

ᑭᓄᐃᑦᐱᑦ?
Qanuippitaa?
HOW ARE WE?

METHODOLOGICAL REPORT



ᑭᖅ ᓄᐃᑦ ᐱᑦ?
Qanuippitaa?
HOW ARE WE?

METHODOLOGICAL REPORT

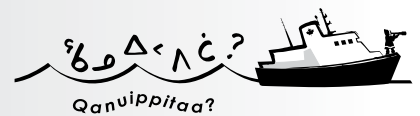
AUTHORS

Louis Rochette

Unité Connaissance-surveillance,
direction Planification, recherche et innovation,
Institut national de santé publique du Québec

Carole Blanchet

Unité Connaissance-surveillance,
direction Planification, recherche et innovation,
Institut national de santé publique du Québec



ᓄᐱᐱᐱ ᓄᐱᑦᑦᑦ ᐃᐱᑦᑦᑦ ᐱᑭᑦᑦᑦ ᐱᑭᑦᑦᑦ
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX NUNAVIK

**Institut national
de santé publique**

Québec



EXECUTIVE DIRECTOR

Danielle St-Laurent
Unité Connaissance-surveillance, direction Planification, recherche et innovation
Institut national de santé publique du Québec

SCIENTIFIC DIRECTORS

Éric Dewailly
Unité de recherche en santé publique, Centre Hospitalier Universitaire de Québec;
Direction Risques biologiques, environnementaux et occupationnels, Institut national de santé publique du Québec

Serge Déry
Direction régionale de santé publique du Nunavik

EDITING AND COORDINATION

Michèle A. Dupont, Élisabeth Papineau and Mélanie Anctil
Unité Connaissance-surveillance, direction Planification, recherche et innovation
Institut national de santé publique du Québec

TRANSLATION

Stevenson & Writers Inc.

LAYOUT

Line Mailloux
Unité Connaissance-surveillance, direction Planification, recherche et innovation
Institut national de santé publique du Québec

PUBLICATION

Institut national de santé publique du Québec
Nunavik Regional Board of Health and Social Services /
Régie régionale de la santé et des services sociaux du Nunavik

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec Web site at: <http://www.inspq.qc.ca>.

Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the [Service de la gestion des droits d'auteur of Les Publications du Québec](#), using the online form at <http://www.droitauteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to droit.auteur@cspq.gouv.qc.ca.

Information contained in the document may be cited provided that the source is mentioned.

LEGAL DEPOSIT – 3RD QUARTER 2007
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
LIBRARY AND ARCHIVES CANADA
ISBN: 978-2-550-50775-8 (PRINTED VERSION)
ISBN: 978-2-550-50776-5 (PDF)

©Gouvernement du Québec (2007)

ACKNOWLEDGEMENTS

The Nunavik Inuit Health Survey could not have been undertaken without the financial support of the Ministère de la Santé et des Services sociaux du Québec, the Nunavik Regional Board of Health and Social Services, the Department of Indian and Northern Affairs of Canada, the Canadian Foundation for Innovation (CFI), the Network of Centres of Excellence of Canada (ArcticNet), the Nasivvik ACADRE Inuit Centre and the Canadian Institutes of Health Research. The valuable assistance of Inuit representatives – both members of the survey advisory committee and Inuit leaders from each community – is gratefully acknowledged. We are also grateful to all of the professionals, technicians, students, interviewers and clerical staff who worked at each stage of the survey process. Our gratitude is also extended to the staff of the Canadian Coast Guard Ship Amundsen. Thanks to Denis Hamel (Institut national de santé publique du Québec) who reviewed the draft manuscript for this Methodological Report and provided valuable insights and suggestions for further analysis. Finally, we wish to thank the Inuit people of Nunavik for their extensive cooperation with this survey.

TABLE OF CONTENTS

List of Figures.....	V
List of Tables	V
Section 1 Methodology.....	1
1. Introduction.....	3
2. Background and Objectives of the Survey	5
2.1. Aim and Specific Objectives of the Survey.....	7
3. SAMPLE DESIGN	8
3.1 Target Population	8
3.1.1. Special Cases – Inclusions	8
3.1.2. Special Cases – Exclusions	8
3.1.3. People with Two or More Homes	9
3.1.4. Foreign Residents.....	9
3.2. Survey Frame.....	9
3.3. Survey Sampling	10
4. Promotional Campaign	11
5. Data Collection.....	13
5.1. Survey Content.....	13
5.1.1. Questionnaires.....	13
5.1.2. Clinical Session.....	15
5.1.2.1. Blood Samples.....	15
5.1.2.2. Blood Pressure and Body Temperature Measurements.....	16
5.1.2.3. Anthropometric Measurements	16
5.1.2.4. Bone Density Measurements	16
5.1.2.5. Holter Test.....	17
5.1.2.6. Atherosclerosis Screening Test	17
5.1.2.7. Oral Glucose Tolerance Test (OGTT).....	17
5.1.2.8. Toenail Sampling	17
5.1.2.9. Hearing Test	17
5.1.2.10. Abnormal Results	18
5.2. Field Tests	18
5.3. Training Session	19
5.4. Data Collection Steps	20
5.4.1. Land Recruiting Team.....	20
5.4.2. Overview of the Data Collection.....	21
5.5. Privacy and Confidentiality	22
6. Data processing	23
6.1. Data Verification Process	23
6.2. Data Entry.....	23
6.3. Data Validation and Correction	24
6.4. Partially Completed Questionnaires	25
6.5. Coding of Variables.....	25
7. Data quality	26
7.1. Weighting Process	26
7.2. Response Rates.....	26
7.2.1. Reasons for Non-Response	28
7.3. Partial Non-Response	29
7.4. Survey Errors.....	30
7.4.1. Non-Sampling Errors	30
7.4.2. Sampling Errors	30
8. Data Analysis.....	31

8.1.	Statistical Criteria for Data Publication.....	31
8.2.	Variance Estimation	31
8.3.	Statistical Methods	32
9.	Publication of the Survey Results.....	35
9.1.	Theme Papers	35
9.2.	Scientific Articles.....	35
9.2.1.	Exclusivity Period.....	35
9.2.2.	Accessibility of Personal and Non-Personal Information	36
10.	Problems Encountered during the Survey and Recommendations.....	37
10.1.	Low Response Rates	37
10.2.	Questionnaires and Interviews	38
Section 2 Methodology for the Nutrition Part of the Survey		41
11.	Introduction	43
12.	Objectives of the Nutrition Part of the Survey.....	43
13.	Methodology for Dietary Data Collection	45
13.1.	Description of Dietary Questionnaires	45
13.1.1.	The 24-Hour Dietary Recall.....	45
13.1.2.	The Food Frequency Questionnaire.....	46
13.1.3.	Dietary Questions on the Household and Individual Questionnaires.....	46
13.2.	Training for Dietary Interviews.....	47
13.3.	Dietary Data Collection.....	48
13.4.	Computerization of Dietary Data	48
13.4.1.	Data from the 24-Hour Dietary Recall.....	48
13.4.2.	Data from the Food Frequency Questionnaire	49
13.4.3.	Data from the Household and Individual Questionnaires	49
13.5.	Validation of Dietary Data	49
13.6.	Limitations of Data Related to the Collection Process.....	49
13.7.	Participation Rates and Partial Non-Response to the Nutrition Survey	50
13.8.	Statistical Analysis of Dietary Data	51
13.8.1.	Statistical Analysis of Data from the 24-Hour Dietary Recall.....	51
13.8.2.	Statistical Analysis of Data Collected by the Food Frequency Questionnaire.....	51
13.8.3.	Statistical Analysis of Dietary Data from the Household and Individual Questionnaires	52
13.9.	Presentation of Results	52
References		53
Appendix A: Promotional Campaign Documentation		55
Appendix B: Consent Forms		65
Appendix C: Instruments Used for Validation Processing		75
Appendix D: Questionnaires and Other Survey Instruments.....		83
Appendix E: Laboratory Analysis Methods.....		183
Appendix F: Reasons for Non-Response by Survey Instrument.....		191
Appendix G: Variable Names Associated with the Questionnaires and Clinical Measurements		201
Appendix H: Methodological Report on Sampling Weights Produced by the Institut de la Statistique du Québec (ISQ).....		257
Appendix I: Liability Form: Accessibility to the Survey Database – Respecting the Ethical Dimensions of the Survey		301
Appendix J: Problems Encountered with the Survey Questionnaires		305
Appendix K: The 24-Hour Dietary Recall: Food Models, Food Groups and Recipe List.....		311
Appendix L: Explanations Given to Interviewers on How to Indicate Food Frequency		319
Appendix M: Event Calendar for Nunavik.....		323

LIST OF FIGURES

Figure 2.1:	Map of Nunavik.....	6
-------------	---------------------	---

LIST OF TABLES

Table 3.1:	Breakdown of Nunavik Households in the Sample Frame by Municipality	10
Table 7.1:	Breakdown of Households by Eligibility for the Survey Sample.....	27
Table 7.2:	Response Rates for the Survey Questionnaires and Clinical Tests.....	28
Table 8.1:	Sampling Variability.....	31

SECTION 1

METHODOLOGY

1. INTRODUCTION

The Nunavik Inuit Health Survey conducted in 2004 allowed the gathering of significant information on the physical, psychological and social health of the Inuit population. The survey was only possible thanks to the participation of a great number of individuals in planning and carrying it out. The main objective of the present report is to describe in detail the various steps of the survey to provide readers and future database users with a better understanding of its design, data collection logistics and statistical methods. This report could be used as a reference for future surveys of a similar nature among other Native populations. The first section describes the various stages of the survey. The second section is a detailed description of the nutrition part. A variety of survey instruments are appended to the report for reference.

2. BACKGROUND AND OBJECTIVES OF THE SURVEY

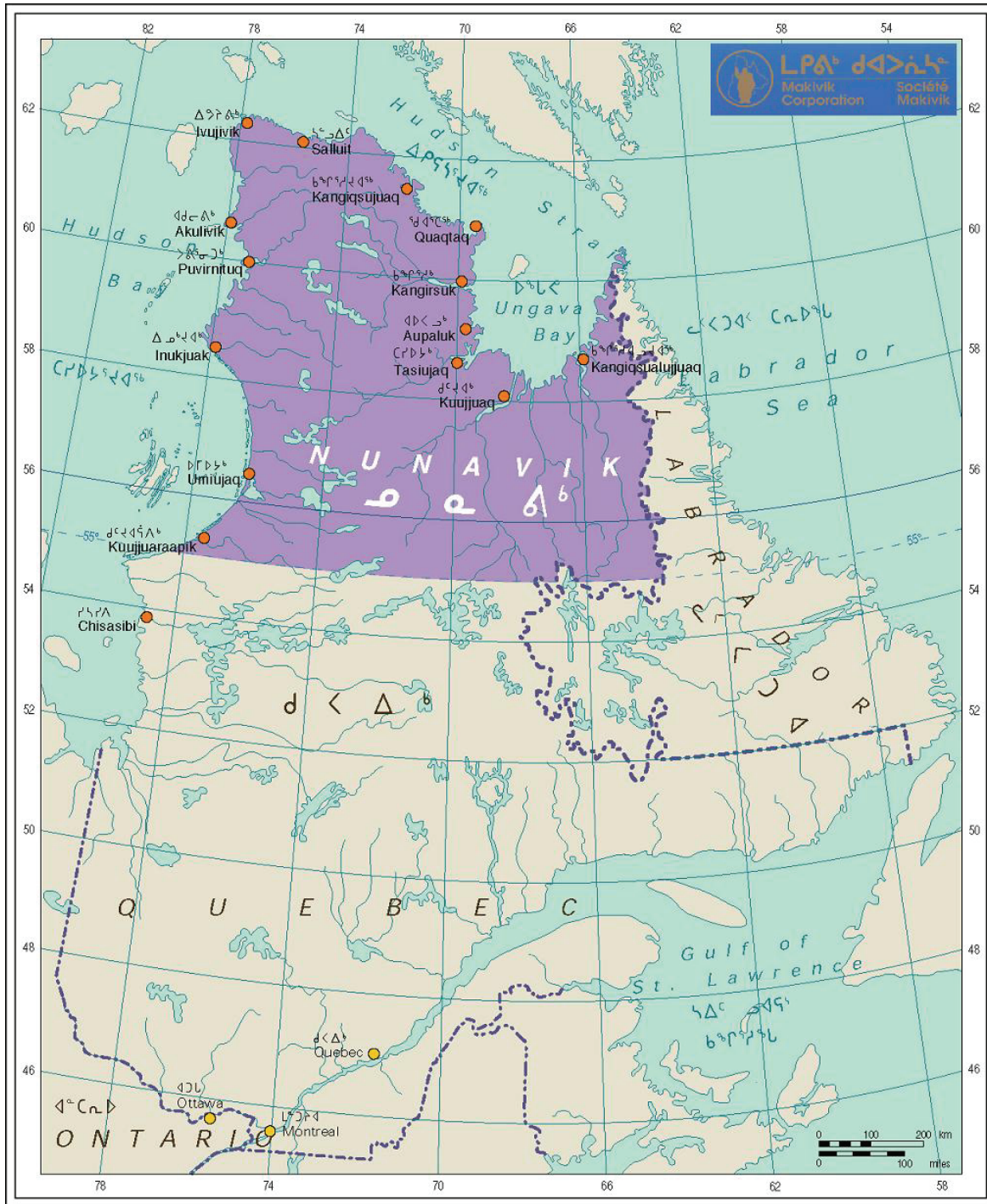
The monitoring of population health and its determinants is essential for the development of effective health prevention and promotion programs. More specifically, monitoring must provide an overall picture of a population's health, verify health trends and how health indicators vary over distance and time, detect emerging problems, identify priority problems, and develop possible health programs and services that meet the needs of the studied population.

The extensive survey conducted by Santé Québec in Nunavik in 1992 provided information on the health status of the Nunavik population (Santé Québec, 1994). The survey showed that health patterns of the population were in transition, reflecting important lifestyle changes. The Inuit population has experienced profound socio-cultural, economic, and environmental changes over the last few decades. As contact with more southerly regions of Quebec increased, the Inuit changed their living habits. A sedentary lifestyle, the switch to a cash-based domestic economy, the modernization of living conditions and the increasing availability and accessibility of goods and foodstuffs imported from southern regions have contributed to these changes. These observations suggest the need for periodic monitoring of health endpoints among Nunavik Inuit to help minimize the negative impact of risk factor emergence and lifestyle changes on morbidity and mortality from major chronic diseases.

In 2003, the Nunavik Regional Board of Health and Social Services (NRBHSS) decided to organize an extensive health survey in Nunavik to verify the evolution of health status and risk factors in the population. The NRBHSS and the Ministère de la Santé et des Services Sociaux (MSSS) du Québec entrusted the Institut national de santé publique du Québec (INSPQ) with planning, administering and coordinating the survey. The INSPQ prepared the survey in close collaboration with the Unité de recherche en santé publique (URSP) of the Centre hospitalier universitaire de Québec (CHUQ) for the scientific and logistical component of the survey. The Institut de la statistique du Québec (ISQ) participated in methodology development, in particular the survey design and weighting process.

The health survey of the Inuit in Nunavik, entitled "Qanuippitaa? How are we?" was conducted in all 14 Nunavik communities from August 27th to October 1st, 2004. Data collection was carried out primarily on the "Amundsen," a Canadian Coast Guard icebreaker that had been overhauled for scientific research purposes. Participants were invited on board the ship, where data was taken. The territory of Nunavik lies north of the 55th parallel in Quebec (Canada) and covers a third of the total surface area of the province. Its entire population is found in 14 coastal villages. The Nunavik territory is often divided in two sub-regions. The Hudson coast includes the villages of Kuujjuarapik, Umiujaq, Inukjuak, Puvirnituq, Akulivik, Ivujivik and Salluit while the Ungava coast includes Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq. Figure 2.1 shows a map of the Nunavik territory.

Figure 2.1: Map of Nunavik



Source: Cartographic Services, Nunavik Research Centre, Makivik Corporation.

2.1. AIM AND SPECIFIC OBJECTIVES OF THE SURVEY

The general aim of the survey was to gather social and health information on a set of themes including various health indicators, physical measurements, and social, environmental and living conditions, thus permitting a thorough update of the health and well-being profile of the Inuit population of Nunavik. The survey was designed to permit a comparison between the 2004 results and those observed in 1992 during the Santé Québec Survey (Santé Québec, 1994). Since many questions are identical to those in Canadian surveys (Statistics Canada, 2003), the data collected in 2004 allowed comparisons to researchers to compare the Inuit of Nunavik to other Quebecers and Canadians.

The survey was also intended to provide stakeholders and authorities with solid ground on which to update policies and health programs in Nunavik.

The specific objectives of the survey were to:

- Create a socio-demographic profile of Inuit households and family members.
- Identify and describe the main health problems: chronic illnesses, accidents and injuries, hearing loss, zoonosis, water-borne diseases, etc.
- Assess the prevalence of living habits: physical activity, hunting and fishing, smoking, gambling, alcohol, drug use, etc.
- Describe Inuit use of healthcare services and certain medications.
- Identify and describe preventive behaviours.
- Measure Inuit perceptions of health and well-being.
- Gauge the frequency of suicide ideation and suicide attempts.
- Estimate the prevalence of violent behaviours and sexual abuse.
- Identify stressful events and the extent of social support.
- Estimate the occurrence of cardiovascular disease risk factors, including blood lipid levels, blood pressure, diabetes, sedentarity and obesity.
- Measure the level of certain protective factors in the blood such as omega-3 fatty acids and selenium.
- Assess food and nutrient intake, eating habits and the contribution of traditional and store-bought foods to the Inuit diet.
- Determine the prevalence of anemia and osteoporosis and associated risk factors among women.
- Assess exposure to various environmental contaminants.

3. SAMPLE DESIGN

3.1 TARGET POPULATION

The target population of the survey was permanent residents of Nunavik, excluding residents of collective dwellings¹ and households in which there were no Inuit aged 18 years and over.

According to the 2001 Canadian census, the 14 communities of Nunavik have a total of 9632 inhabitants, 91% of whom identified themselves as Inuit. We therefore estimate that the target population of the survey represented at least 91% of the total population of Nunavik. Note that for ease of readability, the expression “Inuit” is used throughout the theme papers to define the population under study even though a small percentage of individuals surveyed identified themselves as non-Inuit.

3.1.1. Special Cases – Inclusions

The following special cases were included in the target population:

- Individuals temporarily absent at the time of the interview, on vacation, visiting or on business. This included trappers, hunters, truck drivers, etc. who usually do not stay in one place long but return home periodically.
- Individuals hospitalized on a short-term basis.
- New born babies (in the hospital).
- Students of any age who were living in the sample unit while attending school. (If they normally attend school away from home and were not at home on vacation at the time of the interview, they were considered household members of their parental home).
- Individuals temporarily living with the household but who had no usual place of residence elsewhere.
- Domestic or other employees who lived with the household and sleep there.
- Boarders or roomers who regularly slept in the home.
- People who had just moved into the housing unit even if they were not listed in the survey frame.

3.1.2. Special Cases – Exclusions

The following special cases were excluded from the target population:

- Individuals who were formerly members of the household but at the time of the interview were:
 - Inmates of correctional or penal institutions, mental institutions, homes for the aged or needy, rest homes or convalescent homes, homes or hospitals for the chronically ill or handicapped.
 - Living in nursing homes, convents or monasteries, or other places in which residents may expect to reside for long periods of time.
 - Working abroad at their regular place of duty.

¹ Residents of collective dwellings included those in lodging or rooming houses, hotels, motels, tourist homes, nursing homes, hospitals, staff residences, communal quarters (military camps), work camps, jails, missions, group homes, etc.

- Temporary visitors to the household whose customary place of residence was elsewhere.
- People who had their meals with the household but usually lived or slept elsewhere.
- Domestic or other employees of the household who did not sleep there. If however they occupied quarters with no cooking equipment on the same property as the sample unit (main house), they were considered household members.

3.1.3. People with Two or More Homes

Some individuals had two or more homes as they might spend part of the time in each. For such cases, it was first determined which unit should be considered as the person's *usual* place of residence defined as the home that the person lives most of the time, which is not necessarily the person's legal or voting residence. In a situation when it was impossible to determine the person's usual place of residence meaning that an equal amount of time was spent at each home, the person was considered to be a resident of the household if living there at the time of the interview.

3.1.4. Foreign Residents

Foreign residents, meaning people whose usual place of residence was outside the Nunavik region, were excluded from the target population. Foreign residents were defined as students from other villages and their families, members of the Armed Forces of another country and their families, workers from another village or town and their families who were in Nunavik on seasonal employment programs and had been issued special employment visas, and visitors from another part of Canada or another country.

3.2. SURVEY FRAME

Prior to development of the survey frame, the Commission d'accès à l'information du Québec (CAIQ) was asked in November 2003 to approve the lists required for this purpose, because they contained personal information. On February 5, 2004 the CAIQ formally approved the use of such information.

The Institut de la statistique du Québec (ISQ) was given the mandate to develop the survey frame. Many sources of information were used by the ISQ to count all private Inuit households in Nunavik. Priority was given to municipal rolls as the most comprehensive source of information. Only municipal rolls provide information on private households. They list all lodgings occupied by James Bay Agreement beneficiaries, i.e. home-owners and tenants of social or employer housing. Most municipal rolls were up-to-date in January 2004. When information was lacking, other lists were used such as those from employers who provide lodging to employees, such as Ungava's Tulattavik Health Centre, Inuulitsivik Health Centre, Nunavik Regional Board of Health and Social Services, Kativik School Board, Kativik Regional Government and the Kativik Regional Police Force. The Quebec electoral roll, the Kativik Housing Bureau and the telephone directory were also used. The electoral roll lists adults who are registered to vote. The Kativik Housing Bureau list is restricted to social housing, identifying service managers only, while the telephone directory lists households with a telephone, or about 75% of the houses in Nunavik.

However, these lists were often contradictory and numerous verifications had to be made in each community. The lists were combined and harmonized into a survey frame that was as comprehensive and up-to-date as possible.

As requested by the CAIQ, all lists used to build the survey frame were destroyed in December 2005, in order to respect privacy and prevent unauthorized access to personal information.

3.3. SURVEY SAMPLING

The survey plan was for a complex two-stage stratified random sampling. The first stage was to select a stratified random sample of private Inuit households with proportional allocation. The community was the only stratification variable used. This stratification allowed the representation of the target population to be up to standard. Since home addresses (civic numbers) in some municipalities are consecutive, the survey frame was sorted first by home addresses, followed by a systematic draw of a predetermined number of households to avoid selection of two immediate neighbours. Since many Inuit regularly move from one house to another, it was decided to sample households instead of individuals. The assumption was that recruiting a member of the household rather than a specific individual, would increase coverage of the target population. To obtain a good representation of each community, a proportional allocation of sample units corresponding to the size of each village was chosen. It was important to choose households from all 14 communities since the distances separating the villages could be associated with significant differences in lifestyle. In the second stage, all eligible people were asked to participate according to the survey steps or instruments.

The number of households to visit was decided prior to the survey in order to obtain estimates as accurate as possible. Table 3.1 shows the breakdown of households in the sample frame by municipality.

Table 3.1: Breakdown of Nunavik Households in the Sample Frame by Municipality

Municipality	Inuit households (Total)	Inuit households (Sample size)
Kuujuarapik	138	45
Umiujaq	77	25
Inukjuak	281	91
Puvirnituk	271	88
Akulivik	99	32
Ivujivik	54	17
Salluit	210	68
Kangiqsujuaq	113	37
Quaqtaq	70	23
Kangirsuk	93	31
Aupaluk	36	12
Tasiujaq	53	17
Kangiqsualujjuaq	153	49
Kuujuuaq	441	142
Total	2089	677

4. PROMOTIONAL CAMPAIGN

A promotional campaign on the survey was conducted, informing Nunavik residents of its objectives and the collective benefits of participating. The campaign was also a way to reinforce community spirit. To maximize collaboration on the part of the community, it was decided to conduct the survey with the Inuit population in a participative manner. Whereas in previous surveys the Inuit had essentially played a passive role, the 2004 health survey featured direct involvement by the population. A number of communication devices were used to stimulate active participation by the Inuit. The Inuktitut word chosen for the theme, “Qanuippitaa?” (“How Are We?”), was designed to create a sense of identification with the survey. Promotional tools included a survey logo, leaflet, poster, press releases, Web site (www.qanuippitaa.com) and radio message with music, all produced locally by the NRBHSS and community leaders. Local mayors and health centre delegates were met in order to inform them of the study and gain their approval; they were given information to use in helping to promote the survey. The mayors were encouraged to publicize the survey on local radio. Daycare centers, schools and employers were also contacted to facilitate survey participation. Free baby-sitting was provided for children under five, employers authorized randomly-selected staff members to take time off for the survey, and teenagers were allowed to miss school in order to participate.

A phone number was made available for people wanting more information on the survey. This was the number for the office of the campaign coordinator, who had prepared an information sheet for the employee assigned to answer questions.

The Web site, in Inuktitut, English and French, was designed to accommodate Internet connections in Nunavik, which are not technologically advanced. It was primarily used during the period of data collection to inform the population about the journey of the Amundsen as it proceeded from community to community. The site contained photos, a log book and general information about the survey.

At the beginning of data collection, press releases were sent to regional newspapers, journalists and other media. One press release aimed at enhancing survey participation targeted the Nunavik region, while another was prepared for southern Canadian media.

Presented in Appendix A are the survey’s logo, leaflet, poster, radio advertisement script and letter to employers. The logo was designed to convey the idea of Inuit-oriented research involving a ship. The logo represents a Canadian icebreaker floating in Nunavik seas with a warmly clothed person standing on the prow looking at the horizon with a telescope. In the water is the theme written in Inuktitut. The leaflet provides a step-by-step description with drawings of each test for participants in the survey. The radio campaign included information capsules interspersed with a traditional Inuit musical theme. The poster was put up after the radio campaign as visual reinforcement for the radio message. It showed pictures of the ship and of simulated interviews, and referred to the Web site for further information. The letter to employers asked for their collaboration in freeing employees to participate without loss of pay. To ensure that this privilege would only be granted to participants, employers were informed that the participant would receive an appointment sheet confirming his or her random selection, along with a participation coupon duly identified as being for the survey.

Lastly, to stimulate even more participation, a lottery was held for which the prizes were airplane tickets. Air Inuit provided one ticket per community for domestic trips within Nunavik, while First Air provided two tickets, one for each coast, which could be used for flights to southern Quebec.

5. DATA COLLECTION

5.1. SURVEY CONTENT

The survey was based on self-administered questionnaires and interviewer-completed questionnaires. It also included a clinical component, with tests involving physical and biological measurements and a nurse-completed clinical questionnaire. Since participation was voluntary, participants were asked to sign a consent form before data collection was begun (Appendix B). Minor subjects, i.e. those aged 15 to 17, were asked to sign an assent form after prior authorization to participate in the survey had been given by a parent. The consent and assent forms were approved by the Comité d'éthique de la recherche de l'Université Laval (CERUL) and the Comité d'éthique de santé publique du Québec (CESP). Each participant received monetary compensation for participating in the survey.

To ensure that all relevant information was clearly conveyed to participants, and to respect the oral tradition of the Inuit population, the consent form was recorded on a DVD in Inuktitut, English and French, the three languages spoken in Nunavik. Participants were thus able to view simulations of the various steps of data collection while listening to the complete content of the consent form.

5.1.1. Questionnaires

Initially, the design and content of the survey questionnaires were similar to those used for the 1992 Santé Québec Survey (Santé Québec, 1994). A preliminary edit took into account methodological problems noted by coordinators during that survey (Jetté & Chevalier, 1992), the partial non-response rates observed in 1992 (Santé Québec, 1994), the health and social problems prevalent among the Inuit and the issue of comparability with data from that study. To optimize the comparison of data with the Canadian population as a whole, as well as with that of Nunavut, many questions were selected from the 2003 and 2004 surveys conducted by Statistics Canada, entitled Canadian Community Health Survey (CCHS) cycles 2.1 and 2.2 (Statistics Canada, 2003 and 2004). This work was led by a special committee of professionals with combined expertise in statistics, nursing, demographics, anthropology, nutrition, epidemiology, psychology and medicine. Many committee members also had a good knowledge of the Inuit culture.

Experts also examined each thematic section to confirm that the content was applicable and that it covered various emerging problems in the North. These experts made recommendations to improve the questionnaires. Some of the questions asked in 1992 were eliminated and replaced by new ones taken from the CCHS surveys or from other proven questionnaires or scales. Most of the questions used had already been used in other studies or were field tested.

Accurate translation of the questionnaires was an important requirement for this project. Inuktitut, the native tongue of the Inuit of Nunavik, has many particularities. Two Inuktitut dialects are spoken in Nunavik, one along the coast of Hudson Bay, the other along that of Ungava Bay. While the language of communication between Inuit is Inuktitut, the language of communication between Inuit and people from the South is primarily English, but sometimes French. It was therefore important to offer these three linguistic options to the respondent. Moreover, some questions had to be asked in a hybrid language since some words in English or French have no equivalent in Inuktitut (Jetté & Chevalier, 1992).

The questionnaires were first prepared in English and then translated into Inuktitut by a specialist with a command of the Hudson and Ungava dialects. Next, another qualified person translated the Inuktitut version back to English. The two translators then met to harmonize their respective versions, and Inuit representatives of the survey advisory committee made a final revision. This committee was composed of the Nunavik Public Health Director, three Inuit representatives and four members of the study preparation team (INSPQ and URSP-CHUQ). After the English questionnaires had been translated into French, the final step was to publish the results in two versions: one in Inuktitut and English, the other in Inuktitut and French.

The questionnaires were administered using printed forms instead of computer-assisted interviewing. Despite the disadvantage of a lack of control for inconsistencies or out-of-range responses, printed forms were preferred since Inuit interviewers would work with them more effectively. A variety of presentations were tested, and a layout was chosen in which the pages were divided vertically, with questions in English (or French) on the left and Inuktitut on the right. This presentation maximized clarity and understanding, and facilitated administration of the questionnaires.

Seven instruments were used for data collection: 1) an identification chart; 2) a household questionnaire; 3) an individual questionnaire; 4) a confidential questionnaire; 5) a 24-hour dietary recall; 6) a food frequency questionnaire; and 7) a clinical questionnaire. These are presented in Appendices D1 to D7. Appendix D8 displays the cards used during interviews to make it easier to administer the questionnaires.

- 1) The *Identification Chart* was used to establish the list of household members, their relationship with the main household respondent, and their ethnicity, age and gender.
- 2) The *Household Questionnaire* allowed information to be gathered for each member of the household. The following themes were covered: accidents and injuries, gastroenteritis, chronic health problems, respiratory health of children, medication use, exposure to second-hand smoke, water quality, socio-demographic data, food insecurity and food preparation.
- 3) The *Individual Questionnaire* was administered in face-to-face interviews with subjects aged 15 and over. It collected information on health perceptions, dental health, women's health, living habits (smoking, exercise, nutrition, hunting and fishing, gambling, etc.), environmental contaminants, safety and transportation, social network, community wellness and certain socio-economic characteristics.
- 4) The *Confidential Questionnaire* was self-administered to subjects aged 15 and over. It documents delicate subjects such as psychological well-being, suicide, alcohol and drug use, sexual behaviour, sexual abuse, individual violence and community violence. A second version was developed for adults only that included questions about sexual abuse and individual violence (Appendix D4: questions 35 to 42).
- 5) The *24-hour Dietary Recall* and 6) the *Food Frequency Questionnaire* were administered in face-to-face interviews with subjects aged 18 to 74, excluding pregnant women. These questionnaires collected information on food and nutrient intakes, eating patterns, food sources (traditional food vs. store-bought food), etc. A detailed description of these questionnaires and the dietary data collection methods is presented in Section 2.

- 6) The *Clinical Questionnaire* was administered to subjects aged 18 to 74. It provided information on pregnancy and menopausal status, personal and family medical history, and cancer and cardiovascular disease and associated risk factors.

Complementary to the questionnaires, several cards were supplied to assist interviewers during the administration process. Card “A” helped in calculating age from the birth date provided by the participant. Card “B” was used for coding the response to question 7 in the identification chart, regarding relationships between members of the household. Cards “C”, “D”, “E” and “F” were showed to participants to help when questions had many possible answers (e.g. question 12 of the household questionnaire, and questions 57 to 60 and 62 of the individual questionnaire). Card “G” was used for coding the responses to questions 10 and 12 in the identification chart.

5.1.2. Clinical Session

Individuals aged 18 to 74 years were invited to participate in the clinical session, which was conducted by research team nurses. Participants first had to answer a clinical questionnaire (Appendix D7). Then they had a blood test and physical measurements were taken such as blood pressure, pulse, body temperature, anthropometric measurements and toenail sampling. An oral glucose tolerance test (OGTT) was administered to non-diabetic and non-pregnant participants. Women between 35 and 74 years of age were invited to have a bone densitometry test. Additionally, consenting participants between 40 and 74 years of age could have an atherosclerosis screening test and a two-hour test of cardiac rhythm performed using a Holter monitor. Finally, after the clinical session, a hearing test was conducted by an audiologist. Appendices D9 to D11 present the clinical session forms in detail.

Appendix D9: The *Clinical Nurse Record Form* was used to note the number of hours the respondent had fasted and the taking of a venous blood sample, an oral glucose tolerance test, a Holter test and toenail sampling. The form was also used to record blood pressure, pulse, body temperature and anthropometric measurements.

Appendix D10: The *Hearing Screening Form* was used to record results of the hearing test.

Appendix D11: The *Ultrasound Densitometry – Achilles In Sight Form* recorded the results of the bone densitometry test.

5.1.2.1. Blood Samples

Participants were advised to fast for at least eight hours prior to blood sample collection. Nearly 50 mL of blood was taken from each participant and the specimens were analyzed in a laboratory following a strict protocol. Within three hours of sample collection, the tubes were labelled and refrigerated at 4°C prior to centrifuging. Thereafter all tubes were stored at either -20°C or -80°C. Tubes were sent in styrofoam coolers packed with ice to the biochemistry department of the Hôpital Laval in Quebec City, where they were analyzed for total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, glucose, insulin, biochemical determinants of anemia, and thyroid gland markers. Some tubes and nail clippings were sent for environmental contaminant analysis to the INSPQ’s laboratory, the Centre de Toxicologie du Québec (CTQ). Other samples were sent to McGill University’s Division of Infectious Diseases, to the microbiology department of the Montreal General Hospital, and to the Laboratoire de Santé Publique du Québec (LSPQ) for zoonosis analysis. Once all

laboratory analyses were finished, the remaining blood samples were sent to the INSPQ where they will be stored in freezers at -80°C for 15 years. Laboratory analyses are presented in Appendix E.

5.1.2.2. Blood Pressure and Body Temperature Measurements

Blood pressure was taken using the Canadian Coalition for High Blood Pressure technique using mercury sphygmomanometers, 15-inch stethoscopes, and cuffs sized to subjects' arms. Prior to the measurement of blood pressure and pulse (Chockalingham, 1988) subjects were required to have rested for at least five minutes and to have not eaten or smoked for at least 30 minutes. Two blood pressure readings were taken for each subject. Subjects were seated, legs straight, with their right arm at heart level. Maximum cuff inflation was determined before taking the true reading. The first and fifth Korotkoff noises were then recorded as the systolic and diastolic readings respectively. If noises were heard up to 0 mm Hg, the fourth Korotkoff noise was also noted. Similar conditions were used for the pulse measurement, which was taken on the right wrist of the participant for 30 seconds, or if the pulse was irregular, 60 seconds.

Body temperature was taken orally using a Welch Allyn™ SureTemp Plus™ electronic thermometer.

5.1.2.3. Anthropometric Measurements

The height of participants was obtained using a rigid square and measuring tape, as they stood barefoot on a hard surface with their back against a wall. This forced participants to stand upright. Waist size was measured after exhalation with the tape placed horizontally where the abdomen curves in. If the subject's waist was not sufficiently defined, he or she was measured at roughly the location of the last floating rib. Hip circumference was assessed by placing the measuring tape horizontal to the hips at the pubic symphysis and the most prominent part of the buttocks. All of the foregoing measurements were recorded to the nearest centimetre. Weight was taken on a beam scale. Bioelectrical impedance was taken using the Tanita™ technique, consisting of a leg-to-leg system based on pressure-contact footpad electrodes. The electrical frequency used was less than 50 kHz, 90µA. Measurements were taken on bare, spotlessly clean feet, since the presence of dirt can block low-frequency current. Participants wearing a pacemaker were not permitted to receive this test.

Sitting height measurements were included in the survey in order to develop a sitting-height-to-stature ratio, also known as the Cormic index. The subject sat on a table with the back of the knees touching the edge of the table, facing forward and as tall and straight as possible, with the head level, shoulders and upper arms relaxed, and the forearms and hands extended forward horizontally with the palms facing each other. The thighs were parallel and the knees were flexed 90 degrees. The foot support on the sitting height table was adjusted as needed. At the maximum point of quiet respiration, vertical distance was measured, between the sitting surface and the top of the head, with the measuring stick attached to the sitting height table. Two measurements were taken to the nearest millimetre, and repeated if there was a variation of more than 1 cm between them.

5.1.2.4. Bone Density Measurements

The bone density measurements were performed at the right calcaneum using the Achilles™ ultrasound bone densitometer, which is a generally accepted method for measurement of bone and has been shown to be strongly associated with future fracture risk (Gluer et al., 2004; Stewart et al., 2006).

This technique is fast (approximately three minutes), simple, non-invasive, safe (radiation-free), inexpensive and portable (Lunar Corporation, 1995, Wisconsin). The heel is immersed in water and an ultrasonic pulse propagates through the bone. The three ultrasound parameters measured were: 1) broadband ultrasound attenuation (BUA, dB/MHz), which reflects bone density as well as architecture; 2) speed of sound (SOS, m/sec), which reflects bone density and elasticity; and 3) bone stiffness index (SI, %), which reflects the rigidity of bone structure. SI was computed from BUA and SOS measurements using the manufacturer's equation and expressed as a percentage of young adults' average peak SI ($SI = 0.67 \cdot BUA + 0.28 \cdot SOS - 420$) (Lunar Corporation, 1995, Wisconsin). The densitometer was calibrated daily using the acoustic phantom provided by the manufacturer, and showed no drift.

5.1.2.5. Holter Test

Cardiac rhythm was measured using a portable Series 8500 Holter monitor (Marquette Electronics) attached to the chest with seven electrodes for a two-hour cassette recording. Heart rate variability is a non-invasive technique that is useful for obtaining information about the cardiac autonomic function. Recordings were interpreted by Dr. Paul Poirier, a cardiologist at the Hôpital Laval in Quebec City.

5.1.2.6. Atherosclerosis Screening Test

Screening for atherosclerosis was done by a carotid ultrasound examination. Carotid intima-media thickness (IMT) is the best assessment of sub-clinical atherosclerosis; it was measured using a portable non-invasive ultrasound technique on twelve segments: two each of the internal, external and common carotids, on the left and right sides. Tests results were recorded on a CD using a hand-carried ultrasound system (GE LOGIQ Book), combined with high-performance transducers for clinical application (10LB-RS Vascular Linear Transducer). Results of the screening were interpreted by Dr. Eva Lonn at McMaster University in Hamilton.

5.1.2.7. Oral Glucose Tolerance Test (OGTT)

The OGTT test is used to diagnose diabetes. For an OGTT to be carried out, the participant had to fast for at least eight hours before the test, and had to be neither diabetic nor pregnant. The test began with a capillary blood glucose test. If the results showed a glucose level below 7.0 mmol/L, a blood sample was taken. Next, within about five minutes, the participant had to drink 300 mL of a sweet beverage called Glucodex, which contains 75 mg of glucose. Finally, a second blood sample for glucose analysis was taken two hours later, the participant being advised to neither eat nor smoke during this period.

5.1.2.8. Toenail Sampling

A toenail clipping of 30 mg was taken in order to measure selenium in cell tissues. This sample is a measure of long-term exposure and complements the measurement of selenium in the blood.

5.1.2.9. Hearing Test

The protocol used for the hearing test was adapted from the World Health Organization (WHO, 1999: Ear and Hearing Disorders Survey). The test was performed in a single-wall sound-proof booth. Portable audiometers (Maico MA-41 and MA-39) were used, fitted with Amplivox Audiocups noise-

excluding headsets. The audiometers were calibrated before and during the survey and conformed to current ANSI standards. A biological check was performed daily to verify that a person with normal hearing responded to a 20 dBHL stimulus at 1 kHz, 2 kHz and 4 kHz.

The participant was seated with his or her back to the audiometer and the tester, with earphones placed directly over the ear canals. To avoid bias, the technician was instructed to vary the length of time between sound stimuli. Testing began in the right ear at 40 dBHL at 1 kHz. If there was no response, the level was increased in 10 dB steps until there was a response. When there was a response, the level was decreased by 10 dB steps until there was no response, and then increased by 5 dB steps until there was a response. The level continued to go down 10 dB, up 5 dB until the threshold was confirmed three times. If 20 dBHL was reached, the response was confirmed twice and the test did not go below this level. After testing at 1 kHz, the test continued at 2 kHz and 4 kHz in the same manner. The test was then repeated at 1 kHz. If the threshold was not within 5 dB of the first test at 1 kHz, the entire test was redone. Then the left ear was tested using the same procedure. Examinations were done by three technicians who had been trained in the test protocol by an audiologist.

Noise levels inside the sound booth were measured once or twice a day using a Quest 2900 Sound Level Meter. Levels varied from 41.9 to 64.0 dBA depending on weather conditions and whether the ship's engines were running. However, because the noise-excluding headset provides an attenuation of 30 ± 8 dB at 1 kHz, 39 ± 7 dB at 2 kHz, and 44 ± 8 dB at 4 kHz, ambient noise should not have affected the results.

5.1.2.10. Abnormal Results

In January 2005, participants with high blood pressure or with abnormal levels of blood lipids, blood glucose, or anemia or thyroid gland markers, were informed and encouraged to contact their community CLSC. A letter was sent to each such person's physician to update their medical file, provided the participant had given prior consent.

5.2. FIELD TESTS

Two field tests were done to validate the survey questionnaires. For the first field test, a group of 12 Inuit residing in Nunavik was interviewed in English only while visiting Montréal in February 2004 (Dupont, 2004). The principal objectives of the test were to evaluate reactions to the questions, identify questions that were unclear to the respondents, and obtain estimates of the completion-time required for each questionnaire. Four instruments were administered on this occasion: the identification chart and the household, individual and confidential questionnaires.

A more structured field test was carried out in April 2004 in the municipality of Kuujuaq (Desgroseillers, 2004), which was chosen on the recommendation of the advisory committee. This second field test included nutrition questionnaires, Inuktitut versions and the presence of Inuit interviewers. Neither this field test nor the first included clinical tests (e.g. blood sampling or anthropometric and other physical measurements).

The objectives of the second field test were to verify recruitment techniques, phrasing of the questions, respondent comprehension, questionnaire administration time, the clarity of directions, the facility with which the main respondent was identified, any other issues related to questionnaire

administration, and the overall receptivity of the community being surveyed. In addition, this field test served to evaluate the effectiveness of the training session for Inuit interviewers.

The initial selection of 20 randomly selected households did not allow a sufficient number of participants to be recruited, due to a high rate of refusal and inadequate initial contact. Respondents had to be recruited on a voluntary basis. Thus the recruitment process and the identification of the main respondent in the household could not be evaluated during the field test. It was concluded that the initial contact with selected households should be rigorously planned and that a large-scale promotion campaign should be implemented to maximize participation in the survey.

For the second field test, 29 people agreed to participate. Subsequently, the questionnaires were extensively revised and corrected in response to suggestions from interviewers and comments by respondents. Many questions were discarded because the questionnaires had required far too much time to administer. Questions needing more detailed answers were reformulated, since the Inuit have a tendency to respond concisely. A strategy was developed for managing potential psychological problems that could arise with sensitive questions on the confidential questionnaire. It was also decided to give respondents the option of answering the confidential questionnaire with the help of an interviewer. This would assist respondents with literacy problems along with those who simply preferred the help of an interviewer even for sensitive subjects.

The second field test revealed that lack of experience caused the Inuit interviewers to struggle with administering the questionnaires. It was agreed that an extensive training session was necessary, giving more details and more concrete examples. Daily supervision throughout the data collection would also be required to reinforce developing skills and to correct mistakes.

5.3. TRAINING SESSION

Interviewers and nurses were given a four-day training session, one week prior to the survey. The main objective was to standardize data collection and thus obtain the most accurate information. A total of 25 people took part in the training session, including six nurses and 19 interviewers, 11 of whom were Inuit. After the training session, seven additional interviewers (five of them Inuit) were recruited; unfortunately they were less prepared for data collection. These people were trained as the survey was in progress, first by observing other interviewers and then with the supervision of an experienced interviewer during their first day of interviewing.

After a general presentation of the survey, personnel were divided up according to task. People who would work in the villages making the first contact with participants were assigned to the land recruiting team coordinator. They traveled by plane so they would arrive in the villages a few days before the ship. Their task was to recruit participants and then administer the consent form, identification chart and household questionnaire.

To harmonize data collection from the clinical tests, the research nurses were trained by the clinical coordinator, a nurse performing field testing. Throughout their training the nurses were instructed to respect the duly validated protocols and procedures described in 5.1.2.

The interviewers were trained by the clinical coordinator and the epidemiologist responsible for the nutrition component. Two training manuals were given to the interviewers, one for health questionnaires and the other for dietary questionnaires. General and specific instructions for each questionnaire were explained and reviewed. A simulation of administering a questionnaire was conducted to ensure that both content and procedure were well understood by all interviewers. Finally, a workshop allowed interviewers to practice administering each of the questionnaires, which they did in groups of two.

5.4. DATA COLLECTION STEPS

5.4.1. Land Recruiting Team

The land recruiting team had the job of visiting households (previously selected at random) and soliciting participation in the study. They were also responsible for administering consent forms, the identification chart and the household questionnaire. Finally, they had to organize home visits by personnel from the ship for blood sampling of the participants who did not have an appointment on the ship first thing in the morning.

The land recruiting team was composed of a coordinator and two groups of three people, of whom two were Inuit interviewers while the third was a nurse. Each community was visited by one group only, with the two groups taking turns. The Inuit interviewers required supervision from the land recruiting team coordinator, who was in contact with a quality control team on board ship. By the end of the study, the Inuit interviewers had gained confidence and a third group had been formed. A group would arrive in a community three days before the ship to set up a local team comprised of a local representative, a translator and a driver. In each village, the team had access to a quiet office in which to conduct interviews.

While the translator and driver had the relatively small task of assisting the nurses with communications and transportation, the local representative had a more elaborate mandate. Scrupulously selected as a respected member of the community, the local representative was responsible for updating information linked to the sample and putting together an appointment sheet for the recruiting team. These tasks were carried out in collaboration with the land recruiting team coordinator, who provided supervision. The local representative began by contacting each of the selected households by telephone to inform them about the survey and to set up a visit by the local team. Carried out in Inuktitut, this initial approach laid the basis for a relationship of confidence between recruiting personnel and the population. Subsequently, the team visited each household to meet the participants. If no one was at home, three attempts to reach the residents of the selected household were made using different modes of communication. The team took advantage of working in small communities by seeking the assistance of neighbours or friends. An advertisement on the local radio station also invited members of selected households to communicate with the team. If all of these attempts failed, an additional phone call was made to the residence.

