 (62), buccal (smooth) surface	
BUCCO_d2262	ALPHA	ICDAS Code - Tooth 22 (62), distal surface	
BUCCO_ls2262	ALPHA	ICDAS Code - Tooth 22 (62), lingual (fissure) surface	
BUCCO_ll2262	ALPHA	ICDAS Code - Tooth 22 (62), lingual (smooth) surface	
BUCCO_m2363	ALPHA	ICDAS Code - Tooth 23 (63), mesial surface	
BUCCO_bl2363	ALPHA	ICDAS Code - Tooth 23 (63), buccal (smooth) surface	
BUCCO_d2363	ALPHA	ICDAS Code - Tooth 23 (63), distal surface	
BUCCO_ll2363	ALPHA	ICDAS Code - Tooth 23 (63), lingual (smooth) surface	
BUCCO_om2464	ALPHA	ICDAS Code - Tooth 24 (64), occlusal surface	
BUCCO_m2464	ALPHA	ICDAS Code - Tooth 24 (64), mesial surface	
BUCCO_bl2464	ALPHA	ICDAS Code - Tooth 24 (64), buccal (smooth) surface	
BUCCO_d2464	ALPHA	ICDAS Code - Tooth 24 (64), distal surface	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_II2464	ALPHA	ICDAS Code - Tooth 24 (64), lingual (smooth) surface	<b>If missing tooth :</b> "90" = "Implant due to other reasons" <sup>3</sup>
BUCCO_om2565	ALPHA	ICDAS Code - Tooth 25 (65), occlusal surface	"91" = "Implant due to caries or periodontal disease"
BUCCO_m2565	ALPHA	ICDAS Code - Tooth 25 (65), mesial surface	"92" = "Fixed bridge due to other reasons" <sup>3</sup>
BUCCO_bl2565	ALPHA	ICDAS Code - Tooth 25 (65), buccal (smooth) surface	"93" = "Fixed bridge due to caries or periodontal disease"
BUCCO_d2565	ALPHA	ICDAS Code - Tooth 25 (65), distal surface	"97" = "Missing due to caries or periodontal disease"
BUCCO_II2565	ALPHA	ICDAS Code - Tooth 25 (65), lingual (smooth) surface	"98" = "Missing due to other reasons" <sup>3</sup>
BUCCO_om26	ALPHA	ICDAS Code - Tooth 26, mesial part of the occlusal surface	"99" = "Unerupted tooth"
BUCCO_od26	ALPHA	ICDAS Code - Tooth 26, distal part of the occlusal surface	<b>If tooth is present :</b> "96" = "Surface cannot be examined"
BUCCO_m26	ALPHA	ICDAS Code - Tooth 26, mesial surface	<b>1<sup>st</sup> digit (restoration) :</b>
BUCCO_bl26	ALPHA	ICDAS Code - Tooth 26, buccal (smooth) surface	"0" = "Surface not restored"
BUCCO_d26	ALPHA	ICDAS Code - Tooth 26, distal surface	"3" = "Tooth coloured restoration" <sup>4</sup>
BUCCO_Is26	ALPHA	ICDAS Code - Tooth 26, lingual (fissure) surface	"4" = "Amalgam restoration"
BUCCO_II26	ALPHA	ICDAS Code - Tooth 26, lingual (smooth) surface	"6" = "Crown, veneer or inlay"
BUCCO_om27	ALPHA	ICDAS Code - Tooth 27, mesial part of the occlusal surface	"7" = "Lost or broken restoration"
BUCCO_od27	ALPHA	ICDAS Code - Tooth 27, distal part of the occlusal surface	"8" = "Temporary restoration"
BUCCO_m27	ALPHA	ICDAS Code - Tooth 27, mesial surface	<b>2<sup>nd</sup> digit (caries) :</b>
BUCCO_bl27	ALPHA	ICDAS Code - Tooth 27, buccal (smooth) surface	"0" = "Sound"
BUCCO_d27	ALPHA	ICDAS Code - Tooth 27, distal surface	"4" = "Underlying dark shadow from dentin"
BUCCO_Is27	ALPHA	ICDAS Code - Tooth 27, lingual (fissure) surface	"5" = "Distinct cavity with visible dentin (less than 50% of the surface)"
BUCCO_II27	ALPHA	ICDAS Code - Tooth 27, lingual (smooth) surface	"6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_om28	ALPHA	ICDAS Code - Tooth 28, mesial part of the occlusal surface	
BUCCO_od28	ALPHA	ICDAS Code - Tooth 28, distal part of the occlusal surface	



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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_m28	ALPHA	ICDAS Code - Tooth 28, mesial surface	<b>If missing tooth :</b>
BUCCO_bl28	ALPHA	ICDAS Code - Tooth 28, buccal (smooth) surface	"90" = "Implant due to other reasons <sup>3</sup> "
BUCCO_d28	ALPHA	ICDAS Code - Tooth 28, distal surface	"91" = "Implant due to caries or periodontal disease"
BUCCO_ls28	ALPHA	ICDAS Code - Tooth 28, lingual (fissure) surface	"92" = "Fixed bridge due to other reasons <sup>3</sup> "
BUCCO_ll28	ALPHA	ICDAS Code - Tooth 28, lingual (smooth) surface	"93" = "Fixed bridge due to caries or periodontal disease"
BUCCO_o38	ALPHA	ICDAS Code - Tooth 38, occlusal surface	"97" = "Missing due to caries or periodontal disease"
BUCCO_m38	ALPHA	ICDAS Code - Tooth 38, mesial surface	"98" = "Missing due to other reasons <sup>3</sup> "
BUCCO_bs38	ALPHA	ICDAS Code - Tooth 38, buccal (fissure) surface	"99" = "Unerupted tooth"
BUCCO_bl38	ALPHA	ICDAS Code - Tooth 38, buccal (smooth) surface	<b>If tooth is present :</b>
BUCCO_d38	ALPHA	ICDAS Code - Tooth 38, distal surface	"96" = "Surface cannot be examined"
BUCCO_ll38	ALPHA	ICDAS Code - Tooth 38, lingual (smooth) surface	<b>1<sup>st</sup> digit (restoration) :</b>
BUCCO_o37	ALPHA	ICDAS Code - Tooth 37, occlusal surface	"0" = "Surface not restored"
BUCCO_m37	ALPHA	ICDAS Code - Tooth 37, mesial surface	"3" = "Tooth coloured restoration <sup>4</sup> "
BUCCO_bs37	ALPHA	ICDAS Code - Tooth 37, buccal (fissure) surface	"4" = "Amalgam restoration"
BUCCO_bl37	ALPHA	ICDAS Code - Tooth 37, buccal (smooth) surface	"6" = "Crown, veneer or inlay"
BUCCO_d37	ALPHA	ICDAS Code - Tooth 37, distal surface	"7" = "Lost or broken restoration"
BUCCO_ll37	ALPHA	ICDAS Code - Tooth 37, lingual (smooth) surface	"8" = "Temporary restoration"
BUCCO_o36	ALPHA	ICDAS Code - Tooth 36, occlusal surface	<b>2<sup>nd</sup> digit (caries) :</b>
BUCCO_m36	ALPHA	ICDAS Code - Tooth 36, mesial surface	"0" = "Sound"
BUCCO_bs36	ALPHA	ICDAS Code - Tooth 36, buccal (fissure) surface	"4" = "Underlying dark shadow from dentin"
BUCCO_bl36	ALPHA	ICDAS Code - Tooth 36, buccal (smooth) surface	"5" = "Distinct cavity with visible dentin (less than 50% of the surface)"
BUCCO_d36	ALPHA	ICDAS Code - Tooth 36, distal surface	"6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_ll36	ALPHA	ICDAS Code - Tooth 36, lingual (smooth) surface	
BUCCO_o3575	ALPHA	ICDAS Code - Tooth 35 (75), occlusal surface	
BUCCO_m3575	ALPHA	ICDAS Code - Tooth 35 (75), mesial surface	
BUCCO_bl3575	ALPHA	ICDAS Code - Tooth 35 (75), buccal (smooth) surface	
BUCCO_d3575	ALPHA	ICDAS Code - Tooth 35 (75), distal surface	
BUCCO_ll3575	ALPHA	ICDAS Code - Tooth 35 (75), lingual (smooth)	<b>If missing tooth :</b>

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		surface	"90" = "Implant due to other reasons <sup>3</sup> "
BUCCO_o3474	ALPHA	ICDAS Code - Tooth 34 (74), occlusal surface	"91" = "Implant due to caries or periodontal disease"
BUCCO_m3474	ALPHA	ICDAS Code - Tooth 34 (74), mesial surface	"92" = "Fixed bridge due to other reasons <sup>3</sup> "
BUCCO_bl3474	ALPHA	ICDAS Code - Tooth 34 (74), buccal (smooth) surface	"93" = "Fixed bridge due to caries or periodontal disease"
BUCCO_d3474	ALPHA	ICDAS Code - Tooth 34 (74), distal surface	"97" = "Missing due to caries or periodontal disease"
BUCCO_ll3474	ALPHA	ICDAS Code - Tooth 34 (74), lingual (smooth) surface	"98" = "Missing due to other reasons <sup>3</sup> "
BUCCO_m3373	ALPHA	ICDAS Code - Tooth 33 (73), mesial surface	"99" = "Unerupted tooth"
BUCCO_bl3373	ALPHA	ICDAS Code - Tooth 33 (73), buccal (smooth) surface	<b>If tooth is present :</b>
BUCCO_d3373	ALPHA	ICDAS Code - Tooth 33 (73), distal surface	"96" = "Surface cannot be examined"
BUCCO_ll3373	ALPHA	ICDAS Code - Tooth 33 (73), lingual (smooth) surface	<b>1<sup>st</sup> digit (restoration) :</b>
BUCCO_m3272	ALPHA	ICDAS Code - Tooth 32 (72), mesial surface	"0" = "Surface not restored"
BUCCO_bl3272	ALPHA	ICDAS Code - Tooth 32 (72), buccal (smooth) surface	"3" = "Tooth coloured restoration <sup>4</sup> "
BUCCO_d3272	ALPHA	ICDAS Code - Tooth 32 (72), distal surface	"4" = "Amalgam restoration"
BUCCO_ll3272	ALPHA	ICDAS Code - Tooth 32 (72), lingual (smooth) surface	"6" = "Crown, veneer or inlay"
BUCCO_m3171	ALPHA	ICDAS Code - Tooth 31 (71), mesial surface	"7" = "Lost or broken restoration"
BUCCO_bl3171	ALPHA	ICDAS Code - Tooth 31 (71), buccal (smooth) surface	"8" = "Temporary restoration"
BUCCO_d3171	ALPHA	ICDAS Code - Tooth 31 (71), distal surface	<b>2<sup>nd</sup> digit (caries) :</b>
BUCCO_ll3171	ALPHA	ICDAS Code - Tooth 31 (71), lingual (smooth) surface	"0" = "Sound"
BUCCO_m4181	ALPHA	ICDAS Code - Tooth 41 (81), mesial surface	"4" = "Underlying dark shadow from dentin"
BUCCO_bl4181	ALPHA	ICDAS Code - Tooth 41 (81), buccal (smooth) surface	"5" = "Distinct cavity with visible dentin (less than 50% of the surface)"
BUCCO_d4181	ALPHA	ICDAS Code - Tooth 41 (81), distal surface	"6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_ll4181	ALPHA	ICDAS Code - Tooth 41 (81), lingual (smooth) surface	<b>If missing tooth :</b>