To ensure that valid information was obtained for the identification chart and the household questionnaire, it was important that the main household respondent be reliable. The guideline for interviewers was to contact the mother as first choice. Inuit fathers are not traditionally involved in child care and so are not always able to provide the kind of information required for the survey. A different adult was interviewed only when it was impossible to meet the mother.

At the end of each day, two telephone conferences were organized by the land team coordinator, one with the groups of three, the other with managers of staff on board ship. These conferences were for the purpose of reviewing the day's activities, solving any problems encountered and planning schedules for the next day.

Once the recruiting step was completed, the team drew up an appointment list for shipboard staff. The sheet used for this list is presented in Appendix C, item 4. The list was sent to the communicator on the ship and to those who were designated for transportation. The communicator was an Inuit whose responsibility was to facilitate communications between those working on land and those on board ship.

The Inuit essentially live in the present and have a different sense of time than do people from the South. A follow-up strategy for appointments was therefore necessary, without losing sight of the voluntary basis of the study. People with an appointment were first reached at home by a driver offering them a ride to the wharf, or to the airport when the ship was anchored too far away. On site, the communicator did a roll call of expected participants. If anyone was absent, the communicator contacted the local representative to set up another appointment. The communicator could also visit the home to remind the participant of the appointment. This was followed up by a radio advertisement in which the communicator made a general announcement to remind people about the presence of the ship and asking for the collaboration of the community. Finally, the communicator visited the mayor who could persuade people of the importance of participating.

Participants were taken to the ship by barge or helicopter, depending on the weather and tides. More expensive, the helicopter was used when the tides or strong winds prevented the ship from anchoring close to the village. This situation occurred primarily in villages along the Ungava coast where the tides are typically extreme.

5.4.2. Overview of the Data Collection

Interviews began in the home. First, participants listened to the DVD explaining the study, and then signed the consent form if they agreed to participate. As mentioned earlier (segment 5.1), the DVD recording of the consent form was a way of respecting the oral tradition of the Inuit while also maximizing comprehension. Throughout the survey it was noted that the DVD created a favourable atmosphere and stirred up curiosity. For the next step, interviewers asked to meet the main household respondent in order to complete the identification chart and the household questionnaire. (The main respondent had to be an Inuit adult able to provide information about every member of the household.) Afterwards, all members of the household aged 15 or older were invited to meet survey staff aboard the Amundsen a few days later for individual interviews and clinical tests. Eligibility for particular questionnaires and clinical tests was determined by age, gender, pregnancy status and diabetes status. Participants aged 15 and over were asked to answer an interviewer-completed individual questionnaire and a self-administered confidential questionnaire. Participants from 18 to 74 years of age were also asked to complete a food frequency questionnaire and a 24-hour dietary recall, and to participate in a clinical session. Food frequency questionnaires and 24-hour dietary recalls were administered in face-to-face interviews.

During the clinical session, participants were asked to answer a questionnaire about their health status. Then a nurse took a fasting blood sample and a toenail clipping. For participants who did not have an appointment aboard ship first thing in the morning, the fasting blood sample was done at home by nurses who went to the village each morning. Pulse and blood pressure were taken during the clinical session, along with anthropometric measurements (except for pregnant women). A specialized technician performed a hearing test. An oral glucose tolerance test was performed on fasting non-diabetic participants. Women 35 to 74 years of age were invited to have a bone densitometry test. Lastly, participants 40 to 74 years of age could have an atherosclerosis screening test and a two-hour measurement of cardiac rhythm performed with a Holter monitor.

Clinical questionnaires were administered by a nurse. Household, individual and nutrition questionnaires were administered by an Inuit interviewer or an interviewer from southern Quebec. Interviews were conducted in Inuktitut, English or French depending on the preference of the participant. Interviews and tests could last anywhere from an hour to four and a half hours, depending on age, gender and whether the respondent was the main respondent for a household.. The shortest interviews were for participants under 18 or over 74. The longest were for women aged 40 to 74 who were the main respondent of a household.

At the end of data collection, participants received a health notebook in which were recorded whatever results were immediately available, such as blood pressure, pulse, body temperature, anthropometric measurements, and the bone densitometry and hearing test results. In addition, the notebook contained a proof of participation for employers, a coupon for the participant's honorarium that could be redeemed at the general store, and a coupon for the draw for airplane tickets.

5.5. PRIVACY AND CONFIDENTIALITY

To ensure confidentiality during the various procedures of data collection, efforts were made to conduct interviews in private. All members of the survey staff (interviewers, nurses, coordinators, nutritionists and others) were informed of the confidentiality standards and required to sign a confidentiality agreement. Study instruments containing personal information bore no indication of the participant's name, since participants were identified by a number. In addition, field personnel ensured that unauthorized persons could not gain access to completed documents.

All personal information, such as names and addresses, that could identify respondents or their households was kept in separate folders and stored in a secure, locked place. During the course of the survey, forms and questionnaires passed from interviewers to the clinical coordinator and thence to the offices of the INSPQ, where they were coded upon receipt and kept until data entry. These forms and questionnaires were stored securely in INSPQ offices. At the end of the survey they were placed in the INSPQ archives for a five-year period, after which they will be destroyed. Any use of the blood samples for purposes other than those described in the present protocol must be approved by an ethics committee of the INSPQ.

6. DATA PROCESSING

6.1. DATA VERIFICATION PROCESS

Since operations on land and on the ship went on almost simultaneously, and since it was impossible to know beforehand whether a given candidate would agree to participate, two distinct anonymous identification numbers were assigned to each participant. The *participant number* was linked to the survey frame and assigned by the land team. It was composed of seven digits. The first two digits referred to the community, the next three were an anonymous identification of a house in that community, and the last two referred to an individual in that house. When the last two digits were “00”, this meant the main respondent. The second member of the household was assigned “01” and so on. The participant number could not be used for data collection on the ship since blood sample tubes had to be labelled in advance. Though the main respondent answered the identification chart and household questionnaire for all members of the household, some of the latter might not consent to the individual questionnaires and clinical testing. Therefore, a *study number* was created. A study number was assigned to each participant who signed a consent form, while participant numbers were assigned to every member of a participating household. Study numbers were allocated sequentially by the clinical coordinator in order of the participants’ appearance on the ship. The *master list* linking participant numbers and study numbers is presented in Appendix C. The master list was carefully updated by the clinical coordinator, who verified the concordance between names on the identification chart and on individual checklists. An individual checklist was attached to the participant’s folder and used to keep track of his or her progress on the ship. The folder contained the consent form, clinical forms and all questionnaires to be completed. Hence, the clinical coordinator could check whether the participant had taken all of the tests for which he or she was eligible.

Once the participant left the ship, the folder was transferred to a quality control team. This team was responsible for documenting non-responses and for supervising the interviewing process. Each operation in the data collection was verified every day. The *questionnaire response* form (in Appendix C) was completed according to the information recorded on the individual checklist. Afterwards, instruments containing personal information—consent forms, individual checklists, identification charts—were removed from participant folders and placed in a separate set of folders to prevent unauthorized access to personal data. All questionnaires were thoroughly reviewed by the quality control team, watching for inconsistent or unusual reporting. Interviewers were then met individually to correct mistakes and improve their skills.

6.2. DATA ENTRY

All questionnaires and forms completed during data collection were transferred to the INSPQ for coding. First, answers or details written in Inuktitut, particularly for the confidential questionnaire, were translated into English. The transfer of results from paper-based to computer-based files was done by an external firm in the case of most questionnaires and clinical forms, but not for the 24-hour dietary recall, the master list and the questionnaire response form. The firm was required to follow a coding guide prepared by the INSPQ. This guide included a list of the items to be recorded, with the name, type and length of each variable. Special notes targeted questions that were presented differently, and gave directions in the event of unusual reporting. The firm was instructed to report to the INSPQ any peculiar case not considered in the instruction guide. To ensure uniformity, the

technicians were instructed to record the data as seen. Data capture quality was verified by having questionnaires and forms processed twice.

Data from the 24-hour dietary recall was transferred from paper-based to computer-based files by a nutritionist specialized in this task working at the INSPQ (see Section 2 of this report).

Blood samples were identified using stick-on numbers and sent for analysis to different laboratories as arranged by previous agreement (see 5.1.2.1 for the laboratories used). Each laboratory returned a computer file of the analysis results to the INSPQ.

6.3. DATA VALIDATION AND CORRECTION

Once the computer capture of questionnaires and clinical forms was finished, data was submitted to a comprehensive validation process to ensure that it was up to standard for analysis.

Validation began with looking for missing or repeated identification numbers and invalid or inconsistent codes, for each survey instrument. Illogical results between interrelated questions were caught and corrected using the answers to filter questions. Items collected by more than one survey instrument were cross-checked for reliability. For instance, the year given for the last pregnancy (on the individual questionnaire) was checked against the participant's date of birth to verify that she was biologically capable of having a baby at that time. Paper forms were also used to catch inconsistencies in the computer-based files stemming from data capture errors. Answers to open questions, and details given under "Other" were harmonized to simplify management. Clinical tests or questionnaires mistakenly administered to a non-eligible person, e.g. a dietary questionnaire given to a pregnant woman, were automatically discarded even if the results were valid.

The master list, individual checklists, appointment lists and the survey frame were also used for validation. These lists recorded personal information such as date of birth and first name, which helped validate results involving age and gender. They also served to validate non-responses, pregnancy and diabetic status, identification numbers and ethnicity.

Results from the clinical tests were obtained directly from the laboratories, which were consulted subsequently if there were missing or repeated identification numbers. Information from the questionnaire response form (Appendix C, item 2) was used in rectifying identification numbers. For some subjects, tubes were labelled incorrectly and their results unfortunately had to be discarded.

From the original database to the final validated version, all corrections were recorded in a separate file. This file was very useful for documenting decisions made during the validation process. It allowed corrections to be adjusted, and errors repeated over many instruments to be harmonized.

Occasionally, the main respondent was unable to give the age of all members of the household. The missing information could usually be obtained from some other source such as the survey frame, which sometimes provided the date of birth, or from self-reporting if the person in question had participated in the survey. However, an imputation approach based on family relationships was used for three individuals for whom no information on age was available. The average age of brothers and sisters, the age of the spouse, and the average age difference between mother and a child were used to assign an age for these special cases.

6.4. PARTIALLY COMPLETED QUESTIONNAIRES

The confidential questionnaire went through an additional validation step because it was self-administered. Though guidelines were given on how to answer it, many participants struggled to follow instructions adequately. Hence, questionnaires showing partial non-response were checked. Out of 969 participants, errors of completion were found for 87 questionnaires. Four participants' answers had to be discarded because the partial non-response rate was too great to obtain valid estimates. These individuals were considered as non-respondent.

Partially completed individual questionnaires were also identified. Out of 1006 participants, only nine failed to complete the questionnaire. The reasons given were that participants were tired or bored and did not want to continue, or that it was late and the ship had to leave for another village. However, since in these cases a good portion of the interview had been completed, it was decided to keep the information collected for the analysis.

For the food frequency questionnaire, one section had to be completed entirely for valid estimates to be extracted. Out of 778 questionnaires, the country food and store-bought food sections were left partially completed by two and 14 participants respectively and had to be discarded for these sections. The reasons invoked were basically the same as those for the individual questionnaire.

Partial incompleteness was not an issue for either the clinical questionnaire or the 24-hour dietary recall. For the clinical session, every questionnaire was completed entirely. Partially completed 24-hour recalls were discarded prior to data capture, since by definition the entire day's consumption had to be recorded. A detailed, partial non-response analysis was done for the survey and is discussed in part 7.2.1.

6.5. CODING OF VARIABLES

Each item of data had a code. In the questionnaires presented in Appendix D, the codes displayed in the margins indicate the variable names associated with each question. The variable names associated with the dietary questionnaires are not presented in Appendix D, since a different method was used for the allocation of codes. A more comprehensive presentation of the variable coding used in the survey is presented in Appendix G. For each instrument, a table displays the list of variable names and their associated labels. An accompanying guide indicates the method used to calculate dietary intakes for the food frequency questionnaire.

The names of variables for questionnaires and clinical forms always begin with a two-letter prefix identifying the instrument. These prefixes are "hh" for the household questionnaire, "id" for the identification chart, "in" for the individual questionnaire, "co" for the confidential questionnaire, "cl" for the clinical session questionnaire, "he" for the hearing test form, "nu" for the clinical nurse record form, and "os" for the bone densitometry form. For clinical forms, the prefix is followed by a label identifying the measurement. For questionnaires, the prefix is followed by the number associated with the question. Where a question allows for multiple answers ("Circle all that apply"), the question number is followed by an underscore, followed by a number for each answer. For answers of the type "Other (specify)", for which details were written in, their variables ended with an "s". However, measurements taken in a laboratory do not follow this convention. In their case, the variables generally have a name corresponding fairly closely to what they represent.

7. DATA QUALITY

7.1. WEIGHTING PROCESS

The principle behind estimation in a probability sample, as in the 2004 Nunavik Inuit Health Survey, is that each person in the sample “represents”, along with himself or herself, several others not included in the sample. For example, in a simple random 20% sample of the population, each person in the sample represents five members of the population. Thus, according to the terminology used in this report, we would state that each person has a weight of five.

The weighting process consists of calculating for each person his or her associated sampling weight. The relevance of sampling weights is the ability to infer, from a result obtained from a sample, a result pertaining to the entire population under study, thus deriving meaningful estimates from the survey. Weighting participant answers takes into account the probability of selecting each individual as induced by the design of the survey, the rates of non-response, and differences observed between the sample and the population. The latter can be caused by sampling variability, differential representation among socio-demographic groups, and potential sampling errors such as differential response rates or omissions in the survey frame (part 7.4.2).

For estimates generated from survey data to be representative of the entire population under study (and not just of the sample), weights must be incorporated into the calculations. A sampling weight is assigned to each person in the *final sample*, that is, people who answered the survey. The weight corresponds to the number of persons in the entire population who are represented by the respondent.

The Institut de la statistique du Québec (ISQ) was given the mandate of calculating the sampling weights used in the survey. The ISQ produced sets of sampling weights for each survey instrument. Some clinical tests targeting people 18 to 74 years of age were regrouped to reduce the number of sets of sampling weights. Respondents to the OGTT test were not weighted, since the response rate was too low to infer test results to the whole population. The ISQ provided a detailed report on the method used to calculate sampling weights, a condensed version of which is presented in Appendix H. The first three sections, dealing with the survey frame and participation rate, are left out because those topics are dealt with elsewhere in this report.

7.2. RESPONSE RATES

Of the 677 households visited by the interviewers, 670 were eligible according to the specifications defined for the target population (part 3.1). Among these eligible households, 521 agreed to participate in the survey, giving a household response rate of 77.8%. These 521 households represented 2550 individuals. Table 7.1 shows the breakdown of households by their eligibility for the survey sample.

Table 7.1: Breakdown of Households by Eligibility for the Survey Sample

	Number of households	Percentage among eligible households
Ineligible households		
Vacant accommodations	2	
Accommodations occupied by people not supposed to be interviewed (non-Inuit)	3	
Housing units under construction or burned	2	
Subtotal	7	
Eligible households		
Participating households	521	77.8
Households refusing	83	11.9
Nobody at home (impossible to reach)	22	3.3
Household members temporarily absent	20	3.0
Impossible to interview due to death, disease or any other unusual situation	5	0.7
Unspecified	19	3.3
Subtotal	670	100.0
Total	677	

The response rate is defined as the ratio of the number of participating units to the number of eligible units. In this survey, the household and individual instruments were administered in sequence. Response rates tend to be low for individual instruments, since each member of a non-participating household is automatically a non-respondent for individual instruments. Therefore, individual response rates are obtained by multiplying the household response rate by the individual collaboration rate, which is the proportion of eligible individuals in the 521 participating households who agreed to participate. The response rates presented in Table 7.2 are weighted by the probability of selection of an individual, allowing comparison with response rates for any other surveys on the same population regardless of the sampling model used.

Table 7.2: Response Rates for the Survey Questionnaires and Clinical Tests

Questionnaire	Eligibility criteria	Number of eligible individuals	Number of participants ²	Collaboration rate (%)	Response rate ³ (%)
Individual	15 years or over	1527	1006	66.2	51.5
Confidential	15-17 years	178	113	62.3	48.5
	18 years or over	1349	856	63.8	49.6
Food Frequency	18-74 years (excluding pregnant women)	1294	778	60.5	47.1
24-Hour Dietary Recall	18-74 years (excluding pregnant women)	1294	664	51.5	40.0
Clinical Session	18-74 years	1330	889	67.3	52.4
Clinical Test					
Venous Blood Sample	18-74 years	1330	919	69.6	54.1
Toenail Sample	18-74 years	1330	713	54.3	42.2
Hearing Test	18-74 years	1330	821	62.3	48.5
Anthropometric Measurements	18-74 years (excluding pregnant women)	1294	867	67.5	52.5
OGTT (Oral Glucose Tolerance Test)	18-74 years (excluding pregnant women and diabetics)	1267	166	13.2	10.2
Bone Densitometry	Women 35-74 years	317	207	65.5	51.0
Holter Monitoring	40-74 years	472	211	44.0	34.2
Atherosclerosis Screening	40-74 years	472	282	59.6	46.4

¹ For the food frequency questionnaire and the 24-hour dietary recall, clinical tests, anthropometric measurements and OGTT, eligible individuals are estimated since the information about pregnant women and diabetic individuals was available for respondents only. The number of pregnant women in the survey frame was estimated according to the proportion of pregnant women found in the sample.

² The response rate is the product of the collaboration rate and the response rate to the household questionnaire (77.8%).

7.2.1. Reasons for Non-Response

Reasons for non-response for each instrument are shown in Appendix F. Reasons are listed in the tables by order of descending frequency.

Eligible individuals who did not sign a consent form constitute the largest group of non-respondents among participating households. The consent form was not signed for basically two reasons: either an individual could not be reached despite many efforts to do so, or he or she simply refused to participate in the survey.

Other reasons for non-participation had to do with the logistics of the survey. The entire operation was on a tight schedule due to elevated costs caused by the remoteness of the region and the large number of subjects to investigate. On some occasions, appointments extended late into the evening and the ship had to leave for another village. On these occasions the staff didn't have time to complete additional tests or questionnaires. Other reasons for non-participation include a run-in period that was set up the second day of the survey to allow staff to better integrate all of the activities; participants who did not show-up for their appointments on the ship; people who could not be surveyed because they had a physical or a mental handicap; and participants who consented to other tests or questionnaires but refused a specific survey instrument. Those refusals occurred mostly for the confidential questionnaire or because participants were tired and fed up by the length of the interviews.

Nutrition questionnaires presented additional problems that resulted in an increase of the non-response rate for those instruments. The nutrition questionnaires required very detailed information that was difficult to obtain from some participants who were unable to recall their food consumption. In addition, some interviewers had very little experience in conducting surveys, which lead to incomplete interviews that had to be rejected. Moreover, the 24-hour dietary recall could not be completed by some participants who fasted the day prior to the survey because they were afraid of being seasick.

A very low response rate was observed for the oral glucose tolerance test (OGTT). It was caused by difficulties implementing such a test, which required a rigorous protocol. This strict procedure could only be achieved early in the morning and could not be done at home. Since the test required a long fasting period, participants who did not have an appointment in the morning were exempted from OGTT. Moreover, participants who showed up on the ship for an early appointment but had eaten were not selected for the OGTT. The low response rate observed for this test does not permit applying sample weights. Results of the test cannot therefore be inferred to the Nunavik population and should be used for information only.

7.3. PARTIAL NON-RESPONSE

In addition of the sampling weight methodology, the ISQ report contains an analysis of partial non-responses for household, individual, confidential and clinical questionnaires. Partial non-response constitutes an important factor that determines the data quality of a survey. It is characterized by the absence of answers to each question. It varies from a questionnaire to another and from a question to another into a questionnaire. It can bias the estimates if the characteristics of the respondents differ from those of non-respondents. The risk of bias increases as the rate of non-response grows. Partial non-response analysis consists of targeting problematic cases and evaluating the extent of partial non-response for each instrument.

The partial non-response analysis, presented in detail in Appendix H, shows that there is a risk of potential bias in the case of some questions that therefore should be interpreted with caution. The main problems occur in the following questions:

- Question 21 from the household questionnaire.
- Questions 4B, 5B, 8E, 12, 13B, 58, 61 from the individual questionnaire.
- Questions 41B, 41C from the confidential questionnaire.

7.4. 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, personnel, processing methods as those actually used. The difference between the estimates obtained from the sample and the results obtained from a complete count under similar conditions is called the sampling error of the estimate.

Errors that are not related to the sampling method may occur at any phase of a survey process. Interviewers may misunderstand instructions, respondents may make errors in answering questions, questions may be incorrectly translated, data may be entered into the computer inaccurately and errors may be introduced in the processing of the data. These are all examples of non-sampling errors.

7.4.1. Non-Sampling Errors

With a high number of observations, randomly occurring errors will have little effect on estimates obtained from the survey. However, errors occurring systematically will contribute to a bias in the survey estimates. Every effort was made to reduce non-sampling errors in this survey. Questions were chosen from validated questionnaires or scales, English-Inuktitut translation of the questionnaires was done both ways to maximize accuracy, the questionnaires were field tested twice, interviewers were trained and supervised daily by the quality control team, an extensive instruction guide was delivered to the firm which performed data capture under constant supervision by the INSPQ, and an extensive review for inconsistencies in reporting has been done.

A major source of non-sampling errors is the effect of non-response on the survey results. The extent of non-response varies from partial non-response, failure to answer just one or some questions, to total non-response. Except for the confidential questionnaire, the partial non-response rate for this survey was acceptable. Since the confidential questionnaire was self-administered, participants were not constantly supervised and some of them did not follow instructions properly. Total non-response, documented in part 7.2, was handled by adjusting the weight of persons who responded to the survey in order to correct for those who did not answer. Appendix H presents details on the calculation of weight adjustment for non-response participants.

7.4.2. Sampling Errors

The estimates obtained from a sample survey are also subject to sampling errors. Sound statistical practice requires indicating some estimation of the magnitude of sampling errors. The basis for measuring the extent of sampling errors is the sample variance of the estimates derived from survey results. The square root of the variance, called the standard deviation, is used to characterize variation in the same unit as the estimation. However, because of the wide variety of estimates that can be produced from a survey, the standard deviation of an estimate is usually expressed relative to the estimate to which it pertains. This relative measure, known as the coefficient of variation (CV) of an estimate, is obtained by dividing the standard deviation of the estimate by the estimate itself and is expressed as a percentage of the estimate.

8. DATA ANALYSIS

8.1. STATISTICAL CRITERIA FOR DATA PUBLICATION

Before releasing or publishing any estimate obtained from a survey, certain rules of dissemination should be applied in order to avoid the publication of estimates of unacceptable quality. Simultaneously, divulgence of confidential information that could identify a respondent must be also prevented. For this survey, it was decided that if the number of sampled respondents having the characteristic of interest were less than or equal to five, the weighted estimate would not be released regardless of the value of the coefficient of variation of the estimate.

The guidelines presented in Table 8.1 were used for weighted estimates based on sample sizes of six subjects or more. These guidelines correspond to the thresholds used by Statistics Canada for assessment of quality of estimates.

Table 8.1: Sampling Variability

Type of estimate	CV (%)	Guidelines
Acceptable	$0.0 \leq CV \leq 16.5$	The estimates can be considered for general and unrestricted release. Requires no special notation.
Marginal	$16.6 \leq CV \leq 33.3$	The estimates can be considered for general and unrestricted release but should be accompanied by a warning, cautioning users of the high sampling variability associated with the estimates. Such estimates should be identified by the letter E (or in some other fashion).
Unacceptable	$CV > 33.3$	It is recommended not to release these estimates because of their unacceptable quality. These estimations are replaced with the letter F (or in some other fashion) or with a blank. The publication of this data is forbidden.

Marginal and unacceptable estimates should be accompanied by a warning message that can be inserted as a table or a figure footnote.

- For estimates that are marginal: E Interpret with caution.
- For estimates that are unacceptable: F Unreliable estimate.

8.2. VARIANCE ESTIMATION

As mentioned in part 7.4.2, sample variance is used to measure the sampling errors in a survey. These errors depend on many factors such as the variability of the characteristic of interest, the sampling design, the estimation methods, the population size, and the response rate. This survey used a complex method of sampling (part 3.3) requiring special attention in the calculation of variance.

For this survey, the bootstrap technique was selected for the estimation of variance derived from the sample design. This method provides precision measurements for estimates obtained from a complex sample design. The bootstrap is in fact a re-sampling method that consists of drawing subsamples from the original sample and generating estimates for each of those subsamples. An estimation of the sampling variance is deduced by measuring the dispersion between those estimations.

In order to extract an estimate for each subsample that could be inferred to the entire population, sample weighting must be used. It involves the production of a set of weights for each subsample. These sets of weights are called bootstrap weights. The calculation of bootstrap weights for this survey was done by the ISQ and details on the methodology are available in Appendix H.

In order to illustrate bootstrap methodology, we present an example. Let's say we are interested in the evaluation of the precision of the estimates for the proportion of smokers obtained from the sample of the 2004 Nunavik Inuit Health Survey. One solution would be to draw 500 new samples with similar conditions and calculate the proportion of smokers 500 times. The variance would be the measure of dispersion between these 500 new estimations. Unfortunately, drawing 500 new samples would be extremely expensive and very difficult to implement. However, drawing 500 subsamples *with* replacement from the Nunavik Inuit Health Survey sample is equivalent since the sample is representative of the population. From these subsamples, weights are calculated for each new sample, according to the same methodology used for the original sample and providing the bootstrap weights. The estimate of variance for the original sample is obtained from the measure of dispersion of the 500 estimates inferred from the subsamples. In other words, the set of bootstrap weights applied to the original sample enables the calculation of variance for the proportion of smokers.

8.3. STATISTICAL METHODS

The survey results will be presented initially through a series of thematic volumes published separately (see part 9 for description of themes). The statistical data analyses used for these papers are descriptive and are limited to comparisons of proportions, comparisons of means and calculation of percentiles. At most, two independent variables were jointly used to analyse a variable of interest. Subsequent papers will use more elaborate multivariate analysis like linear regression and logistic regression models.

The SAS (SAS Institute Inc., 2003) and SUDAAN (SUDAAN Version 9.0, 2005) programs were used for data analysis. SUDAAN is the most comprehensive software for providing estimates that correctly account for complex design features in a study. However, SUDAAN is less commonly used than SAS. This could be a problem for researchers who have access only to SAS. Therefore, the INSPQ has devised a series of programs that allows statistical analysis using SAS and accounting for bootstrap methodology for the following statistical tests:

- Chi-square test and Mantel-Haenszel test for comparison of proportions.
- Calculation of arithmetic and geometric means with 95% confidence interval.
- Calculation of percentiles with 95% confidence interval.
- Linear regression model.
- Logistic regression model.

Unfortunately, SAS does not acknowledge some statistical analyses using bootstrap methodology, such as the analysis of variance models and survival analysis. SUDAAN must be used for these analyses.

All of the statistical data analysis conducted for the theme papers has been done by a statistician at the INSPQ. All statistical calculations accounted for variability induced by the complex survey sampling design. Data analysis started with a simple description of all study variables. The relationships between variables were then verified using cross-tabulations of discrete variables and distribution comparisons for continuous variables. The main statistical tests used were: the Chi-square test, Mantel-Haenszel test, confidence interval for means and percentiles, and analysis of variance models for comparison of geometric and arithmetic means.

Statistical analysis also involved comparisons with other survey databases such as the 1992 Santé Québec Survey (Santé Québec, 1994) and the Canadian Community Health Survey (CCHS) of Statistics Canada cycles 2.1 (2003) and 2.2 (2004). These databases provided an opportunity for comparisons of Nunavik 2004 trends with those observed in 1992 and an examination of the similarities or differences between Inuit and southern Canada and southern Quebec populations. Categorical variables were compared using the calculation of age-adjusted proportions with 95% confidence interval and generalized multinomial logit models adjusted for survey design. Continuous variables were compared using age-adjusted linear regression models. The models fitted for the comparisons included the variable of interest as the dependent variable and the selected survey (2004 Nunavik versus 1992 Nunavik or 2003 or 2004 CCHS) as an independent variable. An adjustment for age was required for the comparisons since the age structure of the Nunavik population is very different from its southern Canadian counterpart and could have changed since 1992. The standard reference populations used were the 2001 census Nunavik population for comparisons with the 1992 Santé Québec Survey and the 1996 census Canadian population for comparisons with southern populations.

The statistic used for mean comparisons with analysis of variance models and for comparisons with other databases, was the Wald chi-square statistic with Satterthwaite correction for degrees of freedom (Anguirre-Torres, 1994). This statistic, available with SUDAAN but not with SAS, permits the adjustment of the statistic used for the comparisons for the complex sampling method of this survey. The comparisons of proportions were done using SAS, with a chi-square test corrected for design effect. The design effect is a factor that reflects the two-stage, clustered nature of the sample design. It is the ratio obtained by dividing the variance issued from the sample design of the survey by the variance of a simple random sampling. This test had the advantage of being calculated using SAS and showed very good agreement when compared with the Satterthwaite corrected chi-square of SUDAAN.

9. PUBLICATION OF THE SURVEY RESULTS

The publication of the 2004 Nunavik Inuit Health Survey results has been scheduled in two distinct phases. The first dissemination of results consists of a series of thematic volumes published separately. Data analyses included in the theme papers have been presented on a descriptive basis and concern the main results found in the survey. The theme papers also outline some comparisons with the CCHS 2003 and 2004 and the Santé Québec Survey of 1992, as well as trends in and the evolution of the health status of the Inuit population. The second step in the publication of results will involve scientific papers. Statistical analysis in these papers will be more complex, including multivariate analysis, for example.

9.1. THEME PAPERS

The theme paper topics are:

- Hearing and dental health
- Nutrition
- Anemia among women
- Violence
- Sexual abuse
- Mental health, social support, social network and suicide
- Gambling, alcohol and drugs
- Environmental contaminants
- Cardiovascular diseases and diabetes
- Women's health and sexual health
- Hunting, fishing and climatic changes
- Respiratory health
- Traumatism and injuries
- Infectious diseases, zoonosis, drinking water
- Physical activity, anthropometric measurements and weight perception
- Socio-demographic portrait
- Tobacco use
- Methodological report

9.2. SCIENTIFIC ARTICLES

9.2.1. Exclusivity Period

Once the theme papers are published, the researchers responsible for the theme will have a two-year period for the publication of scientific articles. Researchers will receive a set of data and will conduct their own statistical analysis.

Researchers will have to complete and sign a formal application to access a set of the survey's database. The liability form for respecting the survey's ethical standards is presented in Appendix I.

After the two-year period of exclusivity has expired, any researcher interested in working with data from the 2004 Nunavik Inuit Health Survey will have the possibility of obtaining a subset of the survey database, conditional upon approval from the INSPQ and in accordance with the ethical standards determined by the INSPQ.

9.2.2. Accessibility of Personal and Non-Personal Information

Any request for a microdata file will be referred to the INSPQ microdata access review committee, which will include a representative of the Nunavik Regional Board (NRBHSS). Applicants must obtain the permission of the NRBHSS and present it to the INSPQ (see Appendix I). These databases will not contain personal information. Blood samples kept for future analysis will only be used after the presentation and approval of a research protocol conforming to criteria stipulated by the NRBHSS, the INSPQ and a well-known ethics committee. Applicants must obtain the approval of the NRBHSS and present it to the INSPQ.

Detailed information comprising ethical standards established for the use of the Nunavik Inuit Health Survey data is presented in the document entitled, *Cadre de gestion des banques de données et des échantillons sanguins*. This document was written by the INSPQ and approved by the Ethics Committee of Laval University. Future users of database or blood samples must follow the approved procedures described in this document. The document is available at the INSPQ upon request.

10. PROBLEMS ENCOUNTERED DURING THE SURVEY AND RECOMMENDATIONS

Even though every effort was made to maximize the quality of data and despite the innovative approaches used to conduct the survey, some problems encountered during the survey were unavoidable. The Inuit culture, the Inuktitut language, the small size of Inuit communities, the heavy operational costs associated with the remoteness of this region and the large number of subjects to investigate contributed to logistical and methodological problems. The new approaches chosen were not always successful. This section presents the main problems met and suggests some recommendations for such a survey in the future.

10.1. LOW RESPONSE RATES

The overall response rates of the study were lower than those observed in 1992 (Santé Québec, 1994). The response rates for health questionnaires were about 5% lower for the 2004 survey. Nevertheless, the 2004 survey appears to be an improvement compared to the 1992 one: the sample size for health questionnaires was doubled, more clinical tests were administered, food frequency questionnaires covered both genders as opposed to only women in 1992 and an improved weighting methodology was used.

It was assumed that conducting a survey on a ship would lead to a higher response rate since it would boost interest in the population. It seems more likely that the tight schedule and the lack of time have reduced the response rate. Many consenting individuals could not be investigated because personnel were overloaded or because the ship had to leave for another community.

The original schedule planned for 40 interviews per day throughout 33 days of data collection. However, delays caused by weather conditions, rotation of the ship crew, refuelling and provisioning of the ship caused a non-uniform distribution of daily interviews. Sometimes, more than 65 participants were met per day. This heavy schedule caused an acute burden on both survey staff and participants. In smaller communities where a high proportion of residents speak Inuktitut only, Inuit interviewers were very busy while southern interviewers met participants having little knowledge of English or French. On many occasions, there were not sufficient Inuit interviewers and this increased the waiting time for unilingual Inuktitut participants.

The low response rates observed were caused by a serious underestimation of the work load of the land recruiting team. Even though some personnel were quickly added to the original team, another person should have been assigned to the logistic organization on land especially eating, lodging and transportation. Furthermore, the task was probably too complex for local representatives. Some of them did not know how to react to the unexpected situations or struggled to interpret the notion of refusal. The high moving rate, typical of Nunavik, caused many delays since inexperienced Inuit personnel did not grasp the concept of sampling houses as opposed to individuals. They spent time looking for the individuals listed on the survey frame instead of going to the selected address. Many identification charts were completed and had to be rejected since they did not figure in the random sample.

The time the recruiting team had in each community was too short to reach every respondent. Many Inuit did not have access to a telephone and many people were not at home usually because they were on the land hunting and fishing. A longer stay would have also allowed a more appropriate household respondent selection in some instances. Finally, many delays were caused by inadequate communications between the land recruiting team and ship staff.

Some participants with reduced mobility could not come aboard the ship and had to be surveyed at home. These situations created limitations since the medical equipment for some tests was only available on the ship and the personnel lacked time. Hence, it was impossible to complete every survey instrument for those participants and this fact also reduced the response rates for the survey.

Conducting the entire survey on land would have allowed more time for recruiting and interviewing and probably would have lead to a higher response rate. It would have ensured better follow-up of participants and reduced the burden on both staff and participants. Moreover, the administration of dietary questionnaires on the ship was less optimal than that done in participants' homes. The answers to the 24-hour recall would have been more reliable since the pantry and refrigerator could have acted as a reminder.

10.2. QUESTIONNAIRES AND INTERVIEWS

Although questions asked in this survey were selected from validated questionnaires and most of the questions were field tested, a few mistakes were noted in their structure resulting in errors in administration of the questionnaires. The errors in conception and administration of the questionnaires are listed in detail in Appendix J.

The main problem encountered relating to administration of the survey questionnaires was the lack of experience of Inuit interviewers in the field of conducting surveys. Many problems have been noted, especially regarding the application of filters (go to instructions), comprehension of instructions, respecting the logical sequence, and the calculation of fractions in the dietary questionnaires. The training session, held a week before the survey, was probably too short and not sufficient for these novice interviewers. In addition, among the 16 Inuit interviewers who worked throughout the survey, five of them did not attend the training session.

The decision to administer questionnaires using paper forms increased the time required for data pre-treatment by several weeks, thus delaying data analysis. The forms had to be computer captured and checked for inconsistencies (see parts 6.2 and 6.3). Hence, some errors, such as skipped questions, could not be corrected by the validation process.

The language barrier was also an important problem during this survey. The Inuit of Nunavik speak two regional forms of Inuktitut and many English and French words do not have their equivalent in Inuktitut. For instance, the English term "cadmium" was translated in Inuktitut to "metal", "shortening" to "blue box", etc. Furthermore, the Inuktitut written translation of questionnaires was not always understood by participants with lower level of education. Although Inuit use English or French as a second language, their knowledge of this language is often limited.

The administration of questionnaires using computer-assisted interviewing would result in considerable improvement regarding data quality for studies planned in the future. This data-collection method would minimize invalid entries and would give immediate feedback to the respondent and the interviewer for the correction for inconsistencies. It would also reduce the time between the end of the survey and the publication of results.

The training session for interviewers should be improved by justifying the importance of every theme addressed in the study. Many interviewers did not understand why such precise information was required for certain subjects. Explaining the usefulness of each question would probably improve their attentiveness when administering questionnaires. Moreover, inexperienced Inuit interviewers should be paired with another interviewer at least for the first days of interviewing. Interviewing in pairs would give them the time to gain confidence in the administration of questionnaires.

SECTION 2

METHODOLOGY FOR THE

NUTRITION PART OF THE SURVEY

11. INTRODUCTION

The contemporary Inuit diet consists of country food traditionally consumed by the Inuit and of store-bought food that is imported by air or by boat from the South. The availability of store-bought food has increased in recent decades. Hence, both country foods and store-bought foods are available and accessible to the Inuit population. The Nunavik Inuit Health Survey allowed gathering important information about food and nutrient intakes of the Inuit of Nunavik, their eating habits and on food insecurity. The nutrition part of the 2004 health survey, which to some extent was in itself a second survey, provided extensive data updating information on the Inuit diet. Results will be used by the Nunavik health authorities to promote healthy food choices among the Inuit population. This section presents the methodology that was developed for the nutrition part of the survey. Instruments for dietary data collection are appended to the report.

12. OBJECTIVES OF THE NUTRITION PART OF THE SURVEY

The general purpose of the nutrition part of the health survey conducted among the Inuit of Nunavik in 2004 was to provide reliable, updated information on dietary intake, nutritional status, food habits, food insecurity, and to determine key factors related to nutritional status.

Specifically, the nutrition part of the survey permits to estimate:

- The distribution of usual dietary intake in order to describe the quality of the Inuit diet in terms of nutrients, foods, food groups and eating patterns.
- Sources of foods eaten and their relationships with energy and nutrient intake.
- Eating patterns and their impact on nutrient intake.
- The relative contribution of country and store-bought foods in the Inuit diet.
- The relationship between eating patterns and demographic, socio-economic and health-related characteristics (e.g. education, job status and place of residence).
- The prevalence of food insecurity in Inuit households.

13. METHODOLOGY FOR DIETARY DATA COLLECTION

13.1. DESCRIPTION OF DIETARY QUESTIONNAIRES

Data collection was scheduled from August 30 to October 1, 2004. As mentioned earlier, data collection was conducted on the scientific research vessel: the Amundsen. The survey methodology is described in Section 1 of this report. Information on food and nutrient intakes and on eating habits was obtained using four survey questionnaires. Two dietary questionnaires were used, e.g. the 24-Hour Dietary Recall and the Food Frequency Questionnaire. With the exception of pregnant women, these dietary questionnaires were completed by women and men aged between 18 to 74 years during a face-to-face interview. Similar questionnaires were used in 1992 during the Santé Québec health survey (Santé Québec, 1995). Questions about cooking, eating habits, food perceptions, beliefs relating to country and store-bought foods, and food insecurity were also asked to the respondents of the individual and household questionnaires.

The construction of the dietary questionnaires took into account the methodological problems identified in the 1992 Santé Québec Survey as well as comparability with that survey (Santé Québec, 1995). In addition, consultations were held with Inuit people, representatives of Nunavik, experts in nutrition and researchers from the international Inuit cohort study to verify the accuracy of food items listed in the food frequency questionnaire. A field test was conducted in Kuujuaq in April 2004 to validate the questionnaires. Interviews were conducted at home or in the office of the Nunavik Regional Board of Health and Social Services. Results obtained from the field test revealed that Inuit participants perceived the food frequency questionnaire as being long to answer. After checking the questionnaire, the investigator of the nutrition survey decided to shorten the list of store-bought food items. Regarding the 24-hour dietary recall, Inuit participants perceived this questionnaire as easier to fill out. The questionnaires were checked, the lack of any incongruity in results was verified and corrections were applied in order to maintain the validity of the questions. Finally, all questions in the dietary questionnaires were verified and validated by a translator and by the three Inuit representatives of the survey advisory committee. All questionnaires were available in Inuktitut, English and French.

13.1.1. The 24-Hour Dietary Recall

Description of the 24-hour dietary recall used in the Nunavik Inuit Health Survey 2004

During the interview for the completion of the 24-hour dietary recall, respondents had to properly describe the exact country foods and store-bought foods consumed the day before the survey as well as report the quantities consumed (Appendix D5). Food models of standardized portions were used to help interviewers and respondents visualize and better describe the amounts of food eaten. Moreover, in addition to three-dimensional graduated food models, surface-area models and standard thickness indicators were used to assist in assessing the size and thickness of foods such as meat, cheese, cakes, etc. The survey respondents also had to precise the hour of which meals and snacks were consumed.

Strengths and limits of the 24-hour dietary recall

The 24-hour dietary recall is a method often used to quantify the food intake of an individual or household on a specific day just prior to an interview (Willet, 1998). The method is simple and rapid

and its value in assessing the average intake of groups is well established. It is a standardized method that is well known internationally. This method also permits a comparison of the Inuit diet with that of other Inuit or Caucasian populations. Comparisons with the 1992 Santé Québec Survey can be also performed with data collected in the present survey. As mentioned above, a 24-hour dietary recall is defined as a detailed and precise description of foods consumed solely in the 24 hours preceding its completion. The recall day begins at midnight (00:01) and finishes at midnight (24:00) the day before the interview. Since dietary intake from day to day is highly variable, a single 24-hour recall is rarely representative of an individual's average intake. Multiple 24-hour recalls improve the accuracy of individual intake estimates and permit the taking into account of intra-individual variability. Since the survey was conducted on a rented scientific ship and consequently, the schedule for data collection very restricted, it was impossible to collect additional 24-hour dietary recalls.

13.1.2. The Food Frequency Questionnaire

Description of the food frequency questionnaire used in the 2004 Nunavik Inuit Health Survey

The food frequency questionnaire used in 2004 measured the consumption of 69 food items and beverages (Appendix D6). Foods were divided into two major groups, the first group being *country foods* which refers to food items derived from fishing, hunting and gathering, recorded for each of the four seasons (of the year prior the interview). The list of country foods was more exhaustive than that used in 1992 (Santé Québec, 1995) and contained 25 items.

The second group concerns *store-bought foods* and refers to most store-bought foods imported from southern regions and consumed during the month prior the survey. The list of store-bought foods contained 44 items, referring to the consumption of fruits, vegetables, meat and alternatives, milk products, grain products, fatty and sweetened foods and nutritional supplements.

Specification of the usual serving size was included in the questions on frequency. Pre-defined serving sizes were included in the questionnaire and a corresponding food model was shown to the respondents.

Strengths and limitations of the food frequency questionnaire

A food frequency questionnaire is commonly used to rank or group the study subjects for the purpose of assessing the association between dietary intake and disease risk (Willet, 1998). It is useful in epidemiological studies for ranking subjects according to their usual consumption of specific foods, food groups or nutrients. This questionnaire allows the measurement of long-term intake, thus providing a representative idea of usual intake and those related to an extended period of exposure (Willet, 1998; Gibson, 2005). The major limitation of the food frequency questionnaire is its list of foods. Often the food list is extensive enough to enable estimates of total food intake. In general, longer food frequency lists overestimate individual intake, whereas shorter lists underestimate individual intake (Gibson, 1995).

13.1.3. Dietary Questions on the Household and Individual Questionnaires

Questions on cooking methods, eating habits, perceptions and beliefs related to country and store-bought foods, use of country foods for medicinal purposes, and food insecurity were also included in the household (Questions 22-31) and individual (Questions 11, 12, 16, 17) questionnaires (Appendices

D2 and D3). Questions on the household and individual questionnaires were similar to those used in 1992. However, because of a limitation in the number of questions to appear on the survey questionnaires, some were cut and others should have been better constructed (e.g. questions about food security).

13.2. TRAINING FOR DIETARY INTERVIEWS

The training session was held at the Institut national de santé publique du Québec (INSPQ) in August 2004, some days before the beginning of data collection in Nunavik. The training session was conducted in English by nutritionists specialized in nutrition surveys. The interviewers were Inuit from Nunavik or professionals from southern Quebec. Training documents presenting detailed information on performing data collection and various simulations were given to interviewers (Blanchet, 2004). Dietary questionnaires were available in three languages: English, Inuktitut and French. The training session began with a description of the 24-hour dietary recall followed by the steps in data collection. Interviewers were given ways to collect information on what the respondents had eaten or drunk in the last 24 hours, where and when the food and beverages were consumed. Examples of how to record the time of meals were presented. Major emphasis was given to the description of foods and beverages. Various examples and simulations were given for the description of each food group. Facilitation cards to use when administering the 24-hour recall, summarizing the details to collect on foods and beverages were given to interviewers (Appendix K). A document describing the training session in detail is available from the INSPQ upon request (Blanchet, 2004).

Interviewers were also coached on the measurement of foods consumed, e.g. to precisely assess and note the quantities of foods and beverages consumed. They were trained to use food models to calculate amounts consumed. These food models (n=54) were rented from the Direction de Santé Québec (Institut de la Statistique du Québec). The models are based on everyday tableware and each of these models corresponds to a known volume. Instructions were given about what type of food models to use for each food group, the measurement of thickness, volumes, sizes and servings of foods. A facilitation card summarizing food models and their use was given to the interviewers (Appendix K). Interactive simulations were conducted at the training session and interviewers had to do practical exercises among themselves. Instructions were given on the way to record the recipe for a dish and a recipe form was provided with each recall. However, given the logistical difficulties of the survey and the duration of interviews, no recipe forms were completed.

The second day of the training session provided an explanation and illustration of the steps in data collection using the food frequency questionnaire. Interviewers were presented with ways to collect information on country foods consumed during the year prior to the survey. Directions were given to interviewers on the way to record frequency (by day, week, month, season) and the usual serving of each food item consumed. Various examples of recording frequency and serving size were given (Appendix L). An instrument named the “Events Calendar for Nunavik” was prepared by the responsible of the nutrition survey with help of the local interviewers (Appendix M). This “Events Calendar” listed a few well-known events that took place in the community one year prior to the survey being conducted in that community. This “Events Calendar” was useful to facilitate memory and to help respondents grasp the period of year or the season they needed to consider when recalling country foods eaten over the last year.

Then, procedures for collecting information on store-bought foods were presented to the interviewers, particularly on the way to specify how often the respondent had eaten store-bought foods over the past month. The interviewers were encouraged to help the person establish a monthly point of reference by referring to a calendar date or the Events Calendar. Finally, procedures to record the quantities of foods eaten in usual servings were explained to interviewers using the food models specified in the food frequency questionnaire. Interviewers were invited to record additional information in the “Comments” column of the questionnaire. Interactive simulations were also performed at the training session and interviewers did practical exercises among themselves.

13.3. DIETARY DATA COLLECTION

On the Amundsen, special interview rooms were set up with a food model kit in each. To ensure the quality and accuracy of data collection, the following measures were established by the person in charge of the nutrition survey assisted by a research assistant/student:

- The day prior to the beginning of data collection on the boat, there was a second interviewer training period with a practical session relating to the administration of the 24-hour dietary recall and the food frequency questionnaires. Thus, interviewers received additional advice on the procedures to use.
- Interviewers also received feedback to correct details on other occasions – during group meetings or on a one-to-one basis.
- In order to detect errors or omission made by the interviewers during interviews, dietary questionnaires were checked every evening throughout the entire data collection process. Interviewers were met individually and given feedback the day after.
- In some communities, the person in charge of the nutrition survey or the research assistant visited grocery stores and collected information on foods and beverages.

Each interview lasted approximately 1–1½ hour. However, during the first days, interviews took longer and many details were missing due to the inexperience of the interviewers.

13.4. COMPUTERIZATION OF DIETARY DATA

13.4.1. Data from the 24-Hour Dietary Recall

The computerization of data obtained from the 24-hour dietary recall was done at the INSPQ by a nutritionist specialized in this task. First of all, she had to verify the data quality of the information collected. Secondly, data entry was performed using Micro Gesta software (Micro Gesta, 2006). This software is designed for nutrition surveys and contains food and recipe. Micro Gesta software permits the addition or modification of the information in the database in an interactive mode. Dietary data collected with the 24-hour dietary recall were computerized according to servings or food models used during the data collection or as weights or volumes. The software thereafter converted all measurements into grams since the nutrient content of foods is generally available by servings of 100 grams. Nutritional information for each food consumed was obtained from the Canadian Nutrient File (CNF) 2005. The CNF is a food composition database containing average values for nutrients in foods available in Canada (Health Canada, 2005). The CNF contains data on 5370 food items for up to 129 food components. The nutrient content of recipes was obtained from the USDA Nutrient Database and

the Continuing Survey of Food Intakes by Individual (CSFII) recipes database 1994-1996. The computerizing of dietary recall lasted one year.

The quality control process of data collected by the 24-hour dietary recall was assumed by the nutritionist in charge of the computerization of dietary data. The nutritionist conducted several contacts with persons working in Nunavik in order to verify some of the information about country foods, traditional recipes or grocery products. The nutritionist also made an exhaustive research work on the composition of several country foods. In some instances, she had to elaborate recipes for country foods and to determine nutrient content of foods using available data published in Canada or by other northern regions. She also had to verify whether data notified in recalls were sufficiently detailed or precise for data analysis. Some 24-hour dietary recalls were rejected because there was too much missing information.

13.4.2. Data from the Food Frequency Questionnaire

The computerization of data obtained from the food frequency questionnaire was primarily done by a firm specialized in data entry and partially at the INSPQ. Data was computerized according to consumption frequency of foods listed in the questionnaire and according to food models used during data collection. All quantities are available according to the serving recorded during data collection. These servings or quantities were thereafter converted in grams for all foods and beverages listed. The checking of data quality was a long process because interviewers had written a lot of comments on the questionnaires. In addition, some interviewers used food models other than those specified in the questionnaire and information was sometimes difficult to read. Food frequency questionnaires were generally rejected when the questionnaire was incomplete, in particular when consumption frequencies were not specified. However, incomplete food frequency questionnaires were included in the study in cases where only the first section (country foods) was completed, this situation having been caused by a lack of time with participants having to leave the boat quickly.

13.4.3. Data from the Household and Individual Questionnaires

Refer to methodology section (Section I).

13.5. VALIDATION OF DIETARY DATA

Validation of dietary data was performed by the statistician in charge of the survey's data analyses, the nutritionist in charge of the 24-hour recall data entry and the person in charge of the nutrition survey. Validation was conducted to check for inconsistencies in the frequency of observations, e.g. the variable values and observation counts. For aberrant data, verification was done simultaneously in the 24-hour dietary recall and the food frequency questionnaire. Consequently, it was possible to clarify incomplete information for some cases and thus avoid discarding their records.

13.6. LIMITATIONS OF DATA RELATED TO THE COLLECTION PROCESS

Some limitations in the dietary data collected during the survey made it impossible to get the same level of detail and precision as in surveys conducted in southern or urban regions, due to the following factors:

1. Having a different culture, not very prone to details related to food. Inuit are not aware of the details on the food that they consume. Consequently, the responses were not always well detailed.
2. Being on a boat and not able to check food brands in the participant's house. Effectively, it was difficult for participants to effectively recall the details on foods consumed since they could not check in their cupboards.
3. Some concepts related to the questionnaires and interviews were very hard to comprehend for some Inuit interviewers since they had little or no experience with questionnaires.
4. Lacking sufficient time to conduct the interviews. Some days more than 65 participants went on the boat. Thus, interviews had to be done quickly, especially at the end of the day when participants had to go home. Consequently, the number of interviews to conduct combined with the long hours of work more than likely affected the quality of the data. The participants got tired, making it difficult to get much description on the foods they ate and the corresponding frequencies in the food frequency questionnaire.
5. Some food frequency questionnaires were cut by half some days because it was impossible to administer it to everybody.
6. During the second day of data collection, it was decided that some tests or questionnaires would be cut due to the logistical difficulties encountered on the first day (sequence, roles, timing, etc). Thus, during the second day, only the 24-hour dietary recall was administered in the morning and the food frequency questionnaire in the afternoon.
7. On September 16, there was a change of crew and of some interviewers in the middle of data collection. Hence, new Inuit interviewers were trained but not for as long as the first ones. Consequently, they required more assistance during the interviews and this may have reduced the quality of the data collected.
8. Finally, participants residing in Kuujjuraapik, were misinformed about the duration of fasting before their blood sampling collection. They began their fasting 12 hours (8 p.m.) instead of eight hours (midnight) before the blood collection. Most of them would not have consumed foods during the evening.

13.7. PARTICIPATION RATES AND PARTIAL NON-RESPONSE TO THE NUTRITION SURVEY

The target population of the nutrition part of the survey was as defined in part 3.1 and included Inuit men and women aged 18 to 74 years inclusively, excluding pregnant women. Therefore, the nutrition survey had a total sample size of 664 respondents for the 24-hour dietary recall and of 778 respondents for the food frequency questionnaire. Consequently, the collaboration and response rates were 51.5% and 40.0% for the 24-hour dietary recall and 60.5% and 47.1% for the food frequency questionnaire (see Table 7.2, Section I).

For persons who signed the consent form, the main reasons for non-participation in the 24-hour dietary recall were: insufficient time for interviews on the boat, fasting during recall, pregnancy status, fatigue or because the individuals did not come on the boat (Appendix F). Moreover, 114 recalls were rejected because the information was very incomplete; only nine individuals refused to complete the recall. Reasons for non-participation were similar for the food frequency questionnaires, but only 19 questionnaires were rejected because of insufficient information. Fifteen people refused to complete the questionnaire and 16 questionnaires were partly completed, e.g. country food part (n=2) or store-

bought food part (n=14). These questionnaires were included in the survey because information was estimated acceptable for the completed parts.

The collaboration rate for both dietary questionnaires was significantly higher on the Ungava than on the Hudson coast; however, there was no difference according to the size of communities. Significantly more women than men completed both dietary questionnaires. Moreover, the participation rate was significantly lower among individuals aged 50 years and over; individuals aged between 30 and 49 years completing both dietary questionnaires were proportionately more numerous than individuals from other age groups doing so.

13.8. STATISTICAL ANALYSIS OF DIETARY DATA

As mentioned in Section I, all statistics were obtained from weighted data in order to take into account the different probability of an individual being selected for the sample, in addition to non-response by municipality, age and gender (Appendix H). Thus, all results were weighted and representative of the entire Nunavik Inuit adult population. The statistical distribution of dietary variables was checked first and was found to not coincide with normal distributions. The distributions were skewed and therefore the medians were used as the measure of central tendency since they are less affected by the extreme values than arithmetic means. Arithmetic means were also calculated to facilitate comparisons with other surveys. When needed, percentiles or quartiles were calculated. Results also included 95% confidence intervals of the median to determine effect comparisons among groups.

13.8.1. Statistical Analysis of Data from the 24-Hour Dietary Recall

The 24-hour dietary recall permits an estimate of the mean and median intakes of energy and nutrients, the contribution of foods or food groups to nutrient intakes, and the relative significance of country foods and store-bought foods – all according to socio-demographic factors. Some comparisons were made with the 24-hour dietary recall administered in the 1992 Santé Québec Survey of the Inuit of Nunavik, in the case of both men and women (Santé Québec, 1995).

13.8.2. Statistical Analysis of Data Collected by the Food Frequency Questionnaire

An analysis of the food frequency questionnaire data permits an estimate of consumption frequency and the usual intake in grams of country foods on a daily, weekly, monthly, seasonal or annual basis. Daily food intakes are calculated by multiplying the consumption frequency of the food by the intake in grams for each food. Various categories of country foods were established, e.g. marine foods (marine mammals, fish and seafood), land foods (big and small game), birds and wildfowl, berries, etc.

Dependant variables in the food frequency questionnaire are foods or food groups of both kinds, e.g. country foods and store-bought foods. Independent variables are socio-demographic variables: age, gender, level of education, work status, place of residence (coastal regions, community size). Some comparisons were made only among women with the food frequency questionnaire administered in 1992 during the Santé Québec Survey.

Daily nutrient intakes were calculated by multiplying the daily food intake in grams by the corresponding nutrient content for each food. In addition to means and medians, standard deviations and 95% confidence intervals were calculated for continuous dependent variables. The chi-square test

adjusted for design effect was used to compare the prevalence of categorical variables according to independent variables. Median daily nutrient intakes were compared with daily Dietary Reference Intakes (DRI) based on the nutrition recommendations issued by Health Canada. Statistical analyses were conducted with SAS and SUDAAN softwares (see part 8.3, Section I). All data was weighted and are representative of the Inuit adult population as a whole. The dependant variables of the 24-hour dietary recall are:

Nutrients:

- Energy and macronutrients (e.g. protein, lipids (fat, fatty acids, cholesterol), carbohydrates)
- Folate, thiamin, riboflavin, niacin, vitamins B6 and B12
- Vitamins A, C and D
- Minerals (iron, zinc, selenium, calcium, phosphorus, magnesium, sodium)
- Dietary fibre
- Caffeine
- Alcohol

Food groups:

- Grain products
- Vegetables and fruits
- Milk products
- Meat (country and store-bought meats) and alternatives
- Other foods (foods that are mostly fat or sugar, beverages, miscellaneous, etc.)

Meals and snacks.

13.8.3. Statistical Analysis of Dietary Data from the Household and Individual Questionnaires

Questions from the individual and household questionnaires concerning food insecurity, perceptions and beliefs regarding country foods and store-bought foods were analyzed according to socio-demographic factors. The chi-square test adjusted for design effect was used to compare the prevalence of categorical variables according to independent variables.

13.9. PRESENTATION OF RESULTS

The first report concerning the nutrition part of the Nunavik Inuit Health Survey will concern the problem of iron-deficiency anemia, using data from dietary questionnaires and biological markers of anemia. The second report will present results obtained from the 24-hour dietary recall, the food frequency questionnaire the household and individual questionnaires. Results from data collected with the 24-hour dietary recall will describe nutrient intakes, consumption of food groups or specific foods as well as the composition of meals or snacks eaten by the Inuit. Dietary data obtained with the food frequency questionnaire will be analyzed in order to describe consumption frequency and intakes of country and store-bought foods on annual basis. The second report will also include results obtained from the analysis of dietary data on eating habits, perceptions and beliefs on country and store-bought foods as well as food insecurity. Whenever possible, a brief comparison is made with results obtained in the 1992 Santé Québec Survey. The second report will be published in fall 2007.

REFERENCES

- Aguirre-Torres, V. (1994). *The effect and adjustment of complex surveys on chi-squared goodness of fit tests - Some Monte Carlo evidence*. Paper presented at: 1994 American Statistical Association Proceedings.
- Blanchet, C. (2004). *Dietary Questionnaires: Training for Interviews in the Nunavik Health Survey*. Quebec: Institut national de santé publique du Québec (INSPQ).
- Chockalingham, A. (1988). *Canadian coalition for high blood pressure prevention and control: referral and treatment guidelines*. St. John, Newfoundland: Faculty of Medicine, Memorial University of Newfoundland.
- Desgroseillers, L. (2004). *Prétest à Kuujuaq: Enquête Santé des Inuits du Nunavik 2004: Rapport technique*. Quebec: Institut national de santé publique du Québec (INSPQ).
- Dupont, M. (2004). *Premier prétest de quatre instruments de collecte - Enquête Santé des Inuits du Nunavik 2004*. Quebec: Institut national de santé publique du Québec (INSPQ).
- Gibson, R. (2005). *Principles of Nutritional Assessment*, 2^e edition. New York: Oxford University Press.
- Gluer, C. C., Eastell, R., Reid, D. M., et al. (2004). Association of five quantitative ultrasound devices and bone densitometry with osteoporotic vertebral fractures in a population-based sample: the OPUS study. *J Bone Miner Res.* 20 (3), 782-793.
- Health Canada. *Canadian Nutrient File*. Health Canada. [On-line]. http://www.hc-sc.gc.ca/fn-an/nutrition/fiche-nutri-data/index_e.html.
- Jetté, M., & Chevalier, S. (1992). Difficultés de mesure et d'adaptation transculturelle dans l'enquête Santé Québec auprès des Inuit du Québec nordique. *Recherches sociographiques*, XXXV(3), 575-608.
- Micro-Gesta. (2006). *Nutritional Evaluation Program Software* [Computer Program], version 1.44. Quebec. [On-line]. <http://www.microgesta.com/index.htm>.
- SAS Institute Inc. (2003). *The SAS System for Windows* (Vol NC27513). Cary, USA: SAS Institute Inc.
- Santé Québec, Jetté, M. (ed.) (1994). *A Health Profile of the Inuit; Report of the Santé Québec Health Survey Among the Inuit of Nunavik, 1992*. Montréal: Ministère de la Santé et des Services sociaux, Government of Québec.
- Santé Québec. (1995). *A Health Profile of the Inuit; Report of the Santé Québec Health Survey Among the Inuit of Nunavik, 1992: Diet, a Health Determining Factor* (Volume III). Montreal: Ministère de la Santé et des Services sociaux, Gouvernement du Québec.
- Sudaan* [computer program], Version 9.0. (2005). NC, USA: Research Triangle Institute Inc.
- Stewart, A., Felsenberg, D., Eastell, R., Roux, C., Glüer, C. C., & Reid, D. M. (2006). Relationship between risk factors and QUS in a European Population: The OPUS study. *Bone*, 39 (3), 609-615.

Statistics Canada. (2004). *Canadian Community Health Survey - Nutrition (CCHS): Detailed Information for 2004 (Cycle 2.2)*. Ottawa: Government of Canada. [On-line].
<http://www.statcan.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=5049&lang=fr&db=IMDB&dbl=E&adm=8&dis=2>

Statistics Canada. (2003). *Canadian Community Health Survey 2003 (CCHS), Cycle 2.1*. Ottawa: Health Statistics Division, Government of Canada. [On-line].
http://www.statcan.ca/english/concepts/health/cycle2_1/cchsinfo.htm.

Willett, W. (1998). *Nutritional Epidemiology*. Vol. 30, 2^e edition. New York: Oxford University Press.

World Health Organization (WHO). (1999). *Protocol for a population based survey of prevalence and causes of deafness and hearing impairment and other ear diseases*. WHO: Prevention of blindness and deafness. [On-line]. [http://whqlibdoc.who.int/hq/1999/WHO_PBD_PDH_99.8\(1\).pdf](http://whqlibdoc.who.int/hq/1999/WHO_PBD_PDH_99.8(1).pdf)

APPENDIX A:
PROMOTIONAL CAMPAIGN DOCUMENTATION

A.1: SURVEY LOGO



A.2: LEAFLET

Δεδομένα, ΚΑΤΑ ΤΗΝ ΕΤΑΠΗ ΤΗΣ ΣΥΜΜΕΤΟΧΗΣ - YOUR PARTICIPATION, ÉTAPE PAR ÉTAPE - VOTRE PARTICIPATION, ÉTAPE PAR ÉTAPE - YOUR PARTICIPATION, STEP BY STEP



Αποφάσεις που λαμβάνονται για να γίνουν οι διαδικασίες για τη διεξαγωγή της έρευνας και της συλλογής δεδομένων. Οι διαδικασίες αυτές είναι: ο προσδιορισμός του χρόνου και του τόπου διεξαγωγής της έρευνας, η επιλογή των μελών της ομάδας που θα διεξάγουν την έρευνα, η επιλογή των μελών της ομάδας που θα αναλάβουν την επικοινωνία με την κοινότητα και η επιλογή των μελών της ομάδας που θα αναλάβουν την επικοινωνία με την κοινότητα.

Notre équipe d'infirmières et d'interprètes vous rendra visite chez vous. Vous serez donc invités à poser toutes les questions que vous avez en tête, ainsi qu'à regarder un vidéo informatif. Si vous décidez de participer, on demandera au chef de famille de signer un formulaire de consentement, et de répondre à un premier questionnaire sur tous les membres de la famille.

Our team of nurses and interpreters will visit you at home. During this visit, you will be invited to ask all the questions that you have in mind, and to watch an informational video. If you decide to participate, the head of the family will be asked to sign a consent form and fill out a first questionnaire about all family members.



Μια επίσκεψη στην κοινότητα για να ενημερωθεί η κοινότητα σχετικά με την έρευνα. Η ομάδα της έρευνας θα μιλήσει με τα μέλη της κοινότητας και θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα. Η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα.

A visit to the community to inform the community about the survey. The research team will talk with the community members and discuss with the interested parties about the survey. The research team will talk with the interested parties about the survey.

Un rendez-vous vous sera donné, vous indiquant l'heure et l'endroit où vous serez transportés jusqu'au Amundsen. Il est très important que vous respectiez l'heure du rendez-vous car quelques-uns d'entre vous auront des enfants à accompagner pendant que vous serez au navire. Une fois que les enfants seront accompagnés, nous pourrions commencer le premier soin de vos enfants pendant votre visite sur le navire.

You will be given an appointment at a specific time and place from where you'll be transported to the Amundsen. It is very important that you respect the time of appointment because someone will be waiting for you. For security purposes, only selected participants, except allowed onboard. No children can accompany their parents, except breastfeeding infants. Arrangements have been made for the daycare to take care of your children while you are on the ship.



Οι εσείς, ταξιδιάρητες, μεταφέρονται με τον ελικόπτερο από τον τόπο διεξαγωγής της έρευνας στο ελικόπτερο που θα χρησιμοποιηθεί για τη συλλογή των δειγμάτων αίματος. Η ελικόπτερο που θα χρησιμοποιηθεί για τη συλλογή των δειγμάτων αίματος είναι ο ελικόπτερος του Amundsen. Ο ελικόπτερος του Amundsen είναι ο ελικόπτερος που θα χρησιμοποιηθεί για τη συλλογή των δειγμάτων αίματος.

You seats transported with the helicopter from the location where you are physically restricted or when the water is too rough. Upon arrival on the Amundsen, someone will be welcoming you and will direct you.

Vous serez transportés avec l'hélicoptère par Zodiak ou bangs. L'hélicoptère sera utilisé pour les personnes qui ne peuvent pas être transportées par bateau. A votre arrivée sur l'Amundsen, quelqu'un vous accueillera et vous dirigera.



Αντιλαμβάνοντας ότι η διαδικασία είναι σημαντική, η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα. Η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα.

Before you sign the consent form, the research team will talk with you about the survey. The research team will talk with you about the survey.

First of all, you will be asked to sign a consent form (except if it has already been done). A parent or tutor will have to sign for 15 to 17-year-old participants. With the help of an interviewer, you will then be asked to sign a consent form in Inuktitut, French or English. Those of you who are 18 and 74 years of age (except pregnant women) will also be asked to fill out a questionnaire about your diet.



Με την ολοκλήρωση της διαδικασίας της έρευνας, η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα. Η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα.

Those with appointments early in the morning will have a blood sample taken on the ship. They must be fasting since 8:00 PM the night before. The others will have already had it done at home.



Οι 40 ετών και άνω (εξαιρουμένων των εγκυμονώντων) θα λάβουν το Ηολτερ για να μετρηθεί ο καρδιακός ρυθμός τους για 24 ώρες. Το Ηολτερ θα αφαιρεθεί 2 ώρες πριν από την έναρξη της έρευνας.

Those 40 years old and over (except pregnant women) will get the Holter to measure their cardiac variability. The Holter will be removed 2 hours later.



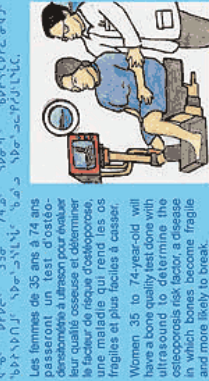
Οι 18 ετών και άνω (εξαιρουμένων των εγκυμονώντων) θα περάσουν ένα τεστ ούρων. Το τεστ ούρων θα γίνει πριν από την έναρξη της έρευνας. Το τεστ ούρων θα γίνει πριν από την έναρξη της έρευνας.

Les 18 à 74 ans passeront ensuite un test urinaire. Le test urinaire sera effectué avant le début de la recherche. Le test urinaire sera effectué avant le début de la recherche.

Les 18 à 74 ans passeront ensuite un test urinaire. Le test urinaire sera effectué avant le début de la recherche. Le test urinaire sera effectué avant le début de la recherche.

18 to 74-year-old participants will then fill out a clinical questionnaire with a nurse. They will take the blood sample, then they will fill out the diet diary and the pregnancy risk factor questionnaire. They will also take their temperature. Finally, a nail sample will be taken to determine the level of selenium. They will then have a fasting test.

Κατά τη διάρκεια της έρευνας, η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα. Η ομάδα της έρευνας θα συζητήσει με τους ενδιαφερόμετους σχετικά με την έρευνα.



Οι γυναίκες των 35 ετών και άνω (εξαιρουμένων των εγκυμονώντων) θα περάσουν ένα τεστ αίματος. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας.

Women, 35 to 74-year-old, will have a blood sample taken with an ultrasound to determine the osteoporosis risk factor. A disease and more likely to be fragile.



Οι 40 ετών και άνω (εξαιρουμένων των εγκυμονώντων) θα περάσουν ένα τεστ αίματος. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας.

Les 40 ans et plus (excepté les femmes enceintes) passeront une échantillon de sang avant le début de la recherche. Le test de sang sera effectué avant le début de la recherche.

Participants 40 years old and over (except pregnant women) will have a blood sample taken before the start of the survey. The blood sample will be taken before the start of the survey.



Οι 15 ετών και άνω (εξαιρουμένων των εγκυμονώντων) θα περάσουν ένα τεστ αίματος. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας.

Les 15 à 17 ans (sauf les femmes enceintes) passeront un échantillon de sang avant le début de la recherche. Le test de sang sera effectué avant le début de la recherche.

For you, permit us to take part in the process. In order to be able to arrange for you to participate in the survey, we need to know your contact information. For your participation, you will also be asked to fill out a questionnaire about your diet. The chief of family will receive \$35, les 16 à 74 ans \$25, and les 15 à 17 ans \$10. Avant de vous faire ramener au village, nous devez donc pas de faire émettre votre billet que vous devez remettre à votre employeur, ainsi que votre coupon qui vous permettra de vous faire payer à la Co-op. Ceux-ci se trouvent dans le carnet que ton vous recevrez. Ils seront à déposer au poste de la Co-op sur Av. fruit de Pitsi. Avant de vous faire payer à la Co-op, ceux-ci se trouvent dans le carnet que ton vous recevrez. Ils seront à déposer au poste de la Co-op sur Av. fruit de Pitsi.

To enable you to participate in this 2 to 4-hour process, arrangements have been made for you to be able to get to the survey site. You will also be paid a small amount. The head of the family will receive \$35, 18 to 74-year-old \$25, and 15 to 17-year-old \$10. Before you go back to town, don't forget to have the coupon that you'll need to give your employer stamped, as well as the one that will enable you to get your money back. These are in the booklet that will be given to you upon your arrival on the ship, along with another coupon that could win you an airplane ticket on Av. fruit of Pitsi Av.



Οι 15 ετών και άνω (εξαιρουμένων των εγκυμονώντων) θα περάσουν ένα τεστ αίματος. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας. Το τεστ αίματος θα γίνει πριν από την έναρξη της έρευνας.

Les 15 à 17 ans (sauf les femmes enceintes) passeront un échantillon de sang avant le début de la recherche. Le test de sang sera effectué avant le début de la recherche.

A.3: POSTER

ᓄᓇᓴᓯᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓴᓂᓂᓴᓂᓪ
 ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ? Qanuippitaa?

**L'enquête de santé du Nunavik
 The Nunavik Health Survey**

**ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ,
 ᓴᓂᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ
 ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ!**

**ENSEMBLES, découvrons comment
 nous nous portons au Nunavik !**

**TOGETHER, let's find out how
 we are doing in Nunavik!**

**ᓴᓂᓂᓴᓂᓪ 31-ᓯ ᓂᓄᓂᓴᓂᓪ 1-ᓯᓪ, 2004
 Du 31 août au 1^{er} octobre 2004
 August 31st to October 1st, 2004**

**ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ:
 Surveiller les nouvelles sur :
 Check for news reports on:**

ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ
 Taqramiut Nipingat Inc. (TNI)

**ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ
 et sur les autres stations de radio régionales et votre FM local
 and other regional radios, as well as your local FM**

WWW.QANUIPPITAA.COM

**ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ:
 Organisée et commanditée par :
 Organized and sponsored by:**

Affaires Indiennes et du Nord Canada
Indian and Northern Affairs Canada

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

Institut national de santé publique Québec
Avec la participation de :

- Ministère de la Santé et des Services sociaux

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ

Centre de recherche du CHUL (CHUR)
Unité de recherche en santé publique

ArcticNet
ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ ᓂᓄᓂᓴᓂᓪ

NASIVVIK

UNIVERSITÉ LAVAL

Fondation canadienne pour l'innovation
Canada Foundation for Innovation

Air Inuit

BIA KATIVIK

IRSC CIHR
Institut de recherche en santé du Canada / Canadian Institutes of Health Research

FIRST AIR
THE AIRLINE OF THE NORTH

Atlantis

CHUQ
CENTRE HÔPITALIER UNIVERSITAIRE DE QUÉBEC

A.4: RADIO ADVERTISEMENT SCRIPT

SCRIPT #1: What is Qanuippitaa? (1 min. 24 sec.)

The *Qanuippitaa?* full musical theme plays for 22 seconds.

When the music starts to fade out with the Inuit drum beat, kids then shout all together: “*Qanuippitaa?*”

Then, the dialogue starts:

Elena: “Hi, I’m Elena Labranche. On behalf of the Nunavik Regional Board of Health and Social Services, I would like to invite my fellow Inuit to participate in the upcoming regional Health Survey so that we can ask ourselves how we are doing (*Qanuippitaa?*).”

Charlie: “Elena is right. It’s about time that we, Inuit, start asking ourselves how we are doing (*Qanuippitaa?*). When it comes to our health, that question should be at our very heart. Right Minnie?”

Minnie: “Right Charlie! That’s why we, Inuit, have decided that, in 2004, twelve years after the 1992 Health Survey conducted by Santé Québec in Nunavik, it’s time to take action and conduct our own survey to find out for ourselves the current state of health of Nunavimmiut.”

Elena: “So, let’s ask ourselves:”

At that moment, kids will then shout all together: “*Qanuippitaa?*”

The *Qanuippitaa?* full musical theme plays again for 22 seconds and fades out with the Inuit drum beat, ending the radio ad.

SCRIPT #2: Why Qanuippitaa? (1 min. 47 sec.)

The medium-length version of the *Qanuippitaa?* musical theme plays for 18 seconds.

When the music starts to fade out with the Inuit drum beat, kids then shout all together: “*Qanuippitaa?*”

Then, the dialogue starts:

Elena: “*Qanuippitaa?* Nunavik’s very own upcoming Health Survey, will provide us with an overall view of the health and well-being of our population.”

Minnie: “Not only that Elena, but by monitoring our population’s health and associated factors through confidential questionnaires and clinical tests, we will also be able to better identify existing health related problems, as well as detect potential new/emerging ones, which by knowing them we will be better able to prevent. Isn’t that right Charlie?”

Charlie: “That’s right Minnie! The answers that a Health Survey of the importance of *Qanuippitaa?* will provide us with will enable us to provide our people with more effective health promotion and disease prevention programs.”

Elena: “And through such programs, we will not only ensure a better quality of life for ourselves and our elders, but also ensure a healthier future for our children.”

Minnie: “So, you see, that’s why it’s important to ask ourselves:”

At that moment, kids will then shout all together: “*Qanuippitaa?*”

The medium-length version of the *Qanuippitaa?* musical theme plays for another 18 seconds and fades out with the Inuit drum beat, ending the radio ad.

SCRIPT #3: When is Qanuippitaa? (2 min. 14 sec.)

The medium-length version of the *Qanuippitaa?* musical theme plays for 18 seconds.

When the music starts to fade out with the Inuit drum beat, kids then shout all together: “*Qanuippitaa?*”

Then, the dialogue starts:

Elena: “*Qanuippitaa?* Nunavik’s very own Health Survey will be conducted on board the *CCGS Amundsen*, the newly renovated Canadian research icebreaker.”

Charlie: “That’s sounds exciting Elena! When will it be coming to Nunavik?”

Elena: “Charlie, the ship will start its journey in Kuujjuaraapik around August 31st, and from there will work its way up and around the coast of Nunavik to visit every community before it ends its journey in Kuujjuaq, around October 1st.”

Minnie: “But Elena, how are participants going to be advised of the ship’s arrival date in their community?”

Elena: “Those that have been chosen to participate in the survey will first be notified sometime this summer. Then, one or two days before the ship actually arrives in their community, a first team of nurses, interviewers and interpreters will also visit them at home. While the participants will be asked to sign a consent form and fill out a primary questionnaire, an appointment will also be made at that time for the participant to go on board the ship to answer some more questionnaires and perform some clinical tests.”

Charlie: “How will the participant go on board the ship?”

Elena: “Transport will be arranged by zodiac, barge or helicopter for all participants to be safely brought on board the ship.”

Minnie: “And how long will they have to stay on board the ship?”

Elena: “Only a couple of hours, half a day at most, and then they will be brought right back home.”

Charlie: “Let’s be ready, let’s go on board to ask ourselves:”

At that moment, kids will then shout all together: “*Qanuippitaa?*”

A shorter version of the *Qanuippitaa?* musical theme plays for a few seconds and fades out with the Inuit drum beat, ending the radio ad.

SCRIPT #4: Who'll participate in Qanuippitaa? (2 min. 13 sec.)

The medium-size version of the *Qanuippitaa?* musical theme plays for 18 seconds.

When the music starts to fade out with the Inuit drum beat, kids then shout all together: “*Qanuippitaa?*”

Then, the dialogue starts:

Charlie: “We hear that a Health Survey will take place in Nunavik from August 31st to October 1st. But Elena, tell me, is everybody in Nunavik going to be asked to participate in this survey?”

Elena: “No Charlie. Only a sample of the population will be asked to participate in the *Qanuippitaa?* Health Survey, for a total of 685 Inuit households/families throughout Nunavik.”

Minnie: “And tell me again, how will those people be chosen Elena?”

Elena: “That’s a very good question Minnie! All participants will be chosen on a random basis. That way, we make sure that all Nunavik communities, people of both genders, male and female, and of all ages (15 years old and over) are well represented in the survey.”

Charlie: “Will the chosen participant be compensated for their participation in the survey?”

Elena: “Of course they will! Not only will they get paid time off from their job to allow them to participate in the survey, but they will also receive a small financial contribution for their participation and get the chance to win some prizes.”

Minnie: “That’s sounds reasonable! Not to mention the fact that, by simply participating in this survey, the chosen participants will also get to find out a lot about their own health status and that of the Nunavik community as a whole.”

Elena: “Let’s be ready to participate and ask ourselves:”

At that moment, kids will then shout all together: “*Qanuippitaa?*”

A shorter version of the *Qanuippitaa?* musical theme plays for a few seconds and fades out with the Inuit drum beat, ending the radio ad.

A.5: LETTER TO EMPLOYERS

August 25, 2004

ATTN: All Nunavik Employers

RE: Employees' participation in the 2004 Nunavik Health Survey

Dear Nunavik employer,

As you may know, the Nunavik Regional Board of Health and Social Services will soon be undertaking a health survey of Nunavimmiut. The 2004 Nunavik Health Survey will be performed from the Canadian Research Icebreaker, the CCGS Amundsen, which will visit each Nunavik community starting in Kuujjuaraapik on August 31, and will work its way up and around the coast from then on, until October 1 (see itinerary attached).

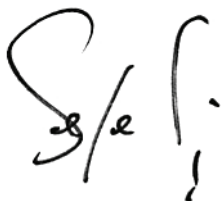
All participants in the Nunavik Health Survey were selected randomly, to ensure a proper sample of the population. Some of your employees, and even yourself, may hence be asked to participate. If that's the case, they will need to come onboard the ship for 2 to 4 hours to fill out some questionnaires and undergo some clinical tests.

As this survey is very important in order for us to better assess the population's needs in terms of health and social services, and to provide the necessary health promotion and disease prevention programs, we need your collaboration in freeing up your employees for the time that they are needed, without penalizing them on their pay.

However, we understand that you'll need to have some control over who was asked to participate and when. That's why our team will first provide each participant with an appointment sheet that he or she'll be able to show you to justify his or her absence. Moreover, to make sure that you know that your employee did go to his or her appointment, he or she will be given a proof of participation coupon, which will be signed by a member of our team and stamped with the *Qanuippitaa?* logo. A copy of these two documents is attached with this letter, in order for you to see what they look like.

If you have any questions, please don't hesitate to contact our Liaison Officer, Mary Sala, at (819) 964-2222, ext. 222.

Thanking you in advance for your collaboration,



Serge Déry, M.D.

Public Health Director

APPENDIX B:
CONSENT FORMS

B.1: INFORMATION SHEET (AGES 15 TO 17)

Nunavik Health Survey: “Qanuippitaa?”, “How are we?”

Principal Investigators: **Serge Déry**, Nunavik Regional Board of Health and Social Services
Éric Dewailly, Department of Social and Preventive Medicine, Faculty of
Medicine, Laval University, Public Health Research Unit, Centre
Hospitalier Universitaire de Québec (CHUQ) and Institut National de Santé
Publique du Québec.

Organization in charge: Institut National de Santé Publique du Québec.

Funding Organizations: Quebec Ministry of Health and Social Services and Nunavik Regional
Board of Health and Social Services.

As you may already know, the Nunavik Regional Board of Health and Social Services (NRBHSS) is undertaking a joint health survey on the 14 Inuit communities of Nunavik with the Institut National de Santé Publique du Québec (INSPQ) and CHUQ’s Public Health Research Unit. The 2004 survey is a follow-up to the survey conducted in 1992. Its goal is to assess changes in Inuit health and risk factors. It will also be used to help plan programs and services to prevent heart disease, cancer, anemia, diabetes, and other health or social problems (such as suicide, violence), and to improve living habits and nutrition. Six hundred (600) households, or 2,700 people, will be asked to participate.

As in 1992, the following themes will be studied: general health and lifestyle.

What your child will be asked to do as a survey participant

- A face-to-face interview will gather information about your child.
 - The interview will be done onboard the icebreaker “Amundsen”.
 - The interview will last approximately one hour.
 - It will include detailed questions about lifestyle and health (individual and confidential questionnaires).

Benefits

By participating in this survey, your child will gain a deeper understanding of any possible risks to their health and what they can do to improve it, if necessary.

Risks

The study should not pose any risk to your child.

Confidentiality

All information gathered in this study will be kept confidential. The name of your child will not appear on any questionnaires.

Withdrawal from study

Your child's participation in the study is invaluable, but must be voluntary. They are free to withdraw from the study at any time without prejudice. Even after they have agreed to participate in the study, they may choose not to continue. To withdraw from the study, please inform nurse Suzanne Côté, the field coordinator, or any medical staff.

Honorarium

Your child will receive a \$10.00 honorarium for their time and involvement after they complete the survey.

Contacts

You or your child are welcome at any time during the survey to call the field coordinator, nurse Suzanne Côté, or lead researchers Dr. Serge Déry and Dr. Éric Dewailly to request more information, make comments about the survey, or withdraw from the study. If you or your child have any complaints, feel free to call Jeannie May in Kuujjuaq at (819) 964-2222.

Please direct any further requests to:

Ms Suzanne Côté: (418) 650-5115, ext. 5277 (Quebec City)
Dr. Serge Déry: (819) 471-5148 (Drummondville) or (819) 964-2222 (Kuujjuaq)
Dr. Éric Dewailly: (418) 650-5115, ext. 5240 (Quebec City)

B.2: INFORMED CONSENT FORM (FOR PARENT OR GUARDIAN OF CHILDREN 15-17 YEARS OLD)

Nunavik Health Survey: Qanuippitaa “How are we?”

- **I have read and understood what is involved in the study and hereby give my free consent for my child to participate in the Nunavik Health Survey**

Yes

No

- **I authorize the Nunavik Regional Board of Health and Social Services to share information about my child as long as they are not identified (i.e., name, address, or telephone number) by authorized persons, namely INSPQ, URSP, and other survey researchers. I understand that I may obtain the names of these researchers upon request.**

Yes

No

Name of parent/guardian

Signature

_____/_____/_____
Date (y/m/d)

Name of parent/guardian

Signature

_____/_____/_____
Date (y/m/d)

Name of lead researcher
/or designated representative

Signature

_____/_____/_____
Date (y/m/d)

The informed consent form was explained to the parent or guardian by the research interviewer:

Name: _____ Phone number: _____

Signature: _____

Date of approval by the Laval University Ethics Committee (CERUL): June 7th 2004 Approval number: 2003-323 A-1

Date of approval by the Comité d'éthique de santé publique du Québec: June 21th 2004

B.3: INFORMED CONSENT FORM (AGES 15 TO 17)

Nunavik Health Survey: Qanuippitaa “How are we?”

I understand that this form is part of the “Nunavik Health Survey”. I have been advised that the purpose of the survey is to collect information on the health and risk factors among Nunavik Inuit.

I understand that my participation in this study is voluntary and that I am free to withdraw from it at any time. I also understand that the information I provide will be kept confidential and that I will not be personally identified in the reporting of results.

I have been informed that the interview will last about one hour. I will receive a \$10.00 honorarium as payment for my time and involvement after I have completed the survey.

I understand what is involved in the study and hereby give my free consent to participate in the Nunavik Health Survey.

Yes

No

____/____/____
Name of participant

Signature Date (y/m/d)

____/____/____
Name of witness

Signature Date (y/m/d)

The informed consent form was explained to the participant by the research interviewer:

Name: _____ Phone number: _____
Signature: _____

Date of approval by the Laval University Ethics Committee (CERUL): June 7th 2004 Approval number: 2003-323 A-1

Date of approval by the Comité d'éthique de santé publique du Québec: June 21th 2004

B.4: INFORMATION SHEET (18 AND OVER)**Nunavik Health Survey: Qanuippitaa? “How are we?”**

Principal Investigators:	Serge Déry , Nunavik Regional Board of Health and Social Services; Éric Dewailly , Department of Social and Preventive Medicine, Faculty of Medicine, Laval University, Public Health Research Unit, Centre Hospitalier Universitaire de Québec (CHUQ) and Institut national de santé publique du Québec
Organization in charge:	Institut national de santé publique du Québec
Funding Organizations:	Quebec Ministry of Health and Social Services and Nunavik Regional Board of Health and Social Services.

As you may already know, the Nunavik Regional Board of Health and Social Services (NRBHSS) is undertaking a joint health survey on the 14 Inuit communities of Nunavik with Institut national de santé publique du Québec (INSPQ) and CHUQ’s Public Health Research Unit. The 2004 survey is a follow-up of the survey conducted in 1992. Its goal is to assess Inuit health and risk factors. It will also be used to help plan programs and services to prevent heart disease, cancer, anemia, diabetes, and other health or social problems (such as suicide, violence), and to improve living habits and nutrition. Six hundred (600) households, or 2,700 people, will be asked to participate. As in 1992, four major themes will be assessed: your general health and lifestyle, your dietary habits, your heart, and your exposure to environmental contaminants.

What you will be asked to do as a survey participant

- You will answer a questionnaire during a face-to-face interview.
 - The interview will be done onboard the icebreaker “Amundsen”.
 - The interview will last approximately two hours.
 - It will include detailed questions about your lifestyle, health, and eating habits.
- During a clinical session, a research nurse will ask you a few questions about your health and
 - i. Take a fasting blood sample (45 mL or approximately 3 tablespoons)
 - ii. Measure your weight, height, and waist and hip circumference
 - iii. Take your blood pressure
 - iv. Perform a hearing exam
 - v. Take a toenail sample
 - vi. Measure bone density for women 35 to 74
 - vii. Take your temperature
 - viii. Give you a sweetened beverage to drink for diabetes screening and will take a second small blood sample 2 hours after drinking the beverage.
 - This step will take approximately 30–45 minutes.

Blood analyses

The following blood analyses will be done as part of the survey: blood lipids, glucose, insulin, fatty acids, antibodies indicating past infections, environmental contaminants (organic and inorganic compounds such as PCBs, heavy metals), and anemia determinants (for women). Toenail samples will be analyzed for selenium. These blood analyses will allow researchers to determine whether you have normal or abnormal levels of blood lipids and diabetes or anemia (for women) determinants as well as gauge your exposure to past infections and environmental contaminants. Blood samples will be

stored for 15 years at -80° C in freezers located at Institut national de santé publique du Québec in Sainte-Foy, Quebec. These blood samples will be the responsibility of NRBHSS. Blood vials will be identified by a code number only and your name will not appear on them. These blood samples will never be used by any commercial or pharmaceutical companies neither for genetic tests.

Benefits

Participating in this survey will give you a deeper understanding of any health risks you may face and what you can do to reduce them. As a preventive measure against heart disease, diabetes, and anemia in particular, it will also allow you to verify your current health and make improvements as needed. Thus, if you have anemia (for women); abnormal blood pressure, blood lipids, glucose, or insulin levels; high levels of antibodies against past infections in conjunction with fever; or a hearing problem, you will be sent a letter advising you to visit your CLSC. The survey also gives you the opportunity to take part in a regional health survey and gauge the health of your community.

Risks

The study should not pose any risk to you. You may develop a slight bruise where blood was drawn.

Confidentiality

All information gathered for this study will be kept confidential. Information will be used for statistical purposes only along with answers from other Nunavik households participating in the survey. Your questionnaire and blood samples will be identified with a code number only. Your name will not appear on them. Your name will only appear on a “master” identification chart that links your name to the numbers. These master sheets and the survey database will be kept under lock and key at INSPQ. Moreover, only authorized INSPQ, URSP-CHUQ, NRBHSS, and other experts involved in aspects of the survey will have access to the survey database. Once the study wraps up (December 2006), these master identification charts will be destroyed. Your name will not appear in any publication or report.

Withdrawal from study

Your participation in this survey is invaluable, but must be voluntary. You are free to withdraw from the study at any time without prejudice. You may choose not to continue even after you have agreed to participate. To withdraw from the study, please inform nurse Suzanne Côté, the field coordinator, or any medical staff.

Honorarium

You will receive a \$25.00 honorarium for your time and involvement after you have completed the survey. Those who complete the household questionnaire will receive an additional \$10.00.

Contacts

You are welcome at any time during the survey to call the field coordinator, nurse Suzanne Côté, or principal investigators Dr. Serge Déry and Dr. Éric Dewailly to request more information, make comments about the survey, or withdraw from the study. If have any complaints, feel free to call Jeannie May in Kuujjuaq at (819) 964-2222.

Please direct any further requests to:

Ms Suzanne Côté:	(418) 650-5115, ext. 5277 (Quebec City)
Dr. Serge Déry:	(819) 471-5148 (Drummondville) or (819) 964-2222 (Kuujjuaq)
Dr. Éric Dewailly:	(418) 650-5115, ext. 5240 (Quebec City)

B.5: INFORMED CONSENT FORM (18 AND OVER)

Nunavik Health Survey: Qanuippitaa? "How are we?"

- **I have read and understood what is involved in the study and hereby give my free consent to participate in the Nunavik Health Survey.**

Yes No

- **I authorize the Nunavik Regional Board of Health and Social Services to share information about me or the people I represent as long as we are not identified (i.e., name, address, or telephone number) by authorized persons, namely INSPQ, URSP, and other survey researchers. I understand that I may obtain the names of these researchers upon request.**

Yes No

- **I authorize the Nunavik Regional Board of Health and Social Services to send abnormal results of blood tests, blood pressure, and hearing tests to my community CLSC as a preventive measure. I understand that if my results are abnormal, I will be duly advised in a letter to consult my CLSC representative.**

Yes No

Name of participant

Signature

_____/_____/_____
Date (y/m/d)

Name of witness

Signature

_____/_____/_____
Date (y/m/d)

Name of principal investigator
/or his designated representative

Signature

_____/_____/_____
Date (y/m/d)

The informed consent form has been explained to the participant by the research interviewer:

Name: _____ Phone number: _____

Signature: _____

Date of approval by the Laval University Ethics Committee (CERUL): June 7th 2004 Approval number: 2003-323 A-1

Date of approval by the Comité d'éthique de santé publique du Québec: June 21th 2004

APPENDIX C:
INSTRUMENTS USED FOR VALIDATION PROCESSING

C.1: CHECKLIST



**Qanuippitaa? How are we?
 HEALTH SURVEY OF THE INUIT OF NUNAVIK – 2004
 Individual check list**

1. Last name: _____
2. First name: _____
3. Address: _____
4. Telephone: _____
5. Birthdate:

year	month	day	
6. Age: _____ (consult reference card «A»)
7. Sex M F
8. Are you pregnant: 1= yes 2= no 3=na
9. Consent form signed: 1=yes 2=no

Questionnaires completed	yes	no	na	if no, why
				consult non response code list Reference card G
10. Id Chart	1	2	3	
11. Household (principal respondent only)	1	2	3	
12. Individual*	1	2	3	
13. 24 hour recall (not to be done if pregnant)	1	2	3	
14. Food frequency (not to be done if pregnant)	1	2	3	
15. Clinical	1	2	3	
16. Confidential*	1	2	3	

*15-17 and ≥ 75 years old (do 2 questionnaires: individual, confidential)

Clinical tests done (not to be done for 15-17 and ≥ 75 years old)

17. Venous blood puncture: 1=yes 2=no If no, give the reason _____

17 a. On the ship at home → How many hours since the last meal? _____ hours

	yes	no	na	if no, give the reason
18. OGGT (not to be done if pregnant or diabetic) [®]	1	2	3	
19. Blood pressure/pulse:	1	2	3	
20. Temperature	1	2	3	
21. Anthropometric measurements (not to be done if pregnant)	1	2	3	
22. body composition (not to be done if pregnant)	1	2	3	
23. Sitting height (not to be done if pregnant)	1	2	3	
24. Holter ≥ 40-74 years old (not to be done if pregnant)	1	2	3	
25. Toenails	1	2	3	
26. Hearing test	1	2	3	
27. Bone densitometry only women ≥ 35-74 years old	1	2	3	
28. Carotid ≥ 40-74 years old	1	2	3	

[®] Capillary blood glucose to be done before

Payment handed over yes

C.2: QUESTIONNAIRE RESPONSE



**Qanuippitaa? How are we?
 HEALTH SURVEY OF THE INUIT OF NUNAVIK – 2004
 Questionnaire response**

To be completed by the Quality control team.