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VARIABLE NAME	TYPE	LABEL	CATEGORY
		surface	"90" = "Implant due to other reasons <sup>3</sup> "
BUCCO_m4282	ALPHA	ICDAS Code - Tooth 42 (82), mesial surface	"91" = "Implant due to caries or periodontal disease"
BUCCO_bl4282	ALPHA	ICDAS Code - Tooth 42 (82), buccal (smooth) surface	"92" = "Fixed bridge due to other reasons <sup>3</sup> "
BUCCO_d4282	ALPHA	ICDAS Code - Tooth 42 (82), distal surface	"93" = "Fixed bridge due to caries or periodontal disease"
BUCCO_ll4282	ALPHA	ICDAS Code - Tooth 42 (82), lingual (smooth) surface	"97" = "Missing due to caries or periodontal disease"
BUCCO_m4383	ALPHA	ICDAS Code - Tooth 43 (83), mesial surface	"98" = "Missing due to other reasons <sup>3</sup> "
BUCCO_bl4383	ALPHA	ICDAS Code - Tooth 43 (83), buccal (smooth) surface	"99" = "Unerupted tooth"
BUCCO_d4383	ALPHA	ICDAS Code - Tooth 43 (83), distal surface	<b>If tooth is present :</b>
BUCCO_ll4383	ALPHA	ICDAS Code - Tooth 43 (83), lingual (smooth) surface	"96" = "Surface cannot be examined"
BUCCO_o4484	ALPHA	ICDAS Code - Tooth 44 (84), occlusal surface	<b>1<sup>st</sup> digit (restoration) :</b>
BUCCO_m4484	ALPHA	ICDAS Code - Tooth 44 (84), mesial surface	"0" = "Surface not restored"
BUCCO_bl4484	ALPHA	ICDAS Code - Tooth 44 (84), buccal (smooth) surface	"3" = "Tooth coloured restoration <sup>4</sup> "
BUCCO_d4484	ALPHA	ICDAS Code - Tooth 44 (84), distal surface	"4" = "Amalgam restoration"
BUCCO_ll4484	ALPHA	ICDAS Code - Tooth 44 (84), lingual (smooth) surface	"6" = "Crown, veneer or inlay"
BUCCO_o4585	ALPHA	ICDAS Code - Tooth 45 (85), occlusal surface	"7" = "Lost or broken restoration"
BUCCO_m4585	ALPHA	ICDAS Code - Tooth 45 (85), mesial surface	"8" = "Temporary restoration"
BUCCO_bl4585	ALPHA	ICDAS Code - Tooth 45 (85), buccal (smooth) surface	<b>2<sup>nd</sup> digit (caries) :</b>
BUCCO_d4585	ALPHA	ICDAS Code - Tooth 45 (85), distal surface	"0" = "Sound"
BUCCO_ll4585	ALPHA	ICDAS Code - Tooth 45 (85), lingual (smooth) surface	"4" = "Underlying dark shadow from dentin"
BUCCO_o46	ALPHA	ICDAS Code - Tooth 46, occlusal surface	"5" = "Distinct cavity with visible dentin (less than 50% of the surface)"
BUCCO_m46	ALPHA	ICDAS Code - Tooth 46, mesial surface	"6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_bs46	ALPHA	ICDAS Code - Tooth 46, buccal (fissure) surface	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_bi46	ALPHA	ICDAS Code - Tooth 46, buccal (smooth) surface	<b>If missing tooth :</b> "90" = "Implant due to other reasons <sup>3</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>3</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>3</sup> " "99" = "Unerupted tooth" <b>If tooth is present :</b> "96" = "Surface cannot be examined" <b>1<sup>st</sup> digit (restoration) :</b> "0" = "Surface not restored" "3" = "Tooth coloured restoration <sup>4</sup> " "4" = "Amalgam restoration" "6" = "Crown, veneer or inlay" "7" = "Lost or broken restoration" "8" = "Temporary restoration" <b>2<sup>nd</sup> digit (caries) :</b> "0" = "Sound" "4" = "Underlying dark shadow from dentin" "5" = "Distinct cavity with visible dentin (less than 50% of the surface)" "6" = "Extensive distinct cavity with visible dentin (50% or more of the surface)"
BUCCO_d46	ALPHA	ICDAS Code - Tooth 46, distal surface	
BUCCO_li46	ALPHA	ICDAS Code - Tooth 46, lingual (smooth) surface	
BUCCO_o47	ALPHA	ICDAS Code - Tooth 47, occlusal surface	
BUCCO_m47	ALPHA	ICDAS Code - Tooth 47, mesial surface	
BUCCO_bs47	ALPHA	ICDAS Code - Tooth 47, buccal (fissure) surface	
BUCCO_bi47	ALPHA	ICDAS Code - Tooth 47, buccal (smooth) surface	
BUCCO_d47	ALPHA	ICDAS Code - Tooth 47, distal surface	
BUCCO_li47	ALPHA	ICDAS Code - Tooth 47, lingual (smooth) surface	
BUCCO_o48	ALPHA	ICDAS Code - Tooth 48, occlusal surface	
BUCCO_m48	ALPHA	ICDAS Code - Tooth 48, mesial surface	
BUCCO_bs48	ALPHA	ICDAS Code - Tooth 48, buccal (fissure) surface	
BUCCO_bi48	ALPHA	ICDAS Code - Tooth 48, buccal (smooth) surface	
BUCCO_d48	ALPHA	ICDAS Code - Tooth 48, distal surface	
BUCCO_li48	ALPHA	ICDAS Code - Tooth 48, lingual (smooth) surface	

VARIABLE NAME	TYPE	LABEL	CATEGORY
<b>INTERNATIONAL CARIES DETECTION AND ASSESSMENT SYSTEM II (ICDAS II)</b>			
<b>PART 3 : RESTORATIONS AND CARIES ON <u>ROOT</u> PART OF EACH TOOTH <sup>5</sup></b>			
BUCCO_r18	ALPHA	ICDAS Code - Tooth 18, root(s)	<b>If missing tooth :</b> "90" = "Implant due to other reasons <sup>3</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>3</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>3</sup> " "99" = "Unerupted tooth"  <b>If tooth is present :</b> "96" = "Root cannot be examined" <b>1<sup>st</sup> digit (restoration) :</b> "0" = "Root not restored" "3" = "Tooth coloured restoration <sup>4</sup> " "4" = "Amalgam restoration" "6" = "Crown, veneer or inlay" "7" = "Lost or broken restoration" "8" = "Temporary restoration" <b>2<sup>nd</sup> digit (caries) :</b> "0" = "Sound" "1" = "Discoloured area without cavitation" "2" = "Discoloured area with cavitation"
BUCCO_r17	ALPHA	ICDAS Code - Tooth 17, root(s)	
BUCCO_r16	ALPHA	ICDAS Code - Tooth 16, root(s)	
BUCCO_r1555	ALPHA	ICDAS Code - Tooth 15 (55), root(s)	
BUCCO_r1454	ALPHA	ICDAS Code - Tooth 14 (54), root(s)	
BUCCO_r1353	ALPHA	ICDAS Code - Tooth 13 (53), root(s)	
BUCCO_r1252	ALPHA	ICDAS Code - Tooth 12 (52), root(s)	
BUCCO_r1151	ALPHA	ICDAS Code - Tooth 11 (51), root(s)	
BUCCO_r2161	ALPHA	ICDAS Code - Tooth 21 (61), root(s)	
BUCCO_r2262	ALPHA	ICDAS Code - Tooth 22 (62), root(s)	
BUCCO_r2363	ALPHA	ICDAS Code - Tooth 23 (63), root(s)	
BUCCO_r2464	ALPHA	ICDAS Code - Tooth 24 (64), root(s)	
BUCCO_r2565	ALPHA	ICDAS Code - Tooth 25 (65), root(s)	
BUCCO_r26	ALPHA	ICDAS Code - Tooth 26, root(s)	
BUCCO_r27	ALPHA	ICDAS Code - Tooth 27, root(s)	
BUCCO_r28	ALPHA	ICDAS Code - Tooth 28, root(s)	
BUCCO_r38	ALPHA	ICDAS Code - Tooth 38, root(s)	
BUCCO_r37	ALPHA	ICDAS Code - Tooth 37, root(s)	
BUCCO_r36	ALPHA	ICDAS Code - Tooth 36, root(s)	
BUCCO_r3575	ALPHA	ICDAS Code - Tooth 35 (75), root(s)	
BUCCO_r3474	ALPHA	ICDAS Code - Tooth 34 (74), root(s)	
BUCCO_r3373	ALPHA	ICDAS Code - Tooth 33 (73), root(s)	
BUCCO_r3272	ALPHA	ICDAS Code - Tooth 32 (72), root(s)	
BUCCO_r3171	ALPHA	ICDAS Code - Tooth 31 (71), root(s)	
BUCCO_r4181	ALPHA	ICDAS Code - Tooth 41 (81), root(s)	

<sup>5</sup> Categories in this entire section are not tagged in the database due to their complexity and format.