STUDY NO.

E	S	I				
---	---	---	--	--	--	--

Age: _____	Sex <input type="checkbox"/> m <input type="checkbox"/> f	Pregnant <input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> na
------------	---	--

Questionnaires completed	yes	no	na	if no, why <small>consult non response code list</small>
10. Id Chart	1	2	3	
11. Household <small>principal respondent only</small>	1	2	3	
12. Individual	1	2	3	
13. 24 hour dietary recall <small>not to be done if pregnant</small>	1	2	3	
14. Food frequency <small>not to be done if pregnant</small>	1	2	3	
15. Clinical	1	2	3	
16. Confidential	1	2	3	
Clinical tests completed	yes	no	na	if no, give the reason
17. Venous blood puncture	1	2	3	
18. OGGT <small>not to be done if pregnant or diabetic</small>	1	2	3	
19. Blood pressure/pulse	1	2	3	
20. Temperature	1	2	3	
21. Anthropometric measurements <small>not to be done if pregnant</small>	1	2	3	
22. Body composition	1	2	3	
23. Sitting height <small>not to be done if pregnant</small>	1	2	3	
24. Holter <small>> = 40-74 years old, not to be done if pregnant. Cohort</small>	1	2	3	
25. Toenails	1	2	3	
26. Hearing test	1	2	3	
27. Bone densitometry <small>women 35-74 years old</small>	1	2	3	
28. Carotid <small>40-74 years old. Cohort</small>	1	2	3	
Cohort study participation <small>no if red dot on folder 24-28</small>	1	2	3	
Pap test and breast exam <small>yes if green dot on folder</small>	1	2	3	
Micro-nuclei test <small>yes if yellow dot on folder. Cohort</small>	1	2	3	

C.3: MASTER LIST

**Qanuippitaa? How are we?
HEALTH SURVEY OF THE INUIT OF NUNAVIK – 2004**

Master list					
Last name	First name	Age	Address (+ community)	Participant No	Study No

C.4: APPOINTMENT SHEET

**Qanuippitaa? How are we?
 HEALTH SURVEY OF THE INUIT OF NUNAVIK – 2004**

Appointment sheet:

Community: _____

8h00	Date	Name	Age	Participant No	Address/Tel.	Consent form signed if yes (✓)	Mammo pap/test if yes (✓)	Principal respondent if yes (✓)	Id Chart completed if yes (✓)	Household completed if yes (✓)	Came to his appointment yes <input type="checkbox"/> no <input type="checkbox"/>	Has to be seen at home if yes (✓)
1											yes <input type="checkbox"/> no <input type="checkbox"/>	
2											yes <input type="checkbox"/> no <input type="checkbox"/>	
3											yes <input type="checkbox"/> no <input type="checkbox"/>	
4											yes <input type="checkbox"/> no <input type="checkbox"/>	
5											yes <input type="checkbox"/> no <input type="checkbox"/>	
6											yes <input type="checkbox"/> no <input type="checkbox"/>	
7											yes <input type="checkbox"/> no <input type="checkbox"/>	
8											yes <input type="checkbox"/> no <input type="checkbox"/>	
9											yes <input type="checkbox"/> no <input type="checkbox"/>	
10											yes <input type="checkbox"/> no <input type="checkbox"/>	
10h30												
1											yes <input type="checkbox"/> no <input type="checkbox"/>	
2											yes <input type="checkbox"/> no <input type="checkbox"/>	
3											yes <input type="checkbox"/> no <input type="checkbox"/>	
4											yes <input type="checkbox"/> no <input type="checkbox"/>	
5											yes <input type="checkbox"/> no <input type="checkbox"/>	
6											yes <input type="checkbox"/> no <input type="checkbox"/>	
7											yes <input type="checkbox"/> no <input type="checkbox"/>	
8											yes <input type="checkbox"/> no <input type="checkbox"/>	
9											yes <input type="checkbox"/> no <input type="checkbox"/>	
10											yes <input type="checkbox"/> no <input type="checkbox"/>	

Qanuippitaa? How are we?
 HEALTH SURVEY OF THE INUIT OF NUNAVIK – 2004

Appointment sheet:

Community: _____

13h00	Date	Name	Age	No participant	Address/Tel.	Consent form signed if yes (✓)	Mammo papitest if yes (✓)	Principal respondent if yes (✓)	Id Chart completed if yes (✓)	Household completed if yes (✓)	Came to his appointment yes <input type="checkbox"/> no <input type="checkbox"/>	Has to be seen at home if yes (✓)
1											yes <input type="checkbox"/> no <input type="checkbox"/>	
2											yes <input type="checkbox"/> no <input type="checkbox"/>	
3											yes <input type="checkbox"/> no <input type="checkbox"/>	
4											yes <input type="checkbox"/> no <input type="checkbox"/>	
5											yes <input type="checkbox"/> no <input type="checkbox"/>	
6											yes <input type="checkbox"/> no <input type="checkbox"/>	
7											yes <input type="checkbox"/> no <input type="checkbox"/>	
8											yes <input type="checkbox"/> no <input type="checkbox"/>	
9											yes <input type="checkbox"/> no <input type="checkbox"/>	
10											yes <input type="checkbox"/> no <input type="checkbox"/>	
15h30												
1											yes <input type="checkbox"/> no <input type="checkbox"/>	
2											yes <input type="checkbox"/> no <input type="checkbox"/>	
3											yes <input type="checkbox"/> no <input type="checkbox"/>	
4											yes <input type="checkbox"/> no <input type="checkbox"/>	
5											yes <input type="checkbox"/> no <input type="checkbox"/>	
6											yes <input type="checkbox"/> no <input type="checkbox"/>	
7											yes <input type="checkbox"/> no <input type="checkbox"/>	
8											yes <input type="checkbox"/> no <input type="checkbox"/>	
9											yes <input type="checkbox"/> no <input type="checkbox"/>	
10											yes <input type="checkbox"/> no <input type="checkbox"/>	

Qanuippitaa? How are we?
 HEALTH SURVEY OF THE INUIT OF NUNAVIK – 2004

Appointment sheet:

Community: _____

Date	Name	Age	Participant No	Address/Tei.	Consent form signed if yes (✓)	Mammo papitest if yes (✓)	Principal respondent if yes (✓)	Id Chart completed if yes (✓)	Household completed if yes (✓)	Came to his appointment yes <input type="checkbox"/> no <input type="checkbox"/>	Has to be seen at home if yes (✓)
1										yes <input type="checkbox"/> no <input type="checkbox"/>	
2										yes <input type="checkbox"/> no <input type="checkbox"/>	
3										yes <input type="checkbox"/> no <input type="checkbox"/>	
4										yes <input type="checkbox"/> no <input type="checkbox"/>	
5										yes <input type="checkbox"/> no <input type="checkbox"/>	
6										yes <input type="checkbox"/> no <input type="checkbox"/>	
7										yes <input type="checkbox"/> no <input type="checkbox"/>	
8										yes <input type="checkbox"/> no <input type="checkbox"/>	
9										yes <input type="checkbox"/> no <input type="checkbox"/>	
10										yes <input type="checkbox"/> no <input type="checkbox"/>	
11										yes <input type="checkbox"/> no <input type="checkbox"/>	

Comments Flying Team:

APPENDIX D:
QUESTIONNAIRES AND OTHER SURVEY INSTRUMENTS

Name	Name	Name	Name	Name
Family name	Family name	Family name	Family name	Family name
<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"/>
yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

House number: _____	Id-house

Telephone: (____) _____	Id-telephone
Community: _____	

8. In the household is living:

- 1- One family
- 2- More than one family

9. Number of persons in the household:

10. IDENTIFICATION CHART completed

- 1- Yes
- 2- No

11. If no, reason for no reply

Consult non-response codes list

12. HOUSEHOLD completed

- 1- Yes
- 2- No

13. If no, reason for no reply:

Consult non-response codes list

<input type="checkbox"/>	Id8
<input type="checkbox"/>	<input type="checkbox"/>
	Id9
<input type="checkbox"/>	Id10
<input type="checkbox"/>	<input type="checkbox"/>
	Id11
<input type="checkbox"/>	Id12
<input type="checkbox"/>	<input type="checkbox"/>
	Id13

Comments

Id-comments

Identification Chart (this chart is confidential)

ho-age		Age		Age		Age		Age	
ho-id	ID number	ID number	ID number	ID number	ID number	ID number	ID number	ID number	ID number
<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"/>	<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"/>

Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number
<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"/> <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"/> <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"/>

Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number	Age <input type="checkbox"/> <input type="checkbox"/> ID number
<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"/>	<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"/>

Age □ □ ID number	Age □ □ ID number	Age □ □ ID number	Age □ □ ID number	Age □ □ ID number
□ □	□ □	□ □	□ □	□ □
□ □	□ □	□ □	□ □	□ □
□	□	□	□	□
□ □	□ □	□ □	□ □	□ □
□ □	□ □	□ □	□ □	□ □

24. Which of the following way do you most often eat your fish?

- ho24 1- Deep fried (oil or fat)
- 2- Boiled
- 3- Roasted (pan or oven)
- 4- Raw/Frozen
- 5- Dried
- 6- Don't eat
- 9- NR/R

24. 'b 'a' a' l' l' j' r' 'b' 's' 'c' < 'd' e' a' 'b' 'c' 'u' 'c' ?

- 1- 'i' c' u' b' 's' 'r' 'l' 'r' 'l' 'a' 'b' / 'd' 's' 'r' 'j' 'c' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b'
- 2- 'b' 'r' 'l' 'a' 'b'
- 3- 'p' 'd' 'c' 's' 'd' 'n' 'p' 'c' a' 'a' 'q' 's' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b'
- 4- 'r' 'p' 'l' 's' 'b' / 's' 'd' 'q' 'a' 'b'
- 5- 'a' 'c' 'r' 's'
- 6- 'a' 'r' 'j' 's' 'b' 'r' 'j' 'a' 'l' 'a' 'b'
- 9- NR/R

25. Which of the following way do you most often eat your seal or whale:

		'i' c' u' b' 's' 'r' 'l' 'r' 'l' 'a' 'b' / 'd' 's' 'r' 'j' 'c' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b' Deep fried (oil or fat)	'b' 'r' 'l' 'a' 'b' Boiled	'p' 'd' 'c' 's' 'd' 'n' 'p' 'c' a' 'a' 'q' 's' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b' Roasted (pan or oven)	'r' 'c' 'r' 'l' 's' / 'd' 'q' 's' 'r' 'l' 's' Raw/Frozen	's' 'd' 'r' 'l' 's' Dried	'a' 'r' 'j' 's' 'b' 'r' 'j' 'a' 'l' 'a' 'b' Don't eat	NR/R	
ho25-1	1- Seal?	1- a'c' r' l' a' s' b'	1	2	3	4	5	6	9
ho25-2	2- Whale or beluga?	2- 'p' c' a' l' s' i' r' b'	1	2	3	4	5	6	9
ho25-3	3- Walrus?	3- 'v' a' l' a' s' t' b' c'	1	2	3	4	5	6	9

25. 'b 'a' a' l' l' j' r' 'b' 's' 'c' < 'd' e' a' 'b' 'c' 'u' 'c' 's' 'b' 's' 'b' 's' 'c' < 'd' 'r' 'j' 'a' 'c' ('d' 'c' 'u' 'n' 'r' 'a' 'j' a' c' r' l' a' s' b' 's' 'b' 's' 'c' < 'd' 'e' a' 'b' 'c' 'u' 'c' 's' 'b' 's' 'b' 's' 'c' < 'd' 'e' a' 'b' 'c' 'u' 'c' ?

26. Which of the following way do you most often eat your other meats?

- ho26 1- Deep fried (oil or fat)
- 2- Boiled
- 3- Roasted (pan or oven)
- 4- Raw/Frozen
- 5- Dried
- 6- Don't eat
- 9- NR/R

26. 'b 'a' 'a' a' l' l' j' r' 'b' 's' 'c' < 'd' e' a' 'b' 'c' 'u' 'c' 's' 'b' 's' 'c' < 'd' 'e' a' 'b' 'c' 'u' 'c' ?

- 1- 'i' c' u' b' 's' 'r' 'l' 'r' 'l' 'a' 'b' / 'd' 's' 'r' 'j' 'c' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b'
- 2- 'b' 'r' 'l' 'a' 'b'
- 3- 'p' 'd' 'c' 's' 'd' 'n' 'p' 'c' a' 'a' 'q' 's' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b'
- 4- 'r' 'p' 'l' 's' 'b' / 's' 'd' 'q' 'a' 'b'
- 5- 's' 'd' 'r' 'l' 's'
- 6- 'a' 'r' 'j' 's' 'b' 'r' 'j' 'a' 'l' 'a' 'b'
- 9- NR/R

27. Which of the following way do you most often eat your bannock?

- ho27 1- Stove top
- 2- Deep fried (oil or fat)
- 3- Baked in oven
- 5- Don't prepare bannock
- 6- Don't eat
- 9- NR/R

27. 'b 'a' 'a' < 's' 'n' 'r' 'j' 'r' 'b' 's' 'c' 'p' 'c' / 's' 'p' 'c' 's' 'b' 'c' 'd' 'p' 'r' 'b' 's' 'c' 'p' 'c' ?

- 1- 'p' 'd' 'c' 's' 'd' 'n' 'p' 'c' 's' 'b' 'l' 's' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b'
- 2- 'd' 's' 'r' 'j' a' l' l' 'r' 'l' 'r' 'l' 'a' 'b'
- 3- 'p' 'd' 'c' 's' 'd' 'n' 'p' 'c' a' 'a' 'q' 's' a' 'l' 'l' 'r' 'l' 'r' 'l' 'a' 'b'
- 5- 's' 'p' 'c' 's' 'b' 'c' 'd' 'p' 'r' 'j' 's' 'b' 'r' 'j' 'a' 'l' 'a' 'b' / < 's' 'n' 'r' 'j' 'r' 'b' 's' 'c' 'p' 'c' ?
- 6- 'a' 'r' 'j' 's' 'b' 'r' 'j' 'a' 'l' 'a' 'b'
- 9- NR/R

28. Do you get country food from the community freezer?

- ho28
- 1- Often ————— Go to Q. 30
 - 2- Sometimes —————
 - 3- Never
 - 4- No community freezer in my community ————— Go to Q. 30
 - 9- NR/R —————

28. ማዕጋልጎ ልጅጎ ጋሎት ጠቅላይ ማዕጋል ላይ ይገኛል?

- 1- ሀይል ይገኛል ————— Go to Q. 30
- 2- ልጅ ጊዜ —————
- 3- ርዕዮተኛ ይሆናል
- 4- ጠቅላይ ማዕጋል ላይ የሌለበት ————— Go to Q. 30
- 9- NR/R —————

29. Why don't you get food from the community freezer?

29. ስለምን ጠቅላይ ማዕጋል ላይ ጋሎት አይገኝም?

Don't read answer, circle all that apply

- ho29-1 1- Never need to
- ho29-2 2- The freezer is always empty
- ho29-3 3- It is embarrassing to go to the community freezer
- ho29-4 4- Other (specify) _____ ho29-4s
- ho29-9 9- NR/R

- 1- ስጦት የለም
- 2- ማዕጋል ላይ ስልጠና የሌለች
- 3- ጠቅላይ ማዕጋል ላይ ማሳተፍ ጭንቀት ነው
- 4- ሌላ (ጠቅላይ ማዕጋል ላይ ማሳተፍ)
- 9- NR/R

30. Do you receive country food from your friends or relatives outside your household?

30. ማዕጋል ጋሎት ለቤተሰብ ለውጭ ልጅ ጊዜ ይገኛል?

- ho30
- 1- Often
 - 2- Sometimes
 - 3- Never
 - 9- NR/R

- 1- ሀይል ይገኛል
- 2- ልጅ ጊዜ
- 3- ርዕዮተኛ ይሆናል
- 9- NR/R

31. In the last month, did it happen that there was not enough to eat in your house?

31. ለሰላሳ ቀን ግንባታ ጠቅላይ ማዕጋል ላይ ጋሎት ለማግኘት ሰቃይ ነው?

- ho31
- 1- Yes
 - 2- No
 - 8- DNK
 - 9- NR/R

- 1- Yes
- 2- No
- 8- DNK
- 9- NR/R

Thank you very much for your cooperation!

ጠቅላይ ማዕጋል ላይ ጋሎት ለማግኘት ሰቃይ ነው!

Language of the interview

- ho-language
- 1- Inuktitut only
 - 2- English only
 - 3- Inuktitut and English
 - 4- French only
 - 5- Inuktitut and French

D.3: INDIVIDUAL QUESTIONNAIRE



STUDY NO. study no

E	S	I				
---	---	---	--	--	--	--

INT. NO.

--	--

in-int

Qanuippitaa?

<p>ᖃᓄᐃᑦᐱᑦ?</p> <p>ᐃᓄᑦᑎᓄᑦᑎᓄᑦ ᖃᓄᐃᑦᐱᑦ ᐃᓄᑦᑎᓄᑦ ᓄᓄᐱᑦᐱᓄᑦ - 2004</p> <p>ᐃᓄᑦᑎᓄᑦ</p> <p>ᐃᓄᑦᑎᓄᑦ - ᐱᓄᓄᑦᑎᓄᑦ ᐃᓄᑦᑎᓄᑦ</p>	<p><i>How are we?</i></p> <p>Health Survey of the INUIT of Nunavik – 2004</p> <p>INDIVIDUAL</p> <p>Interviewer-Completed Questionnaire</p>
---	---

INSPQ

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

Completion date 04 / /

y
m
d

in-date

Time: /

h
m

in-time

SECTION 3 - WOMEN'S HEALTH

ᐃᐱᑦᑐᒃᓂᑦ 3 - ᐃᑦᓂᑦ ᐃᑐᒃᓂᑦ

If the respondent is a man, Go to section 4, Q. 9

Now, we would like to ask some questions about women's health. ᑕᓕᑕᓕ, ᐃᐱᑦᑐᒃᓂᑦ ᐃᑦᓂᑦ ᐃᑐᒃᓂᑦ ᓂᑦᓂᑦᓂᑦᓂᑦ.

4. a) When did you have your last Pap test? 4. ᐃ) ᐃᑦᓂᑦᑐᒃᓂᑦ ᓂᑦᓂᑦ ᐃᑦᓂᑦ ᐃᑐᒃᓂᑦ ᓂᑦᓂᑦ?

If the respondent answers « today », ask for the previous test.

- | | | | |
|---|---|---|---|
| in4a
1- Less than 12 months ago
2- 1 year to less than 2 years ago
3- 2 or more years ago
4- Never
8- DNK
9- NR/R | Go to Q. 5a
Go to Q. 5a
Go to Q. 5a | 1- ᑕᑦᓂᑦᑐᒃᓂᑦ 12 ᒃᓂᑦᑐᒃᓂᑦ
2- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
3- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
4- ᑕᑦᓂᑦᑐᒃᓂᑦ
8- DNK
9- NR/R | Go to Q. 5a
Go to Q. 5a
Go to Q. 5a |
|---|---|---|---|

b) If never or 2 or more years ago, can you tell me why? ᐃ) ᑕᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ ᓂᑦᓂᑦ, ᐃᑦᓂᑦᑐᒃᓂᑦ ᓂᑦᓂᑦ ᓂᑦᓂᑦᓂᑦᓂᑦ?

Do not read list, circle all that apply

- | | | |
|--|------------------------------------|---|
| in4b-1 1- Was not offered
in4b-2 2- Never go to the clinic
in4b-3 3- Did not think it was necessary
in4b-4 4- No time/too busy
in4b-5 5- Fear (such as painful, embarrassing, find something wrong)
in4b-6 6- Have had a hysterectomy
in4b-7 7- Other (specify)
in4b-8 8- DNK
in4b-9 9- NR/R | in4b-7s

_____ | 1- ᓂᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
2- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
3- ᒃᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
4- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
5- ᐃᑦᓂᑦᑐᒃᓂᑦ (ᐃᑦᓂᑦᑐᒃᓂᑦ/ᐃᑦᓂᑦᑐᒃᓂᑦ, ᐃᑦᓂᑦᑐᒃᓂᑦ, ᑕᑦᓂᑦᑐᒃᓂᑦ)
6- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
7- ᐃᑦᓂᑦᑐᒃᓂᑦ (ᓂᑦᓂᑦᑐᒃᓂᑦ)
8- DNK
9- NR/R |
|--|------------------------------------|---|

5. a) When did you have your last breast examination by a doctor or a nurse? 5. ᐃ) ᐃᑦᓂᑦᑐᒃᓂᑦ ᓂᑦᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ/ᐃᑦᓂᑦᑐᒃᓂᑦ ᓂᑦᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ ᓂᑦᓂᑦ?

If the respondent answers « today », ask for the previous test.

- | | | | |
|---|---|---|---|
| in5a
1- Less than 12 months ago
2- 1 year to less than 2 years ago
3- 2 or more years ago
4- Never
8- DNK
9- NR/R | Go to Q. 6a
Go to Q. 6a
Go to Q. 6a | 1- ᑕᑦᓂᑦᑐᒃᓂᑦ 12 ᒃᓂᑦᑐᒃᓂᑦ
2- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
3- ᐃᑦᓂᑦᑐᒃᓂᑦ ᐃᑦᓂᑦᑐᒃᓂᑦ
4- ᑕᑦᓂᑦᑐᒃᓂᑦ
8- DNK
9- NR/R | Go to Q. 6a
Go to Q. 6a
Go to Q. 6a |
|---|---|---|---|

<p>in7b</p>	<p>b) During your last pregnancy, did you take pills or shots to prevent vitamin deficiency:</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>	<p>Λ) P%J^c-c'Γ Λ49^c4^cb^cΓ^c/ΔC9^c4^cb^cΓ^c, Δ^cb^cΛ^cΓ^cσ^cρ^c b^cΛ^cΓ^cσ^cρ^cΓ^cΔ^cθ^c ΠΓ^cΛ^c ΔΓ^cΔ^cΠ^cΓ^cσ^c ΛC^cb^cΓ^cΔ^cΓ^cσ^cΔ^cΔ^c?</p> <p>1- Yes 2- No 8- DNK 9- NR/R</p>
<p>in7c</p>	<p>c) During your last pregnancy, did you smoke daily, occasionally, or not at all?</p> <p>1- Daily 2- Occasionally 3- Not at all 8- DNK 9- NR/R</p>	<p>Π) P%J^c-c'Γ Λ49^c4^cb^cΓ^c/ΔC9^c4^cb^cΓ^c, Δ^cΔ^cΓ^c Δ^cΓ^cσ^cρ^c/ Γ^cΔ^cΓ^cσ^cρ^c, Δ^cΔ^cσ, Γ^cΔ^cΓ^cσ^cρ^cΓ^cΔ^cθ^c/Γ^cΔ^cΓ^cσ^cρ^cΓ^cΔ^cθ^c?</p> <p>1- Δ^cΔ^cΓ^c 2- Δ^cc^cΔ^cσ 3- σ^cΓ^cΓ^cσ^c 8- DNK 9- NR/R</p>
<p>in7d</p>	<p>d) During your last pregnancy, did you drink any alcohol?</p> <p>1- Yes 2- No — Go to Q. 8a 8- DNK — Go to Q. 8a 9- NR/R — Go to Q. 8a</p>	<p>P) P%J^c-c'Γ Λ49^c4^cb^cΓ^c/ΔC9^c4^cb^cΓ^c, ΔΓ^cΔ^cb^cσ^cρ^c?</p> <p>1- Yes 2- No — Go to Q. 8a 8- DNK — Go to Q. 8a 9- NR/R — Go to Q. 8a</p>
<p>in7e</p>	<p>e) How often did you drink?</p> <p>1- Less than once a month 2- Once to 3 times a month 3- Once to 3 times a week 4- 4 times or more a week 8- DNK 9- NR/R</p>	<p>Γ) 'b Δθ Δd ΓΠΓΔΓσ ΔΓ^cΔ^cb^cσ^cρ^c?</p> <p>1- C^cρ^cΓ^cΔ^cΓ^cσ^cρ^cΓ^cΔ^cθ^c 2- ΔCΔ^cΓ^cΔ^cΓ^cσ^cρ^c Λ^cΔ^cΓ^cσ^cρ^c C^cρ^cΓ^c 3- ΔCΔ^cΓ^cΔ^cΓ^cσ^cρ^c Λ^cΔ^cΓ^cσ^cρ^c Λ^cΔ^cΓ^cσ^cρ^cΓ^c 4- Γ^cΔ^cΓ^cΔ^cΓ^cσ^cρ^c Δ^cΔ^cΓ^cσ^cρ^c Λ^cΔ^cΓ^cσ^cρ^cΓ^c 8- DNK 9- NR/R</p>
<p>in8a</p>	<p>8. a) Was the last child you gave birth to, given up for adoption?</p> <p>1- Yes — Go to Section 4, Q. 9 2- No — Go to Section 4, Q. 9 9- NR/R — Go to Section 4, Q. 9</p>	<p>8. Δ) P%J^c-c'Γ Λ49^cΔ^cΓ^cΔ^cθ^c/ΔC9^cΔ^cΓ^cΔ^cθ^c, ΠJ^cΔ^cΓ^cΔ^cθ^cΠCΔ^cθ^c?</p> <p>1- Yes — Go to Section 4, Q. 9 2- No — Go to Section 4, Q. 9 9- NR/R — Go to Section 4, Q. 9</p>
<p>in8b</p>	<p>b) Are you breast-feeding that child now?</p> <p>1- Yes — Go to Section 4, Q. 9 2- No — Go to Section 4, Q. 9 9- NR/R — Go to Section 4, Q. 9</p>	<p>Λ) ΔΓ^cΔ^cΓ^cΔ^cθ^c Δ^cΓ^cΓ^cΔ^cθ^c?</p> <p>1- Yes — Go to Section 4, Q. 9 2- No — Go to Section 4, Q. 9 9- NR/R — Go to Section 4, Q. 9</p>

SECTION 4 - WEIGHT

ᐊᐱᕐᑐᓯᓯᓂᕐ 4 - ᐅᕐᑲᓯᓂᕐ

Now I would like to ask some questions about your weight.

ᐊᐱᕐᑐᓯᓯᓂᕐᓂᕐ ᐅᕐᑲᓯᓂᕐ ᓯᕐᕐᑲᕐ.

9. Do you consider yourself:

9. ᐃᓯᓯᓂᕐ ᐃᓯᓯᓂᕐᑲᕐᑲᕐ...

in9

- 1- Overweight?
- 2- Underweight?
- 3- Just about right?
- 8- DNK
- 9- NR/R

- 1- ᐅᕐᑲᓯᓂᕐᐊᕐᑐᓯᓂᕐᓯᓂᕐ?
- 2- ᐅᕐᑲᓯᓂᕐᐊᕐᑐᓯᓂᕐᓯᓂᕐ?
- 3- ᐃᓯᓯᓂᕐᑲᕐᑲᕐ?
- 8- DNK
- 9- NR/R

10. Are you presently trying to lose weight, gain weight or neither?

10. ᐱᓯᓯᓂᕐ ᐅᕐᑲᓯᓂᕐᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐ, ᐅᕐᑲᓯᓂᕐᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐ, ᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐᑲᕐᑲᕐ?

in10

- 1- Lose weight
- 2- Gain weight
- 3- Neither
- 8- DNK
- 9- NR/R

- 1- ᐅᕐᑲᓯᓂᕐᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐ/ᕐᑐᓯᓂᕐᑲᕐᑲᕐᑲᕐ
- 2- ᕐᑲᓯᓂᕐᑲᕐᑲᕐᑲᕐᑲᕐ
- 3- ᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐᑲᕐ ᓯᓯᓂᕐᑲᕐᑲᕐᑲᕐ
- 8- DNK
- 9- NR/R

SECTION 5 – NUTRITION AND CONTAMINANTS

ᐊᐱᕐᑐᓯᓯᓂᕐ 5 - ᓂᕐᑲᕐ

The following questions are about nutrition.

ᓯᕐᑲᕐᑲᕐᑲᕐᑲᕐᑲᕐᑲᕐ

11. How often would you say you add salt to your food at the table?

11. ᕐᑲᕐᑲᕐᑲᕐᑲᕐᑲᕐᑲᕐ ᐱᓯᓯᓂᕐᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐ ᓯᓯᓂᕐᑲᕐᑲᕐᑲᕐᑲᕐ?

in11

- 1- Often
- 2- Sometimes
- 3- Never
- 8- DNK
- 9- NR/R

- 1- ᐱᓯᓯᓂᕐᑲᕐᑲᕐᑲᕐᑲᕐ
- 2- ᐊᕐᑐᓯᓂᕐᑲᕐᑲᕐᑲᕐ
- 3- ᐱᓯᓯᓂᕐᑲᕐᑲᕐᑲᕐᑲᕐ
- 8- DNK
- 9- NR/R

14. a) Have you modified your eating habits since you heard about contamination in country food?

in14a

- 1- Yes
 - 2- No
 - 8- DNK
 - 9- NR/R
- Go to Q. 15

b) If yes, can you tell me some of the changes you have made?

14. Δ) ᐃᓂᕈᓐᓂᐱᓪ ᐱᓯᓪᓂᐱᓪ ᓂᓯᓂᕈᐱᓪ ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ?

- 1- Yes
 - 2- No
 - 8- DNK
 - 9- NR/R
- Go to Q. 15

Λ) ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ ᓂᓯᓂᕈᓂᓂᕈᓂᐱᓪ ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ? (ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ)

Circle all that apply

		ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ Do not eat anymore	ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ Eat less	ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ Eat more	ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ Change in the way it is prepared	ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ NR/R
a) Meat of beluga, whale, walrus, seal	a) ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ ᓂᓯᓂᕈᐱᓪ ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ (ᓂᓯᓂᕈᐱᓪ, ᓂᓯᓂᕈᐱᓪ, ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ, ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ)	1 in14ba-1	2 in14ba-2	3 in14ba-3	4 in14ba-4	9 in14ba-9
b) Fish	b) ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ	1 in14bb-1	2 in14bb-2	3 in14bb-3	4 in14bb-4	9 in14bb-9
c) Blubber or fat from beluga, whale, walrus, seal	c) ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ	1 in14bc-1	2 in14bc-2	3 in14bc-3	4 in14bc-4	9 in14bc-9
d) Caribou	d) ᐱᓯᓂᓂᕈᓂᓂᕈᓂᐱᓪ	1 in14bd-1	2 in14bd-2	3 in14bd-3	4 in14bd-4	9 in14bd-9

SECTION 6 - PHYSICAL ACTIVITY

ᐅᐱᐢᑎᑦᑎᑦᑎᑦ 6 - ᐃᐱᐢᑎᐢᑎᑦ

This section is about physical activity. The questions concern your free time (physical activity for leisure), and job or main occupation (physical activity at work).

ᑕᓵᑦ ᐃᐱᐢᑎᐢᑎᑦ ᐅᐱᐢᑎᑦ. ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑎᑦᑎᑦᑎᑦᑎᑦ ᐅᐱᐢᑎᑦ (ᐃᐱᐢᑎᐢᑎᑦ ᐅᐱᐢᑎᑎᑦᑎᑦᑎᑦᑎᑦ), ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑎᑦᑎᑦᑎᑦᑎᑦ (ᐃᐱᐢᑎᐢᑎᑦ ᐅᐱᐢᑎᑦ), ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦᑎᑦᑎᑦᑎᑦ (ᐃᐱᐢᑎᐢᑎᑦ ᐅᐱᐢᑎᑦ).

Part 1: Physical Activity for LEISURE

ᐅᐱᐢᑎᑦᑎᑦᑎᑦ 1: ᐃᐱᐢᑎᐢᑎᑦ ᐅᐱᐢᑎᑎᑦᑎᑦᑎᑦᑎᑦ

18. During your free time, do you take part in physical activities such as a sport, an outdoor pastime, fitness training, dancing, or walking?

18. ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ, ᐃᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ, ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ, ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ, ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ, ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ?

			ᐅᐱ (ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ)	ᐅᐱᐢᑎᑦ (ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ)	ᐅᐱᐢᑎᑦ (ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ)	NR/R
			Yes (about once a week or more)	Occasionally (less than once a week)	No (rarely or never)	
in18a	a) In spring	ᐅ) ᐅᐱᐢᑎᑦᑎᑦᑎᑦᑎᑦᑎᑦ	1	2	3	9
in18b	b) In summer	ᐅ) ᐅᐱᐢᑎᑦ	1	2	3	9
in18c	c) In fall	ᐅ) ᐅᐱᐢᑎᑦᑎᑦᑎᑦᑎᑦᑎᑦ	1	2	3	9
in18d	d) In winter	ᐅ) ᐅᐱᐢᑎᑦ	1	2	3	9

If YES (1) for one or more seasons of Q. 18, go to Q. 19.
 If NOT, go to Q. 22.

19. In general, how many days a week do you engage in physical activity during your free time?
 in19 _____ day(s) a week

19. ᐅᐱᐢᑎᑦᑎᑦᑎᑦᑎᑦᑎᑦᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ?
 _____ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ

20. In general, during a typical day, how much time do you actually spend on this type of activity?
 _____ hour(s) _____ minutes
 in20-hour in20-minutes

20. ᐅᐱᐢᑎᑦᑎᑦᑎᑦᑎᑦᑎᑦᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ?
 _____ ᐅᐱᐢᑎᑦ ᐅᐱᐢᑎᑦ _____ ᐅᐱᐢᑎᑦ

SECTION 7 - HUNTING AND FISHING

ᐃᐱᑦᐅᑦᑲᑦ 7 - ᐱᑦᑲᑦᑲᑦ
 ᐃᑦᑲᑦᑲᑦᑲᑦ/ᐃᑦᑲᑦᑲᑦᑲᑦ

23. In the past 12 months, on average, how often did you go hunting?

23. ᑕᑦᑲᑦᑲᑦ 12ᑦ ᐃᑲᑦᑲᑦᑲᑦᑲᑦ, ᑦᑲᑲᑦᑲᑦᑲᑦᑲᑦ,
 ᑦᑲᑲᑦᑲᑦ ᐃᑲᑦᑲᑦᑲᑦᑲᑦ ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦ?

			ᐃᑲᑦᑲᑦᑲᑦᑲᑦ- ᐃᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᑕᑦᑲᑦᑲᑦᑲᑦ Less than once a month	ᐃᑲᑦᑲᑦᑲᑦᑲᑦ- ᐃᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᑕᑦᑲᑦᑲᑦᑲᑦ 1-3 days/ month	ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᑕᑦᑲᑦᑲᑦᑲᑦ ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦ 1-3 days/ week	ᑦᑲᑲᑦᑲᑦᑲᑦᑲᑦ ᐃᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ 4 or more days/week	ᑦᑲᑲᑦᑲᑦ- ᐱᑦᑲᑦᑲᑦ DNK	ᑲᑲᑦᑲᑦᑲᑦᑲᑦ NR/R
in23a	a) Spring ᐃ) ᐃᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦ	1	2	3	4	5	8	9
in23b	b) Summer ᐱ) ᐃᑲᑦᑲᑦᑲᑦᑲᑦ	1	2	3	4	5	8	9
in23c	c) Fall ᑲ) ᐃᑲᑦᑲᑦᑲᑦᑲᑦ	1	2	3	4	5	8	9
in23d	d) Winter ᑲ) ᐃᑲᑦᑲᑦᑲᑦᑲᑦ	1	2	3	4	5	8	9

24. Do you usually share your catch with your family or friends?

24. ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᑲᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᐃᑲᑦᑲᑦᑲᑦᑲᑦ
 ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ?

- in24
- 1- I do not go hunting — **Go to Q. 27**
 - 2- Often
 - 3- Sometimes
 - 4- Never
 - 9- NR/R

- 1- ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ — **Go to Q. 27**
- 2- ᑲᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ
- 3- ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ
- 4- ᑲᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ
- 9- NR/R

25. a) In the past 12 months, have you rejected catches or any parts of them because you were worried about the safety of eating them?

25. ᐃ) ᑕᑦᑲᑦᑲᑦ 12ᑦ ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ, ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ
 ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᐃᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ ᑦᑲᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ
 ᑲᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ?

- in25a
- 1- Yes
 - 2- No
 - 8- DNK
 - 9- NR/R
- Go to Q. 26a**

- 1- Yes
 - 2- No
 - 8- DNK
 - 9- NR/R
- Go to Q. 26a**

b) What food (or part of the animal)? ᐱ) ᐃᐅᐃᐅᐅᐅᐅ ᐅᐅᐅᐅ (ᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅ) ᐱᐅᐅᐅᐅᐅᐅ?

Do not read list, circle all that apply

		ᐅᐅᐅᐅᐅ Fat	ᐅᐅᐅᐅᐅ Meat	ᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅ internal organs such as liver, heart, kidneys	ᐅᐅᐅᐅᐅᐅᐅ (ᐅᐅᐅᐅᐅᐅᐅ) Other (specify)
a) Seal	a) ᐅᐅᐅᐅᐅᐅᐅ	1 in25ba-1	2 in25ba-2	3 in25ba-3	in25ba-other _____
b) Beluga	b) ᐅᐅᐅᐅᐅᐅᐅᐅ	1 in25bb-1	2 in25bb-2	3 in25bb-3	in25bb-other _____
c) Walrus	c) ᐅᐅᐅᐅᐅᐅᐅ	1 in25bc-1	2 in25bc-2	3 in25bc-3	in25bc-other _____
d) Caribou	d) ᐅᐅᐅᐅᐅᐅᐅ	1 in25bd-1	2 in25bd-2	3 in25bd-3	in25bd-other _____
e) Goose	e) ᐅᐅᐅᐅᐅᐅᐅ	1 in25be-1	2 in25be-2	3 in25be-3	in25be-other _____
f) Fish	f) ᐅᐅᐅᐅᐅᐅᐅ		2 in25bf-2	3 in25bf-3	in25bf-other _____
g) Other (specify): in25bg-animal _____	g) ᐅᐅᐅᐅᐅᐅ (ᐅᐅᐅᐅᐅᐅ): _____	1 in25bg-1	2 in25bg-2	3 in25bg-3	in25bg-other _____

c) Why were you concerned? ᐅ) ᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ?

Do not read list, circle all that apply.
Answer only for animals that were rejected.

		ᐅᐅᐅᐅᐅᐅᐅ Color of meat	ᐅᐅᐅᐅᐅᐅᐅᐅ Texture of meat	ᐅᐅᐅᐅᐅᐅᐅ Smell	ᐅᐅᐅᐅᐅᐅᐅ Parasites	ᐅᐅᐅᐅᐅᐅᐅ Contaminants	ᐅᐅᐅᐅᐅᐅᐅᐅ Animal behavior was strange	ᐅᐅᐅᐅᐅᐅᐅ Other (please specify)
a) Seal	a) ᐅᐅᐅᐅᐅᐅᐅ	1 in25ca-1	2 in25ca-2	3 in25ca-3	4 in25ca-4	5 in25ca-5	6 in25ca-6	in25ca-other _____
b) Beluga	b) ᐅᐅᐅᐅᐅᐅᐅᐅ	1 in25cb-1	2 in25cb-2	3 in25cb-3	4 in25cb-4	5 in25cb-5	6 in25cb-6	in25cb-other _____
c) Walrus	c) ᐅᐅᐅᐅᐅᐅᐅ	1 in25cc-1	2 in25cc-2	3 in25cc-3	4 in25cc-4	5 in25cc-5	6 in25cc-6	in25cc-other _____
d) Caribou	d) ᐅᐅᐅᐅᐅᐅᐅ	1 in25cd-1	2 in25cd-2	3 in25cd-3	4 in25cd-4	5 in25cd-5	6 in25cd-6	in25cd-other _____
e) Goose	e) ᐅᐅᐅᐅᐅᐅᐅ	1 in25ce-1	2 in25ce-2	3 in25ce-3	4 in25ce-4	5 in25ce-5	6 in25ce-6	in25ce-other _____
f) Fish	f) ᐅᐅᐅᐅᐅᐅᐅ	1 in25cf-1	2 in25cf-2	3 in25cf-3	4 in25cf-4	5 in25cf-5	6	in25cf-other _____
g) Other (specify): in25cg-animal _____	g) ᐅᐅᐅᐅᐅᐅ (ᐅᐅᐅᐅᐅᐅ): _____	1 in25cg-1	2 in25cg-2	3 in25cg-3	4 in25cg-4	5 in25cg-5	6 in25cg-6	in25cg-other _____

26. a) Compared to the same season, since 2000, have any species you hunt for food been harder to catch/hunt/find?

- in26a 1- Yes
 2- No
 8- DNK
 9- NR/R
- Go to Q. 27

26. Δ) Δ'ΛΓ'Γ'Γ' Γ'Δ'Δ' ΔΓ'Γ'Γ'Γ'Γ'Γ'
 UΓ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'
 Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'
 Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'
 Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'Δ'?

- 1- Yes
 2- No
 8- DNK
 9- NR/R
- Go to Q. 27

Λ) Δ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'
 b) If yes, which one(s)?

Π) Δ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'
 c) Do you think this is because of any of the following reasons?

Circle all the numbers that apply		Read the four answer choices and write the main reason in the box for each animal mentioned.
in26b-1	1- Δ'Δ'Δ' Caribou <input type="checkbox"/> in26c-1	1- Δ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ' They have moved away from where they usually were
in26b-2	2- Δ'Γ'Γ' Seal <input type="checkbox"/> in26c-2	2- Δ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ' They have been overhunted so there are not as many around
in26b-3	3- Δ'Γ'Γ'Γ'Γ' Beluga <input type="checkbox"/> in26c-3	3- Δ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ' There are fewer and fewer of them today (reason not known)
in26b-4	4- Δ'Γ'Γ'Γ' Walrus <input type="checkbox"/> in26c-4	4- Δ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ'Γ' They are harder to get to because of land/snow/ice/weather conditions
in26b-5	5- Δ'Γ'Γ' Goose <input type="checkbox"/> in26c-5	5- Δ'Γ'Γ'Γ' (Δ'Δ'Δ'Δ'Δ' Other (specify) _____ in26c-5s
in26b-6	6- Δ'Γ'Γ'Γ' (Δ'Δ'Δ'Δ'Δ' Other (specify) _____ in26b-6s	8- DNK
in26b-8	8- DNK	
in26b-9	9- NR/R	

SECTION 8 – GAMBLING

ᑭᓄᑦᐅᓴᑦ 8 - ᓴᑦᖃᓂᑦ/ᓱᓇᓯᑦᓂᑦ

First, we'd like to ask some questions about activities you may have participated in the past twelve months. People bet money and gamble on many different things including buying lottery tickets, playing bingo, or card games with their friends. I am going to list some activities that you might have bet money on.

ᓯᓐᓄᓇᑦ, ᑭᓄᑦᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᓴᑦᖃᓂᑦᓴᑦᖃᓂᑦ
 ᐅᓄᓄᓴᑦᐅᓴᑦᐅᓴᑦ ᑕᓴᓱᓂᑦ 12ᓂ ᑭᓄᑦᐅᓴᑦᐅᓴᑦ.
 ᓱᓇᓯᓄᓴᑦ ᓴᑦᖃᓂᑦ/ᓱᓇᓯᓄᓴᑦ ᓴᑦᖃᓂᑦ/ᓱᓇᓯᓄᓴᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ,
 ᐱᓄᓴᓂᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᓇᓄᐅᓴᓴᓴᓂᑦ ᓂᓄᓴᓂᑦᓄᑦ,
 ᐱᓄᓴᓂᑦ ᓴᑦᑕᓂᑦᓄᓴᓂᑦ/ᓱᓇᓯᓄᓴᓂᑦᓄᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ
 ᐅᓴᑦᐅᓴᑦᐅᓴᑦ. ᓴᑦᖃᓂᑦᓴᑦᖃᓂᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦᐅᓴᑦ
 ᓴᑦᖃᓂᑦ/ᓱᓇᓯᓄᓴᑦᐅᓴᑦ.

If the respondent asks for clarifications, specify that we are trying to estimate how much money comes out of his/her pocket – not including winnings put back in the game.

<p>30. ᐅ. ᑕᓴᓱᓂ 12ᓂ ᑭᓄᑦᐅᓴᑦᐅᓴᑦ, ᓴᖃᓄᓱᓂᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᓂᓄᓴᓂᑦᑕᓄᓴᓂᑦ ᓇᓄᐅᓴᓴᓴᓂᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᓴᑦᐱᓄᓴᑦ, ᓴᓱᓴᓴᑦ ᐅᓴᓴᓂᓄᓴᓂᑦ?</p> <p>30. a) In the past 12 months, how often did you buy instant win or scratch tickets like « 7 chanceux », « Mots cachés », « Cartes frimées », Nevada strips, or others?</p>		<p>32. a) ᑕᓴᓱᓂᑦᐅᓴᑦ, ᓴᖃᓂᑦ ᓱᓇᓯᓄᓴᓂᑦ ᑭᓄᑦᐅᓴᑦ ᓴᑦᖃᓂᑦ/ᓱᓇᓯᓄᓴᑦ ᓴᓄᓴᓂᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ?</p> <p>32. a) In a month, how much money do you generally spend on instant win or scratch tickets?</p>
<p>1- Daily 2- 2 to 6 times a week 3- About once a week 4- 2-3 times a month 5- About once a month 6- 6 to 11 times a year 7- 1-5 times a year 8- Never 98- DNK 99- NR/R</p>	<p>1- ᐅᓴᑦᐅᓴᑦ 2- 2-ᑦᑦ 6-ᓄᑦ ᐱᓄᓴᓂᓄᓴᑦ 3- ᐅᓴᓂᓄᓴᓂᑦ ᐱᓄᓴᓂᓄᓴᑦ 4- ᓴᓄᓴᓂᓄᓴᓂᑦ ᐱᓄᓴᓂᓄᓴᓂᑦ ᐅᓴᑦᐅᓴᑦᐅᓴᑦ ᑕᓴᓱᓂ 5- ᐅᓴᓂᓄᓴᓂᑦ ᑕᓴᓱᓂ 6- 6-ᓂᑦ 11-ᓄᑦ ᐅᓴᓴᓂᓄᓴᑦ 7- 1-ᑦᑦ 5-ᓴᑦ ᐅᓴᓴᓂᓄᓴᑦ 8- ᓄᓴᓂᓄᓴᓂᑦ 98- ᓴᖃᓄᓴᓂᑦ 99- ᐅᓴᓂᓄᓴᓂᑦ</p>	<p>ᓱᓇᓯᓄᓴᑦ ᓴᑦᐅᓴᑦᐅᓴᑦᐅᓴᑦ Amount of money</p> <p>in32a-amount</p> <p>1- ᐅᓴᑦᐅᓴᑦ 2- ᐱᓄᓴᓂᓄᓴᑦ 3- ᑕᓴᓱᓂᑦ 4- ᐅᓴᓴᓂᓄᓴᑦ</p> <p>1- Day 2- Week 3- Month 4- Year in32a-unit</p>

SECTION 11 - SOCIAL NETWORK

ᐊᐱᕐᑐᓂ 11 - ᐃᑭᑲᐱᓂᑲᓂᑳ

The next few questions are about your social network, **that is your family and friends, neighbours, colleagues and acquaintances.**

ᐊᐱᕐᑐᓂ ᐊᓂᑲᑲᑲᑐᑳ ᐃᑭᑲᐱᓂᑲᓂᑳᐱᓂᑲᓂᑳ.