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VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_r4282	ALPHA	ICDAS Code - Tooth 42 (82), root(s)	<b>If missing tooth :</b> "90" = "Implant due to other reasons <sup>3</sup> " "91" = "Implant due to caries or periodontal disease" "92" = "Fixed bridge due to other reasons <sup>3</sup> " "93" = "Fixed bridge due to caries or periodontal disease" "97" = "Missing due to caries or periodontal disease" "98" = "Missing due to other reasons <sup>3</sup> " "99" = "Unerupted tooth" <b>If tooth is present :</b> "96" = "Root cannot be examined" <b>1<sup>st</sup> digit (restoration) :</b> "0" = "Root not restored" "3" = "Tooth coloured restoration <sup>4</sup> " "4" = "Amalgam restoration" "6" = "Crown, veneer or inlay" "7" = "Lost or broken restoration" "8" = "Temporary restoration" <b>2<sup>nd</sup> digit (caries) :</b> "0" = "Sound" "1" = "Discoloured area without cavitation" "2" = "Discoloured area with cavitation"
BUCCO_r4383	ALPHA	ICDAS Code - Tooth 43 (83), root(s)	
BUCCO_r4484	ALPHA	ICDAS Code - Tooth 44 (84), root(s)	
BUCCO_r4585	ALPHA	ICDAS Code - Tooth 45 (85), root(s)	
BUCCO_r46	ALPHA	ICDAS Code - Tooth 46, root(s)	
BUCCO_r47	ALPHA	ICDAS Code - Tooth 47, root(s)	
BUCCO_r48	ALPHA	ICDAS Code - Tooth 48, root(s)	
BUCCO_comcarie	ALPHA	Comments on ICDAS II Section	

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Code book – ORAL HEALTH EXAMS

VARIABLE NAME	TYPE	LABEL	CATEGORY
<b>CARIES CONSEQUENCES</b>			
BUCCO_pufa18	ALPHA	Dental caries consequences - Tooth 18	"X" = "No consequence" "P" = "Pulpal involvement" "U" = "Ulceration" "F" = "Fistula" "A" = "Abscess"
BUCCO_pufa17	ALPHA	Dental caries consequences - Tooth 17	
BUCCO_pufa16	ALPHA	Dental caries consequences - Tooth 16	
BUCCO_pufa15	ALPHA	Dental caries consequences - Tooth 15	
BUCCO_pufa14	ALPHA	Dental caries consequences - Tooth 14	
BUCCO_pufa13	ALPHA	Dental caries consequences - Tooth 13	
BUCCO_pufa12	ALPHA	Dental caries consequences - Tooth 12	
BUCCO_pufa11	ALPHA	Dental caries consequences - Tooth 11	
BUCCO_pufa21	ALPHA	Dental caries consequences - Tooth 21	
BUCCO_pufa22	ALPHA	Dental caries consequences - Tooth 22	
BUCCO_pufa23	ALPHA	Dental caries consequences - Tooth 23	
BUCCO_pufa24	ALPHA	Dental caries consequences - Tooth 24	
BUCCO_pufa25	ALPHA	Dental caries consequences - Tooth 25	
BUCCO_pufa26	ALPHA	Dental caries consequences - Tooth 26	
BUCCO_pufa27	ALPHA	Dental caries consequences - Tooth 27	
BUCCO_pufa28	ALPHA	Dental caries consequences - Tooth 28	
BUCCO_pufa38	ALPHA	Dental caries consequences - Tooth 38	
BUCCO_pufa37	ALPHA	Dental caries consequences - Tooth 37	
BUCCO_pufa36	ALPHA	Dental caries consequences - Tooth 36	
BUCCO_pufa35	ALPHA	Dental caries consequences - Tooth 35	
BUCCO_pufa34	ALPHA	Dental caries consequences - Tooth 34	
BUCCO_pufa33	ALPHA	Dental caries consequences - Tooth 33	
BUCCO_pufa32	ALPHA	Dental caries consequences - Tooth 32	
BUCCO_pufa31	ALPHA	Dental caries consequences - Tooth 31	
BUCCO_pufa41	ALPHA	Dental caries consequences - Tooth 41	
BUCCO_pufa42	ALPHA	Dental caries consequences - Tooth 42	
BUCCO_pufa43	ALPHA	Dental caries consequences - Tooth 43	
BUCCO_pufa44	ALPHA	Dental caries consequences - Tooth 44	
BUCCO_pufa45	ALPHA	Dental caries consequences - Tooth 45	

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Code book – ORAL HEALTH EXAMS

VARIABLE NAME	TYPE	LABEL	CATEGORY
BUCCO_pufa46	ALPHA	Dental caries consequences - Tooth 46	"X" = "No consequence"
BUCCO_pufa47	ALPHA	Dental caries consequences - Tooth 47	"P" = "Pulpal involvement"
BUCCO_pufa48	ALPHA	Dental caries consequences - Tooth 48	"U" = "Ulceration" "F" = "Fistula" "A" = "Abscess"
BUCCO_compufa	ALPHA	Comments on Caries consequences	(Text)



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Code book – SPIROMETRY

VARIABLE NAME	TYPE	LABEL	UNIT	VALUE
RECORD_NO	ALPHA	Participant Id		17XXXX
Spiro_Q1	NUM	In the past three months have you had any surgery on your chest or abdomen ?		1="Yes" 2="No"
Spiro_Q2	NUM	Have you had a heart attack within the past three months ?		1="Yes" 2="No"
Spiro_Q3	NUM	Do you have a detached retina or have you had eye surgery within the past three months ?		1="Yes" 2="No"
Spiro_Q4	NUM	Have you been hospitalized for any other heart problem within the past month ?		1="Yes" 2="No"
Spiro_Q5	NUM	Are you in the last trimester of pregnancy ?		1="Yes" 2="No"
Spiro_Q6	NUM	Does the participant have a resting pulse of greater than 120 beats per minute ?		1="Yes" 2="No"
Spiro_Q7	NUM	Are you currently taking medication for tuberculosis ?		1="Yes" 2="No"
Spiro_Q9	NUM	Have you had a respiratory infection (cold) in the last three weeks?		1="Yes" 2="No"
Spiro_Q10	NUM	Have you taken any medications for breathing in the last six hours ?		1="Yes" 2="No"
Spiro_Q11c	NUM	Unable to obtain satisfactory spirometry		1="The participant did not understand instructions" 2="The participant refused" 3="The participant was unable to physically cooperate" 4="The participant was medically excluded"
Spiro_Q12	NUM	Were any adverse events		1="Yes"

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Code book – SPIROMETRY

VARIABLE NAME	TYPE	LABEL	UNIT	VALUE
		related to the spirometry maneuver observed by the evaluator ?		2="No"
Spiro_Q12Yes	ALPHA	If yes, please briefly describe event :		
Spiro_Q13	ALPHA	If the participant had ad condition that would affect the result of their spirometry test not that condition here.		
Spiro_TestDate	NUM	Spirometry test date		
Spiro_Asthma	NUM	Do you have asthma, asthmatic bronchitis or allergic bronchitis?		1="Yes" 0="No"
Spiro_BMI	NUM	Body mass index		Value between 16.41 to 50.07
Spiro_PreEasyone	ALPHA	ATS spirometry Easyware scoring		A B C D F
Spiro_PreFEV1Score	NUM	ATS spirometry Easyware scoring – FEV1		Value between 0 to 4
Spiro_PreFVCscore	NUM	ATS spirometry Easyware scoring - FVC		Value between 0 to 4
Spiro_AcceptCurve	NUM	ATS spirometry Easyware acceptable curve	The number of acceptable curves <=2 and the test will be defined as unacceptable	Value between 0 to 2
Spiro_PreUnacceptable	NUM	ATS spirometry Easyware Test Unacceptable		1="Yes" 0="No"
Spiro_MAXFEV1Pre	NUM	Max Pre-Bronchodilator FEV1 among all the trials	L	Value between 0.52 to 5.92
Spiro_MAXFVCPre	NUM	Max Pre-Bronchodilator FVC	L	Value between 1.02 to 7.38

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Code book – SPIROMETRY

VARIABLE NAME	TYPE	LABEL	UNIT	VALUE
		among all the trials		
Spiro_MAXFEV6Pre	NUM	Max Pre-Bronchodilator FEV6 among all the trials	L	Value between 0 to 7.16
Spiro_MAXFEV1FVCPPre	NUM	The ratio MAXFEV1_PRE/MAXFVC_PRE, %	%	Value between 28.3 to 94.51
Spiro_MAXFEV1FEV6PPre	NUM	The ratio MAXFEV1_Pre/MAXFEV6_PRE, %	%	Value between 39.68 to 106.82
Spiro_FEF2575Pre	NUM	Best Pre-Bronchodilator FEF2575 among all the trials	L/S	Value between 0.19 to 6.9
Spiro_PEFPre	NUM	Best Pre-Bronchodilator FEF2575 among all the trials	L/S	Value between 0.33 to 14.63
Spiro_FEF25Pre	NUM	Best Pre-Bronchodilator FEF25 among all the trials	L/S	Value between 0.31 to 13.44
Spiro_FEF50Pre	NUM	Best Pre-Bronchodilator FEF50 among all the trials	L/S	Value between 0.2 to 9.26
Spiro_FEF75Pre	NUM	Best Pre-Bronchodilator FEF75 among all the trials	L/S	Value between 0.07 to 4.25
Spiro_Predfev1	NUM	Calculate the predicted FEV1 value using the predicted NHANES equation	L	Value between 1.42 to 5.04
Spiro_Predfvc	NUM	Calculate the predicted FVC using the predicted NHANES equation	L	Value between 1.92 to 6.16
Spiro_PredFEV1FVCp	NUM	Calculate the predicted ratio FEV1/FVC using the predicted NHANES equation	%	Value between 70.3 to 87.41
Spiro_Llnfev1	NUM	Calculate the LLN FEV1 using the LLN NHANES equation	L	Value between 0.98 to 4.19
Spiro_LlnFVC	NUM	Calculate the LLN FVC using the LLN NHANES equation	L	Value between 1.4 to 5.11
Spiro_LlnFEV1FVCp	NUM	Calculate the LLN FEV1/FVC (%)	%	Value between 60.62 to 77.62

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Code book – SPIROMETRY

VARIABLE NAME	TYPE	LABEL	UNIT	VALUE
		using the LLN NHANES equation		
Spiro_PredPEF	NUM	Calculate the predicted PEF using the predicted NHANES equation	L/S	Value between 4.1 to 11.27
Spiro_PredFEF2575	NUM	Calculate the predicted FEF2575 using the predicted NHANES equation	L/S	Value between 0.95 to 5.3
Spiro_PpmaxFVCPre	NUM	The predicted Pre-FVC	%	Value between 32.94 to 155.45
Spiro_PpmaxFEV1Pre	NUM	The predicted Pre-FEV1	%	Value between 21.25 to 142.3
Spiro_PpmaxFEV1FVCpPre	NUM	The predicted Pre-FEV1/FVC	%	Value between 37 to 117.97
Spiro_Gold	NUM	Initial GOLD		0="Normal" 1="Gold I" 2="Gold II" 3="Gold III" 4="Gold IV"
Spiro_PreFEV1FVCplt	NUM	The ratio Pre-FEV1/FVC (%) less than LLN FEV1/FVC (%)		1="Yes" 0="No"
Spiro_NewGOLD	NUM	Validated GOLD		0="Normal" 1="Gold I" 2="Gold II" 3="Gold III" 4="Gold IV"
Spiro_Restrictif	ALPHA	Restrictif		Oui Oui, léger Non
Spiro_ResultFinal	ALPHA	Spiro result		Anomalie Normal Slightly
Spiro_NotesBourbeau	ALPHA	Notes Bourbeau		