48. a) How often do you find that you have someone to have a good time with?

48. ᐃ) ᑲᑳᑲ ᐊᐃᑳᐱᓂᑲᓂᑳ ᐃᓂᑲᑲᑐᐱᓂᑳ ᐊᓂᑲᑲᑲᑐᐱᓂᑳᓂᑳᐱᓂᑳ?

- in48a
- 1- All of the time
 - 2- Most of the time
 - 3- Sometimes
 - 4- Rarely
 - 5- Never
 - 8- DNK
 - 9- NR/R

- 1- ᑲᑳᑲᓂᓂᑳᑐᐱᓂᑳᓂᑳ
- 2- ᑲᑳᑲᓂᓂᑳᑲᑳᑳᑳ
- 3- ᐃᓂᑲᓂᑳ
- 4- ᐊᑲᓂᑲᓂᓂᑳᓂᑳᑐᐱᓂᑳ
- 5- ᐊᑲᓂᑲᓂᓂᑳᑐᐱᓂᑳ
- 8- DNK
- 9- NR/R

b) How often do you have someone to talk to if you feel troubled or for some reason need emotional support?

ᐃ) ᑲᑳᑲ ᐊᐃᑳᐱᓂᑲᓂᑳ ᐃᓂᑲᑲᑐᐱᓂᑳ ᐃᑲᑲᑲᐱᓂᑳᓂᑳᐱᓂᑳ ᐃᑲᑲᑲᓂᑳᓂᑳᑐᐱᓂᑳ ᐃᑲᑲᑲᓂᑳᓂᑳᐱᓂᑳ?

- in48b
- 1- All of the time
 - 2- Most of the time
 - 3- Sometimes
 - 4- Rarely
 - 5- Never
 - 8- DNK
 - 9- NR/R

- 1- ᑲᑳᑲᓂᓂᑳᑐᐱᓂᑳᓂᑳ
- 2- ᑲᑳᑲᓂᓂᑳᑲᑳᑳᑳ
- 3- ᐃᓂᑲᓂᑳ
- 4- ᐊᑲᓂᑲᓂᓂᑳᓂᑳᑐᐱᓂᑳ
- 5- ᐊᑲᓂᑲᓂᓂᑳᑐᐱᓂᑳ
- 8- DNK
- 9- NR/R

c) How often does someone make you feel worried or demand too much from you in your everyday life?

ᐃ) ᑲᑳᑲ ᐊᐃᑳᐱᓂᑲᓂᑳ ᐃᓂᑲᑲᑐᐱᓂᑳ ᐃᑲᑲᑲᓂᑳᓂᑳᑐᐱᓂᑳ ᐃᓂᑲᑲᓂᑳ ᑲᑳᑲᑲᓂᑳᓂᑳᑐᐱᓂᑳ ᐃᓂᑲᑲᓂᑳ ᐊᑲᑲᓂᑳᓂᑳᐱᓂᑳ?

- in48c
- 1- All of the time
 - 2- Most of the time
 - 3- Sometimes
 - 4- Rarely
 - 5- Never
 - 8- DNK
 - 9- NR/R

- 1- ᑲᑳᑲᓂᓂᑳᑐᐱᓂᑳᓂᑳ
- 2- ᑲᑳᑲᓂᓂᑳᑲᑳᑳᑳ
- 3- ᐃᓂᑲᓂᑳ
- 4- ᐊᑲᓂᑲᓂᓂᑳᓂᑳᑐᐱᓂᑳ
- 5- ᐊᑲᓂᑲᓂᓂᑳᑐᐱᓂᑳ
- 8- DNK
- 9- NR/R

49. Are you ever alone when you would in fact prefer to be with others?

49. ᐃᑭᑐᓂᑐᐱᓂᑳ ᐃᓂᑲᑲᑐᐱᓂᑳᑐᐱᓂᑳ?

- in49
- 1- No
 - 2- Yes, but rarely
 - 3- Yes, once in a while
 - 4- Yes, often
 - 8- DNK
 - 9- NR/R

- 1- ᐊᐃᑲ
- 2- ᐊᐊ, ᐱᑲᑲ ᐃᓂᑲᓂᑳᑐᐱᓂᑳ
- 3- ᐊᐊ, ᐃᓂᑲᓂᑳ
- 4- ᐊᐊ, ᓂᑲᑲᓂᑳᑐᐱᓂᑳ
- 8- DNK
- 9- NR/R

53. In the past 12 months, how often have you participated in any activities where people came together to do work for the benefit of the community?

- in53 1- Very often
- 2- Often
- 3- Sometimes
- 4- Rarely
- 5- Never
- 8- DNK
- 9- NR/R

53. Ciqp 12m qungudj, acudqyqpc adac bncalc anjqsqfnm qeqi?

- 1- ULqulcldq
- 2- ULqulcbq
- 3- acql
- 4- qbcdrqlqrdqj
- 5- qbcdrqlqrdj
- 8- DNK
- 9- NR/R

54. In the last month, how often have you gotten together with people to play games, sports, or other recreational activities?

- in54 1- Very often
- 2- Often
- 3- Sometimes
- 4- Rarely
- 5- Never
- 8- DNK
- 9- NR/R

54. Dqm 30m qungudj, bnujdqbncqlac adqm anujqbnqrq, dqyqsm dqlqac qrdqm rlrqcbqm?

- 1- ULqulcldq
- 2- ULqulcbq
- 3- acql
- 4- qbcdrqlqrdqj
- 5- qbcdrqlqrdj
- 8- DNK
- 9- NR/R

SECTION 13 - SOCIO DEMOGRAPHIC INFORMATION

qacjrlm 13 - ad'bcds'jc 'bdp'pnc

I would like to ask you some general questions.

55. What is your marital status?

- in55 1- Never legally married
- 2- Legally married (and not separated) Go to Q. 57
- 3- Separated, but still legally married
- 4- Divorced
- 5- Widowed
- 8- DNK
- 9- NR/R

55. bnncdlac/bnncdlqrdnc?

- 1- bnncdrdrqlqrdj anjbjc
- 2- bnncdlqrd Go to Q. 57
(qacjrlm)
- 3- qacjrlqrd, prqm bnncdlqrdqm
- 4- qacjrlqrd
- 5- vqlqrd
- 8- DNK
- 9- NR/R

60. What was your main source of income? 60. ᓇᓕᓕᓄᓂᓐ ᓱᓇᓃᓃᓂᓐ ᓄᓂᓄᓂᓐ?

Show card E and Circle one answer only

- | | | |
|-------------|--|---|
| in60 | <ul style="list-style-type: none"> 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 16- Provincial or municipal social assistance or welfare 17- Child custody support 18- Spousal support 19- Other (such as rental income, scholarships, parental leave) (specify) | <ul style="list-style-type: none"> 1- ᓃᓕᓄᓂᓐ ᓄᓂᓄᓂᓐ 2- ᓱᓇᓃᓃᓂᓐ 3- ᓱᓇᓃᓃᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 4- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ (ᓃᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ) 5- ᓱᓱᓂᓄᓂᓐ 6- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 7- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 8- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 9- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 10- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 11- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 12- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 13- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 14- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 15- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 16- ᓄᓂᓄᓂᓐ 17- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 18- ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ 19- ᓄᓂᓄᓂᓐ (ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ ᓄᓂᓄᓂᓐ) |
| | <ul style="list-style-type: none"> 20- None 98- DNK 99- NR/R | <ul style="list-style-type: none"> 20- ᓄᓂᓄᓂᓐ 98- DNK 99- NR/R |

D.4: CONFIDENTIAL ADULT QUESTIONNAIRE



STUDY NO. study no

E	S	I				
---	---	---	--	--	--	--

INT. NO.

--	--

co-int

Qanuippitaa?

<p>ᖃᓄᐃᑦᐱᑦ?</p> <p>ᐃᓄᑦᓄᑦ ᓄᓇᐃᑦᐱᑦᐃᓄᑦ -2004</p> <p>ᓄᐃᓄᐃᑦᓄᑦᓄᑦ (ᓄᓄᐃᑦᐱᑦᖃᖃᑦᑦᑦᑦᑦᑦ) ᐃᓄᑦᐱᑦᓄᑦ</p>	<p><i>How are we?</i></p> <p>Health Survey of the INUIT of Nunavik – 2004</p> <p>Confidential Adults</p>
--	--

INSPQ

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

Completion date 04 / /
y m d
co-date

Time: /
h m
co-time

Le questionnaire est strictement confidentiel et sera traité en strict secret.

Cette questionneaire est strictement confidentielle. Vous pouvez y répondre par vous-même ou je peux vous lire les questions si vous préférez.

Lequel préférez-vous?

1. Répondre par vous-même **Go to Section 1, Q. 1**

2. Répondre par moi-même **Read the instructions**

Si vous avez des difficultés à comprendre certaines questions; Si vous avez besoin de quelque aide pour répondre à la questionneaire; N'hésitez pas à me demander sans délai.

ALL YOUR ANSWERS WILL BE KEPT CONFIDENTIAL: PLEASE MAKE CERTAIN TO PUT THE QUESTIONNAIRE INTO THE ENVELOPE AND SEAL IT BEFORE RETURNING IT TO THE INTERVIEWER.

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. Choose only one answer per question unless indicated otherwise. Here are some examples on the appropriate way to answer.

Example A: Mark the square which corresponds to your answer.

In this example, the respondent chooses to answer No to question 15. So, the respondent marks the square corresponding like this.

Mark the square and show to the respondent

15. Avez-vous jamais eu un verre d'alcool? 3 - Réponse

1- OUI **Avez-vous jamais eu un verre d'alcool? 4-Juillet**

2- NON **Avez-vous jamais eu un verre d'alcool? 27-Juillet**

In a situation when a grey box is located beside the answer chosen, you have to follow the instruction indicated.

In this example, the respondent Go to Section 4, Question 27 and do not answer questions 16 to 26 inclusively.

INSTRUCTIONS TO BE READ BY THE INTERVIEWER

This questionnaire is strictly confidential. You can answer it by yourself or I can read you the questions if you prefer.

Which do you prefer?

1- Fill in by interviewer **Go to Section 1, Q. 1**

2- Fill in by yourself **Read the instructions**

If you have difficulty understanding any questions; If you require any assistance to fill out the questionnaire; Do not hesitate to ask me without delay.

ALL YOUR ANSWERS WILL BE KEPT CONFIDENTIAL: PLEASE MAKE CERTAIN TO PUT THE QUESTIONNAIRE INTO THE ENVELOPE AND SEAL IT BEFORE RETURNING IT TO THE INTERVIEWER.

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. Choose only one answer per question unless indicated otherwise. Here are some examples on the appropriate way to answer.

Example A: Mark the square which corresponds to your answer.

In this example, the respondent chooses to answer No to question 15. So, the respondent marks the square corresponding like this.

ᐅᑦᓴᓂ ᐱ: ᓇᓂᓂᓂᓂᓂ ᓂᓂᓂᓂᓂ ᐱᑦᓂᓂᓂᓂ
 ᐱᓂᓂᓂᓂᓂᓂ.

Example B: Mark the square and write down your specific answer.

ᑕᑦᓂᓂ ᐅᑦᓴᓂᓂ, ᐱᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂ ᐱᑦᓂᓂᓂᓂᓂᓂᓂ
 ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂ 25-ᓂ. ᓂᓂᓂᓂ, ᐱᓂᓂᓂᓂ
 ᓇᓂᓂᓂᓂᓂᓂᓂᓂ ᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂ.

In this example, the respondent has other reason than the ones mentioned at question 25. Thus, the respondent marks the square other and writes the specification on the line.

Mark the square and show to the respondent	
25. ᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ?	25. Why did you increase your drinking?
ᐱᓂᓂᓂᓂᓂ ᓇᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂ	Mark ALL that apply
<input type="checkbox"/> 1- ᐱᓂᓂᓂᓂᓂᓂᓂ <input type="checkbox"/> 2- ᐱᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂ <input type="checkbox"/> 3- ᐱᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂ <input type="checkbox"/> 4- ᐱᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂ <input type="checkbox"/> 5- ᐱᓂᓂᓂᓂᓂ/ᐱᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ <input type="checkbox"/> 6- ᐱᓂᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂ (ᐱᓂᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂ) <input type="checkbox"/> 7- ᐱᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂ <input type="checkbox"/> 8- ᐱᓂᓂᓂᓂᓂ (ᓇᓂᓂᓂᓂᓂᓂ)	<input type="checkbox"/> 1- I experienced a difficult event or situation <input type="checkbox"/> 2- Alcohol became more available <input type="checkbox"/> 3- I travelled/moved to or lived in a community where alcohol is more accessible <input type="checkbox"/> 4- More money became available <input type="checkbox"/> 5- I have friends or relatives who drink more <input type="checkbox"/> 6- I like the feeling <input type="checkbox"/> 7- To ease the pain <input type="checkbox"/> 8- Other (specify)
ᐱᓂᓂᓂᓂᓂ ᓂᓂᓂ	Write here

ᐅᑦᓴᓂᓂ ᐱ: ᐱᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂ
 ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂ.

Example C: Write down your comment if you have any.

ᑕᑦᓂᓂ ᐅᑦᓴᓂᓂ, ᐱᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ
 ᐱᓂᓂᓂᓂᓂᓂᓂᓂ 14-ᓂ. ᐱᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂ
 ᐱᓂᓂᓂᓂᓂᓂᓂᓂ ᑕᑦᓂᓂᓂ.

In this example, the respondent wants to express comments on the issue mentioned in question 14. Therefore, the respondent writes down the comments on the lines.

Show to the respondent	
14. ᐱᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ ᓇᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂ ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ?	14. What do you think could be done in your community to help people who may be suicidal?
ᐱᓂᓂᓂᓂᓂ ᓂᓂᓂ	Write here.
<hr/> <hr/>	

At this point, the interviewer hands over the questionnaire if the respondent has chosen the option of filling the questionnaire himself.

ᐊᐱᑦᐅᑦᑕᑦ 1 - ᑕᑦᑭᑦᑭᑦᑕᑦᐅᑦᑕᑦ

SECTION 1 - WELL-BEING

ᐊᐱᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐊᐱᑦᐅᑦᑕᑦ
 ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ.

The following questions are about the way
 you think about yourself.

ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᐅᑕᑦᐅᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐊᐱᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ.	Mark the most appropriate answer for each question
1. ᐊᐱᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ, ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐊᐱᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ:	1. For each of the following statements about yourself, please tell how often the statement applies to you:

			ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ Usually	ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ Sometimes	ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ Rarely	ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ Never
co1a	ᐅ) ᐊᐱᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦᑕᑦᑕᑦ	a) I feel I have a number of good qualities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1b	ᐱ) ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐊᐱᑦᐅᑦᑕᑦ	b) I like excitement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1c	ᑕ) ᐊᐱᑦᐅᑦᑕᑦ ᐅᐱᐱᐅᑦᑕᑦᑕᑦᑕᑦᑕᑦ	c) I feel I have much to be proud of	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1d	ᐅ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	d) I am careful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1e	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	e) I take a positive attitude toward myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1f	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	f) I am easily bored	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1g	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	g) On the whole, I am satisfied with myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1h	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	h) I like new situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1i	ᑕ) ᐅᐱᐱᑦᐅᑦᑕᑦᑕᑦᑕᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐊᐱᑦᐅᑦᑕᑦ	i) I wish I could have more respect for myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1j	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	j) Time always seems to be passing by slowly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1k	ᐱ) ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	k) I like to take chances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1l	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	l) At times I think I am no good at all	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1m	ᐅ) ᐊᐱᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	m) I would like more challenging things to do in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1n	ᑕ) ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	n) I get irritated easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1o	ᑕ) ᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	o) I am good at waiting patiently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1p	ᐅ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	p) Much of the time I find myself with nothing to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1q	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	q) I certainly feel useless at times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1r	ᑕ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	r) I get angry quickly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1s	ᐅ) ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	s) I have projects in mind all the time, things to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
co1t	ᑕ) ᐅᐱᐱᑦᑕᑦ ᐅᑦᑕᑦᑭᑦᑕᑦᐅᑦᑕᑦ	t) I am proud to be an Inuk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

a) ᐃᕐᕋᕐᕋᕐ, ᑭᐱᕐᕋᕐ?

b) If yes, who?

ᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ
ᐃᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ

Please mark Yes or No for each question
Please answer ALL questions

		ᐃᕐᕋᕐ Yes	ᐃᕐᕋᕐ No
co10ba	Δ) ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ, ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ, ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bb	⟨) ᐃᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bc	λ) ᐃᕐᕋᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bd	η) ᐃᕐᕋᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10be	ρ) ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ ᐃᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bf	τ) ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bg	Γ) ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bh	τ) ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bi	Γ) ᐃᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bj	σ) ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ/ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ	<input type="checkbox"/> Y	<input type="checkbox"/> N
co10bk	σ) ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ, ᐃᕐᕋᕐᕋᕐᕋᕐ?	k) If other, who? _____	

11. ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ?

co11 1- ᐃᕐᕋᕐ
 2- ᐃᕐᕋᕐ — ᐃᕐᕋᕐᕋᕐᕋᕐ 13-ᕐᕋᕐᕋᕐ

12. ᕐᕋᕐᕋᕐ 12ᕐ ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐ,
ᐃᕐᕋᕐᕋᕐᕋᕐᕋᕐᕋᕐ?

co12 1- ᐃᕐᕋᕐ
 2- ᐃᕐᕋᕐ

11. Have you ever attempted suicide (tried to take your life)?

1- Yes
 2- No — Go to Q. 13

12. In the past 12 months, have you attempted suicide (tried to take your life)?

1- Yes
 2- No

14. ᑭᓚᑦ ᑕᑭᓚᑦᑯᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ?

14. What do you think could be done in your
community to help people who may be
suicidal?

co14

ᑕᑯᓚᓄᓚᑦᑯᑦ 3 - ᑕᑯᓚᓄᓚᑦᑯᑦ

SECTION 3 – ALCOHOL

ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ

Now, some questions about your alcohol
consumption.

15. ᑕᑯᓚᓄᓚᑦᑯᑦ 3 - ᑕᑯᓚᓄᓚᑦᑯᑦ

15. Have you ever had a drink of alcohol?

co15

- 1- ᑕᑯ
- 2- ᑕᑯᑯ ᑕᑯᓚᓄᓚᑦᑯᑦ 4-ᑕᑯᑦ
ᑕᑯᓚᓄᓚᑦᑯᑦ 27-ᑕᑯᑦ

- 1- Yes
- 2- No Go to Section 4, Q. 27

16. ᑕᑯᓄᓄ 12ᓄ ᑕᑯᓚᓄᓚᑦᑯᑦ, ᑕᑯᓄᓄ
ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ?

16. In the past 12 months, how often did you
drink alcoholic beverages?

co16

- 1- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
- 2- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
ᑕᑯᓚᓄᓚᑦᑯᑦ
- 3- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
- 4- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓄᓄ
- 5- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓄᓄ
- 6- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ 4-ᑕᑯᑦ
ᑕᑯᓚᓄᓚᑦᑯᑦ 27-ᑕᑯᑦ

- 1- Daily or almost daily
- 2- 3-6 times a week
- 3- Once to 2 times a week
- 4- Once to 3 times a month
- 5- Less than once a month
- 6- Never Go to Section 4, Q. 27

17. ᑕᑯᓄᓄ 12ᓄ ᑕᑯᓚᓄᓚᑦᑯᑦ, ᑕᑯᓄᓄ
ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ?

17. In the past 12 months, what was your
main source of supply for alcoholic
beverages?

ᑕᑯᓄᓄ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ	Choose only one answer
------------------------	------------------------

co17

- 1- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
- 2- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
- 3- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
- 4- ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ ᑕᑯᓚᓄᓚᑦᑯᑦ
- 5- ᑕᑯᓚᓄᓚᑦᑯᑦ
- 6- ᑕᑯᓚᓄᓚᑦᑯᑦ, ᑕᑯᓚᓄᓚᑦᑯᑦ

- 1- Southern grocery (Marché Turenne, Daoust)
- 2- SAQ (Mail program)
- 3- Bootlegger
- 4- Friend or relative
- 5- Lounge or bar
- 6- Other (specify)

co17-6s

ΔΓΔΨσϖεεεε, ΔΓεεεε εεεεεεεεεε: ---
 εεεεεε εεεεεεεε εεεεεεε εεεεεεεε
 - εεεεεε εεεεεε εεεε εεεεεεε εεεεεε
 εεεεεεεεεε εεεεεεε
 - εεεεεε εεεεεε εεεεεεε εεεεεεε,
 εεεεεεε
 - εεεεεε εεεεε 1 εεεεε 1/2 ounces-εεε
 εεεεεεε.

When we use the word ‘drink’ it means:
 - one bottle or can of beer, OR
 - one glass of wine or a wine cooler, OR
 - one shooter, OR
 - one drink or cocktail with 1 and a 1/2
 ounces of liquor.

**18. εεεεε 12εε εεεεεεεεε, εεεεεεεεε
εεεεεεεεεεεεεεεε?**

co18 1-εεεεεεεε εεεεε εεεεεεε εεεεεε
εεεεεεεεεε εεεεεεεεεεεεεεεε
 2-εεεεε εεεεεε εεεεεεεε
εεεεεεεεεεεε εεεεεεεεεεεεεεεε
 3-εεεεεεεεεεεε εεεεεεεεεεεε
εεεεεεεε εεεεεεεεεεεεεεεε
εεεεεεεεεεεε
 4-εεεεεεεεεεεε εεεεεεεε εεεεε
εεεεεεεεεεεε εεεεεεεεεεεεεεεε

**19. εεεεε εεεεεεεεεεε εεεεεεε εεεεεεεεε
εεεεεεεεεεεε εεεεεεε εεεεεεεεεεεε
εεεεεεεεεεεεεεεε εεεεεεεεεε
εεεεεεεε, εεεεεεεε,
εεεεεεε, εεεεεεεεεε?**

co19 1-εεεεεεεεεεεε εεεεεεεεεεεε
 2-εεεεεεεεεεεε εεεεεεεεεεεε
 3-εεεεεεεεεε εεεεεεεεεεεεεε εεεεεε
 4-εεεεεεεεεε εεεεεε
 5-εεεεεεεεεε εεεεεε
 6-εεεεεεεεεεεε

**20. Δεεεεεεεεεεεεεε εεεεεεεε
εεεεεεεεεεεεεεεε?**

co20 1-εεε
 2-εεεε

**21. Δεεεε εεεεεεεεεεε εεεεεεεεεε
εεεεεεεεεεεε (εεεεεεεεε εεεεε,
εεεεεεεε, εεεεεεεεε, εεεεεεεεε,
εεεεεεεε εεεεεεεε εεεεεεεεεεεεεε)**

co21 1-εεε
 2-εεεε

**18. In the past 12 months, how many drinks
did you usually have on the same
occasion?**

1- 1 beer or glass of wine or liquor
 2- 2–5 beers or glasses of wine or liquor
 3- 6–10 beers or glasses of wine or
liquor
 4- More than 10 beers or glasses of
wine or liquor

**19. In the past 12 months, how often have
you had 5 or more drinks on the same
occasion (same evening, same party,
etc.)?**

1- More than once a week
 2- Once a week
 3- 2–3 times a month
 4- Once a month
 5- Less than once a month
 6- Never

**20. Have you ever felt you should cut down
on your drinking?**

1- Yes
 2- No

**21. Have people annoyed you by criticizing
your drinking (such as, partner, children,
boss, colleagues, friends or
acquaintances)?**

1- Yes
 2- No

n) P a J C A r d C D s e P C
 D a n d e h C D s e P a s e C ?

c) Who subjected you to violence or threats?

q l L a P C D e e J D q n r j d P A C d D b P A C a s e C Please mark Yes or No for each question

			q q Yes	q D b No
co41ca	Δ. C L C L ∇ < n e e C e m e C	a) Current spouse/partner, previous spouse/partner	<input type="checkbox"/> Y	<input type="checkbox"/> N
co41cb	Λ. C L C L A b n e f e m e L / Δ e j r e f e m e L / s e r D r e f e m e L, A b n d a s e m e C / Δ e j r r r L e m e C / s e r D r r r L e m e C	b) Current boyfriend/girlfriend, Previous boyfriend/girlfriend	<input type="checkbox"/> Y	<input type="checkbox"/> N
co41cc	Π. Δ e e f e m e L	c) Other family member/relative	<input type="checkbox"/> Y	<input type="checkbox"/> N
co41cd	ρ. Δ e e e m e L / b e D r L e m e L	d) Friend or acquaintance	<input type="checkbox"/> Y	<input type="checkbox"/> N
co41ce	Γ. A e r e b n e f e m e L / A e r e A Γ e b D r L e m e L	e) Colleague/person at your workplace	<input type="checkbox"/> Y	<input type="checkbox"/> N
co41cf	Γ. e b D r L e m e L	f) Stranger	<input type="checkbox"/> Y	<input type="checkbox"/> N
co41cg co41cg-s	σ. q r d m e C, e a s e J	g) Other person, specify _____	<input type="checkbox"/> Y	<input type="checkbox"/> N

42. e b n j d a e e q d r d e n e b D r L A C m e d P L e J C J L n e e ?

42. a) Have you ever been subjected to any form of forced or attempted forced sexual activity?

C e r J D q n r j d P A C d D b P A C a s e C Please mark Yes or No for each question

			q q Yes	q D b No
co42aa	Δ. b e b e j n e e L / A d e D n e e L (12 e s r r n j d D P D e b e n e L)	a) As a child (aged 12 or less)	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42ab	Λ. D A L e e e n e L (D P D e b e r e L 1 e e 1 e e d e s e L e s)	b) As an adolescent (between age 13 and 17)	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42ac	Π. 18 D e L e e D P D e b e n e L	c) Aged 18 or older	<input type="checkbox"/> Y	<input type="checkbox"/> N

Δ a e e r e s e q A r e n e s e q D b P A C If all the answers are No — [Go to Q. 43](#)
 q A e r n j C 43-J C

ለ) ዲ-ገጠና ገጠናዎች ለሰነድ ገጠናዎች?

b) Which of these people forced you?

ርዕስ ገጠናዎች ለሰነድ ገጠናዎች		Please mark Yes or No for each question	
		አዎ Yes	አይደለም No
co42ba	ሀ. ለአሁን ወይም ለቀዳሞት ገጠናዎች/ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42bb	ለ. ለአሁን ወይም ለቀዳሞት ገጠናዎች/ገጠናዎች ለአሁን ወይም ለቀዳሞት ገጠናዎች/ገጠናዎች /ለአሁን ወይም ለቀዳሞት ገጠናዎች/ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42bc	ሐ. ለሰዎች/ገጠናዎች/ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42bd	ተ. ለሌሎች ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42be	ሀ. ለሌሎች ገጠናዎች / ለሌሎች ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42bf	ሀ. ለሌሎች ገጠናዎች/ ለሌሎች ገጠናዎች /ሌሎች ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42bg	ሀ. ለሌሎች ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N
co42bh co42bh-s	ሀ. ለሌሎች ገጠናዎች ሀ. ለሌሎች ገጠናዎች	<input type="checkbox"/> Y	<input type="checkbox"/> N

ሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች
 ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች
 ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች

Violence was also reported as a problem in certain communities. The next questions ask about things which may have happened to you during the past 12 months. Please include acts committed by both family and non-family members.

43. ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች
 ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች
 ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች

43. 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?

- 1- አዎ
- 2- አይደለም

- 1- Yes
- 2- No

44. ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች
 ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች
 ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች

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

- 1- አዎ
- 2- አይደለም

- 1- Yes
- 2- No

45. ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች ለሰነድ ገጠናዎች

45. In the past 12 months, did anyone illegally

Δερερε ΔΠεεεε εεεεεεεε
 ΔΠεεεεεεεεεεεεεεεε εεεεεεεε
 εεεεεεεεεε εεεεεεεεεε εεεεεεεε?

break into or attempt to break into your residence or any other building on your property?

- co45 1- εε
- 2- εεε

- 1- Yes
- 2- No

46. εεεεεεεε εεεεεεεε εεεεεεεεεεεεεε
 εεεεεεεεεε εεεεεεεεεεεεεεεε, εεεεεεεεεεεεεε,
 εεεεεεεεεε εεεεεεεεεεεεεεεε?

46. Was anything of yours stolen during the past 12 months from the things usually kept outside your home, such as tools, skidoo?

- co46 1- εε
- 2- εεε

- 1- Yes
- 2- No

47. εεεεεε εεεεεεεε εεεεεεεε
 εεεεεεεεεεεεεεεε εεεεεεεε
 εεεεεεεεεεεεεεεε?

47. What do you think could be done in your community to help people who are violent?

co47 _____

48. εεεεεε εεεεεεεεεεεεεεεεεεεε εεεεεεεε
 εεεεεεεεεεεεεε εεεεεεεεεεεεεε εεεεεεεεεεεεεε
 εεεεεεεεεεεεεεεε?

48. What do you think could be done in your community to decrease violence among couples or within families?

co48 _____

εεεεεεεεεε εεεεεεεεεεεεεεεεεεεε.
 εεεεεεεεεε εεεεεεεεεεεεεεεεεεεε, εεεεεεεεεε
 εεεεεεεεεε εεεεεεεεεεεεεεεε.

Thank you very much for your cooperation.
 To ensure confidentiality,
 please put the questionnaire into the envelope
 and seal it.

so-int-assist

For interviewer only Please enter your number here if the questionnaire was completed with your assistance <input type="text"/> <input type="text"/>

Inuktitut Time Time	E	M	S	Food description Food description	Number of servings Number of servings	Serving description Serving description	
						Serving Model Serving Model	Thickness Thickness
00:00-24:00							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

How many glasses(es) of water did you drink during the last day? _____ (VE 3)

Check column E (✓) if foods were eaten in a restaurant, at a cafeteria, or taken out already prepared. If food was eaten during a meal, write M in the M column (M, for a first meal, M2 for a second, etc.).

Check column S (✓) if foods were eaten in a snack, write S in the S column (S1, for a first snack, S2 for a second, etc.).

ᐅᐅᐅᐅᐅᐅᐅᐅ Time	E	M	S	ᐅᐅᐅᐅᐅᐅᐅᐅ Food description	ᐅᐅᐅᐅᐅᐅᐅᐅ Number of servings	ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ Serving description	
						ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ Serving Model	ᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ Thickness
00:00 24:00							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							

ᐅᑦᑦᑦᑦᑦᑦ Time	E	M	S	ᑦᑦᑦᑦᑦᑦᑦ Food description	ᐅᑦᑦᑦᑦᑦᑦ Number of servings	ᑦᑦᑦᑦᑦᑦᑦᑦ	
						ᑦᑦᑦᑦᑦᑦᑦᑦ Serving Model	ᑦᑦᑦᑦᑦᑦᑦᑦ Thickness
00:00-24:00							
34.							
35.							
36.							
37.							
38.							
39.							
40.							
41.							
42.							
43.							
44.							
45.							
46.							
47.							
48.							
49.							
50.							
51.							
52.							

D.6: FOOD FREQUENCY QUESTIONNAIRE



STUDY NO.

E	S	I				
---	---	---	--	--	--	--

INT. NO.

--	--

Qanuippitaa?

ᖃᓄᐃᑦᐱᑕ?	<i>How are we?</i>
<p style="text-align: center;">ᐃᓗᑦᑕᑎᓂᑦᑕᑦ ᖃᓄᐃᑦᐱᑕᑦ ᐃᓄᑦᓂ ᓄᓄᐃᑦᑕᑎᓂᑦ - 2004</p> <p style="text-align: center;">ᓂᑎᓗᑦᑕᑎᓂᑦᑕᑦ ᐃᐱᑦᑕᑎᓂᑦ</p> <p style="text-align: center;">ᐃᐱᑦᑕᑎᓂᑦ - ᐱᓗᑎᑦᑕᑎᓂᑦ ᐃᐱᑦᑕᑎᓂᑦ</p>	<p><i>Health Survey of the INUIT of Nunavik – 2004</i></p> <p>FOOD FREQUENCY QUESTIONNAIRE</p> <p><i>Interviewer-Completed Questionnaire</i></p>

ᓂᑎᓗᑦᑕᑎᓂᑦᑕᑦ ᖃᓄᐃᑦᐱᑕᑦᑕᑎᓂᑦᑕᑦ: PO-3, ᖃᑦᑕᑎᓂᑦ, VE-3, ᖃᓄᐃᑦᐱᑕᑦᑕᑎᓂᑦᑕᑦ, Creamer
 Food Models to use: PO-3, Cup, VE-3, Tablespoon, Creamer

INSPQ
 Institut national de santé publique du Québec
 945, rue Wolfe
 Ste-Foy (Québec) G1V 5B3
 Tel.: (418) 650-5115

Completion date 04 / /
 y m d

Time: /
 h m

Country food	Yes or No	How often by season				Comments (Specify)
		Fall	Winter	Spring	Summer	
13. When you eat other parts of beluga, seal or walrus, what is your usual serving size?						Servings: PO-3
Fish (fresh, frozen or cooked):						
14. Arctic char	<input type="checkbox"/> Y <input type="checkbox"/> N					
15. Cod	<input type="checkbox"/> Y <input type="checkbox"/> N					
16. Whitefish	<input type="checkbox"/> Y <input type="checkbox"/> N					
17. Other trout and Salmon	<input type="checkbox"/> Y <input type="checkbox"/> N					
18. Other fish (Pike, cisco, walleye, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
19. Dried fish	<input type="checkbox"/> Y <input type="checkbox"/> N					
20. Clams, mussels, scallops	<input type="checkbox"/> Y <input type="checkbox"/> N					
21. When you eat fish, what is your usual serving size?						Servings: PO-3
22. When you eat dried fish, what is your usual serving size?						Servings: PO-3
23. When you eat clams, mussels, scallops, what is your usual serving size?						Servings: PO-3
Game Animals:						
24. Caribou meat (fresh, cooked or frozen)	<input type="checkbox"/> Y <input type="checkbox"/> N					
25. Dried caribou meat	<input type="checkbox"/> Y <input type="checkbox"/> N					
26. Caribou liver or kidney	<input type="checkbox"/> Y <input type="checkbox"/> N					
D = DAY		C = COUNTRY		U = UNKNOWN / DON'T REMEMBER		
M = MONTH		S = SEASON				
W = WEEK						

ᓂᓯᓂᓴᓂᓴ Country food	ᓴᓴ ᓴᓂᓂ Yes or No	ᓴᓴᓂᓴᓂᓴ ᓴᓴᓂᓴᓂᓴ ᓴᓴᓂᓴᓂᓴ ᓴᓴᓂᓴᓂᓴ How often by season				ᓂᓴᓂᓴᓂᓴ (ᓴᓴᓂᓴᓂᓴ) Comments (Specify)	
		ᓂᓂᓂᓴᓂᓴ Fall	ᓂᓂᓂᓴᓂᓴ Winter	ᓂᓂᓂᓴᓂᓴ- ᓴᓴᓂᓴᓂᓴ Spring	ᓂᓂᓂᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ Summer		
27. ᓴᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ (ᓂᓂᓂᓴᓂᓴ, ᓴᓴᓂᓴᓂᓴ ᓴᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ, ᓂᓂᓂᓴᓂᓴ ᓴᓴᓂᓴᓂᓴ) Other game animals (hare, bear, etc. fresh, cooked or frozen)	<input type="checkbox"/> <input type="checkbox"/> Y N						
28. ᓂᓂᓂᓴᓂᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ When you eat meat of caribou or other game animal, what is your usual serving size?						ᓂᓂᓂᓴᓂᓴᓂᓴ: Servings: PO-3	
29. ᓂᓂᓂᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ When you eat dried caribou, what is your usual serving size?						ᓂᓂᓂᓴᓂᓴᓂᓴ: Servings: PO-3	
ᓂᓂᓂᓴᓂᓴ, ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ Game birds and wildfowl							
30. ᓂᓂᓂᓴᓂᓴ, partridge Ptarmigan, partridge	<input type="checkbox"/> <input type="checkbox"/> Y N						
31. ᓂᓂᓂᓴ (ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ) Goose (Canada goose, white goose)	<input type="checkbox"/> <input type="checkbox"/> Y N						
32. ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ (ᓂᓂᓂᓴᓂᓴᓂᓴᓂᓴ, ᓂᓂᓂᓴᓂᓴ, merganser, ᓂᓂᓂᓴᓂᓴ) Other birds (Pintail, scoter, merganser, etc.)	<input type="checkbox"/> <input type="checkbox"/> Y N						
33. ᓂᓂᓂᓴᓂᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ When you eat game birds, what is your usual serving size?						ᓂᓂᓂᓴᓂᓴᓂᓴ: Servings: PO-3	
34. ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ Eggs of game bird	<input type="checkbox"/> <input type="checkbox"/> Y N					ᓂᓂᓂᓴᓂᓴᓂᓴ: Servings: Piece	
35. ᓂᓂᓂᓴᓂᓴ Wild berries:	<input type="checkbox"/> <input type="checkbox"/> Y N					ᓂᓂᓂᓴᓂᓴᓂᓴ: Servings: Cup	
ᓂᓂᓂᓴᓂᓴ D = DAY ᓂᓂᓂᓴᓂᓴᓂᓴ W = WEEK		C=Cᓂᓂᓴᓂᓴ M = MONTH ᓂᓂᓂᓴᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ ᓂᓂᓂᓴᓂᓴ S = SEASON				ᓂᓂᓂᓴᓂᓴᓂᓴ/ᓂᓂᓂᓴᓂᓴᓂᓴ U = UNKNOWN / DON'T REMEMBER	

2: ስጦት/ስጦት/ስጦት ስጦት ስጦት
 Part II: Store bought foods

ስጦት/ስጦት/ስጦት ስጦት Store bought food	ሰ ሰ Yes or No	የጠቅላይነት ርግጠኝነት How often during the past month	ለስጦት ስጦት Usual serving	ማጠቃለያ Comments
ስጦት/ስጦት/ስጦት ስጦት ስጦት (ስጦት/ስጦት/ስጦት) ስጦት ስጦት/ስጦት Store bought meats (fresh or frozen) and substitutes:				
36. ጎጆ/ጎጆ/ጎጆ Beef (steak, ground beef/patties)	<input type="checkbox"/> ሰ Y N		ጎጆ/ጎጆ Steak/patty	
37. ጎጆ/ጎጆ/ጎጆ ስጦት/ስጦት/ስጦት Beef (canned, stewed, or corned)	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት Can/Cup	
38. ሰጎ/ሰጎ/ሰጎ Pork, pork chops, roast pork	<input type="checkbox"/> ሰ Y N		ሰ-3 PO-3	
39. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ (ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ) Chicken/turkey (breast, legs, including nuggets and fried chicken: specify)	<input type="checkbox"/> ሰ Y N		ሰ-3 Piece	
40. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ veal, ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Other meat (lamb, veal, etc.)	<input type="checkbox"/> ሰ Y N		ሰ-3 PO-3	
41. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ Luncheon or sliced meats (Ham, Kam, Spam, salami, bologna, etc.)	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት/ስጦት/ስጦት/ስጦት Slice/Can	
42. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Sausage/wieners/bacon	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት/ስጦት/ስጦት/ስጦት Piece/Slice	
43. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ/ጎጆ Canned fish (salmon, tuna, etc.)	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት/ስጦት/ስጦት/ስጦት Can/cup	
44. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Eggs (chicken)	<input type="checkbox"/> ሰ Y N		ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Eggs	
ስጦት/ስጦት/ስጦት Fruits:				
45. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Apples, pears, bananas	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት/ስጦት/ስጦት/ስጦት Fruit/cup	
46. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Oranges, grapefruit	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት/ስጦት/ስጦት/ስጦት Fruit/cup	
47. ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ Other fresh fruits	<input type="checkbox"/> ሰ Y N		ስጦት/ስጦት/ስጦት/ስጦት/ስጦት/ስጦት Fruit/cup	
ሰ=ሰጎ/ሰጎ D = DAY ሰ=ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ W = WEEK		ሰ=ሰጎ/ሰጎ M = MONTH ሰ=ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ/ሰጎ U = UNKNOWN / DON'T REMEMBER		

ᓂᓯᓐᓂᓴᓐ/ᓂᓯᓐᓂᓴᓐ ᓂᓯᓐᓂᓴᓐ Store bought food	44 4ᓯᓐ Yes or No	ᖃᓂᓴᓐ/ᓂᓴᓐ Cᖃᓂᓴᓐ/ᓂᓴᓐ How often during the past month	ᓐᓂᓴᓐ/ᓂᓴᓐ ᓂᓴᓐ Usual serving	ᓯᓂᓴᓐ Comments
48. ᓂᓴᓐ ᖃᓂᓴᓐ/ᓂᓴᓐ Canned fruit	<input type="checkbox"/> Y <input type="checkbox"/> N		ᖃᓂᓴᓐ Cup	
49. ᓂᓴᓐ ᖃᓂᓴᓐ/ᓂᓴᓐ ᓂᓴᓐ/ᓂᓴᓐ (ᖃᓂᓴᓐ/ᓂᓴᓐ ᖃᓂᓴᓐ/ᓂᓴᓐ) Real fruit juices (canned or frozen)	<input type="checkbox"/> Y <input type="checkbox"/> N		ᓂᓴᓐ Glass	
50. ᓂᓴᓐ ᖃᓂᓴᓐ/ᓂᓴᓐ ᓂᓴᓐ/ᓂᓴᓐ Tang, Punch, Koolaid, Sunny Delight, Gatorade etc.	<input type="checkbox"/> Y <input type="checkbox"/> N		ᓂᓴᓐ Glass	
ᓂᓴᓐ/ᓂᓴᓐ: Vegetables				
51. ᓂᓴᓐ ᓂᓴᓐ (ᓂᓴᓐ) Potatoes (fresh)	<input type="checkbox"/> Y <input type="checkbox"/> N		ᓂᓴᓐ Potato	
52. Carrots, turnips	<input type="checkbox"/> Y <input type="checkbox"/> N		PO-3	
53. Broccoli, cauliflower, cabbage	<input type="checkbox"/> Y <input type="checkbox"/> N		PO-3	
54. ᓂᓴᓐ ᓂᓴᓐ (ᓂᓴᓐ/ᓂᓴᓐ) (ᖃᓂᓴᓐ/ᓂᓴᓐ ᓂᓴᓐ) Tomatoes (fresh or canned)	<input type="checkbox"/> Y <input type="checkbox"/> N		PO-3	
55. ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ/ᓂᓴᓐ (ᓂᓴᓐ/ᓂᓴᓐ) (ᖃᓂᓴᓐ/ᓂᓴᓐ ᓂᓴᓐ) Mixed vegetables (fresh, canned or frozen)	<input type="checkbox"/> Y <input type="checkbox"/> N		PO-3	
56. ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ/ᓂᓴᓐ (ᓂᓴᓐ, ᓂᓴᓐ, ᓂᓴᓐ) Other vegetables (Peas, corn, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		PO-3	
ᓂᓴᓐ ᓂᓴᓐ: Dairy products:				
57. ᓂᓴᓐ (Whole, 3.25% 2% ᓂᓴᓐ ᓂᓴᓐ Grand Pré, ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ) • ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ • ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ Milk (Whole, 3.25% or 2% or skim including Grand Pré, Powered or Carnation): • As drink or in cereals: • In coffee or tea:	<input type="checkbox"/> Y <input type="checkbox"/> N		ᓂᓴᓐ ____ Glass ____ Tbsp/Creamer	ᓂᓴᓐ ᓂᓴᓐ Specify
58. ᓂᓴᓐ Yogurt	<input type="checkbox"/> Y <input type="checkbox"/> N		ᖃᓂᓴᓐ Cup	
59. ᓂᓴᓐ ᓂᓴᓐ Ice Cream	<input type="checkbox"/> Y <input type="checkbox"/> N		ᖃᓂᓴᓐ Cup	
ᓂᓴᓐ ᓂᓴᓐ D = DAY ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ W = WEEK		C=Cᖃᓂᓴᓐ M = MONTH ᖃᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ/ᓂᓴᓐ ᓂᓴᓐ ᓂᓴᓐ U = UNKNOWN / DON'T REMEMBER		

ᓄᓃᓐᓐᓐ/ᓄᓃᓐᓐᓐᓐ ᓄᓄᓐ Store bought food	44 44b Yes or No	ᓄᓄᓐᓐᓐᓐ Cᓄᓄᓐᓐᓐᓐ How often during the past month	ᓐᓐᓐᓐᓐᓐ ᓄᓄᓐᓐ Usual serving	ᓄᓄᓐᓐᓐ Comments
60. ᓄᓄᓐ (ᓄᓄᓐᓐᓐ, cheddar, mozza, Cheese Whiz) Cheese (slice, cheddar, mozza, Cheese Whiz)	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐᓐᓐ Slice/Tbsp	
ᓄᓄᓐᓐᓐ. ᓄᓄᓐᓐᓐᓐ Bread, cereals, pasta, legumes and nuts:				
61. ᓄᓄᓐᓐᓐ. ᓄᓄᓐᓐᓐ Bread, white	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐ ᓄᓄᓐᓐᓐ Slice	
62. ᓄᓄᓐᓐᓐ. ᓄᓄᓐᓐ Bread, whole wheat	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐ ᓄᓄᓐᓐᓐ Slice	
63. ᓄᓄᓐᓐᓐᓐ Bannock	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐ Piece	
64. ᓄᓄᓐᓐᓐᓐ ᓄᓄᓐᓐᓐᓐ (cornflakes, etc) Cold cereals (cornflakes, etc)	<input type="checkbox"/> <input type="checkbox"/> Y N		PO-3	
65. ᓄᓄᓐᓐᓐᓐ ᓄᓄᓐᓐᓐᓐ (ᓄᓄᓐᓐᓐᓐ, ᓄᓄᓐᓐᓐ) Hot cereals (oatmeal, etc.)	<input type="checkbox"/> <input type="checkbox"/> Y N		PO-3	
66. ᓄᓄᓐᓐᓐᓐ. ᓄᓄᓐᓐᓐ. ᓄᓄᓐᓐᓐ Rice, macaroni, spaghetti	<input type="checkbox"/> <input type="checkbox"/> Y N		PO-3	
67. ᓄᓄᓐᓐᓐ ᓄᓄᓐᓐ ᓄᓄᓐᓐ Macaroni and cheese dinner	<input type="checkbox"/> <input type="checkbox"/> Y N		PO-3	
68. ᓄᓄᓐᓐ ᓄᓄᓐᓐᓐᓐ Beans, peas, chick peas, etc.	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐ PO-3/Cup	
69. Peanut butter, nuts, seeds	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐᓐᓐ PO-3/Tbsp	
ᓄᓄᓐᓐ/ᓄᓄᓐᓐᓐ Sweets:				
70. ᓄᓄᓐᓐᓐ. ᓄᓄᓐᓐᓐ. ᓄᓄᓐᓐᓐᓐ Cakes, donuts, pies and cookies	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐᓐ Piece	
71. ᓄᓄᓐᓐ Syrup, jam, honey, marmalade	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐᓐᓐ Tbsp	
72. ᓄᓄᓐᓐᓐᓐ Pop (soda) regular	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐ Glass	
73. ᓄᓄᓐᓐᓐ ᓄᓄᓐᓐᓐᓐᓐᓐ/ ᓄᓄᓐᓐᓐᓐᓐᓐ Pop (soda) diet	<input type="checkbox"/> <input type="checkbox"/> Y N		ᓄᓄᓐᓐᓐ Glass	
ᓄᓄᓐᓐᓐ D = DAY ᓄᓄᓐᓐᓐᓐᓐᓐ W = WEEK		C=Cᓄᓐᓐᓐ M = MONTH ᓄᓄᓐᓐᓐᓐᓐᓐᓐᓐ/ᓄᓄᓐᓐᓐᓐᓐᓐ U = UNKNOWN / DON'T REMEMBER		

ስጦት/ገቢ/ገቢ/ገቢ ስጦት Store bought food	ሳይ/አዎ Yes or No	ስንት ጊዜ How often during the past month	ስጦት ስጦት Usual serving	ማስታወሻዎች Comments
74. ሳንቲፊካት/ሳንቲፊካት ሳንቲፊካት Chocolate bars, sweets, candies	<input type="checkbox"/> <input type="checkbox"/> Y N		ሳንቲፊካት Piece	
ማሳሰቢያ: Miscellaneous:				
75. አንጋሮ ሳንቲፊካት/ሳንቲፊካት French fries	<input type="checkbox"/> <input type="checkbox"/> Y N		PO-3	
76. ሳንቲፊካት Chips	<input type="checkbox"/> <input type="checkbox"/> Y N		PO-3	
77. አር አር ሳንቲፊካት ሳንቲፊካት Butter or margarine on bread	<input type="checkbox"/> <input type="checkbox"/> Y N		ሳንቲፊካት Tbsp	
78. ስጦት/ስጦት/ስጦት Tea/Herbal tea/Coffee	<input type="checkbox"/> <input type="checkbox"/> Y N		ሳንቲፊካት Cup	ይግለጹ Specify
79. ሳንቲፊካት/ሳንቲፊካት ስጦት White sugar in tea or coffee	<input type="checkbox"/> <input type="checkbox"/> Y N		ሳንቲፊካት Tbsp	

ስጦት ስጦት ስጦት ስጦት
 FREQUENCY OF NUTRITION SUPPLEMENT

ስጦት ስጦት ስጦት (ስጦት ስጦት) Nutrition supplement (type)	ሳይ/አዎ Yes or No	ስንት ጊዜ How often during the past month	ስጦት Quantity	ማስታወሻዎች Comments
80.	<input type="checkbox"/> <input type="checkbox"/> Y N			
81.	<input type="checkbox"/> <input type="checkbox"/> Y N			
82.	<input type="checkbox"/> <input type="checkbox"/> Y N			
83.	<input type="checkbox"/> <input type="checkbox"/> Y N			
84.	<input type="checkbox"/> <input type="checkbox"/> Y N			
D = DAY W = WEEK		C = ሳንቲፊካት M = MONTH ስጦት ስጦት ስጦት ስጦት U = UNKNOWN / DON'T REMEMBER		

Thank you very much for your cooperation! ስጦት ስጦት ስጦት ስጦት!