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Code book – REVUE MEDICAL

VARIABLE NAME	TYPE	LABEL	CATEGORY
<b>TBLMEDICAL - IDENTIFICATION</b>			
Record_no	ALPHA	Participant Id	Value between 170001 to 171329
Nurse	ALPHA	Nurse name	
DateJour	NUM	Date of day (automatic)	
NurseOther	ALPHA	Other nurse name	
CommPatient	ALPHA	Comment	
DcD	NUM	Deseased	1 = Deseased
DateDcD	NUM	Date of death	
RaisonDcD	ALPHA	Reason of death	
<b>TBLBRAIN - Brain injury and associated conditions</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	
Neuro_Seizure	NUM	Do you have a seizure (Epilepsy)	1 = Yes 2 = No
NeuroSeizure_diagnosis	ALPHA	Date of diagnosis for seizure (epilepsy)	
NeuroSeizure_Hospit	NUM	Are you hospitalised ?	1 = Yes 2 = No
NeuroSeizure_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Neuro_CranialTrauma	NUM	Do you have a cranial traumatism	1 = Yes 2 = No
NeuroCranialTrauma_diagnosis	NUM	Date for diagnosis for cranial traumatism	
NeuroCranialTrauma_Hospit	NUM	Are you hospitalised ?	1 = Yes 2 = No
NeuroCranialTrauma_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Neuro_Commotion	NUM	Do you have a commotion	1 = Yes 2 = No
NeuroCommotion_diagnosis	ALPHA	Date of diagnosis commotion	
NeuroCommotion_Hospit	NUM	Are you hospitalised ?	1 = Yes 2 = No
NeuroCommotion_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Neuro_Other1	NUM	Do you have other neurological affection	1 = Yes 2 = No

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Code book – REVUE MEDICAL

VARIABLE NAME	TYPE	LABEL	CATEGORY
Neuro_Other1_Specify	ALPHA	Specify other brain injury	
NeuroOther1_diagnosis	ALPHA	Date of diagnosis other brain injury	
NeuroOther1_Hospit	NUM	Are you hospitalised ?	1 = Yes 2 = No
NeuroOther1_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Neuro_Other2	NUM	Do you have other neurological affection	1 = Yes 2 = No
Neuro_Other2_Specify	ALPHA	Specify other brain injury	
NeuroOther2_diagnosis	ALPHA	Date of diagnosis other brain injury	
NeuroOther2_Hospit	NUM	Are you hospitalised ?	1 = Yes 2 = No
NeuroOther2_NbHospit	NUM	If yes, how many day of hospitalisation ?	
BrainComment	ALPHA	Comment	
<b>TBL CANCER - Cancer</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	
CancerDs_Lung	NUM	Do you have lung cancer	1 = Yes 2 = No
CancerDs_Lung_Type1	ALPHA	What type	
DATE1_DX_CancerDsLung	ALPHA	Date of diagnosis	
CancerDsLung_REMISSION1	ALPHA	Date of remission	
CancerDsLung_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsLung_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Breast	NUM	Do you have breast cancer	1 = Yes 2 = No
CancerDs_Breast_Type1	ALPHA	What type	
DATE1_DX_CancerDsBreast	ALPHA	Date of diagnosis	
CancerDsBreast_REMISSION1	ALPHA	Date of remission	
CancerDsBreast_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsBreast_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
CancerDs_Colon	NUM	Do you have large bowel colon cancer	1 = Yes 2 = No
CancerDs_Colon_Type1	ALPHA	What type	
DATE1_DX_CancerDsColon	ALPHA	Date of diagnosis	
CancerDsColon_REMISSION1	ALPHA	Date of remission	
CancerDsColon_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsColon_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Rectum	NUM	Do you have large bowel rectum cancer	1 = Yes 2 = No
CancerDs_Rectum_Type1	ALPHA	What type	
DATE1_DX_CancerDsRectum	ALPHA	Date of diagnosis	
CancerDsRectum_REMISSION1	ALPHA	Date of remission	
CancerDsRectum_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsRectum_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Pancreas	NUM	Do you have pancreas cancer	1 = Yes 2 = No
CancerDs_Pancreas_Type1	ALPHA	What type	
DATE1_DX_CancerDsPancreas	ALPHA	Date of diagnosis	
CancerDsPancreas_REMISSION1	ALPHA	Date of remission	
CancerDsPancreas_HOSPITAL	NUM	Are you hospitalised ?	
CancerDsPancreas_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Bladder	NUM	Do you have bladder cancer	1 = Yes 2 = No
CancerDs_Bladder_Type1	ALPHA	What type	
DATE1_DX_CancerDsBladder	ALPHA	Date of diagnosis	
CancerDsBladder_REMISSION1	ALPHA	Date of remission	
CancerDsBladder_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsBladder_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Prostate	NUM	Do you have prostate cancer	1 = Yes

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Code book – REVUE MEDICAL

VARIABLE NAME	TYPE	LABEL	CATEGORY
			2 = No
CancerDs_Prostate_Type1	ALPHA	What type	
DATE1_DX_CancerDsProstate	ALPHA	Date of diagnosis	
CancerDsProstate_REMISSION1	ALPHA	Date of remission	
CancerDsProstate_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsProstate_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Cervix	NUM	Do you have uterus cervix cancer	1 = Yes 2 = No
CancerDs_Cervix_Type1	ALPHA	What type	
DATE1_DX_CancerDsCervix	ALPHA	Date of diagnosis	
CancerDsCervix_REMISSION1	ALPHA	Date of remission	
CancerDsCervix_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsCervix_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Endom	NUM	Do you have uterus endometrium cancer	1 = Yes 2 = No
CancerDs_Endom_Type1	ALPHA	What type	
DATE1_DX_CancerDsEndom	ALPHA	Date of diagnosis	
CancerDsEndom_REMISSION1	ALPHA	Date of remission	
CancerDsEndom_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsEndom_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Corpus	NUM	Do you have uterus corpus cancer	1 = Yes 2 = No
CancerDs_Corpus_Type1	ALPHA	What type	
DATE1_DX_CancerDsCorpus	ALPHA	Date of diagnosis	
CancerDsCorpus_REMISSION1	ALPHA	Date of remission	
CancerDsCorpus_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsCorpus_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Leukem	NUM	Do you have leukemia cancer	1 = Yes



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VARIABLE NAME	TYPE	LABEL	CATEGORY
			2 = No
CancerDs_Leukem_Type1	ALPHA	What type	
DATE1_DX_CancerDsLeukem	ALPHA	Date of diagnosis	
CancerDsLeukem_REMISSION1	ALPHA	Date of remission	
CancerDsLeukem_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsLeukem_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_NonHodLymp	NUM	Do you have non-hodgkin's lymphoma	1 = Yes 2 = No
CancerDs_NonHodLymp_Type1	ALPHA	What type	
DATE1_DX_CancerDsNonHodLymp	ALPHA	Date of diagnosis	
CancerDsNonHodLymp_REMISSION1	ALPHA	Date of remission	
CancerDsNonHodLymp_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsNonHodLymp_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Stomach	NUM	Do you have stomach	1 = Yes 2 = No
CancerDs_Stomach_Type1	ALPHA	What type	
DATE1_DX_CancerDsStomach	ALPHA	Date of diagnosis	
CancerDsStomach_REMISSION	ALPHA	Date of remission	
CancerDsStomach_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsStomach_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Kidney	NUM	Do you have kidney cancer	1 = Yes 2 = No
CancerDs_Kidney_Type1	ALPHA	What type	
DATE1_DX_CancerDsKidney	ALPHA	Date of diagnosis	
CancerDsKidney_REMISSION1	ALPHA	Date of remission	
CancerDsKidney_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsKidney_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_SkinMel	NUM	Do you have skin-melanoma cancer	1 = Yes

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VARIABLE NAME	TYPE	LABEL	CATEGORY
			2 = No
CancerDs_SkinMel_Type1	ALPHA	What type	
DATE1_DX_CancerDsSkinMel	ALPHA	Date of diagnosis	
CancerDsSkinMel_REMISSION1	ALPHA	Date of remission	
CancerDsSkinMel_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsSkinMel_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_NonMel	NUM	Do you have non-melanoma	1 = Yes 2 = No
CancerDs_NonMel_Type1	ALPHA	What type	
DATE1_DX_CancerDsNonMel	ALPHA	Date of diagnosis	
CancerDsNonMel_REMISSION1	ALPHA	Date of remission	
CancerDsNonMel_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsNonMel_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Unspecif	NUM	Do you have unspecified	1 = Yes 2 = No
CancerDs_Unspecif_Type1	ALPHA	What type	
DATE1_DX_CancerDsUnspecif	ALPHA	Date of diagnosis	
CancerDsUnspecif_REMISSION1	ALPHA	Date of remission	
CancerDsUnspecif_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsUnspecif_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerDs_Other1Specify	ALPHA	Do you have other cancer, specify	
CancerDs_Other1	NUM	Do you have other cancer	1 = Yes 2 = No
CancerDs_Other1_Type1	ALPHA	What type	
DATE1_DX_CancerDsOther1	ALPHA	Date of diagnosis	
CancerDsOther1_REMISSION1	ALPHA	Date of remission	
CancerDsOther1_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsOther1_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
CancerDs_Other2Specify	ALPHA	Do you have other cancer, specify	
CancerDs_Other2	NUM	Do you have other cancer	1 = Yes 2 = No
CancerDs_Other2_Type1	ALPHA	What type	
DATE1_DX_CancerDsOther2	ALPHA	Date of diagnosis	
CancerDsOther2_REMISSION1	ALPHA	Date of remission	
CancerDsOther2_HOSPITAL	NUM	Are you hospitalised ?	1 = Yes 2 = No
CancerDsOther2_NBHOSPITAL	NUM	If yes, how many day of hospitalisation ?	
CancerComm	ALPHA	Comment	
<b>TBL CARDIAC – Cardiac disorder</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	
CirDs_CirculSyst	NUM	Do you have circulatory system diseases (390-459) or rheumatic fever with heart involvement (390-392)	1 = Yes 2 = No
CirDs_CirculSyst_Type1	ALPHA	What type	
DATE1_DX_CirDsCirculSyst	ALPHA	Date of diagnosis	
CirDs_CirculSyst_Type2	ALPHA	What type	
DATE2_DX_CirDsCirculSyst	ALPHA	Date of diagnosis	
CirDsCirculSyst_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Rheuma	NUM	Do you have chronic rheumatic heart diseases	1 = Yes 2 = No
CirDs_Rheuma_Type1	ALPHA	What type	
DATE1_DX_CirDsRheuma	ALPHA	Date of diagnosis	
CirDs_Rheuma_Type2	ALPHA	What type	
DATE2_DX_CirDsRheuma	ALPHA	Date of diagnosis	
CirDsRheuma_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Hypertens	NUM	Do you have hypertensive diseases	1 = Yes 2 = No
CirDs_Hypertens_Type1	ALPHA	What type	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
DATE1_DX_CirDsHypertens	ALPHA	Date of diagnosis	
CirDs_Hypertens_Type2	ALPHA	What type	
DATE2_DX_CirDsHypertens	ALPHA	Date of diagnosis	
CirDsHypertens_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Ischemic	NUM	Do you have ischemic heart disease	1 = Yes 2 = No
CirDs_Ischemic_Type1	ALPHA	What type	
DATE1_DX_CirDsIschemic	ALPHA	Date of diagnosis	
CirDs_Ischemic_Type2	ALPHA	What type	
DATE2_DX_CirDsIschemic	ALPHA	Date of diagnosis	
CirDsIschemic_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Pulmonary	NUM	Do you have diseases of pulmonary circulation	
CirDs_Pulmonary_Type1	ALPHA	What type	
DATE1_DX_CirDsPulmonary	ALPHA	Date of diagnosis	
CirDs_Pulmonary_Type2	ALPHA	What type	
DATE2_DX_CirDsPulmonary	ALPHA	Date of diagnosis	
CirDsPulmonary_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_OtherHeart	NUM	Do you have other forms of heart diseases	1 = Yes 2 = No
CirDs_OtherHeart_Type1	ALPHA	What type	
DATE1_DX_CirDsOtherHeart	ALPHA	Date of diagnosis	
CirDs_OtherHeart_Type2	ALPHA	What type	
DATE2_DX_CirDsOtherHeart	ALPHA	Date of diagnosis	
CirDsOtherHeart_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Stroke	NUM	Do you have stroke	1 = Yes 2 = No
CirDs_Stroke_Type1	ALPHA	What type	
DATE1_DX_CirDsStroke	ALPHA	Date of diagnosis	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
CirDs_Stroke_Type2	ALPHA	What type	
DATE2_DX_CirDsStroke	ALPHA	Date of diagnosis	
CirDsStroke_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Cerebro	NUM	Do you have cerebrovascular diseases	1 = Yes 2 = No
CirDs_Cerebro_Type1	ALPHA	What type	
DATE1_DX_CirDsCerebro	ALPHA	Date of diagnosis	
CirDs_Cerebro_Type2	ALPHA	What type	
DATE2_DX_CirDsCerebro	ALPHA	Date of diagnosis	
CirDsCerebro_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Arteries	NUM	Do you have diseases of arteries, arterioles and capillaries	1 = Yes 2 = No
CirDs_Arteries_Type1	ALPHA	What type	
DATE1_DX_CirDsArteries	ALPHA	Date of diagnosis	
CirDs_Arteries_Type2	ALPHA	What type	
DATE2_DX_CirDsArteries	ALPHA	Date of diagnosis	
CirDsArteries_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Veins	NUM	Do you have diseases of veins, lymphatic vessels and other diseases of the circulatory system, not elsewhere classified	1 = Yes 2 = No
CirDs_Veins_Type1	ALPHA	What type	
DATE1_DX_CirDsVeins	ALPHA	Date of diagnosis	
CirDs_Veins_Type2	ALPHA	What type	
DATE2_DX_CirDsVeins	ALPHA	Date of diagnosis	
CirDsVeins_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
CirDs_Comm	ALPHA	Comment	
<b>TBL CHRONICANDOTHER -</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
ChronicMedication	ALPHA	Actual chronic medication (see last visit)	
Antibiotic	ALPHA	Antibiotics within the last month	
ProtonPump	ALPHA	Proton pump inhibitor within the las month	
OtherInfor	ALPHA	Other significant information after 2011/10/01	
<b>TBLHELICOBACTER – Helicobacter pylori problems (do a complete medical file review)</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	
Helicob_Infect	NUM	Do you have infection (Hpylori)	1 = Yes 2 = No
Helicob_Infect_Type	ALPHA	What type	
Helicob_Infect_diagnosis	ALPHA	Date of diagnosis	
Helicob_Infect_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Infect_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Gastric	NUM	Do you have gastric-duodenal ulcer	1 = Yes 2 = No
Helicob_Gastric_Type	ALPHA	What type	
Helicob_Gastric_diagnosis	ALPHA	Date of diagnosis	
Helicob_Gastric_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Gastric_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Crohn	NUM	Do you have crohn disease	1 = Yes 2 = No
Helicob_Crohn_Type	ALPHA	What type	
Helicob_Crohn_diagnosis	ALPHA	Date of diagnosis	
Helicob_Crohn_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Crohn_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Ulcerativ	NUM	Do you have ulcerative colitis	1 = Yes 2 = No
Helicob_Ulcerativ_Type	ALPHA	What type	
Helicob_Ulcerativ_diagnosis	ALPHA	Date of diagnosis	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
Helicob_Ulcerativ_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Ulcerativ_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Gastritis	NUM	Do you have gastritis	1 = Yes 2 = No
Helicob_Gastritis_Type	ALPHA	What type	
Helicob_Gastritis_diagnosis	ALPHA	Date of diagnosis	
Helicob_Gastritis_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Gastritis_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Other1	NUM	Do you have other	1 = Yes 2 = No
Helicob_Other1_Specify	ALPHA	Specify	
Helicob_Other1_Type	ALPHA	What type	
Helicob_Other1_diagnosis	ALPHA	Date of diagnosis	
Helicob_Other1_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Other1_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Other2	NUM	Do you have other	1 = Yes 2 = No
Helicob_Other2_Specify	ALPHA	Specify	
Helicob_Other2_Type	ALPHA	What type	
Helicob_Other2_diagnosis	ALPHA	Date of diagnosis	
Helicob_Other2_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Helicob_Other2_NbHospit	NUM	If yes, how many day of hospitalisation ?	
Helicob_Comment	ALPHA	Comment	
<b>TBL HOSPITALISATION - Hospitalisation</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	
Reason1	ALPHA	Reason for the hospitalisation	
Hospital1	ALPHA	Which hospital	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
Date1	ALPHA	Date for the hospitalisation	
Stay1	NUM	Lenght of stay (days)	
Reason2	ALPHA	Reason for the hospitalisation	
Hospital2	ALPHA	Which hospital	
Date2	ALPHA	Date for the hospitalisation	
Stay2	NUM	Lenght of stay (days)	
Reason3	ALPHA	Reason for the hospitalisation	
Hospital3	ALPHA	Which hospital	
Date3	ALPHA	Date for the hospitalisation	
Stay3	NUM	Lenght of stay (days)	
Reason4	ALPHA	Reason for the hospitalisation	
Hospital4	ALPHA	Which hospital	
Date4	ALPHA	Date for the hospitalisation	
Stay4	NUM	Lenght of stay (days)	
Reason5	ALPHA	Reason for the hospitalisation	
Hospital5	ALPHA	Which hospital	
Date5	ALPHA	Date for the hospitalisation	
Stay5	NUM	Lenght of stay (days)	
Reason6	ALPHA	Reason for the hospitalisation	
Hospital6	ALPHA	Which hospital	
Date6	ALPHA	Date for the hospitalisation	
Stay6	NUM	Lenght of stay (days)	
Reason7	ALPHA	Reason for the hospitalisation	
Hospital7	ALPHA	Which hospital	
Date7	ALPHA	Date for the hospitalisation	
Stay7	NUM	Lenght of stay (days)	
Reason8	ALPHA	Reason for the hospitalisation	
Hospital8	ALPHA	Which hospital	
Date8	ALPHA	Date for the hospitalisation	
Stay8	NUM	Lenght of stay (days)	
Reason9	ALPHA	Reason for the hospitalisation	



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VARIABLE NAME	TYPE	LABEL	CATEGORY
Hospital9	ALPHA	Which hospital	
Date9	ALPHA	Date for the hospitalisation	
Stay9	NUM	Length of stay (days)	
Reason10	ALPHA	Reason for the hospitalisation	
Hospital10	ALPHA	Which hospital	
Date10	ALPHA	Date for the hospitalisation	
Stay10	NUM	Length of stay (days)	
Reason11	ALPHA	Reason for the hospitalisation	
Hospital11	ALPHA	Which hospital	
Date11	ALPHA	Date for the hospitalisation	
Stay11	NUM	Length of stay (days)	
Reason12	ALPHA	Reason for the hospitalisation	
Hospital12	ALPHA	Which hospital	
Date12	ALPHA	Date for the hospitalisation	
Stay12	NUM	Length of stay (days)	
Reason13	ALPHA	Reason for the hospitalisation	
Hospital13	ALPHA	Which hospital	
Date13	ALPHA	Date for the hospitalisation	
Stay13	NUM	Length of stay (days)	
Reason14	ALPHA	Reason for the hospitalisation	
Hospital14	ALPHA	Which hospital	
Date14	ALPHA	Date for the hospitalisation	
Stay14	NUM	Length of stay (days)	
Reason15	ALPHA	Reason for the hospitalisation	
Hospital15	ALPHA	Which hospital	
Date15	ALPHA	Date for the hospitalisation	
Stay15	NUM	Length of stay (days)	
CommentHospit	ALPHA	Comment	
<b>TBL METABOLIC – Metabolic disorder</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	

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Code book – REVUE MEDICAL

VARIABLE NAME	TYPE	LABEL	CATEGORY
MD_Gout1stEpis	NUM	Do you have Gout- 1st episode	1 = Yes 2 = No
MD_Gout1stEpis_Type	ALPHA	What type	
MDGout1stEpis_DIAGNOSIS	ALPHA	Date of diagnosis	
MDGout1stEpis_REMISSION	ALPHA	Date of remission	
MDGout1stEpis_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
MDGout1stEpis_NBHOSPITAL	NUM	If yes, how many times of hospitalisation ?	
MD_GoutLastEpis	NUM	Do you have gout- Last episode	1 = Yes 2 = No
MD_GoutLastEpis_Type	ALPHA	What type	
MDGoutLastEpis_DIAGNOSIS	ALPHA	Date of diagnosis	
MDGoutLastEpis_REMISSION	ALPHA	Date of remission	
MDGoutLastEpis_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
MDGoutLastEpis_NBHOSPITAL	NUM	If yes, how many times of hospitalisation ?	
MD_GoutDiabete	NUM	Do you have diabetes (specify type1,2 or gestational)	1 = Yes 2 = No
MD_GoutDiabete_Type	ALPHA	What type	
MDGoutDiabete_DIAGNOSIS	ALPHA	Date of diagnosis	
MDGoutDiabete_REMISSION	ALPHA	Date of remission	
MDGoutDiabete_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
MDGoutDiabete_NBHOSPITAL	NUM	If yes, how many times of hospitalisation ?	
MD_GoutGoite	NUM	Do you have goitre	1 = Yes 2 = No
MD_GoutGoite_Type	ALPHA	What type	
MDGoutGoite_DIAGNOSIS	ALPHA	Date of diagnosis	
MDGoutGoite_REMISSION	ALPHA	Date of remission	
MDGoutGoite_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
MDGoutGoite_NBHOSPITAL	NUM	If yes, how many times of hospitalisation ?	