Language of the interview

- 1- Inuktitut only
- 2- English only
- 3- Inuktitut and English
- 4- French only
- 5- Inuktitut and French

D.7: CLINICAL SESSION QUESTIONNAIRE



STUDY NO. studyno

E	S	I				
----------	----------	----------	--	--	--	--

INT. NO. cl-int

--	--

Qanuippitaa?

<p style="text-align: center;">ᖃᓄᐃᔪᐱᓂ?</p> <p style="text-align: center;">ᐃᓂᐃᔪᓂᔪᓪᓂᖃᖅ ᖃᓄᐃᔪᓂᔪᓪᓂᖅ ᐃᓄᐃᓂ ᓄᓇᐃᔪᐱᓂ – 2004</p> <p style="text-align: center;">ᐃᓂᐃᔪᓂᔪᓪᓂᖅ ᖃᓄᐃᔪᓂᔪᓪᓂᖅ</p> <p style="text-align: center;">ᐃᔪᓂᐃᔪᓂᔪᓪᓂᖅ - ᐱᓂᐃᔪᓂᔪᓪᓂᖅ ᐃᔪᓂᐃᔪᓂᔪᓪᓂᖅ</p>	<p style="text-align: center;">How are we?</p> <p style="text-align: center;">Health Survey of the INUIT of Nunavik – 2004</p> <p style="text-align: center;">Clinical session</p> <p style="text-align: center;">Interviewer-Completed Questionnaire</p>
--	---

INSPQ
 Institut national de santé publique du Québec
 945, rue Wolfe
 Ste-Foy (Québec) G1V 5B3
 Tel.: (418) 650-5115

Completion date 04 / /
y m d
cl-date

Time: /
h m
cl-time

D.8: CARDS

ᖃᑲᑲᑲᑲᑲᑲ "Δ"
CARD «A»

Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Year of birth	Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Birth Date		Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Year of birth	Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Birth Date		Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Year of birth	Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Birth Date		Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Year of birth	Δ Δ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ Birth Date	
	ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ before today's date	ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ after today's date		ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ before today's date	ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ after today's date		ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ before today's date	ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ after today's date		ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ before today's date	ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ ᑲ after today's date
1905	99	98	1930	74	73	1955	49	48	1980	24	23
1906	98	97	1931	73	72	1956	48	47	1981	23	22
1907	97	96	1932	72	71	1957	47	46	1982	22	21
1908	96	95	1933	71	70	1958	46	45	1983	21	20
1909	95	94	1934	70	69	1959	45	44	1984	20	19
1910	94	93	1935	69	68	1960	44	43	1985	19	18
1911	93	92	1936	68	67	1961	43	42	1986	18	17
1912	92	91	1937	67	66	1962	42	41	1987	17	16
1913	91	90	1938	66	65	1963	41	40	1988	16	15
1914	90	89	1939	65	64	1964	40	39	1989	15	14
1915	89	88	1940	64	63	1965	39	38	1990	14	13
1916	88	87	1941	63	62	1966	38	37	1991	13	12
1917	87	86	1942	62	61	1967	37	36	1992	12	11
1918	86	85	1943	61	60	1968	36	35	1993	11	10
1919	85	84	1944	60	59	1969	35	34	1994	10	9
1920	84	83	1945	59	58	1970	34	33	1995	9	8
1921	83	82	1946	58	57	1971	33	32	1996	8	7
1922	82	81	1947	57	56	1972	32	31	1997	7	6
1923	81	80	1948	56	55	1973	31	30	1998	6	5
1924	80	79	1949	55	54	1974	30	29	1999	5	4
1925	79	78	1950	54	53	1975	29	28	2000	4	3
1926	78	77	1951	53	52	1976	28	27	2001	3	2
1927	77	76	1952	52	51	1977	27	26	2002	2	1
1928	76	75	1953	51	50	1978	26	25	2003	1	0
1929	75	74	1954	50	49	1979	25	24	2004	0	0

CARD "G"

Non-response codes

Non-response codes for the Identification Chart and Household:

- 01 - Nobody at home (after several efforts were made to get in touch with the household)
- 02 - Household refusing
- 03 - Impossible to interview due to death, disease or any other unusual situation in the household
- 04 - Impossible to interview due to bad weather conditions
- 05 - Temporarily absent household (on holidays at data-collection time) (check data-collection date)
- 06 - Vacant accommodation or trailer's site availability
- 07 - Seasonal accommodation
- 08 - Housing under construction
- 09 - Accommodations occupied by people not supposed to be interviewed (ex.: non-native)
- 10 - Community centre, commercial accommodation, demolished, abandoned or uninhabitable accommodation, house burned
- 12 - Interviewer facing a language problem
- 14 - Respondent unfamiliar with some data regarding one or more persons in the household
- 19 - Interviewer was unable to contact a responsible member of the main household
- 30 - Did not show-up on the ship
- 40- Partially completed

Non-response codes for the Individual, Confidential, Clinical, 24-hour recall, food frequency questionnaire and for clinical tests²:

- 01 - Not at home (after several efforts were made to get in touch with the respondent)
- 02* - Person refusing
- 03* - Impossible to interview due to death, disease or any other unusual situation in the person's life
- 04* - Impossible to interview due to the bad weather conditions
- 06 - Respondent not contacted after several visits at home
- 12* - Interviewer facing a language problem
- 16* - Not completed because pregnant woman
- 17* - Person refusing to give back confidential questionnaire
- 20 - Person seriously ill at the time of interview (physically or mentally handicapped)
- 21* - Person deceased at the time of interview
- 22 - Person not living in this place any more at the time of interview
- 26* - Not completed because person does not feel physically good enough (tired, nauseous, etc.)
- 30* - Did not show-up on the ship
- 40* - Partially completed
- 50- International Inuit cohort study refusal

N.B. Codes 23 and 24 for the confidential questionnaire will be entered at INSPQ headquarters

- 23* - Confidential questionnaire returned blank
- 24* - Confidential questionnaire returned incomplete

² Information may be collected at home or on the ship. If the information is collected on the ship, use only the codes with the asterisk (*).

D.9: CLINICAL NURSE RECORD FORM



**Qanuippitaa? How are we?
 HEALTH SURVEY OF THE INUIT OF NUNAVIK -
 2004**

Date: nu-date Study number: ESI studyno

1. Collection of blood samples (to be done under fasting condition only)

1- Yes → How many hours since the last meal? nu1_hours hours.
 2- No → If NO, give the reason : nu1_reason
 Was the sampling done 1- at home or 2- on the ship Nurse initials: _____
nu1-sampling

2. OGGT (to be done under fasting condition only) not to be done if pregnant or diabetic

The participant is under fasting condition: 1- Yes 2- No nu2-fasting
 If yes do a capillary blood glucose test (not eligible if result ≥ 7 mmol/L) : nu2-test
 if result < 7 mmol/L Glucose administration T0 Hour: _____:____ nu2-glucose
 Blood sampling T2 (120 min.) Hour: _____:____ Nurse initials: _____
nu2-blood

3. 2 hours holter ≥ 40 -74 years old Not to be done if pregnant

1- Yes 2- No → If NO, give the reason : _____
 If yes Time of start Hour: _____
 Time of stop Hour: _____ Nurse initials: _____

4. Measurements of blood pressure (mmHg) / pulse / temperature

First reading Systolic: nu4-1sys Diastolic : nu4-1dia
 Pulse: nu4-pulse Temperature : nu4-temp °Celsius Nurse initials: _____
 (If temperature > 38 Celsius for more that 48 hours, consult the nurse/physician)
 Second reading Systolic: nu4-2sys Diastolic : nu4-2dia Nurse initials: _____

5. Anthropometric measurements not to be done if pregnant

Height : nu5-height cm Weight : nu5-weight kg BMI : nu5-weight Body fat: nu5-bodyfat % Impedance: nu5-imp Ω
 Fat mass : nu5-fatmass kg Fat free mass : nu5-fatfreemass kg Total body water : nu5-bodywater kg
 Hip girth : nu5-hip cm Waist girth : nu5-waist cm Nurse initials: _____
 Sitting height : 1) nu5-sit1 cm 2) nu5-sit2 cm Opt. 3) nu5-sit3 cm Initials: _____

August 11 th 2004, Suzanne Côté

(If variation between the two measurements >1cm, take measurements until two measurements are within 1cm. If the measurements fall between two millimeters, record the even number millimeter.)

6. Collection of toenails

nu6 1- Yes 2- No →If NO, give the reason : *Nurse initials:*

D.10: HEARING SCREENING FORM

HEARING SCREENING FORM

Identification:

he-munic Municipality:

--	--

studyno Study Number:

E	S	I					
---	---	---	--	--	--	--	--

 Age in years:

--	--	--

 Sex:

--	--

he-age *he-sex*

he-back Background noise: dBA

--	--	--

he-audio Audiometer used:

M	A		
---	---	--	--

HEARING THRESHOLDS: (start at 40, stop at 20dBHL)

RIGHT (dBHL)		LEFT (dBHL)		
<i>he-right1-1A</i>	<i>he-right1-1B</i>	1kHz ↓	<i>he-left1-1A</i>	<i>he-left1-1B</i>
<i>he-right2A</i>	<i>he-right2B</i>	2kHz ↓	<i>he-left2A</i>	<i>he-left2B</i>
<i>he-right4A</i>	<i>he-right4B</i>	4kHz ↓	<i>he-left4A</i>	<i>he-left4B</i>
<i>he-right1-2A</i>	<i>he-right1-2B</i>	1kHz	<i>he-left1-2A</i>	<i>he-left1-2B</i>

Examiner initials:

--	--

he-in

Remarks

<i>he-rem</i>

D.11: THE ULTRASOUND DENSITOMETRY – ACHILLES INSIGHT FORM



Result to be broach here

Qanuippitaa? How are we?

Health Survey of the Inuit of Nunavik – 2004

Study number: ESI studyno

Date :
Year Month Day

Ultrasound bone densitometry – Achilles InSight

The risk of osteoporotic fractures is measured at the right calcaneum

If the participant ever had a fracture or surgery at the right foot, please do the measurement at the left foot and indicated the reason.

Left foot used → give the reason : os-reason
os-left

Results

1) T-Score result : os-tscore % young adult : os-young

(If T-score is ≤ -1 , consult the nurse/physician)

2) Z-Score result : os-zscore % age matched : os-age

The test was performed by (signature) : _____

August 6th 2004, Suzanne Côté

APPENDIX E:
LABORATORY ANALYSIS METHODS

LABORATORY ANALYSIS METHODS

Lipids, glucose and insulin

Participants in the clinical session were asked to fast for 12 hours before giving blood samples. Concentrations of plasma total cholesterol (total-C), triacylglycerols, low-density lipoprotein cholesterol (LDL) and high-density lipoprotein cholesterol (HDL) were analyzed according to the methods established by the Lipid Research Clinics (US Department of Health). Cholesterol and triacylglycerol concentrations were determined in plasma and in lipoprotein fractions using an Auto-Analyzer II (Technicon Instruments Corporation, Tarrytown, New York). The HDL fraction was obtained after precipitation of LDL in the infranantant with heparin and manganese chloride.

Plasma glucose was measured enzymatically and fasting insulin concentrations were measured with a commercial double-antibody radioimmunoassay (LINCO Research, St. Louis, Mo) that showed little cross-reactivity (< 0.2%) with human proinsulin and coefficients of variation of 5.5% or less.

Biochemical parameters of anemia

Biochemical analyses for the determination of biochemical parameters of anemia such as total iron, total iron-binding capacity, transferrin saturation, vitamin B12 were performed using a Hitachi 917 autoanalyzer and reagents from Roche Diagnostics. Plasma ferritin levels were measured using the Elecsys-2010 system from Roche. Hemoglobin absorption was measured on a GEN-S automated hematology analyzer from Beckman-Coulter. Serum folate concentrations were measured by immunoassay and electroluminescence (ECL), using Roche reagents and Roche-Elecsys. Reference values were 9.5-45.2 nmol/L for normal levels and <4.5 nmol/L for evidence of folate deficiency.

Fatty acids

The analysis of fatty acids in erythrocytes provides a longer term assessment of n-3 fatty acid consumption (for approximately 120 days, i.e. lifespan of an erythrocyte) than analysis in plasma phospholipids (over the past several days). For the present survey, fatty acid composition has been determined in erythrocytes for all participants who gave blood samples during the clinical session. However, in order to compare with data collected in 1992 where fatty acids were determined in plasma phospholipids, a random sample of individuals was drawn from the total sample. Thus, 470 plasma samples from the total sample of 919 were used to analyze concentrations of n-3 fatty acids in phospholipids.

For the determination of the fatty acid composition in membranes of **erythrocytes**, a quantity of 600 µL of red blood cells were thawed at room temperature, centrifuged at 3000g for 5 minutes and washed 3 times with 0.9% saline solution. Lipids were extracted with chloroform/methanol (2:1, by volume) (Shaikh & Downar, 1981). Then, extracted lipids were methylated with methanol/benzene 4:1 (v/v) and 200µL acetyl chloride (Holub, 1987). The fatty acid profile was determined by gas chromatography (HP 5890 gas chromatograph equipped with an automated injector 7673A and a flame ionization detector) (Hewlett Packard, Toronto, Canada).

For the determination of the fatty acid composition in **plasma phospholipids**, 200 µl aliquots of plasma were extracted following the addition of chloroform: methanol (2:1, v/v), in the presence of a known amount of internal standard (diheptadecanoyl phospholipid). The total phospholipid was

isolated from the lipid extract by thin-layer chromatography using heptane / isopropyl ether / acetic acid (60:40:3, v/v/v) as the developing solvent. Following transmethylation, using BF₃/methanol, the fatty acids profile was determined by capillary gas-liquid chromatography. The fatty acid composition of plasma phospholipids was expressed as percentages of the total area of all fatty acid peaks from C14:0 to C24:1. Plasma phospholipid concentrations of fatty acids correspond to relative percentages of total fatty acids by weight.

Mercury

For the determination of mercury in blood (INSPQ method: M-109), total blood mercury concentration was determined by cold vapour atomic absorption spectrometry (Pharmacia). The inorganic mercury fraction was determined using the same methodology except that the use of cadmium chloride, as part of the reactant mixture, was omitted. Samples were microwave-digested using nitric acid and an aliquot was used for the analysis. Accuracy and precision were measured using reference material from the laboratory of Human Toxicology of the INSPQ's Interlaboratory Comparison Program.

Others metals: Cadmium, lead, copper, etc.

The laboratory method used for the determination of other metals in whole blood is known as inductively coupled plasma mass spectrometry or ICP-MS (INSPQ method: M-557). The method allows the determination of more than 20 elements (except for mercury and chromium) in whole blood including selenium; the samples are diluted in a solution containing ammonium hydroxide and analyzed. A number of blanks, spikes, duplicates and certified reference materials are analyzed to control the validity of the results. The levels of contaminants in toenails were analyzed by instrumental neutron-activation analysis. Before analysis, toenail clippings were washed in a sonicator with deionized water.

Persistent organic pollutants

The list of compounds monitored includes 45 polychlorinated biphenyls (PCB) congeners, 32 hydroxylated PCBs (HO-PCBs), 22 methylsulfonyl PCBs (MeSO₂-PCB), 16 halogenated phenolic compounds (HPCs), 29 organochlorine pesticides (OCPs), 5 brominated flame retardants (BFRs) and 2 of their hydroxylated metabolites (HO-BFRs).

Extraction and purification were completed on a Rapidtrace Automated SPE workstation (Caliper Life Science Hopkinton, MA, USA) and evaporation was performed on a Labconco evaporator (Labconco Corp., Kansas City, MO). Plasma samples were extracted on an Oasis HLB (540 mg; Waters Corp.) solid phase extraction (SPE) column according to the method described by Sandau1 (Dumas, 2006). A mixture of internal standards, plasma sample, formic acid and deionized water was slowly applied to the column. After drying the column with pressurized nitrogen, the sample was extracted using methanol/dichloromethane (15 mL; 1:9). The sample was evaporated to dryness and then dissolved in n-hexane (1 mL). The extract was then divided in two equal parts: one for POPs determination and the other for the DR-CALUX assay. The extract for POPs analysis was eluted through a column containing activated Florisil (1 g). The first fraction (F1) containing the non-polar compounds (PCBs, OCPs, PBDEs) was eluted using hexane/dichloromethane (9 mL; 5:1). The second fraction (F2)

containing MeSO₂ PCBs was eluted using hexane/acetone (9 mL; 4:1). The third fraction (F3) containing HPCs and HO-PCBs was eluted using dichloromethane/methanol (13 mL; 5:1).

After evaporation to dryness, the compounds in F3 were derivatized using fresh diazomethane in hexane according to the method described by Sandau². The derivatized fraction was then combined with F2, evaporated and cleaned up on an activated silica/acidic silica column and compounds were eluted with dichloromethane (19 mL). The extract for the DR-CALUX assay was also cleaned up on an activated silica/acidic silica column and dioxin-like compounds were eluted with dichloromethane (8 mL). F1 was evaporated, taken up in 20 µL of hexane and analyzed for PCBs, OCPs and PBDEs on an Agilent (Wilmington, DE, USA) 6890 Network gas chromatograph (GC) equipped with an Agilent 7683 series automatic injector and an Agilent 5973 Network mass spectrometer (MS). The GC was fitted with an Agilent 60 m XLB column (0.25 mm i.d., 0.25 mm film thickness). The carrier gas was helium, and all injections were 2 µL in splitless mode. The mass spectrometer was operated in selected ion monitoring (SIM) mode, using electron capture negative ionization (ECNI) with methane (99.97%) as the reagent gas or with electronic impact ionization (EI) depending on which gave better sensitivity.

The combined F2+F3 fraction was evaporated, taken up in 20 µL of hexane and analyzed for HPCs, HO-PCBs and MeSO₂-PCBs on a Hewlett Packard (HP) 5890 Series II Plus gas chromatograph (GC) equipped with an HP G1512A automatic injector and a HP 5890B mass spectrometer (MS) (Agilent, Wilmington, DE, USA). The GC was fitted with a 30 m DB-5 column (5 % phenylmethylpolysiloxane; 0.25 mm i.d., 0.25 mm film thickness) from J&W Scientific (CA, USA). The carrier gas was helium, and all injections were 2 µL in splitless mode. The mass spectrometer was operated in selected ion monitoring (SIM) mode, using electron capture negative ionization (ECNI) with methane (99.97%) as the reagent gas.

The CALUX fraction was evaporated to dryness and then reconstituted with 5 µL of dimethylsulfoxide before being tested for its dioxin-like activity using the H4IIE-Luc cell line (kindly donated by Professor A. Brouwer). The cells were plated at a density of 8x10⁴ cells/well in 24-well plates. After 5 hours, the 2,3,7,8-TCDD standards and plasma extracts were added on the cells for 24 hours. The cells were then washed in PBS and lysed in a lysis buffer (Promega). The luciferase activity was determined with a luminometer (LMax Molecular Devices).

Immunoenzymatic methods for detection of zoonosis

Immunoenzymatic methods (ELISA) were used for the detection of the following antibodies: *Trichinella* sp., *Toxocara canis*, *Echinococcus granulosus* (IVD inc.), *Coxiella burnetii*, *Brucella* sp., *Leptospira* sp. (Virion\Serion, Serion Immundiagnostica GmbH, Würzburg) and *Toxoplasma gondii* (AxSYM, Abbott Diagnostics, Abbott Park, Illinois). Detection of *Francisella tularensis* antibodies was performed using a serum agglutination test (Snyder, 1980; Stewart, 1981). Table E.1 presents the criteria used for results interpretation.

Serologic analysis was done on 917 samples. Serologic analysis for trichinellosis, ocular disease and echinococcosis (hydatid disease) was performed by Dr. Brian J. Ward of the McGill Centre for Tropical Disease at McGill University. Analysis for Q fever, brucellosis, leptospirosis and tularemia was the responsibility of Dr. Bouchra Serhir and Dr. Michel Couillard of the Laboratoire de santé

publique du Québec (LSPQ) and the analysis for toxoplasmosis was led by Dr. Michael Libman of the Department of Medical Microbiology at the Montreal General Hospital.

Table E.1. Serologic Analysis Interpretation Criteria

Pathogens	Criteria			Lifespan of antibodies
	Negative	Ambiguous	Positive	
	Optical Density (OD)			
<i>Trichinella</i> sp.	< 0.25	≥ 0.25 and < 0.35	≥ 0.35	9 - 18 months
<i>Toxocara canis</i>	< 0.25	≥ 0.25 and < 0.35	≥ 0.35	Indefinite
<i>Echinococcus granulosus</i>	< 0.35	≥ 0.35 and < 0.45	≥ 0.45	Possibly for life
	IgG Units (IU/ mL)			
<i>Brucella</i> sp.	< 20	≥ 20 – < 30	≥ 30	Indefinite
<i>Leptospira</i> sp.	< 5.0	≥ 5.0 – ≤ 9	> 9	6 months - > 20 years ^a
<i>Coxiella burnetii</i>	< 20	≥ 20 – < 30	≥ 30	~ 5 years ^b
<i>Toxoplasma gondii</i>	< 2	≥ 2 – < 3	≥ 3	For life
	Titer			
<i>Francisella tularensis</i>	< 1/20	1/20 – 1/40	≥ 1/80	> 10 years ^c

^a According to Faine (1998).

^b Virion\Serion, Serion Immundiagnostica GmbH, Würzburg (manufacturer's guide).

^c According to Young et al. (1969).

Lifespan of antibodies

The persistence of seropositivity may vary depending on the agent involved and the detection techniques used. Immunoenzymatic tests are sensitive procedures capable of detecting low quantities of antibodies (personal communication, Dr. Michel Couillard). The lifespan of antibodies following infection seems relatively short for *Trichinella* sp. (9 to 18 months), but they may persist for years in the case of an *E. granulosus* or a *T. gondii* infection, where those infected virtually remain so for life. In the case of *C. burnetii*, the manufacturer of the immunoenzymatic kit (Virion\Serion, Serion Immundiagnostica GmbH, Würzburg) has informed us that the IgG may be detected over a period of about five years after infection, which indicates that positive serologies for this bacterium represent relatively recent infections. However, there does not seem to be any precise data on the persistence of antibodies in the blood after a *T. canis* infection.

References

- Dumas, P., Sandanger, T. M., Sandau, C. D., Sjödin, A., Ayotte, P. (2006). Semi-automated method for the detection of 150 persistent organic pollutants in human serum using gas chromatography mass spectrometry (GC-MS) with simultaneous Dr-Calux Essay. Submitted to *OrganohalogenCompounds*.
- Faine, S. (1998). Leptospirosis. In W. J. Hausler and M. Sussman (Eds.), *Topley and Wilson's Microbiology and Microbial Infections*, 9th edition (Vol. 3: Bacterial Infections) (pp. 849-869). London: Arnold.
- Holub, B. J., Bakker, D. J. & Skeaff, C. M. (1987). Alterations in molecular species of cholesterol esters formed via plasma lecithin-cholesterol acyltransferase in human subjects consuming fish oil. *Atherosclerosis*, 66, 11-18.
- US Dept. of Health Education and Welfare. (1982). *Lipid and Lipoprotein Analysis: Manual of Laboratory Operation*. Washington: Lipid Research Clinics Program. HEW Publication No. NIH 75-678.
- Shaikh, N. A. & Downar, E. (1981). Time course of changes in porcine myocardial phospholipid levels during ischemia. A reassessment of the lysolipid hypothesis. *Circulation Research* 49, 316-325.
- Snyder, M. J. (1980). Immune response to Francisella. In N. R. Rose and H. Friedman (Eds.), *Manual of Clinical Immunology* (pp. 479-81). Washington, D.C.: American Society of Microbiology.
- Stewart, S. J. (1981). Tularemia. In A. Balows and W. J. Jr Hausler (Eds.), *Diagnostic Procedures for Bacterial, Mycotic, and Parasitic Infections* (pp. 705-14). Washington, D.C.: American Public Health Association.
- Young, L. S., Bicknell, D. S., Archer, B. G., Clinton, J. M., Leavens, L. J., Feeley, J. C., & Brachman, P. S. (1969). Tularemia epidemic: Vermont, 1968. Forty-seven cases linked to contact with muskrats. *N Engl J Med.*, 280 (23), 1253-60.

APPENDIX F:
REASONS FOR NON-RESPONSE BY SURVEY INSTRUMENT

REASONS FOR NON-RESPONSE BY SURVEY INSTRUMENT

Legend:

The reasons are listed in alphabetical order.

- **Ate before T2:** The participant did not respect the oral glucose tolerance test (OGTT) protocol and ate before the blood sampling that was performed 120 minutes (Time 2) after glucose administration.
- **Confused:** The participant's answers were confusing and not considered valid.
- **Could not remember:** Some participants responded that they did not remember what they had eaten the day before.
- **Day 2 run-in period:** At the end of the first day of data collection (August 31, 2004), it was decided to temporarily alleviate the workload of nurses and interviewers to allow better integration of all activities. Hence, the confidential questionnaire, Holter test and atherosclerosis test were not administered on the second day and bone densitometry tests were not done on the second or third days of the survey. The two dietary questionnaires were alternated on the second day: the 24-hour recall was administered in the morning and the food frequency test was given in the afternoon.
- **Device not available:** Too many participants needed the machine at the same time.
- **Did not show up ship:** The participant had signed a consent form at home but did not go to the ship for data collection.
- **Erroneous age:** One participant was considered to be 17 years old whereas the date of birth showed that the participant was actually 18. None of the clinical tests or nutrition questionnaires was administered.
- **Fasting during recall period:** An instruction to fast after midnight *on the day* of the survey was given to each participant having blood tests. This instruction was not always fully understood; some participants fasted the whole day *prior* to the survey. Furthermore, some participants had fasted the day prior to the survey because they were worried about being sea sick. Hence, the 24-hour dietary recall was not administered to these participants.
- **Fungus:** Skin injury prevented testing.
- **Glycemia too high:** The participant was not eligible for the OGTT test if the capillary blood glucose test level was over 7.0 mmol/L.
- **Handicapped:** The participant was not surveyed because of a physical or a mental handicap.
- **Hearing aid:** Hearing handicap prevented participation in the test.
- **Home blood puncture:** Participants who had an appointment on the ship after 9 a.m. were given blood tests at home in order to allow a relatively short fasting period. The oral glucose tolerance test (OGTT), which required fasting, could only be done on the ship. Participants who did not have an appointment in the morning were exempted from the OGTT.

- **Home visit:** The participant could not come aboard the ship and had to be seen at home. Most of the time this situation concerned elderly people and participants with physical restrictions. Hence, a maximum of testing and questionnaire completion was conducted, but it was sometimes impossible to complete each survey instrument due to a lack of time and the logistics.
- **Inadequate interview:** The dietary questionnaires of some participants were rejected due to a lack of information. Some participants struggled to recall or figure out their food consumption with exactness.
- **Invalid results:** The Holter machine was defective or the electrodes were not properly adjusted to the participant.
- **Missing tubes:** Some lab test results were lost by error during handling or due to technical problems. Samples that did not meet the protocol stated in part 5.1.2.1 were also discarded.
- **Not consenting:** Did not sign a consent form
- **Not fasting:** The participant went to the ship, but had not fasted and therefore was not considered for the OGTT. The participant was able to have the venous blood puncture however, but results were restricted to the blood markers for which fasting is not essential.
- **No nails, too short:** The participant's toenails were not long enough for sampling.
- **No time, too late:** It was too late and the ship had to leave for another village. The staff did not have time to complete the test or the questionnaire.
- **No vein:** The participant could not be punctured. The veins were located deep underneath the skin.
- **Pacemaker:** Individual with a pacemaker could not use this device.
- **Rash:** Skin eruption prevented testing.
- **Refusal:** The participant consented to some tests or questionnaires but refused a specific survey instrument.
- **Tired:** The participant was too tired to continue.
- **Technical Problem:** The machine was defective.
- **Unspecified:** Reason was not recorded by the nurse or the interviewer.
- **Was forgotten:** The participant had to go through a large number of tests and questionnaires in a short period of time. On a few occasions, some questionnaires or tests were forgotten and not administered.

Individual: Non-Responses		
	Frequency	Percent
NOT CONSENTING	471	90.40
NO TIME, TOO LATE	18	3.45
DID NOT SHOW UP SHIP	15	2.88
REFUSAL	5	0.96
HANDICAPPED	5	0.96
HOME VISIT	5	0.96
CONFUSED	1	0.19
UNSPECIFIED	1	0.19

Confidential: Non-Responses		
	Frequency	Percent
NOT CONSENTING	471	84.41
NO TIME, TOO LATE	23	4.12
REFUSAL	21	3.76
DID NOT SHOW UP SHIP	15	2.69
DAY 2 RUN-IN PERIOD	10	1.79
HOME VISIT	8	1.43
HANDICAPPED	5	0.90
TIRED	3	0.54
UNSPECIFIED	2	0.36

24-Hour Recall: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	63.07
INADEQUATE INTERVIEW	114	17.84
NO TIME, TOO LATE	42	6.57
FASTING DURING RECALL PER	16	2.51
DID NOT SHOW UP SHIP	15	2.35
UNSPECIFIED	12	1.88
REFUSAL	9	1.41
TIRED	7	1.10
HANDICAPPED	6	0.94
HOME VISIT	5	0.78
COULDN'T REMEMBER	4	0.63
DAY 2 RUN-IN PERIOD	3	0.47
ERRONEOUS AGE	1	0.16
SLEPT OVER RECALL PERIOD	1	0.16
WAS FORGOTTEN	1	0.16

Food Frequency: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	76.76
NO TIME, TOO LATE	30	5.71
INADEQUATE INTERVIEW	19	3.62
REFUSAL	15	2.86
DID NOT SHOW UP SHIP	15	2.86
TIRED	11	2.10
DAY 2 RUN-IN PERIOD	11	2.10
HANDICAPPED	7	1.33
UNSPECIFIED	6	1.14
HOME VISIT	5	0.95
CONFUSED	1	0.19
ERRONEOUS AGE	1	0.19
WAS FORGOTTEN	1	0.19

Clinical: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	91.38
DID NOT SHOW UP SHIP	15	3.40
HOME VISIT	6	1.36
WAS FORGOTTEN	5	1.13
REFUSAL	4	0.91
NO TIME, TOO LATE	4	0.91
HANDICAPPED	2	0.45
ERRONEOUS AGE	1	0.23
UNSPECIFIED	1	0.23

Venous Blood Puncture: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	98.05
WAS FORGOTTEN	3	0.73
NO TIME, TOO LATE	2	0.49
NO VEIN	1	0.24
TIRED	1	0.24
ERRONEOUS AGE	1	0.24

OGTT: Non-Responses		
	Frequency	Percent
HOME BLOOD PUNCTURE	546	48.84
NOT CONSENTING	403	36.05
UNSPECIFIED	69	6.17
NOT FASTING	52	4.65
NO TIME, TOO LATE	26	2.33
GLYCEMIA TOO HIGH	10	0.89
MISSING TUBES	4	0.36
TIRED	3	0.27
ATE BEFORE T2	2	0.18
REFUSAL	1	0.09
HOME VISIT	1	0.09
ERRONEOUS AGE	1	0.09

Anthropometric Measurements: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	92.43
DID NOT SHOW UP SHIP	15	3.44
HOME VISIT	6	1.38
REFUSAL	3	0.69
NO TIME, TOO LATE	3	0.69
UNSPECIFIED	3	0.69
HANDICAPPED	1	0.23
TIRED	1	0.23
ERRONEOUS AGE	1	0.23

Toenails: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	65.42
NO NAILS, TOO SHORT	164	26.62
UNSPECIFIED	17	2.76
DID NOT SHOW UP SHIP	15	2.44
HOME VISIT	6	0.97
REFUSAL	4	0.65
NO TIME, TOO LATE	3	0.49
TIRED	2	0.32
HANDICAPPED	1	0.16
ERRONEOUS AGE	1	0.16

Hearing Test: Non-Responses		
	Frequency	Percent
NOT CONSENTING	403	79.17
NO TIME, TOO LATE	32	6.29
UNSPECIFIED	18	3.54
DID NOT SHOW UP SHIP	15	2.95
HOME VISIT	12	2.36
REFUSAL	11	2.16
TIRED	7	1.38
HANDICAPPED	4	0.79
HEARING AID	3	0.59
DEAF	2	0.39
ERRONEOUS AGE	1	0.20
WAS FORGOTTEN	1	0.20

Bone Densitometry: Non-Responses		
	Frequency	Percent
NOT CONSENTING	57	51.82
UNSPECIFIED	12	10.91
NO TIME, TOO LATE	8	7.27
HOME VISIT	7	6.36
DAY 2-3 RUN-IN PERIOD	5	4.55
TECHNICAL PROBLEM	5	4.55
DID NOT SHOW UP SHIP	4	3.64
DEVICE NOT AVAILABLE	3	2.73
REFUSAL	2	1.82
HANDICAPPED	2	1.82
FUNGUS	1	0.91
INJURED FEET	1	0.91
PACEMAKER	1	0.91
RASH	1	0.91
TIRED	1	0.91

Holter: Non-Responses		
	Frequency	Percent
NOT CONSENTING	122	46.74
INVALID RESULTS	67	25.67
NO TIME, TOO LATE	23	8.81
UNSPECIFIED	11	4.21
DAY 2 RUN-IN PERIOD	10	3.83
DEVICE NOT AVAILABLE	8	3.07
PACEMAKER	7	2.68
DID NOT SHOW UP SHIP	4	1.53
HOME VISIT	4	1.53
REFUSING	2	0.77
HANDICAPPED	1	0.38
TECHNICAL PROBLEM	1	0.38
TIRED	1	0.38

Atherosclerosis: Non-Responses		
	Frequency	Percent
NOT CONSENTING	122	64.21
UNSPECIFIED	22	11.58
NO TIME, TOO LATE	19	10.00
DAY 2 RUN-IN PERIOD	10	5.26
HOME VISIT	6	3.16
DID NOT SHOW UP SHIP	4	2.11
REFUSAL	2	1.05
TIRED	2	1.05
DEVICE NOT AVAILABLE	1	0.53
HANDICAPPED	1	0.53
PACEMAKER	1	0.53

APPENDIX G:

**VARIABLE NAMES ASSOCIATED WITH THE QUESTIONNAIRES
AND CLINICAL MEASUREMENTS**

VARIABLE NAMES ASSOCIATED WITH THE QUESTIONNAIRES AND CLINICAL MEASUREMENTS

Note: The acronyms DNK and NR/R used in several questionnaires mean “Do Not Know” and “Non-Response/Refusal” respectively.

G.1: MASTER LIST

NAME	LABEL
PARTICIP	Participant Number
STUDYNO	Study Number

G.2: QUESTIONNAIRE RESPONSE FORM

This form was completed for the 1056 participants who signed a consent form. It documents which tests or questionnaires were completed and the reason in a case of non-response. Pregnancy status was recorded on this form for every female participant in the survey while Question 1 of the clinical session was restricted to women aged 18 years old and over.

NAME	LABEL
RE10	ID Chart
RE10_NONRE	ID Chart: Non-Resp Code
RE11	Household
RE11_NONRE	Household: Non-Resp Code
RE12	Individual
RE12_NONRE	Individual: Non-Resp Code
RE13	Recall 24 Hrs
RE13_NONRE	Recall 24 Hrs: Non-Resp Code
RE14	Food Frequency
RE14_NONRE	Food Frequency: Non-Resp Code
RE15	Clinical
RE15_NONRE	Clinical: Non-Resp Code
RE16	Confidential
RE16_NONRE	Confidential: Non-Resp Code
RE17	Venous Blood Puncture: 18-74 Year Olds
RE17_NONRE	Venous Blood Puncture: Non-Rep Code
RE18	OGTT: Not if Pregnant or Diabetic
RE18_NONRE	OGTT: Non-Resp Code
RE19	Blood Pressure
RE19_NONRE	Blood Pressure: Non-Resp Code
RE20	Temperature
RE20_NONRE	Temperature: Non-Resp Code
RE21	Anthropometric Measurements: Not if Pregnant
RE21_NONRE	Anthropometric Measurements: Non-Resp Code
RE22	Body Composition: Not if Pregnant
RE22_NONRE	Body Composition: Non-Resp Code
RE23	Sitting height: Not if Pregnant
RE23_NONRE	Sitting height: Non-Resp Code
RE25	Toenails
RE25_NONRE	Toenails: Non-Resp Code
RE26	Hearing Test
RE26_NONRE	Hearing Test: Non-Resp Code
RE27	Bone Densitometry: F 35-74 Year Olds
RE27_NONRE	Bone Densitometry: Non-Resp Code
RE29	Hemoglobin
RE29_NONRE	Hemoglobin: Non-Resp Code
RE30	Biochemical Test
RE30_NONRE	Biochemical Test: Non-Resp Code
RE31	Anemia
RE31_NONRE	Anemia: Non-Resp Code
RE_PREGNANT	Pregnancy Status
STUDYNO	Study Number

G.3: IDENTIFICATION CHART

NAME	LABEL
PARTICIP	Participant Number
ID_INT	Interviewer Number
ID_DATE	Completion Date
ID_TIME	Completion Time
ID2	Person Number in Household
ID3	Inuit Person
AGE	Age
SEX	Gender
ID7	Family Relationship
ID7S	Family Relationship: Specification
ID8	Number of Families: Household
ID9	Number of People/Household
ID10	ID Chart Completed
ID11	Reason ID Chart Not Completed
ID12	Household Completed
ID13	Reason Household Not Completed
MENAGE	Household number

G.4: HOUSEHOLD QUESTIONNAIRE

NAME	LABEL
PARTICIP	Participant Number
HO_INT	Interviewer Number
HO_NUMBER1	No. of Paper Forms
HO_NUMBER2	Total Number of Paper Forms
HO_DATE	Completion Date
HO_TIME	Completion Time
HO1	Activity Limitations: 12 Months
HO2	Cause Main Injury: Past 12 Months
HO2S	Cause Main Injury: Specify
HO3A	Sunburns: Past 12 Months
HO3B	Sunburns: Blistering
HO3C	Sunburns: Redness/Peeling
HO4A	Diarrhea: Past 30 Days
HO4B	Diarrhea: Number of Days
HO5A	Depression
HO5B	Allergies
HO5BA	Food Allergies
HO5BB	Medication Allergies
HO5BC	Animal Allergies
HO5BD	Pollen allergies
HO5BE	Dust Allergies
HO5BF	Mould Allergies
HO5C	Trouble Back/Spine
HO5D	Emphysema/Chron Bronchitis
HO6	Wheezing/Whistling: Past 12 Months
HO7	Sleep Disturbed: Wheezing
HO8	Speech Limited: Wheezing
HO9	Asthma: Presently
HO10	Asthma: Ever
HO11A	Tranquilizers / Sleeping Pills
HO11B	Asthma Medication
HO12	Main Occupation
HO12S	Main Occupation: Specify
HO13	Adopted Child: Yes/No
HO14A	Age Adoptive Mother
HO14B	Age Adoptive Father
HO14BS	Adoptive Parents: Specifications
HO15	Home Smoking Restrictions
HO16_1	Smoking Forbidden Inside the House
HO16_2	Smoking Allowed in Certain Rooms Only

G.4: Household Questionnaire (cont'd)

NAME	LABEL
HO16_3	Smoking Forbidden in Presence of Young Children
HO16_4	Smoking: Other Restriction
HO16_9	Smoking Restrictions: NR/R
HO16_2S	Smoking Certain Rooms: Specify
HO16_4S	Smoking: Other Restriction, Specify
HO17	No Bedrooms in the House
HO18	Water Source: Summer
HO19	Water Source: Winter
HO19_6S	Winter Water Source: Other(Specify)
HO20	Water Treatment
HO20S	Water Treatment: Other(Specify)
HO21	Water Tank Cleaned
HO22	Fat Used: Cooking
HO23	Fat Used: Bread
HO24	Way Eating Fish
HO25_1	Way Eating Seal
HO25_2	Way Eating Beluga
HO25_3	Way Eating Walrus
HO26	Way Eating Other Meats
HO27	Way Eating Bannock
HO28	Country Food: Community Freezer
HO29_1	Community Freezer: Never Need
HO29_2	Community Freezer: Always Empty
HO29_3	Community Freezer: Embarrassing
HO29_4	Community Freezer: Other
HO29_9	Community Freezer: NR/R
HO29_4S	Community Freezer: Other (Specify)
HO30	Receive Country Food From Friends
HO31	Not Enough to Eat: House
HO_LANGUAGE	Language of Interview
MENAGE	Household Number

G.5: INDIVIDUAL QUESTIONNAIRE

NAME	LABEL
STUDYNO	Study Number
IN_INT	Interviewer Number
IN_DATE	Completion Date
IN_TIME	Completion Time
IN1	General Health
IN2	Satisfaction With Life
IN3A	Chews Meat
IN3B	Chews Apple
IN4A	Pap Test
IN4B_1	Pap Test: Not Offered
IN4B_2	Pap Test: Never Go to Clinic
IN4B_3	Pap Test: Not Necessary
IN4B_4	Pap Test: No Time
IN4B_5	Pap Test: Fear
IN4B_6	Pap Test: Hysterectomy
IN4B_7	Pap Test: Other Reasons
IN4B_8	Pap Test Reason: DNK
IN4B_9	Pap Test Reason: NR/R
IN4B_7S	Pap Test: Other Reasons (Specify)
IN5A	Breast Exam
IN5B_1	Breast Ex: Not Offered
IN5B_2	Breast Ex: Never Go to Clinic
IN5B_3	Breast Ex: Not Necessary
IN5B_4	Breast Ex: No Time
IN5B_5	Breast Ex: Fear
IN5B_6	Breast Ex: Other Reasons
IN5B_8	Breast Ex Reason: DNK
IN5B_9	Breast Ex Reason: NR/R
IN5B_6S	Breast Ex: Other Reasons(Specify)
IN6A	Given Birth
IN6B	Year Birth: Last Child
IN7A	Pills Iron Def: Last Pregnancy
IN7B	Pills Vitamin Def: Last Pregnancy
IN7C	Smoking Last Pregnancy (Child<5 Years)
IN7D	Drinking Last Pregnancy
IN7E	Freq Drink Pregnancy
IN8A	Last Child(<5 Years) Given Adoption
IN8B	Breastfeeding Now
IN8C	Way Fed Last Child
IN8D_1	Breastfeeding Duration (Days)
IN8D_2	Breastfeeding Duration (Weeks)
IN8D_3	Breastfeeding Duration (Months)
IN8D_4	Breastfeeding Duration (Years)
IN8D_8	Breastfeeding Duration: DNK
IN8D_9	Breastfeeding Duration: NR/R
IN8E_1	Why Not/Stop Breastfeeding: Afraid
IN8E_2	Why Not/Stop Breastfeeding: Work/School
IN8E_3	Why Not/Stop Breastfeeding: Breast Problem
IN8E_4	Why Not/Stop Breastfeeding: Not Enough Milk
IN8E_5	Why Not/Stop Breastfeeding: Outdated habits