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Code book – REVUE MEDICAL

VARIABLE NAME	TYPE	LABEL	CATEGORY
MD_GoutOther1	NUM	Other 1	1 = Yes 2 = No
MD_GoutOther1_Specify	ALPHA	Specify	
MD_GoutOther1_Type	ALPHA	What type	
MDGoutOther1_DIAGNOSIS	ALPHA	Date of diagnosis	
MDGoutOther1_REMISSION	ALPHA	Date of remission	
MDGoutOther1_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
MDGoutOther1_NBHOSPITAL	NUM	If yes, how many times of hospitalisation ?	
MD_GoutOther2	NUM	Other 2	1 = Yes 2 = No
MD_GoutOther2_Specify	ALPHA	Specify	
MD_GoutOther2_Type	ALPHA	What type	
MDGoutOther2_DIAGNOSIS	ALPHA	Date of diagnosis	
MDGoutOther2_REMISSION	ALPHA	Date of remission	
MDGoutOther2_HOSPITAL	NUM	Are you hospitalised	1 = Yes 2 = No
MDGoutOther2_NBHOSPITAL	NUM	If yes, how many times of hospitalisation ?	
CommentMetabolic	ALPHA	Comment	
<b>TBL RESPIRATORY – Respiratory problems (do a complete medical file review)</b>			
N_	NUM	Automatic number	
MEDFILE	ALPHA	Medical file number	
Resp_Asthma	NUM	Do you have asthma	1 = Yes 2 = No
Resp_Asthma_Type	ALPHA	What type	
Resp_Asthma_Diagnosis	ALPHA	Date of diagnosis	
Resp_Asthma_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Asthma_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_Emphys	NUM	Do you have Emphysema	1 = Yes 2 = No
Resp_Emphys_Type	ALPHA	What type	

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VARIABLE NAME	TYPE	LABEL	CATEGORY
Resp_Emphys_Diagnosis	ALPHA	Date of diagnosis	
Resp_Emphys_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Emphys_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_Allergy	NUM	Do you have allergy	1 = Yes 2 = No
Resp_Allergy_Specify	ALPHA	Specify	
Resp_Allergy_Type	ALPHA	What type	
Resp_Allergy_Diagnosis	ALPHA	Date of diagnosis	
Resp_Allergy_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Allergy_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_Bronchitis	NUM	Do you have chronic bronchitis	1 = Yes 2 = No
Resp_Bronchitis_Type	ALPHA	What type	
Resp_Bronchitis_Diagnosis	ALPHA	Date of diagnosis	
Resp_Bronchitis_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Bronchitis_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_RespInfect	NUM	Do you have respiratory infection at <5 years (which requires hospitalisation)	1 = Yes 2 = No
Resp_RespInfect_Type	ALPHA	What type	
Resp_RespInfect_Diagnosis	ALPHA	Date of diagnosis	
Resp_RespInfects_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_RespInfect_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_COPD	NUM	Do you have COPD (chronic obstructive pulmonary disease)	1 = Yes 2 = No
Resp_COPD_Type	ALPHA	What type	
Resp_COPD_Diagnosis	ALPHA	Date of diagnosis	
Resp_COPD_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No

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Code book – REVUE MEDICAL

VARIABLE NAME	TYPE	LABEL	CATEGORY
Resp_COPD_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_Pulmonary	NUM	Do you have	1 = Yes 2 = No
Resp_Pulmonary_Copy	ALPHA	What type	
Resp_Pulmonary_Diagnosis	ALPHA	Date of diagnosis	
Resp_Pulmonary_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Pulmonary_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_Spirometry	NUM	Do you have spirometry	1 = Yes 2 = No
Resp_Spirometry_Type	ALPHA	What type	
Resp_Spirometry_Diagnosis	ALPHA	Date of diagnosis	
Resp_Spirometry_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Spirometry_NbHospit	NUM	If yes, how many times of hospitalisation ?	
Resp_Tuberculo	NUM	Do you have tuberculo	1 = Yes 2 = No
Resp_Tuberculo_Specify	ALPHA	Specify	
Resp_Tuberculo_Type	ALPHA	What type	
Resp_Tuberculo_Diagnosis	ALPHA	Date of diagnosis	
Resp_Tuberculo_Hospit	NUM	Are you hospitalised	1 = Yes 2 = No
Resp_Tuberculo_NbHospit	NUM	If yes, how many times of hospitalisation ?	
CommentRespi	ALPHA	Comment	



## Qanuilirpitaa? 2017

### POLICY ON THE MANAGEMENT OF DATABASES AND BIOLOGICAL SAMPLES





## POLICY ON THE MANAGEMENT OF DATABASES AND BIOLOGICAL SAMPLES

Qanuilirpitaa? 2017

Date : April 30, 2017

Revised : February 12, 2019





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## List of Acronyms

Q2017 DMC	Qanuilirpitaa? 2017 Data Management Committee
INSPQ	Institut national de santé publique du Québec
NRBHSS	Nunavik Regional Board of Health and Social Services
OCAP	Ownership, Control, Access and Possession
IRNPQEO	Integrated Research Network in Perynatology of Québec and Eastern Ontario





## 1 Study context

Measuring the health status of Inuit is an important challenge for Nunavik health authorities. Unlike in other regions of Québec, medico-administrative data cannot be used to establish the incidence and prevalence of chronic diseases in the population of this region. Québec and Canadian surveys on diseases, lifestyles and other health determinants have never been carried out beyond the 49th parallel. There are several reasons for this: linguistic and cultural barriers, methodological and logistical considerations, the need to adapt tools and transportation costs. Thus, to date two surveys have been conducted by Nunavik authorities: in 1992 and in 2004. The overall aim of the Qanuilirpitaa? 2017 survey project is, therefore, to establish an up-to-date portrait of the health status of the Inuit in Nunavik.

In February 2014, the Board of Directors of the Nunavik Regional Board of Health and Social Services (NRBHSS), composed of representatives from the region's 14 communities and from its two health centres, unanimously adopted a resolution to conduct a new health survey comprising three components: adult health, youth health and community health. The survey is to be conducted in all Nunavik communities, in support of the Strategic Regional Plan.

### 1.1 Objectives of the survey

- Obtain reliable up-to-date data on the health status, and the determinants of health status, of the Inuit population of Nunavik.
- Document the emergence of new health and social problems and monitor previously identified issues: youth health, community health, chronic diseases, tuberculosis, food security, mental health, distress, suicide, addictions, violence, etc.
- Gain knowledge about the impact of development tied to the *Plan Nord* on the health and well-being of communities. It seems important to properly document the general health status of the population, for purposes of future comparison.
- Have data available to support clinical projects aimed at implementing new preventive strategies and services in close partnership with communities.
- Obtain information that assists organizations and communities in the building and strengthening of their capacities.

Survey results will notably be available in the form of thematic reports on topics covered by the survey.

It is hoped that there will be continuity between this new survey and previous ones so that the evolution of certain problems and realities can be assessed. In addition, the new survey is intended to move beyond traditional survey approaches, in accordance with contemporary paradigms for developing knowledge in Indigenous communities, to properly document the situation of individuals and communities.

### 1.2 Objective of this Policy on the Management of Databases and Biological Samples

This policy derives from past experience and from the values underpinning this health survey, as well as from legal and ethical considerations.





The aim of this policy is to clarify:

- How the data will be managed and used
- Who will be able to access the data and how.

### 1.3 Intended users of this guide

This policy is aimed mainly to the researchers who are involved in this survey but also to all other researchers that could be interested to use the data that will be collected within Qanuilirpitaa? 2017. The Nunavik regional partners and organizations that will express the desire to use the data will have a facilitated access since as mentioned below, they are the owners of these data collected within Qanuilirpitaa? 2017.

## 2 Principles and Values guiding this policy

Ownership, Control, Access and Possession (OCAP) are an important reference in terms of participatory research by and for Indigenous peoples. In Canada, the terms Indigenous people are used to refer to the original peoples of Canada and their descendants; it is a collective term recognizing three groups of Indigenous peoples, i.e., First Nations, Inuit and Métis, who have unique heritages, languages, cultural practices and spiritual beliefs. Adding an 's' to people emphasizes the diversity of people within the group known as Indigenous people. It is important to remind the core principles of this approach here. This policy has been designed in conformity with the elements described below, and as applied to the Inuit population of Nunavik:

### The Components of OCAP®<sup>1</sup>

**Ownership:** Ownership refers to the relationship of Inuit to their cultural knowledge, data, and information. This principle states that a community or group owns information collectively in the same way that an individual owns his or her personal information.

**Control:** The principle of control affirms that Inuit, their communities and representative bodies are within their rights in seeking to control over all aspects of research and information management processes that impact them. Inuit control of research can include all stages of a particular research project-from start to finish. The principle extends to the control of resources and review processes, the planning process, management of the information and so on.

**Access:** Inuit must have access to information and data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of Inuit communities and organizations to

<sup>1</sup> First Nations Information Governance Centre (2016). The First Nations Principles of OCAP®. Consulted on May 10, 2016: <http://fnigc.ca/ocap.html>





manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.

**Possession:** While ownership identifies the relationship between a people and their information in principle, possession or stewardship is more concrete. It refers to the physical control of data. Possession is a mechanism by which ownership can be asserted and protected.

## 2.1 Principles and Values adopted for Qanuilirpitaa? 2017

This policy is also based on values and principles that have been adopted for the conduct of the overall project:

### Empowerment and self-determination

- Recognizes the self-determination of Nunavimmiut with respect to making decisions about research and health surveys;
- Enhances Nunavimmiut capacity to maintain their culture, language and identity;
- Enhances and strengthens individual and community capacity to lead and take action to affect their health and well-being;
- Provides opportunities for the involvement and development of community researchers and community resources.

### Respect

- For Inuit identity, culture, knowledge systems and community practices;
- For the prerogative of individuals and communities to decide their degree of participation in the survey;
- For the academic researchers, enabling them to fulfill their professional obligations in knowledge creation and dissemination;
- For the responsibilities and priorities of authorities within regional organizations;
- For different types of expertise and their integration;
- For the views of all relevant sectors/subgroups that may be affected by the survey.

### Utility/Relevance/Usefulness

- Responds to the needs and priorities of Nunavik communities;
- Has the potential to produce valued outcomes from the perspective of the communities.

### Trust

- Trust between the different organizations' representatives, the researchers and the communities is built through transparent communication and discussion at all levels.

### Transparency

- Minutes of meetings of all committees and subcommittees are made available to all partners;
- Decisions are explained and made after different points of view have been given the opportunity to be expressed and discussed.

### Engagement

- Applies a collaborative/participatory approach;
- Seeks and facilitates community representatives' participation in the survey process: its definition (choice of topics and methods), the collection of data and their analysis, the production of final reports and their recommendations for action and subsequent relevant publications.





**Scientific rigor**

- Uses recognized scientific methods and expertise for the survey design, data collection and analysis.

**Realistic approach**

- Does not create expectations that are unrealistic and for which deliverables cannot be assured.

**3 Lexicon**

The following lexicon is based on the terminology in used at the Canadian Institute of Health Research (CIHR). The objective is to have a common understanding of the different accesses to data that will be collected within Qanuilirpitaa? 2017.

Terms <sup>2</sup>	Definition
Nominated Principal Investigator*	Principal Investigator responsible for research grants
Co- Principal Investigators*	Researchers responsible for a component of the survey
Co-researchers*	Researchers responsible for a theme within the survey
Collaborators	Individuals who participate in developing themes, but are involved to a lesser degree than co-researchers

The list of all principal investigators is available in the Appendix A.

**4 Targeted Population**

<b>a. Adult population:</b> assess adult health status in 2017 and follow-up on the adult participants in 2004 (N=700; 18 to 75 years old in 2004) in order to assess and compare trends, and recruit an additional 300 participants (31 years and older) to ensure representativeness of the adult cohort. Total N= 1000.
<b>b. Youth population:</b> establish a new cohort (N=1000) of young Inuit aged 16 to 30 years old.

<sup>2</sup> Only the first three categories of researchers marked with an \* will have a privileged acces to data for the period of 24 months following the production of the thematic summaries. For more details, see section 8.





## 5 Types of data to be collected

- A) Individual data (questionnaires, clinical data, biological samples, medical records and qualitative interviews)
- B) Collective data (questionnaires and focus group)

## 6 Issues relating to data management, access and sharing

The objective of this data management framework is to establish a data management and access procedure that respects the ownership of the data by Nunavik and its right to be the first informed of any research request and to evaluate if the proposed research meets the needs/interests of Nunavimmiut. In addition, this management framework is integral to the research partnership process and is intended to allow researchers to access and use the data in a manner that is respectful of both parties (the population of Nunavik and researchers). The main issues that must be addressed in this management framework are the following:

### Management

- Establish a clear mandate for the management of data and biological samples;
- Set in place a tool that allows all access to the data to be monitored.

### Access

- Establish a procedure with comprehensive directives regarding accessing data that:
- Respect Nunavik organizations, community members and researchers;
- Specify researchers with thematic mandates;
- Avoid the duplication of research on a given theme.

### Sharing

- Allow data to be accessed only by authorized persons who, prior to gaining access, have signed a “Declaration of Confidentiality” form;
- Prevent copying and dissemination of the databases;
- Prevent exportation of the entire data bank;
- Develop a clear and precise mechanism for taking into consideration the work of the principal investigators and co-researchers who were involved in setting up the survey;
- Define a clear manner in which to cite and acknowledge the data source.





## 7 Ethical and legal considerations

### 7.1 Data ownership

In accordance with the expectations of the region of Nunavik and the above-stated values, the NRBHSS is the owner of the data and biological samples collected during the Qanuilirpitaa? 2017 health survey on behalf of the Inuit population of Nunavik. The Qanuilirpitaa? 2017 Steering Committee has created the Q2017 DMC to support and guide the NRBHSS in negotiating and determining responsibility of, and access to, data and biological samples. In the event of any organizational changes occurring in Nunavik, the regional health authority in place will remain the owner of the data and biological samples.

### 7.2 Data management and storage

INSPQ's mandate includes the management and storage of data and biological samples the preparation of the data and samples to be accessed by those who request them following approval by the Nunavik region. The INSPQ must ensure that the directives regarding the management, storage, access and use of the databases and biological samples set out in the policy are respected by current and future users in accordance with the wishes of Nunavik.

To accomplish this, various mechanisms shall be put in place to promote sound management. The following are to be implemented at the NRBHSS and the INSPQ :

#### INSPQ

- centralized management of the data to prevent copying of the databases and limit access to sensitive data;
- a registry of requests to access the data;

#### NRBHSS

- a Data Management Committee that will oversee the management of the Qanuilirpitaa? 2017 data and biological samples
- mechanisms that enable the tracing of any access request and notify the responsible authorities in Nunavik as well as the principal researchers concerned by the requests;
- procedures to ensure review of the data by thematic experts and respect for their contributions;
- a procedural form and standardized templates for analysis plans, preliminary results, and manuscripts to facilitate the process of monitoring and reviewing requests.

#### 7.2.1 CONFIDENTIALITY

To ensure anonymity, a unique identification number will be assigned to each participant of the survey.







## 7.2.2 STORAGE OF DATA AND PERSONAL INFORMATION

All information (identification sheets containing the names and civic addresses of participants) allowing respondents to be traced are being kept in separate files. All personal information including consent forms signed by each participant are being kept at all times in a locked area. Identification sheets and consent forms as well as the survey questionnaires are being stored under lock and key in INSPQ's offices. If the data are stored on a technological medium, the INSPQ will be responsible for ensuring that it is always possible to read the data and that the storage medium is not obsolete.

Non-personal data files, namely data collected in the survey questionnaires and data from physical and biological measurements are being stored at the INSPQ for a period that will be decided when the agreement between NRBHSS and INSPQ will be signed. Once all data have been recorded and validated, the identification sheets, questionnaires and consent forms will be stored at INSPQ, in accordance with INSPQ's retention schedule of documents.

## 7.3 Intellectual properties of data and biological samples

As the owner of the data and biological samples on behalf of the Inuit population of Nunavik, the NRBHSS has all intellectual property rights (including copyrights) applicable to the transmitted data and biological samples. The "Data/Biological Samples Sharing Agreement" grants an authorization to the research partner for accessing the information generated by the data and biological samples and their use.

The NRBHSS has all copyrights applicable to the thematic reports as detailed in section 8.3. The ownership of copyright of publications (i.e. essays, master's theses, doctorate's dissertations, scientific publications) will be specified in the corresponding 'Data/Biological Samples Sharing Agreement' to be signed between the NRBHSS and the university involved.

## 7.4 Intellectual properties of the questionnaires and tests developed

In accordance with the best practices developed over the years in several research protocols, a mechanism is set to allow the wide use of the questionnaires developed for the survey, while recognizing the contribution of people who have contributed to their development.

The recognition mechanism does not intend to prevent or restrict the use of these questionnaires and tests.

### 7.4.1 IDENTIFICATION OF PEOPLE WHO HAVE DEVELOPED THE TOOLS<sup>3</sup>

Individuals involved in the development of each tool are identified as either:

- a) Responsible for the tool<sup>4</sup>, or;

<sup>3</sup> Adapted from : Integrated Research Network in Perynatology of Québec and Eastern Ontario (IRNPQEO). (2009). *Document de gouvernance de l'IRNPQEO*. Québec.

<sup>4</sup> The term tools refers Questionnaires, clinical questionnaires, clinical protocol, training book. Clinics data entry tools should be discussed with the owners of the tools (eg spirometry).







b) Resource person involved in the development of the tool.

A person is considered "responsible for the tool" when his/her intellectual contribution and expertise brought to the development of the tool is considerable. A person is considered "Resource" in the development of the tool when their intellectual contribution and expertise deployed in the development of the tool are significant.

Each tool can be associated with one or more responsible persons, and one or more resource persons. The list of individuals identified as responsible or resource persons will be provided by the Principal investigators. Some tools are not associated with any responsible or resource person (for example, questionnaires on common variables such as age, sex or weight).

Individuals will be identified as responsible or resource for a tool for a period of fifteen years following the creation of the tool. After that period has expired, a committee composed of the Principal investigators will assess whether or not these individuals should remain associated with the tools.

If a person no longer wants to be responsible of the tool or is unable to do so, another person may be designated in replacement. This person is designated by the committee of Principal investigators.

## 8 Accessibility and use of survey data and biological samples and types of productions

### 8.1 Personal commitment regarding the use of data and biological samples

Any individual, including all members of the research partner's team who can access the data and biological samples, must sign a declaration of confidentiality and send a copy to the Q2017 DMC secretary (email: nunavikhealthsurvey@ssss.gouv.qc.ca). The NRBHSS is to keep a record of the names of all individuals who have signed the declaration of confidentiality, complete with date.

### 8.2 Preparation of a descriptive report for internal use

The INSPQ is responsible to produce a descriptive report with preliminary data on themes prioritized by the NRBHSS to help them with their planification and regional prioritization of needs. This report will not be published. Researchers responsible of the themes prioritized will be asked to validate the INSPQ's interpretation of these preliminary data. The deadline for this report is fall 2018.

### 8.3 Preparation of thematic reports

Once the survey data and biological samples have been processed by the INSPQ, they will be transmitted to the researchers responsible for the various themes so the thematic reports may be drafted. Only the data tables or results required for the preparation of the thematic reports and related analyses will be provided to researchers.

The following thematic reports will be prepared:





- Socio-demographic Information
- Family and Sociocultural Determinants of Health
- Regional Portrait of the Community Component
- Mental health and Wellbeing
- Violence and Trauma
- Reproductive and Sexual Health
- Substance Use Misuse
- Behavioral Addictions
- Housing and Homelessness
- Helicobacter pylori, Gastroenteritis, Zoonosis and Drinking Water
- Iron deficiency and Anemia
- Exposure to environmental contaminants: Metals
- Diet, Nutrition Status, Food Security and Access
- Oral Health
- Unintentional Injuries
- Respiratory Health
- Cardiometabolic health
- Elder’s Health
- Youth’s Health
- Men’s Health

The proposed analyses to be carried out for the thematic reports will have been described through the form of “Thematic Reports Short Descriptions” documents and submitted for approval to the Q2017 DMC, which has been implemented in Nunavik. Following approval by the Q2017 DMC of the short descriptions outlining the analyses related to the thematic reports, a “Data/Biological Samples Sharing Agreement” will be signed between the NRBHSS and the research partners, and the INSPQ will transfer data tables, data set or biological samples to the researchers. The agreement will grant the access to data and biological samples, necessary for the realization of the analyses related to the thematic reports, for a period of 36 months. When the agreement expires or is cancelled, the researchers must destroy all copies of data transmitted by the INSPQ and return biological samples to the INSPQ. It will be possible to renew, modify or extend the agreement if all parties express their written consent before its expiration.