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN8E_6	Why Not/Stop Breastfeeding: MD/Nurse's Advice
IN8E_7	Why Not/Stop Breastfeeding: Too Busy
IN8E_8	Why Not/Stop Breastfeeding: Bottle Feeding Easier
IN8E_9	Why Not/Stop Breastfeeding: Formula as Good
IN8E_10	Why Not/Stop Breastfeeding: Father Did Not Want
IN8E_11	Why Not/Stop Breastfeeding: Medical Condition Mother
IN8E_12	Why Not/Stop Breastfeeding: Medical Condition Baby
IN8E_13	Why Not/Stop Breastfeeding: Alcohol/Drugs
IN8E_14	Why Not/Stop Breastfeeding: Baby Old Enough
IN8E_15	Why Not/Stop Breastfeeding: Others
IN8E_98	Why Not/Stop Breastfeeding: DNK
IN8E_99	Why Not/Stop Breastfeeding: NR/R
IN8E_15S	Why Not/Stop Breastfeeding: Others (Specify)
IN9	Perception weight
IN10	Weight Loss
IN11	Adds Salt at Table
IN12_1	Likes Taste Store-Bought Food
IN12_2	SBF: Healthy
IN12_3	SBF: Modern Food
IN12_4	SBF: Easier to Get
IN12_5	SBF: Varies My Diet
IN12_6	SBF: Can't Do Without It
IN12_7	SBF: Easy to Prepare
IN12_8	SBF: Less Expensive
IN12_9	SBF: DNK
IN12_10	SBF: Other Reason
IN12_10S	SBF: Other, Specify
IN13A	Heard C Food Contamination
IN13B_1	Mercury
IN13B_2	PCB
IN13B_3	Lead
IN13B_4	Worms/Parasites
IN13B_5	Cadmium
IN13B_8	Contaminants ID: DNK
IN14A	Modified Eating Habits
IN14BA_1	Modif Eating Beluga, Walrus, Seal: Do Not Eat
IN14BA_2	Modif Eating Beluga, Walrus, Seal: Eat Less
IN14BA_3	Modif Eating Beluga, Walrus, Seal: Eat More
IN14BA_4	Modif Eating Beluga, Walrus, Seal: Change Way Prepare
IN14BA_9	Modif Eating Beluga, Walrus, Seal: NR/R
IN14BB_1	Modif Eating Fish: Do Not Eat
IN14BB_2	Modif Eating Fish: Eat Less
IN14BB_3	Modif Eating Fish: Eat More
IN14BB_4	Modif Eating Fish: Change Way Prepare
IN14BB_9	Modif Eating Fish: NR/R
IN14BC_1	Modif Eating Fish:Do Not Eat
IN14BC_2	Modif Eating Blubber Beluga, Walrus, Seal: Eat Less
IN14BC_3	Modif Eating Blubber Beluga, Walrus, Seal: Eat More
IN14BC_4	Modif Eating Blubber Beluga, Walrus, Seal: Change Way Prepare

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN14BC_9	Modif Eating Blubber Beluga, Walrus, Seal: NR/R
IN14BD_1	Modif Eating Caribou: Do Not Eat
IN14BD_2	Modif Eating Caribou: Eat Less
IN14BD_3	Modif Eating Caribou: Eat More
IN14BD_4	Modif Eating Caribou: Change Way Prepare
IN14BD_9	Modif Eating Caribou: NR/R
IN15A	Contam: Country Food (CF)
IN15B	Contam: Yourself
IN15C	Contam: People Comm
IN15D	Contam: People Nunavik
IN15E	Contam: People South
IN16_1	CF: Like Taste
IN16_2	CF: Healthy
IN16_3	CF: Strength and Warmth
IN16_4	CF: Can't Do Without It
IN16_5	CF: Part Our Tradition
IN16_6	CF: What Land Gives Us
IN16_7	CF: Easy Prepare
IN16_8	CF: Nice Eat Together
IN16_9	CF: Less Expensive
IN16_10	CF: Creates Jobs for Inuit
IN16_11	Don't like CF
IN16_12	SBF Not as Healthy as CF
IN16_13	CF: Others
IN16_13S	CF: Other, Specify
IN17A	CF Use: Medical Properties
IN17B_COUNTRY1	CF #1: For Medical Properties
IN17B_MEDICINAL1	CF #1: Medical Use
IN17B_COUNTRY2	CF #2: For Medical Properties
IN17B_MEDICINAL2	CF #2: Medical Use
IN17B_COUNTRY3	CF #3: For Medical Properties
IN17B_MEDICINAL3	CF #3: Medical Use
IN18A	Physical Activities: Spring
IN18B	Physical Activities: Summer
IN18C	Physical Activities: Fall
IN18D	Physical Activities: Winter
IN19	Physical Activities: Frequency (Days/Week)
IN20	Physical Activities: Duration (hour)
IN21	Physical Activities: Intensity
IN22	Physical Activities: Work
IN23A	Hunting: Spring
IN23B	Hunting: Summer
IN23C	Hunting: Fall
IN23D	Hunting: Winter
IN24	Share Catch
IN25A	Rejected Catches: Past 12 Months
IN25BA_1	Seal Fat
IN25BA_2	Seal Meat
IN25BA_3	Seal Internal Organs
IN25BB_1	Beluga Fat

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN25BB_2	Beluga Meat
IN25BB_3	Beluga Internal Organs
IN25BC_1	Walrus Fat
IN25BC_2	Walrus Meat
IN25BC_3	Walrus Internal Organs
IN25BD_1	Caribou Fat
IN25BD_2	Caribou Meat
IN25BD_3	Caribou Internal Organs
IN25BE_1	Goose Fat
IN25BE_2	Goose Meat
IN25BE_3	Goose Internal Organs
IN25BF_2	Fish Meat
IN25BF_3	Fish Internal Organs
IN25BG_1	Other Animals: Fat
IN25BG_2	Other Animals: Meat
IN25BG_3	Other Animals: Internal Organs
IN25BA_OTHER	Seal Other Part
IN25BB_OTHER	Beluga Other Part
IN25BC_OTHER	Walrus Other Part
IN25BD_OTHER	Caribou Other Part
IN25BE_OTHER	Goose Other Part
IN25BF_OTHER	Fish Other Part
IN25BG_OTHER	Other Animals: Other Part
IN25BG_ANIMAL	Other Animals: Identification
IN25CA_1	Seal Colour Meat
IN25CA_2	Seal Texture Meat
IN25CA_3	Seal Smell
IN25CA_4	Seal Parasites
IN25CA_5	Seal Contaminants
IN25CA_6	Seal Strange Behaviour
IN25CB_1	Beluga Colour Meat
IN25CB_2	Beluga Texture Meat
IN25CB_3	Beluga Smell
IN25CB_4	Beluga Parasites
IN25CB_5	Beluga Contaminants
IN25CB_6	Beluga Strange Behaviour
IN25CC_1	Walrus Colour Meat
IN25CC_2	Walrus Texture Meat
IN25CC_3	Walrus Smell
IN25CC_4	Walrus Parasites
IN25CC_5	Walrus Contaminants
IN25CC_6	Walrus Strange Behaviour
IN25CD_1	Caribou Color Meat
IN25CD_2	Caribou Texture Meat
IN25CD_3	Caribou Smell
IN25CD_4	Caribou Parasites
IN25CD_5	Caribou Contaminants
IN25CD_6	Caribou Strange Behaviour
IN25CE_1	Goose Colour Meat
IN25CE_2	Goose Texture Meat

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN25CE_3	Goose Smell
IN25CE_4	Goose Parasites
IN25CE_5	Goose Contaminants
IN25CE_6	Goose Strange Behaviour
IN25CF_1	Fish Colour Meat
IN25CF_2	Fish Texture Meat
IN25CF_3	Fish Smell
IN25CF_4	Fish Parasites
IN25CF_5	Fish Contaminants
IN25CG_1	Other Animals: Colour Meat
IN25CG_2	Other Animals: Texture Meat
IN25CG_3	Other Animals: Smell
IN25CG_4	Other Animals: Parasites
IN25CG_5	Other Animals: Contaminants
IN25CG_6	Other Animals: Strange Behaviour
IN25CA_OTHER	Seal Other Reason
IN25CB_OTHER	Beluga Other Reason
IN25CC_OTHER	Walrus Other Reason
IN25CD_OTHER	Caribou Other Reason
IN25CE_OTHER	Goose Other Reason
IN25CF_OTHER	Fish Other Reason
IN25CG_OTHER	Other Animal: Other Reason
IN25CG_ANIMAL	Other Animal: Identification
IN26A	Any Species Harder Catch/Hunt/Find
IN26B_1	Caribou
IN26B_2	Seal
IN26B_3	Beluga
IN26B_4	Walrus
IN26B_5	Goose
IN26B_6	Other Animal
IN26B_8	Which One: DNK
IN26B_9	Which One: NR/R
IN26B_6S	Other Animal, Specify
IN26C_1	Caribou: Reason
IN26C_2	Seal: Reason
IN26C_3	Beluga: Reason
IN26C_4	Walrus: Reason
IN26C_5	Goose: Reason
IN26C_6	Other Animal: Reason
IN26C_5S	Other Animal: Reason, Specify
IN27A	Prepare Birds
IN27B	Prepare Land Mammals
IN27C	Prepare Sea Mammals
IN28A	Fishing: Spring
IN28B	Fishing: Summer
IN28C	Fishing: Fall
IN28D	Fishing: Winter
IN29	Berry Picking: Past 12 Months
IN30A	Lottery: Frequency
IN30B	Bingo: Frequency

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN30C	Cards/Dice: Frequency
IN31B_QUANTITY	Time Spent Bingo, Quantity
IN31C_QUANTITY	Time Spent Cards/Dice/Boards, Quantity
IN31B_UNIT	Time Spent Bingo, Unit
IN31C_UNIT	Time Spent Cards/Dice/Boards, Unit
IN32A_AMOUNT	Lottery: Amount Money
IN32B_AMOUNT	Bingo: Amount Money
IN32C_AMOUNT	Cards/Dice/Boards: Amount Money
IN32A_UNIT	Lottery: Amount Money (Unit)
IN32B_UNIT	Bingo: Amount Money (Unit)
IN32C_UNIT	Cards/Dice/Boards: Amount Money (Unit)
IN33	Spent Too Much Time Gambling
IN34	Smoking
IN35A	Age Smoke First Cigarette: Daily Smoker
IN35B	Age Begin Smoke Daily
IN35C	How Many Cigarettes per Day: Daily Smoker
IN36	Tried Quit Past 12 Months: Daily Smoker
IN37	Method Quit: Daily Smoker
IN37_5S	Method Quit: Daily Smoker, Specify
IN38A	Smoke>100 Cigarettes: Occasional Smoker
IN38B	Number Cigarettes per day when smoking: Occasional Smoker
IN38C	Number of Days smoked in the Past 30 Days: Occasional Smoker
IN38D	Age Smoke First Cigarette: Occasional Smoker
IN38E	Ever Smoke Daily: Occasional Smoker
IN39	Tried Quit Past 12 Months: Occasional Smoker
IN40	Method Quit: Occasional Smoker
IN40_5S	Method Quit: Occasional Smoker, Specify
IN41A	Smoke>100 cigarettes: Non Smoker
IN41B	Ever Smoke Daily: Non Smoker
IN41C	Age Begin Smoke Daily: Former Smoker
IN41D	Number Cigarettes Smoked Daily: Former Smoker
IN42A	When Did You Stop Smoking
IN42B	How Many Years Stop Smoking
IN43	Method Quit: Former Smoker
IN43_5S	Method Quit: Former Smoker, Specify
IN44_1	Quit Smoking: Own Health
IN44_2	Quit Smoking: Allergy Asthma
IN44_3	Quit Smoking: Pregnancy
IN44_4	Quit Smoking: Health of Family
IN44_5	Quit Smoking: Got Tired / Bad Smell
IN44_6	Quit Smoking: Less Stress
IN44_7	Quit Smoking: Illness in Family
IN44_8	Quit Smoking: Pressure Family
IN44_9	Quit Smoking: Cost
IN44_10	Quit Smoking: Restrictions on Where
IN44_11	Quit Smoking: No Reason
IN44_12	Quit Smoking: Other
IN44_98	Quit smoking: DNK
IN44_99	Quit smoking: NR/R

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN44_12S	Quit smoking: Other (Specify)
IN45	Another Skidoo with You when Travel outside Village
IN46	Motorboat: Wear Life Vest
IN47A	Auto and Alcohol
IN47B	3-4 Wheeler and Alcohol
IN47C	Skidoo and Alcohol
IN47D	Boat and Alcohol
IN48A	Someone Have Good Time With
IN48B	Someone When Need Emotional Support
IN48C	Someone Demand Too Much
IN49	Alone When Prefer With Others
IN50A	Activities Promote Own Healing
IN50B_1	Church-Related Group
IN50B_2	Medical or Psychological Professional
IN50B_3	Natural Helper/Healer
IN50B_4	Healing Circle
IN50B_5	Other Involvement
IN50B_8	Own Healing Involvement: DNK
IN50B_9	Own Healing Involvement: NR/R
IN50B_5S	Other Involvement (Specify)
IN51	Closeness Village
IN52	Violence Village
IN53	Work for Benefit Community
IN54	Get Together to Play
IN55	Marital Status
IN56	Common Law Partner
IN57	Schooling
IN57S	Schooling (Specify)
IN58	Plan Carry On Education
IN59_1	Income: Hunter Support Program
IN59_2	Income: Salaries
IN59_3	Income: Self-Employment
IN59_4	Income: Dividends Interest
IN59_5	Income: Employment Insurance
IN59_6	Income: Worker's Compensation
IN59_7	Income: Maternity Leave
IN59_8	Income: Preventive Leave
IN59_9	Income: Carving, Sewing
IN59_10	Income: Home Day Care
IN59_11	Income: Committees
IN59_12	Income: Canada or Quebec Pension Plan
IN59_13	Income: Retirement Pensions
IN59_14	Income: Old Age Sec and Guaranteed Inc Suppl
IN59_15	Income: Child Tax Benefit
IN59_16	Income: Welfare
IN59_17	Income: Child Custody Support
IN59_18	Income: Spousal Support
IN59_19	Income: Other
IN59_20	Income: None
IN59_98	Income: DNK

G.5: Individual Questionnaire (cont'd)

NAME	LABEL
IN59_99	Income: NR/R
IN59_19S	Income: Other (Specify)
IN60	Main Source Income
IN60_19S	Main Source Income (Specify)
IN61	Total Income
IN62	Present Job Status
IN62_4S	Job Status, Self-Employed (Specify)
IN62_11S	Job Status, Other (Specify)
IN_LANGUAGE	Language of Interview

G.6: CONFIDENTIAL QUESTIONNAIRE

NAME	LABEL
STUDYNO	Study Number
CO_INT	Interviewer Number
CO_DATE	Completion Date
CO_TIME	Completion Time
CO1A	Nb Good Qualities
CO1B	Like Excitement
CO1C	Much Be Proud Of
CO1D	I Am Careful
CO1E	Take Positive Attitude
CO1F	Easily Bored
CO1G	Satisfied With Myself
CO1H	Like New Situations
CO1I	Wish More Respect
CO1J	Time Passing Slowly
CO1K	Like Take Chances
CO1L	I'm No Good At All
CO1M	Like More Challenges
CO1N	Get Irritated Easily
CO1O	Good Waiting Patiently
CO1P	Nothing To Do
CO1Q	Feel Useless
CO1R	Get Angry Quickly
CO1S	Projects All Time
CO1T	Proud Be Inuk
CO2	Feel Nervous
CO3	Feel Hopeless
CO4	Feel Restless
CO5	Depressed Nothing Cheer Up
CO6	Everything an Effort
CO7	Feel Worthless
CO8	Suicide Thoughts: Ever
CO9	Suicide Thoughts: 12 Months, Raw Data
CO10A	Help Seeking: Suicide
CO10BA	Help Source: MD/Nurse
CO10BB	Help Source: Community Worker
CO10BC	Help Source: Inuit Social Worker
CO10BD	Help Source: Non-Inu Social Worker
CO10BE	Help Source: Social Assistance
CO10BF	Help Source: Teacher
CO10BG	Help Source: Elder
CO10BH	Help Source: Family
CO10BI	Help Source: Friend
CO10BJ	Help Source: Spiritual
CO10BK	Help Source: Other
CO11	Suicide Attempt: Ever, Raw Data
CO12	Suicide Attempt: 12 Months, Raw Data
CO13A	Help Suic People: Elder
CO13B	Help Suic People: MD/Nurse
CO13C	Help Suic People: Community Worker
CO13D	Help Suic People: Friend/Family

G.6: Confidential Questionnaire (cont'd)

NAME	LABEL
CO13E	Help Suic People: Counsellor
CO13F	Help Suic People: Medication
CO13G	Help Suic People: Spiritual
CO13H	Help Suic People: On the Land
CO13I	Help Suic People: Country Food
CO13J	Help Suic People: Themselves
CO13K	Help Suic People: Can't Think Anything
CO13L	Help Suic People: Other
CO14	What do you think could be done to help Suic People (Open Question)
CO15	Ever Drink Alcohol
CO16	Frequency Alcohol
CO17	Main Source: Alcohol
CO17_6S	Main Source Alcohol: Other (Specify)
CO18	Number of Drinks: Same Occasion
CO19	Frequency >=5 Drinks
CO20	Felt Cut down Drinking
CO21	Annoyed By Being Criticized Drink
CO22	Felt Bad/Guilty: Drinking
CO23	Drink First Thing Morning
CO24	Drinking Habits Changed
CO25_1	Difficult Situation
CO25_2	Alcohol More Available
CO25_3	Travel Where + Accessible
CO25_4	More Money
CO25_5	Friends Drink More
CO25_6	Like Feeling
CO25_7	Ease Pain
CO25_8	Increase Drink: Other
CO25_8S	Increase Drink: Other (Specify)
CO26_1	Dieting
CO26_2	Athletic Training
CO26_3	Pregnancy
CO26_4	Getting Older
CO26_5	Drinking Problem
CO26_6	Affected Work
CO26_7	Interfered Family
CO26_8	Affected Physical Health
CO26_9	Affected Friendships
CO26_10	Affected Finance
CO26_11	Affected Happiness
CO26_12	Influence Family/Friends
CO26_13	Reduce Drinking: Other
CO26_13S	Reduce Drinking: Other (Specify)
CO27	Glue Gas Solvent
CO28	Pot, Hashish
CO29	Cocaine
CO30	Hallucinogens
CO31	Injection Drugs
CO32	Number Sexual Partners: 12 Months
CO33	Condom: Last Intercourse

G.6: Confidential Questionnaire (cont'd)

NAME	LABEL
CO34	Past 12 Months: Birth Control
CO35	Someone Tried Touch Me
CO36	Threatened Unless Sexual Act
CO37	Made Me Do/Watch Sexual Things
CO38	Believe Was Sexually Abused
CO39	What could be done to prevent sexual abuse (open question)
CO40	What could be done to help people who experienced abuse(open question)
CO41AA	Push/Shaken/Struck Lightly
CO41AB	Kick/Struck Fist Object
CO41AC	Thrown Furniture/Walls
CO41AD	Strangulation/Knife/Firearm
CO41AE	Other Form Violence
CO41A_S	Co41ae: Other Form Violence
CO41B	Threats Violence: Became Afraid
CO41CA	Violence-Threats: Current/Previous Spouse
CO41CB	Violence-Threats: Current/Previous Boy-Girlfriend
CO41CC	Violence-Threats: Other Family Member
CO41CD	Violence-Threats: Friend
CO41CE	Violence-Threats: Work
CO41CF	Violence-Threats: Stranger
CO41CG	Violence-Threats: Other
CO41CG_S	Violence-Threats: Other person
CO42AA	Child: Forced Sexual Activity
CO42AB	Adolescent: Forced Sexual Activity
CO42AC	Adult: Forced Sexual Activity
CO42BA	Forced Sex Act: Current/Previous Spouse
CO42BB	Forced Sex Act: Current/Previous Boy-Girlfriend
CO42BC	Forced Sex Act: Parents
CO42BD	Forced Sex Act: Other Family Member
CO42BE	Forced Sex Act: Friend
CO42BF	Forced Sex Act: Work
CO42BG	Forced Sex Act: Stranger
CO42BH	Forced Sex Act: Other Person
CO42BH_S	Forced Sex Act: Other Person (specify)
CO43	Damage Any Property
CO44	Take Something By Force
CO45	Break Into Your Property
CO46	Stolen Things Outside House
CO47	What could be done to help violent people (open question)
CO48	What could be done to decrease family violence (open question)
CO_INT_ASSIST	Interviewer No Assistance

G.7: 24-HOUR DIETARY RECALL

Each observation in the database corresponds to one food that was consumed by the participant. Each food consumed is associated with the name of the meal, the place of the meal, the portion size and the Canadian food group. The software converted foods into nutrients (variables “Proteins” to “Alphatocopherol_acti” inclusive). Total daily intake for each nutrient was also summarized and entered on the line where a missing value for the variable “Nomrepas” was recorded. Recipes that had been entered manually were also subjected to nutrient summarization. Hence, two variables were introduced to point out the observation associated with a sub-total and should not be counted in the calculation of the total nutrient intake, e.g. by place of the meal, name of the meal or Canadian food group. These two variables are “Total_recette”, which is equal to 1 if the observation corresponds to a total of a recipe and 0 otherwise; and “Total_sous_recette”, which is equal to 1 if the observation corresponds to a total of ingredients in a recipe and 0 otherwise. Hence, if the researcher wants to calculate the total intake of nutrients by the place of the meal, the following condition has to be programmed: Total_recette=0 and Total_sous_recette=0 and Nomrepas>”.

Besides, users must be warned that the variable named FER, measuring the iron intake on the day before the survey, has the same name than the variable measuring the iron level in blood (G.12). One of the two variables should be renamed if the user is interested to merge these two databases.

NAME	LABEL
STUDYNO	Study Number
RA_INT	Interviewer Number
RA_DATE	Date of Interview
RA_TIME	Time of Interview
DATECOLLECTEDEBUT	Start Date
DATECOLLECTEFIN	Stop Date
HRSCOLLECTEDEBUT	Start Time
HRSCOLLECTEFIN	Stop Time
NOMREPAS	Meal
DATEREPAS	Meal Date
HRSREPAS	Meal Time
LIEUREPAS	Site Meal
NOALIMENT	Food Code
DESCRIPTIONFRANCAISE	French Food Description
DESCRIPTIONANGLAISE	English Food Description
QUANTITE	Food Quantity
UNITEMESURE	Unit: Food Quantity
QUANTITESAISIE	Food Quantity: Originally
UNITESAISIE	Unit Food Quantity: Originally
EPAISSEUR	Thickness
UNITEEPAISSEUR	Thickness Unit
COMMENTAIRE	Comments
FCSAISIE	Conversion Factor: Volume To Weight
SOUSALIMENT	Food Code: Recipe
DESCFRANCAISESOUS	French Food Description: Recipe
DESCANGLAISESOUS	English Food Description: Recipe
QUANTITESOUS	Recipe: Food Quantity
UNITEMESURESOUS	Recipe: Unit Food Quantity
QUANTITESAISIESOUS	Recipe: Food Quantity, Originally

G.7: 24-Hour Dietary Recall (cont'd)

NAME	LABEL
UNITESAISIESOUS	Recipe: Unit Food Quantity, Originally
FCSAISIESOUS	Conversion Factor: Volume To Weight, Recipe
DESCRIPTIONTAILLERAISONNABLE	Portion Specification
NBREPORTIONTAILLERAISONNABLE	Portion Size
SOUSGRALIMENTAIRE	Canadian Food Group
TOTAL_RECETTE	Total: Recipe
TOTAL_SOUS_RECETTE	Total: Ingredients of a Recipe
PROTEINES	Proteins
LIPIDESTOTAUX	Total Lipids
GLUCIDESTOTAUX	Total Carbohydrates (By Difference)
CENDRESTOTALES	Total Ashes
ENERGIE_KILOCAL	Energy (Kilocalories)
SUCROSE	Sucrose
GLUCOSE	Glucose
LACTOSE	Lactose
ALCOOL	Alcohol
EAU	Water
CAFEINE	Caffeine
ENERGIE_KILOJ	Energy (Kilojoules)
SUCRESTOTAUX	Total Sugars
FIBRESTOTALES	Total Dietary Fibres
CALCIUM	Calcium
FER	Iron
MAGNESIUM	Magnesium
PHOSPHORE	Phosphorus
POTASSIUM	Potassium
SODIUM	Sodium
ZINC	Zinc
CUIVRE	Copper
MANGANESE	Manganese
SELENIUM	Selenium
RETINOL	Retinol
BETACAROTENE	Beta-carotene
ALPHATOCOPHEROL	Alphatocopherol
VITAMINED_MG	Vitamin D (Micrograms)
VITAMINEC	Vitamin C
THIAMINE	Thiamine
RIBOFLAVINE	Riboflavin
NIACINEPREFORMEE	Preformed Niacin
NIACINETOTALE	Equivalent in Total Niacin
PANTOTHENIQUE	Pantothenic Acid
VITAMINEB6	Vitamin B6
FOLACINETOTALE	Total Folacin
VITAMINEB12	Vitamin B12
VITAMINEK	Vitamin K
FOLIQUE	Folic Acid
ASPARTAME	Aspartame
CHOLESTEROL	Cholesterol
TRANSTOTAUX	Total Trans

G.7: 24-Hour Dietary Recall (cont'd)

NAME	LABEL
SATURESTOTAUX	Total Saturated
MONOINSATURES18_1	Monounsaturated 18: 1 Octadecenoic
POLYINSATURES18_2	Polyunsaturated 18: 2 Linoleic Octadecadienoic
POLYINSATURES18_3	Polyunsaturated 18: 3 Linolenic Octadecatrienoic
POLYINSATURES20_4	Polyunsaturated 20: 4 Arachidonic
POLYINSATURES22_6	Polyunsaturated 22: 6 Docosahexaenoic
POLYINSATURES18_4	Polyunsaturated 18: 4 Octadecatetraenoic
POLYINSATURES20_5	Polyunsaturated 20: 5 Eicosapentaenoic
POLYINSATURES22_5	Polyunsaturated 22: 5 Docosapentaenoic
MONOINSATURESTOTAUX	Total Monounsaturated
POLYINSATURESTOTAUX	Total Polyunsaturated
FOLATESNATUREL	Folates Naturally Present
ACTIVITEDURETINOL	Retinol Activity Equivalents
FOLATEALIMENTAIRE	Dietary Folate Equivalents (DFE)
LYCOPENE	Lycopene
VITAMINEA_UI	Vitamin A (International Units)
VITAMINED_UI	Vitamin D (International Units)
VITAMINEA_RETINOL	Vitamin (Retinol Equivalents)
ALPHATOCOPHEROL_ACTI	Alphatocopherol Equivalents (Total Activity)

G.8: FOOD FREQUENCY QUESTIONNAIRE

NAME	LABEL
FF01CO_BELUGA_MEAT	Beluga Meat, Grams/day, Annual Basis
FF01_A	Beluga Meat
FF01_DAY	Beluga Meat Freq/Day: Annual Basis
FF01_FALL	Beluga Meat Fall: Freq/Day
FF01_SPRING	Beluga Meat Spring: Freq/Day
FF01_SUMMER	Beluga Meat Summer: Freq/Day
FF01_WBELUGA_MEAT	Beluga Meat Freq/Week: Annual Basis
FF01_WINTER	Beluga Meat Winter: Freq/Day
FF02CO_BELUGA_DRIED	Dried Beluga, Grams/day, Annual Basis
FF02_A	Dried Beluga
FF02_DAY	Dried Beluga Freq/Day: Annual Basis
FF02_FALL	Dried Beluga Fall: Freq/Day
FF02_SPRING	Dried Beluga Spring: Freq/Day
FF02_SUMMER	Dried Beluga Summer: Freq/Day
FF02_WBELUGA_DRIED	Dried Beluga Freq/Week: Annual Basis
FF02_WINTER	Dried Beluga Winter: Freq/Day
FF03CO_BELUGA_FAT	Beluga Fat, Grams/day, Annual Basis
FF03_A	Beluga Blubber/Misirak
FF03_DAY	Beluga Blub/Misi Freq/Day: Annual Basis
FF03_FALL	Beluga Blub/Misi Fall: Freq/Day
FF03_SPRING	Beluga Blub/Misi Spring: Freq/Day
FF03_SUMMER	Beluga Blub/Misi Summer: Freq/Day
FF03_WBELUGA_FAT	Beluga Blub/Misi Freq/Week: Annual Basis
FF03_WINTER	Beluga Blub/Misi Winter: Freq/Day
FF04CO_MUKTUK	Beluga Muktuk, Grams/day, Annual Basis
FF04_A	Beluga Muktuk
FF04_DAY	Beluga Muktuk Freq/Day: Annual Basis
FF04_FALL	Beluga Muktuk Fall: Freq/Day
FF04_SPRING	Beluga Muktuk Spring: Freq/Day
FF04_SUMMER	Beluga Muktuk Summer: Freq/Day
FF04_WINTER	Beluga Muktuk Winter: Freq/Day
FF04_WMUKTUK	Beluga Muktuk Freq/Week: Annual Basis
FF05CO_SEAL_MEAT	Seal Meat, Grams/day, Annual Basis
FF05_A	Seal Meat
FF05_DAY	Seal Meat Freq/Day: Annual Basis
FF05_FALL	Seal Meat Fall: Freq/Day
FF05_SPRING	Seal Meat Spring: Freq/Day
FF05_SUMMER	Seal Meat Summer: Freq/Day
FF05_WINTER	Seal Meat Winter: Freq/Day
FF05_WSEAL_MEAT	Seal Meat Freq/Week: Annual Basis
FF06CO_SEAL_FAT	Seal Fat, Grams/day, Annual Basis
FF06_A	Seal Blubber/Misirak
FF06_DAY	Seal Misi/Blub Freq/Day: Annual Basis
FF06_FALL	Seal Misi/Blub Fall: Freq/Day
FF06_SPRING	Seal Misi/Blub Spring: Freq/Day
FF06_SUMMER	Seal Misi/Blub Summer: Freq/Day
FF06_WINTER	Seal Misi/Blub Winter: Freq/Day
FF06_WSEAL_FAT	Seal Misi/Blub Freq/Week: Annual Basis
FF07CO_WALRUS_MEAT	Walrus Meat, Grams/day, Annual Basis
FF07_A	Walrus

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF07_DAY	Walrus Freq/Day: Annual Basis
FF07_FALL	Walrus Fall: Freq/Day
FF07_SPRING	Walrus Spring: Freq/Day
FF07_SUMMER	Walrus Summer: Freq/Day
FF07_WINTER	Walrus Winter: Freq/Day
FF07_WWALRUS_MEAT	Walrus Freq/Week: Annual Basis
FF08BELUGALIVER_A	Beluga Liver
FF08BELUGAOTHER_A	Beluga Other Parts
FF08BELUP_DAY	Total Beluga Parts Freq/Day: Annual Basis
FF08BL_DAY	Beluga Liver Freq/Day: Annual Basis
FF08BL_FALL	Beluga Liver Fall: Freq/Day
FF08BL_SPRING	Beluga Liver Spring: Freq/Day
FF08BL_SUMMER	Beluga Liver Summer: Freq/Day
FF08BL_WINTER	Beluga Liver Winter: Freq/Day
FF08BO_DAY	Beluga Other Parts Freq/Day: Annual Basis
FF08BO_FALL	Beluga Other Parts Fall: Freq/Day
FF08BO_SPRING	Beluga Other Parts Spring: Freq/Day
FF08BO_SUMMER	Beluga Other Parts Summer: Freq/Day
FF08BO_WINTER	Beluga Other Parts Winter: Freq/Day
FF08CO_BELUGA_LIVER	Beluga Liver, Grams/Day, Annual Basis
FF08CO_BELUGA_OTHERP	Beluga Other Parts, Grams/Day, Annual Basis
FF08CO_BELUGA_PARTS	Beluga Total Parts, Grams/Day, Annual Basis
FF08CO_SEAL_KIDNEY	Seal Kidney, Grams/Day, Annual Basis
FF08CO_SEAL_LIVER	Seal Liver, Grams/Day, Annual Basis
FF08CO_SEAL_LIVERKIDNEY	Seal Liver+Kidney, Grams/Day, Annual Basis
FF08CO_SEAL_OTHERP	Seal Other Parts, Grams/Day, Annual Basis
FF08CO_SEAL_PARTS	Seal Total Parts, Grams/Day, Annual Basis
FF08CO_WALRUS_PARTS	Walrus Other Parts, Grams/Day, Annual Basis
FF08SEALIVERKIDNEY_A	Seal Liver+Kidney
FF08SEALKIDNEY_A	Seal Kidney
FF08SEALLIVER_A	Seal Liver
FF08SEALP_DAY	Total Seal Parts Freq/Day: Annual Basis
FF08SEAL_OTHER_A	Seal Other Parts
FF08SK_DAY	Seal Kidney Freq/Day: Annual Basis
FF08SK_FALL	Seal Kidney Fall: Freq/Day
FF08SK_SPRING	Seal Kidney Spring: Freq/Day
FF08SK_SUMMER	Seal Kidney Summer: Freq/Day
FF08SK_WINTER	Seal Kidney Winter: Freq/Day
FF08SLK_DAY	Seal Liver+Kidney Freq/Day: Annual Basis
FF08SLK_FALL	Seal Liver+Kidney Fall: Freq/Day
FF08SLK_SPRING	Seal Liver+Kidney Spring: Freq/Day
FF08SLK_SUMMER	Seal Liver+Kidney Summer: Freq/Day
FF08SLK_WINTER	Seal Liver+Kidney Winter: Freq/Day
FF08SL_DAY	Seal Liver Freq/Day: Annual Basis
FF08SL_FALL	Seal Liver Fall: Freq/Day
FF08SL_SPRING	Seal Liver Spring: Freq/Day
FF08SL_SUMMER	Seal Liver Summer: Freq/Day
FF08SL_WINTER	Seal Liver Winter: Freq/Day
FF08SO_DAY	Seal Other Parts Freq/Day: Annual Basis
FF08SO_FALL	Seal Other Parts Fall: Freq/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF08SO_SPRING	Seal Other Parts Spring: Freq/Day
FF08SO_SUMMER	Seal Other Parts Summer: Freq/Day
FF08SO_WINTER	Seal Other Parts Winter: Freq/Day
FF08WALRUS_A	Walrus Parts
FF08W_DAY	Walrus Parts Freq/Day: Annual Basis
FF08W_FALL	Walrus Parts Fall: Freq/Day
FF08W_SPRING	Walrus Parts Spring: Freq/Day
FF08W_SUMMER	Walrus Parts Summer: Freq/Day
FF08W_WINTER	Walrus Parts Winter: Freq/Day
FF08_A	Seal/Beluga/Walrus Parts
FF08_F	Parts: Seal/Beluga/Walrus, Comments (Specify)
FF08_WBELUGA_LIVER	Beluga Liver Freq/Week: Annual Basis
FF08_WBELUGA_OTHERP	Beluga Other Parts Freq/Week: Annual Basis
FF08_WBELUGA_PARTS	Total Beluga Parts Freq/Week: Annual Basis
FF08_WSEAL_KIDNEY	Seal Kidney Freq/Week: Annual Basis
FF08_WSEAL_LIVER	Seal Liver Freq/Week: Annual Basis
FF08_WSEAL_LIVER_KIDNEY	Seal Liver+Kidney Freq/Week: Annual Basis
FF08_WSEAL_OTHERP	Seal Other Parts Freq/Week: Annual Basis
FF08_WSEAL_PARTS	Total Seal Parts Freq/Week: Annual Basis
FF08_WWALRUSP	Walrus Parts Freq/Week: Annual Basis
FF09CO_IGUNAK	Igunak, Grams/day, Annual Basis
FF09_A	Igunak
FF09_DAY	Igunak Freq/Day: Annual Basis
FF09_F	Igunak Portions
FF09_FALL	Igunak Fall: Freq/Day
FF09_GRAM	Igunak Serving (grams)
FF09_SPRING	Igunak Spring: Freq/Day
FF09_SUMMER	Igunak Summer: Freq/Day
FF09_WIGUNAK	Igunak Freq/Week: Annual Basis
FF09_WINTER	Igunak Winter: Freq/Day
FF10BELUGAM_GRAM	Beluga Meat Serving (grams)
FF10SEALM_GRAM	Seal Meat Serving (grams)
FF10WALRUSM_GRAM	Walrus Meat Serving (grams)
FF10_BELUGA	Beluga Meat Serving
FF10_SEAL	Seal Meat Serving
FF10_WALRUS	Walrus Serving
FF11BEL_GRAM	Beluga Blubber/Misirak Serving (grams)
FF11SEAL_GRAM	Seal Blubber/Misirak Serving (grams)
FF11_BELUGA	Beluga Blubber/Misirak Serving
FF11_SEAL	Seal Blubber/Misirak Serving
FF12DRIED_GRAM	Dried Beluga Serving (grams)
FF12MUKTUK_GRAM	Muktuk Serving (grams)
FF12_DRIED_B	Dried Beluga Serving
FF12_MUKTUK	Muktuk Serving
FF13BLIV_GRAM	Beluga Liver Serving (grams)
FF13BOTHER_GRAM	Beluga Other Parts in Grams
FF13SKID_GRAM	Seal Kidney Serving (grams)
FF13SLIVKID_GRAM	Seal Liver+Kidney in Grams
FF13SLIV_GRAM	Seal Liver Serving (grams)
FF13SOTHER_GRAM	Seal Other Parts in Grams

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF13WALRUS_GRAM	Walrus Serving (grams)
FF13_BLIV	Beluga Liver Serving
FF13_BOTHER	Beluga Other Parts Serving
FF13_SKID	Seal Kidney Serving
FF13_SLIV	Seal Liver Serving
FF13_SLIVKID	Seal Liver+Kidney Serving
FF13_SOTHER	Seal Other Parts Serving
FF13_WALRUS	Walrus Other Parts Serving
FF14CO_ARTIC_CHAR	Arctic Char, Grams/Day, Annual Basis
FF14_A	Arctic Char
FF14_DAY	Arctic Char Freq/Day: Annual Basis
FF14_FALL	Arctic Char Fall: Freq/Day
FF14_SPRING	Arctic Char Spring: Freq/Day
FF14_SUMMER	Arctic Char Summer: Freq/Day
FF14_WARTIC_CHAR	Arctic Char Freq/Week: Annual Basis
FF14_WINTER	Arctic Char Winter: Freq/Day
FF15CO_COD	Cod, Grams/Day, Annual Basis
FF15_A	Cod
FF15_DAY	Cod Freq/Day: Annual Basis
FF15_FALL	Cod Fall: Freq/Day
FF15_SPRING	Cod Spring: Freq/Day
FF15_SUMMER	Cod Summer: Freq/Day
FF15_WCOD	Cod Freq/Week: Annual Basis
FF15_WINTER	Cod Winter: Freq/Day
FF16CO_WHFISH	Whitefish, Grams/day, Annual Basis
FF16_A	Whitefish
FF16_DAY	Whitefish Freq/Day: Annual Basis
FF16_FALL	Whitefish Fall: Freq/Day
FF16_SPRING	Whitefish Spring: Freq/Day
FF16_SUMMER	Whitefish Summer: Freq/Day
FF16_WINTER	Whitefish Winter: Freq/Day
FF16_WWHITEFISH	Whitefish Freq/Week: Annual Basis
FF17CO_SALMON_TROUT	Trout/Salmon, Grams/Day, Annual Basis
FF17_A	Trout/Salmon
FF17_DAY	Trout/Salmon Freq/Day: Annual Basis
FF17_F	Comments:Trout or Salmon
FF17_FALL	Trout/Salmon Fall: Freq/Day
FF17_SPRING	Trout/Salmon Spring: Freq/Day
FF17_SUMMER	Trout/Salmon Summer: Freq/Day
FF17_WINTER	Trout/Salmon Winter: Freq/Day
FF17_WSALMON_TROUT	Trout/Salmon Freq/Week: Annual Basis
FF18CO_OTH_FISH	Other Fish, Grams/day, Annual Basis
FF18_A	Other Fish
FF18_DAY	Other Fish Freq/Day: Annual Basis
FF18_FALL	Other Fish Fall: Freq/Day
FF18_SPRING	Other Fish Spring: Freq/Day
FF18_SUMMER	Other Fish Summer: Freq/Day
FF18_WINTER	Other Fish Winter: Freq/Day
FF18_WOTHER_FISH	Other Fish Freq/Week: Annual Basis
FF19CO_DRIED_FISH	Dried Fish, Grams/Day, Annual Basis

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF19_A	Dried Fish
FF19_DAY	Dried Fish Freq/Day: Annual Basis
FF19_FALL	Dried Fish Fall: Freq/Day
FF19_SPRING	Dried Fish Spring: Freq/Day
FF19_SUMMER	Dried Fish Summer: Freq/Day
FF19_WDRIED_FISH	Dried Fish Freq/Week: Annual Basis
FF19_WINTER	Dried Fish Winter: Freq/Day
FF20CLAM_A	Clams
FF20CO_CLAM	Clams, Grams/Day, Annual Basis
FF20CO_MOLLUSC	Molluscs, Grams/Day, Annual Basis
FF20CO_MUSSEL	Mussels, Grams/Day, Annual Basis
FF20CO_OYSTER	Oysters, Grams/Day, Annual Basis
FF20CO_SCALLOP	Scallops, Grams/Day, Annual Basis
FF20CO_SEAWEED	Seaweed, Grams/Day, Annual Basis
FF20CO_URCHIN	Urchins, Grams/Day, Annual Basis
FF20MUSSEL_A	Mussels
FF20OYSTER_A	Oysters
FF20SCALLOP_A	Scallops
FF20SEAWEED_A	Seaweed
FF20URCHIN_A	Urchins
FF20_A	Molluscs
FF20_CLAMDAY	Clams Freq/Day: Annual Basis
FF20_CLAMFALL	Clams Fall: Freq/Day
FF20_CLAMSPRING	Clams Spring: Freq/Day
FF20_CLAMSUMMER	Clams Summer: Freq/Day
FF20_CLAMWINTER	Clams Winter: Freq/Day
FF20_MOLLDAY	Molluscs Total Freq/Day: Annual Basis
FF20_MUSDAY	Mussels Freq/Day: Annual Basis
FF20_MUSFALL	Mussels Fall: Freq/Day
FF20_MUSSPRING	Mussels Spring: Freq/Day
FF20_MUSSUMMER	Mussels Summer: Freq/Day
FF20_MUSWINTER	Mussels Winter: Freq/Day
FF20_OYSTDAY	Oysters Freq/Day: Annual Basis
FF20_OYSTFALL	Oysters Fall: Freq/Day
FF20_OYSTSPRING	Oysters Spring: Freq/Day
FF20_OYSTSUMMER	Oysters Summer: Freq/Day
FF20_OYSTWINTER	Oysters Winter: Freq/Day
FF20_SCALDAY	Scallops Freq/Day: Annual Basis
FF20_SCALFALL	Scallops Fall: Freq/Day
FF20_SCALSPRING	Scallops Spring: Freq/Day
FF20_SCALSUMMER	Scallops Summer: Freq/Day
FF20_SCALWINTER	Scallops Winter: Freq/Day
FF20_SEAWDAY	Seaweed Freq/Day: Annual Basis
FF20_SEAWFALL	Seaweed Fall: Freq/Day
FF20_SEAWSPRING	Seaweed Spring: Freq/Day
FF20_SEAWSUMMER	Seaweed Summer: Freq/Day
FF20_SEAWWINTER	Seaweed Winter: Freq/Day
FF20_URCHDAY	Urchins Freq/Day: Annual Basis
FF20_URCHFALL	Urchins Fall: Freq/Day
FF20_URCHSPRING	Urchins Spring: Freq/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF20_URCHSUMMER	Urchins Summer: Freq/Day
FF20_URCHWINTER	Urchins Winter: Freq/Day
FF20_WCLAM	Clams Freq/Week: Annual Basis
FF20_WMOLLUSC	Molluscs Total Freq/Week: Annual Basis
FF20_WMUSSEL	Mussels Freq/Week: Annual Basis
FF20_WOYSTER	Oysters Freq/Week: Annual Basis
FF20_WSCALLOP	Scallops Freq/Week: Annual Basis
FF20_WSEAWEED	Seaweed Freq/Week: Annual Basis
FF20_WURCHIN	Urchins Freq/Week: Annual Basis
FF21F_GRAM	Fish Serving (grams)
FF22F_GRAM	Dried Fish Serving (grams)
FF23CLAM_GRAM	Clam Serving (grams)
FF23MUSSEL_GRAM	Mussel Serving (grams)
FF23OYSTER_GRAM	Oyster Serving (grams)
FF23SCAL_GRAM	Scallop Serving (grams)
FF23SEAWEED_GRAM	Seaweed Serving (grams)
FF23URCHIN_GRAM	Urchin Serving (grams)
FF23_CLAM	Clam Serving
FF23_MUSSEL	Mussel Serving
FF23_OYSTER	Oyster Serving
FF23_SCALLOP	Scallop Serving
FF23_SEAWEED	Seaweed Serving
FF23_URCHIN	Urchin Serving
FF24CO_CARIBOU_MEAT	Caribou Meat, Grams/day, Annual Basis
FF24_26_DAY	Caribou: Meat+Dried+Parts Freq/Day: Annual
FF24_26_WCARIBOU_TOT	Caribou: Meat+Dried+Parts Freq/Week: Annual
FF24_A	Caribou
FF24_DAY	Caribou Freq/Day: Annual Basis
FF24_FALL	Caribou Fall: Freq/Day
FF24_SPRING	Caribou Spring: Freq/Day
FF24_SUMMER	Caribou Summer: Freq/Day
FF24_WCARIBOU_MEAT	Caribou Freq/Week: Annual Basis
FF24_WINTER	Caribou Winter: Freq/Day
FF25CO_CARIBOU_DRIED	Dried Caribou, Grams/Day, Annual Basis
FF25_A	Dried Caribou
FF25_DAY	Dried Caribou Freq/Day: Annual Basis
FF25_FALL	Dried Caribou Fall: Freq/Day
FF25_SPRING	Dried Caribou Spring: Freq/Day
FF25_SUMMER	Dried Caribou Summer: Freq/Day
FF25_WCARIBOU_DRIED	Dried Caribou Freq/Week: Annual Basis
FF25_WINTER	Dried Caribou Winter: Freq/Day
FF26CO_CARIBOU_HEAD	Caribou Head, Grams/Day, Annual Basis
FF26CO_CARIBOU_HEART	Caribou Heart, Grams/Day, Annual Basis
FF26CO_CARIBOU_KIDNEY	Caribou Kidney, Grams/Day, Annual Basis
FF26CO_CARIBOU_LIVER	Caribou Liver, Grams/Day, Annual Basis
FF26CO_CARIBOU_STOMAC	Caribou Stomach, Grams/Day, Annual Basis
FF26CO_CARIBOU_TONGUE	Caribou Tongue, Grams/Day, Annual Basis
FF26_A	Caribou Parts
FF26_HEADDAY	Caribou Head Freq/Day: Annual Basis
FF26_HEADFALL	Caribou Head Fall: Freq/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF26_HEADSPRING	Caribou Head Spring: Freq/Day
FF26_HEADSUMMER	Caribou Head Summer: Freq/Day
FF26_HEADWINTER	Caribou Head Winter: Freq/Day
FF26_HEARTDAY	Caribou Heart Freq/Day: Annual Basis
FF26_HEARTFALL	Caribou Heart Fall: Freq/Day
FF26_HEARTSPRING	Caribou Heart Spring: Freq/Day
FF26_HEARTSUMMER	Caribou Heart Summer: Freq/Day
FF26_HEARTWINTER	Caribou Heart Winter: Freq/Day
FF26_KIDNEYDAY	Caribou Kidney Freq/Day: Annual Basis
FF26_KIDNEYFALL	Caribou Kidney Fall: Freq/Day
FF26_KIDNEYSRING	Caribou Kidney Spring: Freq/Day
FF26_KIDNEYSUMMER	Caribou Kidney Summer: Freq/Day
FF26_KIDNEYWINTER	Caribou Kidney Winter: Freq/Day
FF26_LIVERDAY	Caribou Liver Freq/Day: Annual Basis
FF26_LIVERFALL	Caribou Liver Fall: Freq/Day
FF26_LIVERSRING	Caribou Liver Spring: Freq/Day
FF26_LIVERSUMMER	Caribou Liver Summer: Freq/Day
FF26_LIVERWINTER	Caribou Liver Winter: Freq/Day
FF26_STOMACDAY	Caribou Stomach Freq/Day: Annual Basis
FF26_STOMACFALL	Caribou Stomach Fall: Freq/Day
FF26_STOMACSRING	Caribou Stomach Spring: Freq/Day
FF26_STOMACSUMMER	Caribou Stomach Summer: Freq/Day
FF26_STOMACWINTER	Caribou Stomach Winter: Freq/Day
FF26_TONGUEDAY	Caribou Tongue Freq/Day: Annual Basis
FF26_TONGUEFALL	Caribou Tongue Fall: Freq/Day
FF26_TONGUESRING	Caribou Tongue Spring: Freq/Day
FF26_TONGUESUMMER	Caribou Tongue Summer: Freq/Day
FF26_TONGUEWINTER	Caribou Tongue Winter: Freq/Day
FF26_WCARIBOU_HEAD	Caribou Head Freq/Week: Annual Basis
FF26_WCARIBOU_HEART	Caribou Heart Freq/Week: Annual Basis
FF26_WCARIBOU_KIDNEY	Caribou Kidney Freq/Week: Annual Basis
FF26_WCARIBOU_LIVER	Caribou Liver Freq/Week: Annual Basis
FF26_WCARIBOU_STOMAC	Caribou Stomach Freq/Week: Annual Basis
FF26_WCARIBOU_TONGUE	Caribou Tongue Freq/Week: Annual Basis
FF27BEAR_A	Bear
FF27CO_BEAR	Bear Meat, Grams/Day, Annual Basis
FF27CO_FOX	Fox Meat, Grams/Day, Annual Basis
FF27CO_HARE	Hare Meat, Grams/Day, Annual Basis
FF27FOX_A	Fox
FF27HARE_A	Hare
FF27_A	Other Game Animals
FF27_BEARDAY	Bear Freq/Day: Annual Basis
FF27_BEARFALL	Bear Fall: Freq/Day
FF27_BEARSRING	Bear Spring: Freq/Day
FF27_BEARSUMMER	Bear Summer: Freq/Day
FF27_BEARWINTER	Bear Winter: Freq/Day
FF27_FOXDAY	Fox Freq/Day: Annual Basis
FF27_FOXFALL	Fox Fall: Freq/Day
FF27_FOXSRING	Fox Spring: Freq/Day
FF27_FOXSUMMER	Fox Summer: Freq/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF27_FOXWINTER	Fox Winter: Freq/Day
FF27_HAREDAY	Hare Freq/Day: Annual Basis
FF27_HAREFALL	Hare Fall: Freq/Day
FF27_HARESPRING	Hare Spring: Freq/Day
FF27_HARESUMMER	Hare Summer: Freq/Day
FF27_HAREWINTER	Hare Winter: Freq/Day
FF27_WBEAR	Bear Freq/Week: Annual Basis
FF27_WFOX	Fox Freq/Week: Annual Basis
FF27_WHARE	Hare Freq/Week: Annual Basis
FF28BEAR_GRAM	Bear Serving (grams)
FF28CARIBOU_GRAM	Caribou Serving (grams)
FF28FOX_GRAM	Fox Serving (grams)
FF28HARE_GRAM	Hare Serving (grams)
FF28_BEAR	Bear Serving
FF28_CARIBOU	Caribou Serving
FF28_FOX	Fox Serving
FF28_HARE	Hare Serving
FF29F_GRAM	Dried Caribou Serving (grams)
FF30CO_PTARMIGAN	Ptarmigan, Grams/Day, Annual Basis
FF30_A	Ptarmigan
FF30_DAY	Ptarmigan Freq/Day: Annual Basis
FF30_FALL	Ptarmigan Fall: Freq/Day
FF30_SPRING	Ptarmigan Spring: Freq/Day
FF30_SUMMER	Ptarmigan Summer: Freq/Day
FF30_WINTER	Ptarmigan Winter: Freq/Day
FF30_WPTARMIGAN	Ptarmigan Freq/Week: Annual Basis
FF31CO_GOOSE	Goose, Grams/Day, Annual Basis
FF31_A	Goose
FF31_DAY	Goose Freq/Day: Annual Basis
FF31_F	Comments: Ptarmigan, Partridge
FF31_FALL	Goose Fall: Freq/Day
FF31_SPRING	Goose Spring: Freq/Day
FF31_SUMMER	Goose Summer: Freq/Day
FF31_WGOOSE	Goose Freq/Week: Annual Basis
FF31_WINTER	Goose Winter: Freq/Day
FF32CO_OTHER_BIRD	Other Birds, Grams/day, Annual Basis
FF32_A	Other Birds
FF32_DAY	Other Birds Freq/Day: Annual Basis
FF32_F	Comments: Other Birds
FF32_FALL	Other Birds Fall: Freq/Day
FF32_SPRING	Other Birds Spring: Freq/Day
FF32_SUMMER	Other Birds Summer: Freq/Day
FF32_WINTER	Other Birds Winter: Freq/Day
FF32_WOTHER_BIRD	Other Birds Freq/Week: Annual Basis
FF33GOOSE_GRAM	Goose Serving (grams)
FF33OTHERB_GRAM	Other Birds Serving (grams)
FF33PTAR_GRAM	Ptarmigan Serving (grams)
FF33_GOOSE	Goose Serving
FF33_OTHER_BIRD	Other Birds Serving
FF33_PTARMIGAN	Ptarmigan Serving