The researchers are expected to produce the thematic reports within 12 to 18 months after being given access to the data and biological samples. If the researchers responsible for a given theme do not submit their thematic report within this time frame, the region reserves the right to give the mandate to another researcher of producing the thematic report.

Draft versions of the thematic reports and related manuscripts should be sent to the Q2017 DMC for review before the final versions are completed. (See 8.9).

Data and biological samples analyses not described in the short descriptions outlining thematic reports and related analyses must first go through the process of submitting a request and approval by the Q2017 DMC before data and biological samples are released. (See 8.5)

## 8.4 Preparation of the survey’s highlights

As mentioned above, the INSPQ has been





mandated to prepare the health survey data for subsequent use. Moreover, as it was the case in 2004, the INSPQ will draft the survey highlights. The data required for drafting the highlights will be based on the one-page summary in plain language of each thematic report. These one-pager plain language summaries will be used by the NRBHSS as soon as they are available for each theme. This will be part of their communication plan to disseminate data on their various platforms to inform the population. Once all the thematic reports are produced, all one-page summaries will be edited in an official document in French, English and Inuktitut.

## 8.5 Accessibility and use of data and biological samples for scientific publication

A procedure for controlling the accessibility, use and dissemination of data and biological samples for the purpose of scientific publication is defined below. The term scientific publication includes the presentation of reports and results at scientific conferences, and the publication of books, book chapters and scientific manuscripts.

Requests for accessing the data and biological samples may be processed while the thematic reports are being written. However, scientific articles may not be submitted for publication until after the results have been disseminated to the Inuit population and the thematic reports have been published.

Any request to access the data and biological samples must first be submitted by means of a “Data/Biological Samples Request & Analysis Proposal Application Form” that will be available on the website of the NRBHSS (See Appendix B). The application form will be communicated to the Q2017 DMC in Nunavik. The objective of this procedure is to ensure awareness and systematic and comprehensive monitoring of future work and to allow the relevance of the proposed analysis plan to be evaluated and subject to approval. This application form will also be used to notify all principal investigators of ongoing requests.

The Q2017 DMC, will assess the relevance of the requests for the region through its own process. For approved analysis proposal, a “Data/Biological Samples Sharing Agreement” granting the access to data and biological samples will be signed between the NRBHSS and the research partners. The agreement will specify the terms and conditions of use, including the duration of the access.

### Principal investigators and co-researchers associated with themes

The principal investigators and co-researchers hold the first right of publication in scientific journals of results related to their research themes. These researchers are encouraged to publish the results within 12 months of the publication of the survey’s thematic reports but will have exclusive access to the data and biological samples for a period of 24 months, once the full set of data is accessible.

### Researchers other than the principal investigators

Following the 24-month period of exclusivity (or earlier if an external researcher is formally authorized by the principal investigators), external researchers may obtain access to the data and biological samples. To this end, the external researchers must submit their request for accessing the data using the application form available on NRBHSS website.

Principal investigator(s) for the survey will be contacted to seek their advice on the scientific validity of the proposal. The principal investigators will be given the opportunity to be part of the research team that





requested access to the data and biological samples.

## 8.6 Access to data by Regional organizations in Nunavik

To access the data, regional organizations in Nunavik will also have to make a request to the Q2017 DMC, on which the main regional organizations are represented. This process was established for security and accountability purposes of all requests.

## 8.7 Information-sharing mechanism

Data and biological samples sharing will be done by a secure method from the INSPQ to the research partner following a written confirmation from the NRBHSS to the INSPQ to proceed with the transfer of data and/or biological samples. When a transfer is completed, the INSPQ will provide by email a confirmation of transfer to the Q2017 DMC secretary (email: nunavikhealthsurvey@ssss.gouv.qc.ca) at the NRBHSS.

## 8.8 Interpretation and validation of preliminary results and analyses conclusions

The research partners agree to consult the Q2017 DMC and relevant Nunavik partners relative to the interpretation and validation of preliminary results and analyses conclusions. Reciprocally, the Q2017 DMC, by itself or through the NRBHSS, will provide support to the research partners if additional information related to the Nunavik context is needed, as well as regarding the interpretation of the results and the analyses conclusions. Research partners are invited to consult the INSPQ for information related to the data-collection process as well as the creation and provision of databases.

## 8.9 Dissemination and diffusion of results

Thematic reports should be submitted to the Q2017 DMC for revision and endorsement.

Prior to dissemination, all other draft documents (abstracts, scientific articles, theses, dissertations) generated from analyses related to the thematic reports should be submitted for revision and endorsement to the Q2017 DMC. The research partners should provide details on the context of the dissemination (medium, audiences, event, dates). Scientific articles, theses and dissertations should be accompanied by a plain-language summary (1 to 2 pages). Documents can be submitted throughout the year. Feedback will be provided to the research partners within fifteen (15) working days for abstracts, within thirty (30) working days for scientific articles and within forty (40) working days for theses and dissertations. Should it prove impossible to respond within these time periods, a mutual understanding shall be reached with the person concerned at the time of document submission.

All results to be disseminated to audiences other than the Q2017 DMC, the Q2017 Steering committee, the NRBHSS, or the INSPQ should have gone through review and received written feedback from the Q2017 DMC prior to their dissemination. In the case of a publication not endorsed by the Q2017 DMC, this will have to be clearly mentioned in the publication.

The NRBHSS recognizes that it shall not delay the procedure for the evaluation of a thesis or dissertation received within the agreed delay.





Qanuilirpitaa 2017 and when applicable Qanuipitaa 2004 participants will be officially thanked in all publications or other communication activities.

Nunavik partners (including the Q2017 DMC, the Q2017 Steering committee and the NRBHSS), the INSPQ, Qanuilirpitaa principal investigator, co-principal investigators and Inuit co-principal investigators who collaborate in the various steps of the project and provide intellectual input will also be acknowledged in all publications or other communication activities.





## Appendix A

### List of Principal Investigators for Qanuilirpitaa? 2017

Nominated Principal Investigator for Qanuilirpitaa? 2017	Pierre Ayotte, Université Laval
Youth Cohort – Co-Principal Investigators	Gina Muckle, Université Laval Richard Bélanger, Université Laval
Community Component- Co-Principal Investigators	Mylène Riva, McGill University Christopher Fletcher, Université Laval
Adult Component- Co-Principal Investigators	Pierre Ayotte, Université Laval Benoît Lévesque, Université Laval Mélanie Lemire, Université Laval Michel Lucas, Université Laval Chris Furgal, Trent University
Oral Health – Co-Principal Investigators	Aimée Dawson, Université Laval Chantal Galarneau, Institut national de santé publique du Québec
Survey methodology	Denis Hamel, Institut national de santé publique du Québec



## Appendix B





## Qanuilirpitaa 2017 Data Management Committee

# Data/Biological Samples Request & Analysis Proposal Application Form

(Updated November 8, 2018)

### Introduction

Project/analysis title

Project leader(s)/primary contact(s) (name(s), research group/organization, contact information)

Team members (names, research group/organization, contact information)

Describe your background in terms of Nunavik experience (provide names of regional/local collaborators and references, if possible)

Describe your interest and reasons for developing this proposal (hypotheses and objectives)







## Data/Biological Samples Request

Describe and justify the request for data (variables, groups)

Describe and justify the request for biological samples (types, quantities)

## Analysis Plan

Describe in detail the analysis plan and the study question(s) for which the data will be used

Describe the potential outcomes in terms of results

Describe in detail, in plain language, your methodology and include any methods/ technical protocols that will be used





## Added value of this analysis for Nunavik

Describe, from your point of view, the potential benefits of this analysis for Nunavimmiut and explain why

Describe what would this analysis would add to current knowledge on the topic

Describe what kinds of results (coded variables, biomarker) will be returned to INSPQ for inclusion in the database, the format of the data and the approximate date of return

## Validation & Interpretation

Describe specifically how the results will be validated and interpreted





## Inuit Specific Knowledge

Describe how Inuit specific knowledge will be integrated in the analysis, interpretation and discussion of results

## Communication of results

Describe specifically how results will be disseminated and shared with participants, communities, and the region

Describe specifically how results will be disseminated to other audiences (scientific conferences, forums, etc.) & describe how the region will be consulted prior to outside dissemination

## Deliverables & Timeline

Indicate the deliverables and expected dates these deliverables will be achieved





## Confidentiality & Security

Describe in detail how you would manage these data (confidentiality, end dates for data access)

## Sources of funding

Describe your project sources of funding (and funding status) as well as their requirements

## Ethics review

Provide information about the relevant ethics review (which ethical review board has or will review the project and the status of the review). Include a copy of the relevant consent form.

## Signature & Date





DECLARATION OF CONFIDENTIALITY



I,

\_\_\_\_\_  
(First and last names)

\_\_\_\_\_  
(Function or job title)

\_\_\_\_\_

\_\_\_\_\_  
(Name and address of place of work)

hereby

- declare that I shall respect entirely the *Politique sur la protection et la sécurité de l'information* (PO-04-2014) [hereinafter referred to as the policy on the protection and security of information] of the *Institut national de santé publique du Québec* [hereinafter referred to as the *INSPQ*], as well as all the laws, regulations, policies, directives and procedures relative to the protection of personal information and information security in effect;
- commit to respecting the *Qanuillirpita? 2017 Policy on the Management of Databases and Biological Samples* (version dated of 2019-01-08);
- commit, once the agreed products are finalized, to destroy the database(s) in my possession and return any remaining biological samples in accordance with the policy on the protection and security of information;
- commit to returning to the *INSPQ* coded variables that may be useful for other data analyses;
- declare that I or highly qualified personnel (research professionals and assistants; undergraduate and graduate students, and postdoctoral fellows) under my supervision who will have access to the data, will be informed of the confidentiality requirements and will sign the present declaration, and return all data at the end of their assignment/study project;
- declare that I shall neither disclose nor allow to be known, without being duly authorized, any confidential information to which I became privy in assuming my functions related to the Qanuillirpita? 2017 Health Survey and that I commit to respect, in perpetuity, the confidentiality of such information;
- declare that I am fully aware that the Nunavik Regional Board of Health and Social Services may use procedures to ensure information security and the protection of personal information. Any breach of confidentiality on my part may lead to the termination of the data access.

On the faith of which, I have signed

in \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF THE PERSON MAKING THE DECLARATION)