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF34CO_EGGS_BIRD	Game Bird Eggs, Grams/Day, Annual Basis
FF34F1_GRAM	Eggs #2: Serving (grams)
FF34FEGGS_GRAM	Bird Eggs: Total Serving (grams)
FF34F_GRAM	Eggs #1: Serving (grams)
FF34_A	Game Bird Eggs
FF34_DAY	Eggs Game Birds Freq/Day: Annual Basis
FF34_FALL	Eggs Game Bird Fall: Freq/Day
FF34_FTOTAL	Bird Eggs Serving in Units
FF34_SPRING	Game Bird Eggs Spring: Freq/Day
FF34_SUMMER	Game Bird Eggs Summer: Freq/Day
FF34_WEGGS_BIRD	Game Bird Eggs Freq/Week: Annual Basis
FF34_WINTER	Game Bird Eggs Winter: Freq/Day
FF35CO_BERRIES	Wild Berries, Grams/Day, Annual Basis
FF35F_GRAM	Berries Serving (grams)
FF35_A	Wild Berries
FF35_DAY	Berries Freq/Day: Annual Basis
FF35_FALL	Berries Fall: Freq/Day
FF35_SPRING	Berries Spring: Freq/Day
FF35_SUMMER	Berries Summer: Freq/Day
FF35_WBERRIES	Berries Freq/Week: Annual Basis
FF35_WINTER	Berries Winter: Freq/Day
FF36B_GROUND	Ground Beef: Freq/Day
FF36B_STEAK	Steak: Freq/Day
FF36CO_BEEF	Beef, Grams/Day
FF36C_GROUND	Ground Beef Serving
FF36C_STEAK	Steak Serving
FF36GR_GRAM	Ground Steak Serving (grams)
FF36STEAK_GRAM	Steak Serving (grams)
FF36TOTAL_GRAM	Beef Total Serving (grams)
FF36_A	Beef (Steak/Ground)
FF37C_GRAM	Canned/Corned Beef Serving (grams)
FF37_A	Canned Beef
FF37_B	Canned/Corned Beef: Freq/Day
FF37_CO_BEEF_CAN	Canned Beef, Grams/Day
FF38CO_PORK	Pork, Grams/Day
FF38C_GRAM	Pork Serving (grams)
FF38_A	Pork
FF38_B	Pork: Freq/Day
FF39BREAST_GRAM	Chicken Breast Serving (grams)
FF39B_BREAST	Chicken Breast: Freq/Day
FF39B_FRIED	Chicken Fried: Freq/Day
FF39B_LEG	Chicken Leg: Freq/Day
FF39B_TURKEY	Turkey: Freq/Day
FF39B_WING	Chicken Wing: Freq/Day
FF39CO_CHICKEN	Chicken, Grams/Day
FF39CO_FRIED_CHICKEN	Fried Chicken, Grams/Day
FF39FRIED_GRAM	Fried Chicken Serving (grams)
FF39LEG_GRAM	Chicken Leg Serving (grams)
FF39TOTCHICKEN_GRAM	Chicken: Breast+Leg+Turkey Serving (grams)
FF39TOTFRIED_GRAM	Chicken: Wing+Fried Serving (grams)

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF39TURKEY_GRAM	Turkey Serving (grams)
FF39WING_GRAM	Chicken Wing Serving (grams)
FF39_A	Chicken
FF40CO_OTHER_MEAT	Other Meat, Grams/Day
FF40C_GRAM	Other Meat Serving (grams)
FF40_A	Other Meat
FF40_B	Other Meat: Freq/Day
FF41B_HAM	Ham: Freq/Day
FF41B_KAM	Kam: Freq/Day
FF41B_SALAMI	Salami: Freq/Day
FF41CO_SLICED_MEAT	Sliced/Luncheon Meats, Grams/Day
FF41CTOTAL_GRAM	Ham+Salami+Kam Serving (grams)
FF41HAM_GRAM	Ham Serving (grams)
FF41KAM_GRAM	Kam Serving (grams)
FF41SALAMI_GRAM	Salami Serving (grams)
FF41_A	Luncheon/Sliced Meats
FF42BACON_GRAM	Bacon Serving (grams)
FF42B_BACON	Bacon: Freq/Day
FF42B_SAUSAGE	Sausage: Freq/Day
FF42B_WIENERS	Wieners: Freq/Day
FF42CO_BACON	Bacon, Grams/Day
FF42CO_SAUSAGE	Sausage/Wiener, Grams/Day
FF42CO_TOTAL	Sausage/Wiener/Bacon, Grams/Day
FF42CTOTAL_GRAM	Sausage+Wieners+Bacon Serving (grams)
FF42SAUSAGE_GRAM	Sausage Serving (grams)
FF42WIENERS_GRAM	Wieners Serving (grams)
FF42_A	Sausage/Wieners/Bacon
FF43B_SALMON	Canned Salmon: Freq/Day
FF43B_SARDINE	Canned Sardine: Freq/Day
FF43B_TUNA	Canned Tuna: Freq/Day
FF43CO_FISH_CAN	Canned Fish, Grams/Day
FF43CTOTAL_GRAM	Canned Fish:Total Serving (grams)
FF43SALMON_GRAM	Canned Salmon Serving (grams)
FF43SARDINE_GRAM	Canned Sardine Serving (grams)
FF43TUNA_GRAM	Canned Tuna Serving (grams)
FF43_A	Canned Fish
FF44CO_EGG	Eggs, Grams/Day
FF44C_GRAM	Chicken Eggs Serving (grams)
FF44C_UNIT	Eggs: Serving in Units
FF44_A	Eggs
FF44_B	Eggs: Freq/Day
FF45B_APPLE	Apples: Freq/Day
FF45B_BANANA	Bananas: Freq/Day
FF45B_PEAR	Pears: Freq/Day
FF45B_UFRUIT	App/Bana/Pears (Unknown): Freq/Day
FF45CO_TOTAL	Apples, Pears, Bananas, Grams/Day
FF45CTOTAL_GRAM	Apples+Pears+Bananas: Serving (grams)
FF45C_APPLE	Apple Serving
FF45C_APPLE_GRAM	Apple Serving (grams)
FF45C_BANANA	Banana Serving

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF45C_BANANA_GRAM	BANANA Serving (grams)
FF45C_PEAR	Pear Serving
FF45C_PEAR_GRAM	Pear Serving (grams)
FF45C_UFRUIT	Unknown Fruit Serving
FF45C_UFRUIT_GRAM	Unknown Fruit Serving (grams)
FF45_48CO_TOTAL	Fresh+Canned Fruit, Grams/Day
FF45_A	Apples, Bananas, Pears
FF46B_GRAPEFRUIT	Grapefruit: Freq/Day
FF46B_ORANGE	Oranges: Freq/Day
FF46CO_TOTAL	Oranges, Grapefruit, Grams/Day
FF46CTOTAL_GRAM	Oranges+Grapefruit: Serving (grams)
FF46C_GRAPEFRUIT	Grapefruit Serving
FF46C_ORANGE	Orange Serving
FF46GRAPEFRUIT_GRAM	Grapefruit Serving (grams)
FF46ORANGE_GRAM	Orange Serving (grams)
FF46_A	Oranges, Grapefruit
FF47BERRIES_GRAM	Berry Serving (grams)
FF47B_BERRIES	Berries: Freq/Day
FF47B_GRAPE	Grapes: Freq/Day
FF47B_KIWI	Kiwis: Freq/Day
FF47B_MELON	Melons: Freq/Day
FF47B_OTHER	Other Fruit: Freq/Day
FF47CO_TOTAL	Other Fruit, Grams/Day
FF47CTOTAL_GRAM	All Other Fruit Serving (grams)
FF47GRAPE_GRAM	Grapes Serving (grams)
FF47KIWI_GRAM	Kiwi Serving (grams)
FF47MELON_GRAM	Melon Serving (grams)
FF47OTHER_GRAM	Other Fruit Serving (grams)
FF47_A	Other Fresh Fruits
FF48CO_FRUIT_CAN	Canned Fruit, Grams/Day
FF48C_GRAM	Canned Fruit Serving (grams)
FF48C_ML	Canned Fruit Serving in mL
FF48_A	Canned Fruit
FF48_B	Canned Fruit: Freq/Day
FF49CO_FRJUICE_GR	Fruit Juice, Grams/Day
FF49CO_FRJUICE_ML	Fruit Juice, mL/Day
FF49C_GRAM	Fruit Juice Serving (grams)
FF49C_ML	Fruit Juice Serving in mL
FF49_A	Fruit Juice
FF49_B	Fruit Juice: Freq/Day
FF50CO_BEVE_GR	Beverages, Grams/Day
FF50CO_BEVE_ML	Beverages, mL /Day
FF50C_GRAM	Fruit Beverages Serving (grams)
FF50C_ML	Fruit Beverages Serving in mL
FF50_A	Fruit Beverages
FF50_B	Fruit Beverages: Freq/Day
FF51CO_POTATO	Potatoes, Grams/Day
FF51C_GRAM	Potatoes Serving (grams)
FF51_A	Potatoes
FF51_B	Potatoes: Freq/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF52B_CARROTS	Carrots: Freq/Day
FF52B_TURNIP	Turnip: Freq/Day
FF52CARROT_GRAM	Carrot Serving (grams)
FF52CO_TOTAL	Carrots, Turnip, Grams/Day
FF52CTOTAL_GRAM	Carrot+Turnip: Serving (grams)
FF52C_CARROTS	Carrot Serving
FF52C_TURNIP	Turnip Serving
FF52TURNIP_GRAM	Turnip Serving (grams)
FF52_A	Carrots, Turnip
FF53BROCCOLI_GRAM	Broccoli Serving (grams)
FF53B_BROCCOLI	Broccoli: Freq/Day
FF53B_CABBAGE	Cabbage: Freq/Day
FF53B_CAULIFLOWER	Cauliflower: Freq/Day
FF53CABBAGE_GRAM	Cabbage Serving (grams)
FF53CAULIF_GRAM	Cauliflower Serving (grams)
FF53CO_TOTAL	Broccoli, Caulif, Cabbage, Grams/Day
FF53CTOTAL_GRAM	Broccoli+Caulif+Cabbage Serving (gr)
FF53C_BROCCOLI	Broccoli Serving
FF53C_CABBAGE	Cabbage Serving
FF53C_CAULIFLOWER	Cauliflower Serving
FF53_A	Broccoli, Cauliflower, Cabbage
FF54CO_TOMATO	Tomatoes, Grams/Day
FF54C_GRAM	Tomato Serving (grams)
FF54_A	Tomatoes
FF54_B	Tomatoes: Freq/Day
FF55CO_MIXVEG	Mixed Vegetables, Grams/Day
FF55C_GRAM	Mixed Vegetables Serving (grams)
FF55_A	Mixed Vegetables
FF55_B	Mixed Vegetables: Freq/Day
FF56B_CORN	Corn: Freq/Day
FF56B_OTHER	Other Vegetables: Freq/Day
FF56B_PEA	Peas: Freq/Day
FF56CORN_GRAM	Corn Serving (grams)
FF56CO_OTHVEG	Peas, Corn and Other Veg, Grams/Day
FF56CTOTAL_GRAM	Other Veg+Peas+Corn Serving (grams)
FF56C_CORN	Corn Serving
FF56C_OTHER	Other Veg Serving
FF56C_PEA	Pea Serving
FF56OTHER_GRAM	Other Veg Serving (grams)
FF56PEA_GRAM	Pea Serving (grams)
FF56_A	Peas/Corn/Other Veg
FF56_D	Specify: Other Vegetables
FF57C1_GRAM	Milk Serving #1 (grams)
FF57C1_ML	Milk Serving #1 (mL)
FF57C2_GRAM	Milk Serving #2 (grams)
FF57C2_ML	Milk Serving #2 (mL)
FF57CO_MILK_GR	Milk, Grams/Day
FF57CO_MILK_ML	Milk, mL /Day
FF57CTOTAL_GRAM	Total Milk (Incl Coffee) Serving (grams)
FF57CTOTAL_ML	Total Milk (Incl Coffee) Serving (mL)

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF57_A	Milk
FF57_B	Milk Total: Freq/Day
FF57_B1	Milk #1: Freq/Day
FF57_B2	Milk #2: Freq/Day
FF57_D	Specify: Milk
FF58CO_YOGURT	Yogurt, Grams/Day
FF58C_GRAM	Yogurt Serving (grams)
FF58_A	Yogurt
FF58_B	Yogurt: Freq/Day
FF59CO_ICECREAM	Ice Cream, Grams/Day
FF59C_GRAM	Ice Cream Serving (grams)
FF59_A	Ice Cream
FF59_B	Ice Cream: Freq/Day
FF60C1_GRAM	Cheese 1 Serving (grams)
FF60C2_GRAM	Cheese 2 Serving (grams)
FF60CO_CHEESE	Cheese, Grams/Day
FF60CTOTAL_GRAM	Total Cheese Serving (grams)
FF60_A	Cheese
FF60_B	Cheese Total: Freq/Day
FF60_B1	Cheese #1: Freq/Day
FF60_B2	Cheese #2: Freq/Day
FF61CO_BREAD_WHITE	White Bread, Grams/Day
FF61CO_WHITE_SL	White Bread: Slices/Day
FF61C_GRAM	White Bread Serving (grams)
FF61C_SLICE	White Bread Serving in Slices
FF61_A	White Bread
FF61_B	White Bread: Freq/Day
FF62CO_BREAD_WHOLE	Whole Grain Bread, Grams/Day
FF62CO_WHOLE_SL	Whole Wheat Bread: Slices/Day
FF62C_GRAM	Whole Wheat Bread Serving (grams)
FF62C_SLICE	Whole Wheat Bread Serving in Slices
FF62_A	Whole Wheat Bread
FF62_B	Whole Wheat Bread: Freq/Day
FF63CO_BANNOCK	Bannock, Grams/Day
FF63C_GRAM	Bannock Serving (grams)
FF63_A	Bannock
FF63_B	Bannock: Freq/Day
FF64CO_CER_COLD	Cold Cereals, Grams/Day
FF64C_GRAM	Cold Cereal Serving (grams)
FF64_65CO_TOTAL	Total Cereal (64,65), Grams/Day
FF64_A	Cold Cereals
FF64_B	Cold Cereals: Freq/Day
FF65CO_CER_HOT	Hot Cereals, Grams/Day
FF65C_GRAM	Hot Cereals Serving (grams)
FF65_A	Hot Cereals
FF65_B	Hot Cereals: Freq/Day
FF66B_MACARONI	Macaroni: Freq/Day
FF66B_RICE	Rice: Freq/Day
FF66B_SPAGHETTI	Spaghetti: Freq/Day
FF66CTOTAL_GRAM	Rice+Macaroni+Spag: Serving (grams)

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF66MACARONI_GRAM	Macaroni Serving (grams)
FF66RICE_GRAM	Rice Serving (grams)
FF66SPAGHETTI_GRAM	Spaghetti Serving (grams)
FF66_67CO_PASTA	Total Pasta, Grams/Day
FF66_A	Rice, Macaroni, Spaghetti
FF67CO_KRAFT_DINNER	Kraft Dinner, Grams/Day
FF67C_GRAM	Cheese Macaroni Serving (grams)
FF67_A	Cheese Macaroni
FF67_B	Cheese Macaroni: Freq/Day
FF68C1_GRAM	Dry Beans and Pea Serving (grams)
FF68CO_TOTAL	Legumes (ERS), Grams/Day
FF68_A	Dry Beans and Peas
FF68_B	Dry Beans/Peas: Freq/Day
FF69B_NUTS	Nuts: Freq/Day
FF69B_PEAUTBUTTER	Peanut Butter: Freq/Day
FF69CO_NUTS	Nuts, Grams/Day
FF69CTOTAL_GRAM	Pea But+Nuts+Seeds: Serving (grams)
FF69C_NUTS	Nut and Seed Serving (mL)
FF69C_PEAUTBUTTER	Peanut Butter Serving (mL)
FF69NUTS_GRAM	Nut and Seed Serving (grams)
FF69PEANUTBUTTER_GRAM	Peanut Butter Serving (grams)
FF69_A	Peanut Butter, Nuts, Seeds
FF70B_CAKE	Cake: Freq/Day
FF70B_COOKIE	Cookies: Freq/Day
FF70B_DONUT	Donuts: Freq/Day
FF70B_PIE	Pie: Freq/Day
FF70CAKE_GRAM	Cake Serving (grams)
FF70COOKIE_GRAM	Cookie Serving (grams)
FF70CO_PASTRIES	Pastries, Grams/Day
FF70CTOTAL_GRAM	Cake+Donuts+Pie+Cookies Serving (grams)
FF70DONUT_GRAM	Donut Serving (grams)
FF70PIE_GRAM	Pie Serving (grams)
FF70_A	Cake, Pie, Donuts, Cookies
FF71CO_JAM	Syrup/Jam/Honey, Grams/Day
FF71C_GRAM	Syrup/Jam/Honey Serving (grams)
FF71C_ML	Syrup/Jam/Honey Serving (mL)
FF71_A	Syrup, Jam, Honey, Marmalade
FF71_B	Syrup/Jam/Honey: Freq/Day
FF72CO_SODA_REG_GR	Regular Soda, Grams/Day
FF72CO_SODA_REG_ML	Regular Soda, mL/Day
FF72C_GRAM	Soda (Reg) Serving (grams)
FF72C_ML	Soda (Reg) Serving in mL
FF72_A	Regular Soda (Pop)
FF72_B	Soda (Reg): Freq/Day
FF73CO_SODA_DIET_GR	Diet Soda, Grams/Day
FF73CO_SODA_DIET_ML	Diet Soda, mL/Day
FF73C_GRAM	Diet Soda Serving (grams)
FF73C_ML	Diet Soda Serving (mL)
FF73_A	Diet Soda
FF73_B	Diet Soda: Freq/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF74BAR_GRAM	Chocolate Bar Serving (grams)
FF74B_BAR	Choc Bar: Freq/Day
FF74B_SWEET	Sweets/Candies: Freq/Day
FF74CO_CANDIES	Candies, Grams/Day
FF74CTOTAL_GRAM	Choc+Sweets+Candy: Serving (grams)
FF74SWEET_GRAM	Sweets Serving (grams)
FF74_A	Chocolate Bar, Sweets
FF75CO_FRIES	French Fries, Grams/Day
FF75C_GRAM	French Fries Serving (grams)
FF75_A	French Fries
FF75_B	French Fries: Freq/Day
FF76CO_CHIPS	Chips, Grams/Day
FF76C_GRAM	Chips Serving (grams)
FF76_A	Chips
FF76_B	Chips: Freq/Day
FF77BUT_GRAM	Butter Serving (grams)
FF77B_BUTTER	Butter: Freq/Day
FF77B_MARGARINE	Margarine: Freq/Day
FF77B_U	Unknown Bread Fat: Freq/Day
FF77CO_BUTTER	Butter, Grams/Day
FF77CO_MARG	Margarine, Grams/Day
FF77CO_TOTALFAT	Fat, Grams/Day
FF77CO_UNKNOWN	Fat Not Defined, Grams/Day
FF77CTOTAL_GRAM	Butter+Marg: Serving (grams)
FF77FAT_U_GRAM	Unknown Bread Fat Serving (grams)
FF77MARG_GRAM	Margarine Serving (grams)
FF77_A	Butter,Margarine
FF78B_COFFEE	Coffee: Freq/Day
FF78B_HEARBALT	Herbal tea: Freq/Day
FF78B_TEA	Tea: Freq/Day
FF78B_U	Unknown Hot Beverage: Freq/Day
FF78COFFEE_GRAM	Coffee Serving (grams)
FF78COFFEE_ML	Coffee Serving in mL
FF78CO_COFFEE_GR	Coffee, Grams/Day
FF78CO_COFFEE_ML	Coffee, mL/Day
FF78CO_HEARBALT_GR	Herbal Tea, Grams/Day
FF78CO_HEARBALT_ML	Herbal Tea, mL/Day
FF78CO_HOTBEV_GR	Total Hot Beverage, Grams/Day
FF78CO_HOTBEV_ML	Total Hot Beverage, mL/Day
FF78CO_TEA_GR	Tea, Grams/Day
FF78CO_TEA_ML	Tea, mL/Day
FF78CO_UNKNOWN_GR	Hot Bev Not Defined, Grams/Day
FF78CO_UNKNOWN_ML	Hot Bev Not Defined, mL/Day
FF78CTOTAL_GR	Tea+Coffee+Herb T Serving (grams)
FF78CTOTAL_ML	Total Hot Beverage Serving in mL
FF78C_COFFEE	Coffee Serving
FF78C_HEARBALT	Herbal Tea Serving
FF78C_TEA	Tea Serving
FF78C_U	Tea or Coffee, Unknown Serving
FF78HTEA_GRAM	Herbal Tea Serving (grams)

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
FF78HTEA_ML	Herbal Tea Serving in mL
FF78TEA_GRAM	Tea Serving (grams)
FF78TEA_ML	Tea Serving in mL
FF78U_GRAM	Tea or Coffee, Unknown Serving (grams)
FF78U_ML	Tea or Coffee, Unknown Serving in mL
FF78_A	Tea, Coffee, Herbal Tea
FF79CO_SUGAR	Sugar, Grams/Day
FF79C_GRAM	Sugar Serving (grams)
FF79_A	Sugar
FF79_B	Sugar: Freq/Day
FF80_A	Nutrient Supplement #1: Type
FF80_B	Nutr Supplement #1: Yes/No
FF80_C	Nutr Supplement #1: Freq
FF80_D	Nutr Supplement #1: Quantity
FF80_E	Nutr Supplement #1: Comments
FF81_A	Nutr Supplement #2: Type
FF81_B	Nutr Supplement #2: Yes/No
FF81_C	Nutr Supplement #2: Freq
FF81_D	Nutr Supplement #2: Quantity
FF81_E	Nutr Supplement #2: Comments
FF82_A	Nutr Supplement #3: Type
FF82_B	Nutr Supplement #3: Yes/No
FF82_C	Nutr Supplement #3: Freq
FF82_D	Nutr Supplement #3: Quantity
FF82_E	Nutr Supplement #3: Comments
FF83_A	Nutr Supplement #4: Type
FF83_B	Nutr Supplement #4: Yes/No
FF83_C	Nutr Supplement #4: Freq
FF83_D	Nutr Supplement #4: Quantity
FF83_E	Nutr Supplement #4: Comments
FF84_A	Nutr Supplement #5: Type
FF84_B	Nutr Supplement #5: Yes/No
FF84_C	Nutr Supplement #5: Freq
FF84_D	Nutr Supplement #5: Quantity
FF84_E	Nutr Supplement #5: Comments
FF_DATE	FF_DATE
FF_INT	Interviewer No
FF_LANGUAG	Language Interview
FF_TIME	Time of interview
STUDYNO	Study Number
TOTAL_BAD_FOOD	BAD FOOD (59,70-74,76,79), Grams/Day
TOTAL_BIG_GAME	TOTAL BIG GAME (CARIBOU,BEAR),Gr/Day, Annual
TOTAL_CARIBOU	TOTAL CARIBOU MEAT/PARTS (24-26),Gr/Day, Annual
TOTAL_CEREAL_PRODUCT	CEREAL PRODUCTS (61-67), Grams/Day
TOTAL_COUNTRY	TOTAL COUNTRY FOOD, Grams/Day, Annual Basis
TOTAL_COUNTRY_MEATS	TOTAL COUNTRY MEATS (1,2,4,5,7,8,9,14-20,24-27,30-32,34), Gr/Day, Annual
TOTAL_DAIRY	DAIRY MILK (57,58,60), Grams/Day
TOTAL_FISH	TOTAL COUNTRY FISH (14-20), Gr/day, Annual
TOTAL_FRUIT_VEGE	FRUITS/VEGETABLES (45-49,51-56,75), Gr/Day

G.8: Food Frequency Questionnaire (cont'd)

NAME	LABEL
TOTAL_GAME_BIRDS	TOTAL GAME BIRDS/WILDFOWL (30-32,34), Gr/Day, Annual
TOTAL_MARINE_MAMMAL_FAT	TOTAL MARINE MAMM FAT (3,6), Gr/Day,Annual
TOTAL_MARINE_MAMMAL_MEATS	TOTAL MARINE MAMM MEAT/PARTS (1,2,4,5,7,8,9), Gr/Day, Annual
TOTAL_MARKET_MEATS	MARKET MEATS (36-44,68,69), Grams/Day
TOTAL_SBF	TOTAL STORE-BOUGHT FOOD, Grams/Day
TOTAL_SMALL_GAME	TOTAL SMALL GAME (HARE,FOX), Gr/day, Annual
TOTAL_SWEET_BEV_GR	TOTAL SWEET BEVERAGES (50,72), Grams/Day
TOTAL_SWEET_BEV_ML	TOTAL SWEET BEVERAGES (50,72), mL /Day
TOTAL_VEGETABLE	TOTAL VEGETABLES (51-56), Grams/Day

Methods used to calculate dietary intakes

For the food frequency questionnaire, the names of variables always begin with the letters “FF” to identify the questionnaire used. This prefix is followed by the number associated with the question in the food frequency questionnaire and a label characterizing the variable.

For the country food section, the following variables have been measured or calculated for each food item figuring in the questionnaire:

- Consumption during the year preceding the survey: Yes or No
- Daily consumption frequency for each season: Number of times per day
- On an annual basis, average consumption frequency per day and per week
- On an annual basis, average intake in grams per day
- Usual serving size in grams.

The average intake in grams is calculated by multiplying the consumption frequency of the food item and the corresponding serving size (frequency x serving size).

For example, the average daily intake of beluga meat on an annual basis is:

$$FF01CO_BELUGA_MEAT = FF01_DAY * FF10BELUGAM_GRAM.$$

The average daily intake can be calculated also according to season. For example, the average consumption of dried beluga in the fall is the product of FF02_FALL and FF12_DRIED_B.

For the store-bought food section, the following variables are measured for each store-bought food item:

- Consumption: Yes or No
- Average consumption frequency per day on an annual basis
- Usual serving size (in grams or in mL).

The average daily intake in grams is calculated by multiplying the consumption frequency of the food item and the corresponding serving size (frequency x serving size).

For example, the daily intake of pork is:

$FF38CO_PORK = FF38_B * FF38C_GRAM$. (CO meaning daily consumption in grams)

The daily intake of broccoli equals the product of $FF53B_BROCCOLI$ and $FF53BROCCOLI_GRAM$.

G.9: CLINICAL SESSION QUESTIONNAIRE

NAME	LABEL
CL_INT	Interviewer/Nurse Number
CL_DATE	Completion Date
CL_TIME	Completion Time
CL1	Pregnant
CL2A	Myocardial Infarction
CL2B	Other Heart Disease
CL2C	Stroke
CL2D	Cancer
CL3A	Diabetes: By MD or Nurse
CL3BA	Treatment Diab: Diet
CL3BB	Treatment Diab: Exercise
CL3BC	Treatment Diab: Pills
CL3BD	Treatment Diab: Insulin
CL3BE	Treatment Diab: Other
CL3BF	No Treatment Diabetes
CL4A	High Blood Pressure: By MD or Nurse
CL4BA	Treatment High Blood Pressure: Diet
CL4BB	Treatment High Blood Pressure: Exercise
CL4BC	Treatment High Blood Pressure: Pills
CL4BD	Treatment High Blood Pressure: Other
CL4BE	No Treatment High Blood Pressure
CL5A	High Cholesterol: By MD or Nurse
CL5BA	Treatment Cholesterol: Diet
CL5BB	Treatment Cholesterol: Exercise
CL5BC	Treatment Cholesterol: Pills
CL5BD	Treatment Cholesterol: Other
CL5BE	No Treatment Cholesterol
CL6A_1	Infarction: Parents
CL6B_1	Other Heart Disease: Parents
CL6C_1	Stroke: Parents
CL6D_1	Diabetes: Parents
CL6E_1	Heart Blood Pressure: Parents
CL6F_1	Cholesterol: Parents
CL6G_1	Cancer: Parents
CL6G_1S	Type Cancer: Parents
CL6A_2	Infarction: Siblings
CL6B_2	Other Heart Disease: Siblings
CL6C_2	Stroke: Siblings
CL6D_2	Diabetes: Siblings
CL6E_2	Heart Blood Pressure: Siblings
CL6F_2	Cholesterol: Siblings
CL6G_2	Cancer: Siblings
CL6G_2S	Type Cancer: Siblings
CL7A	At Least One Period: Past 12 Months
CL7BA	Lack Periods: Menopause
CL7BB	Lack Periods: Pregnancy
CL7BC	Lack Periods: Breastfeeding
CL7BD	Lack Periods: Hysterectomy
CL7BE	Lack Periods: Health problem
CL7BFS	Lack Periods: Other

G.9: Clinical Session Questionnaire (cont'd)

NAME	LABEL
CL7C	When Last Period
CL7D	Replacement Hormones
CL7E	Treatment: Replacement Hormones
CL_LANGUAGE	Language of Interview

G.10: CLINICAL NURSE RECORD FORM

NAME	LABEL
NU1	Blood Sampling: Yes/No
NU1_HOURS	Number of Hours Since Last Meal
NU1_REASON	Reason No Blood Samples
NU1_SAMPLING	Blood Sampling: Home or Ship
NU2_BLOOD	Oral Glucose Tolerance Test: Time Blood Sampling T2
NU2_FASTING	OGTT: Participant Fasting
NU2_GLUKOSE	OGTT: Time Glucose Administration
NU2_TEST	OGTT: Capillary Glucose Test
NU4_1DIA	Diastolic: 1st
NU4_1SYS	Systolic: 1st
NU4_2DIA	Diastolic: 2nd
NU4_2SYS	Systolic: 2nd
NU4_PULSE	Pulse
NU4_TEMP	Body Temperature
NU5_BMI	BMI
NU5_BODYFAT	Body Fat %
NU5_BODYWATER	Body Water (kg)
NU5_FATFREEMASS	Fat Free Mass (kg)
NU5_FATMASS	Fat Mass (kg)
NU5_HEIGHT	Height (cm)
NU5_HIP	Hip Girth (cm)
NU5_IMP	Impedance
NU5_SIT1	Sitting Height (cm) #1
NU5_SIT2	Sitting Height (cm) #2
NU5_SIT3	Sitting Height (cm) #3
NU5_WAIST	Waist Girth (cm)
NU5_WEIGHT	Weight (kg)
NU6	Collection Toenails
NU6_REASON	Reason: No Toenail Collection
NU_DATE	Completion Date
STUDYNO	Study Number

G.11: CLINICAL MEASUREMENTS FOR PARTICIPANTS AGED 18 TO 74

NAME	LABEL
APOAI	Apo A-I (g/L)
APOB100	Apo B-100 (g/L)
APOCIII	Apo C-III (mg/L)
CADMIUM	Cadmium
CHOL	Total Cholesterol
COBALT	Cobalt
CRP	C-Reactive Protein (mg/L)
CT_HDL	Tot Chol/HDL
CUIVRE	Copper
GLU	Fasting Glucose
GLUT2	OGTT
HDL	HDL
INSULINE	Insulin
LDLC	LDL
LDL_INTEGRATED	Weighted Av Size of LDL S-Fractions
LDL_PEAK	Size + Important S-Fraction:LDL
MERCURE	Mercury
MOLYBDENE	Molybden
NICKEL	Nickel
PERFLUOR	Perfluorooctane sulfonate
PLOMB	Lead
RES_BRUCELLA	Brucellosis
RES_COXIELLA	Q Fever
RES_ECHINOC	Echinococcosis
RES_FRANCIS	Tularemia
RES_LEPTO	Leptospirosis
RES_TOXOC	Toxocarosis
RES_TOXOPL	Toxoplasmosis
RES_TRICHIN	Trichinellosis
SELENIUM	Selenium
SELENIUM_TISSU	Selenium: From Nails
STUDYNO	Study Number
T3T	T3 Total
T4L	Free T4
TRIG	Triglycerides
TSH	TSH, Thyroid
ZINC	Zinc

G.12: CLINICAL MEASUREMENT FOR WOMEN AGED 18 TO 74

Users must be warned that the variable named FER, measuring the iron level in blood, has the same name than the variable measuring the iron intake on the day before the survey in the 24-hour dietary recall questionnaire (G.7). One of the two variables should be renamed if the user is interested to merge these two databases.

NAME	LABEL
FER	Iron (Blood)
FERR	Ferritin
HB	Hemoglobin
SATC	Transferring Saturation
TIBCC	Total Iron-Binding Capacity
UIBC	Unsaturated Iron Binding Capacity
VITAMIN_B12	Vitamin B12

G.13: HEARING TEST

NAME	LABEL
STUDYNO	Study Number
HE_BACK	Background Noise
HE_AUDIO	Audiometer Used
HE_RIGHT1_1A	Hearing Threshold: 1kHz (1st), Right: 1st Reading
HE_RIGHT1_1B	Hearing Threshold: 1kHz (1st), Right: 2nd Reading
HE_LEFT1_1A	Hearing Threshold: 1kHz (1st), Left: 1st Reading
HE_LEFT1_1B	Hearing Threshold: 1kHz (1st), Left: 2nd Reading
HE_RIGHT2A	Hearing Threshold: 2 kHz (1st), Right: 1st Reading
HE_RIGHT2B	Hearing Threshold: 2 kHz (1st), Right: 2nd Reading
HE_LEFT2A	Hearing Threshold: 2 kHz, Left: 1st Reading
HE_LEFT2B	Hearing Threshold: 2 kHz, Left: 2nd Reading
HE_RIGHT4A	Hearing Threshold: 4kHz, Right: 1st Reading
HE_RIGHT4B	Hearing Threshold: 4kHz, Right: 2nd Reading
HE_LEFT4A	Hearing Threshold: 4kHz, Left: 1st Reading
HE_LEFT4B	Hearing Threshold: 4kHz, Left: 2nd Reading
HE_RIGHT1_2A	Hearing Threshold: 1kHz(2nd), Right: 1st Reading
HE_RIGHT1_2B	Hearing Threshold: 1kHz(2nd), Right: 2nd Reading
HE_LEFT1_2A	Hearing Threshold: 1kHz(2nd), Left: 1st Reading
HE_LEFT1_2B	Hearing Threshold: 1kHz(2nd), Left: 2nd Reading
HE_IN	Examiner Initials

G.14: ULTRASOUND BONE DENSITOMETRY

NAME	LABEL
OS_AGE	Bone: % Age Matched
OS_DATE	Date
OS_LEFT	Left Foot Used
OS_REASON	Left Foot: Reason
OS_TSCORE	Bone: T-Score
OS_YOUNG	Stiffness Index
OS_ZSCORE	Bone: Z-Score
STUDYNO	Study Number

G.15: ENVIRONMENTAL CONTAMINANTS

NAME	LABEL
ALDRIN	Aldrin
ALPHACHLORDANE	Alpha-Chlordane
ALPHAHCH	Alpha-HCH
BETAHCH	β-HCH
BPCAROCLOR1260	BPC Aroclor 1260
BPCIUPAC101	BPC IUPAC # 101
BPCIUPAC105	BPC IUPAC # 105
BPCIUPAC110	BPC IUPAC # 110
BPCIUPAC111	BPC IUPAC # 111
BPCIUPAC118	BPC IUPAC # 118
BPCIUPAC128	BPC IUPAC # 128
BPCIUPAC138	BPC IUPAC # 138
BPCIUPAC146	BPC IUPAC # 146
BPCIUPAC149	BPC IUPAC # 149
BPCIUPAC151	BPC IUPAC # 151
BPCIUPAC153	BPC IUPAC # 153
BPCIUPAC156	BPC IUPAC # 156
BPCIUPAC157	BPC IUPAC # 157
BPCIUPAC158	BPC IUPAC # 158
BPCIUPAC163	BPC IUPAC # 163
BPCIUPAC167	BPC IUPAC # 167
BPCIUPAC170	BPC IUPAC # 170
BPCIUPAC172	BPC IUPAC # 172
BPCIUPAC177	BPC IUPAC # 177
BPCIUPAC178	BPC IUPAC # 178
BPCIUPAC18	BPC IUPAC # 18
BPCIUPAC180	BPC IUPAC # 180
BPCIUPAC183	BPC IUPAC # 183
BPCIUPAC187	BPC IUPAC # 187
BPCIUPAC189	BPC IUPAC # 189
BPCIUPAC194	BPC IUPAC # 194
BPCIUPAC195	BPC IUPAC # 195
BPCIUPAC196	BPC IUPAC # 196
BPCIUPAC201	BPC IUPAC # 201
BPCIUPAC203	BPC IUPAC # 203
BPCIUPAC206	BPC IUPAC # 206
BPCIUPAC208	BPC IUPAC # 208
BPCIUPAC209	BPC IUPAC # 209
BPCIUPAC28	BPC IUPAC # 28
BPCIUPAC32	BPC IUPAC # 32
BPCIUPAC37	BPC IUPAC # 37
BPCIUPAC44	BPC IUPAC # 44
BPCIUPAC49	BPC IUPAC # 49
BPCIUPAC52	BPC IUPAC # 52
BPCIUPAC66	BPC IUPAC # 66
BPCIUPAC70	BPC IUPAC # 70
BPCIUPAC74	BPC IUPAC # 74
BPCIUPAC87	BPC IUPAC # 87
BPCIUPAC99	BPC IUPAC # 99
CISNONACHLOR	cis-Nonachlor

G.15: Environmental Contaminants (cont'd)

NAME	LABEL
DELTAHCH	Delta-HCH
DIBROMOPHENOL2_4	2,4-Dibromophenol
DIBROMOPHENOL2_6	2,6-Dibromophenol
DIHYDROXYBPC202_4_4	4,4-Dihydroxy-BPC 202
DIHYDROXYBPC80_4_4	4,4-Dihydroxy-BPC 80
DIHYDROXYBPC90_3_4	3,4-Dihydroxy-BPC 90
GAMMACHLORDANE	Gamma-Chlordane
GAMMAHCH	Gamma-HCH
HEPTACHLOR	Heptachlor
HEXACHLOROBENZENE	Hexachlorobenzene
HYDROXYBPC101_120_4	4-Hydroxy-BPC 101+120
HYDROXYBPC107_4	4-Hydroxy-BPC 107
HYDROXYBPC118_3	3-Hydroxy-BPC 118
HYDROXYBPC127_4	4-Hydroxy-BPC 127
HYDROXYBPC130_4	4-Hydroxy-BPC 130
HYDROXYBPC134_4	4-Hydroxy-BPC 134
HYDROXYBPC138_3	3-Hydroxy-BPC 138
HYDROXYBPC146_4	4-Hydroxy-BPC 146
HYDROXYBPC153_3	3-Hydroxy-BPC 153
HYDROXYBPC159_4	4-Hydroxy-BPC 159
HYDROXYBPC163_4	4-Hydroxy-BPC 163
HYDROXYBPC172_4	4-Hydroxy-BPC 172
HYDROXYBPC177_4	4-Hydroxy-BPC 177
HYDROXYBPC178_4	4-Hydroxy-BPC 178
HYDROXYBPC180_3	3-Hydroxy-BPC 180
HYDROXYBPC183_175_3	3-Hydroxy-BPC 183+175
HYDROXYBPC184_3	3-Hydroxy-BPC 184
HYDROXYBPC187_4	4-Hydroxy-BPC 187
HYDROXYBPC188_3	3-Hydroxy-BPC 188
HYDROXYBPC193_4	4-Hydroxy-BPC 193
HYDROXYBPC199_4	4-Hydroxy-BPC 199
HYDROXYBPC200_198_4	4-Hydroxy-BPC 200+198
HYDROXYBPC201_4	4-Hydroxy-BPC 201
HYDROXYBPC202_4	4-Hydroxy-BPC 202
HYDROXYBPC203_3	3-Hydroxy-BPC 203
HYDROXYBPC208_4	4-Hydroxy-BPC 208
HYDROXYBPC66_5	5-Hydroxy-BPC 66
HYDROXYBPC68_2	2-Hydroxy-BPC 68
HYDROXYBPC75_2	2-Hydroxy-BPC 75
HYDROXYBPC79_4	4-Hydroxy-BPC 79
HYDROXYHEPTACHLOROSTYRENE_4	4-Hydroxy-Heptachlorostyrene
ISODRIN	Isodrin
KEPONE	Kepone
METHYLSULFONYLBPC101_3	3-Methylsulfonyl-BPC 101
METHYLSULFONYLBPC101_4	4-Methylsulfonyl-BPC 101
METHYLSULFONYLBPC110_3	3-Methylsulfonyl-BPC 110
METHYLSULFONYLBPC110_4	4-Methylsulfonyl-BPC 110
METHYLSULFONYLBPC132_3	3-Methylsulfonyl-BPC 132
METHYLSULFONYLBPC132_4	4-Methylsulfonyl-BPC 132
METHYLSULFONYLBPC141_3	3-Methylsulfonyl-BPC 141

G.15: Environmental Contaminants (cont'd)

NAME	LABEL
METHYLSULFONYLBPC141_4	4-Methylsulfonyl-BPC 141
METHYLSULFONYLBPC149_3	3-Methylsulfonyl-BPC 149
METHYLSULFONYLBPC149_4	4-Methylsulfonyl-BPC 149
METHYLSULFONYLBPC174_3	3-Methylsulfonyl-BPC 174
METHYLSULFONYLBPC174_4	4-Methylsulfonyl-BPC 174
METHYLSULFONYLBPC49_3	3-Methylsulfonyl-BPC 49
METHYLSULFONYLBPC49_4	4-Methylsulfonyl-BPC 49
METHYLSULFONYLBPC52_3	3-Methylsulfonyl-BPC 52
METHYLSULFONYLBPC52_4	4-Methylsulfonyl-BPC 52
METHYLSULFONYLBPC71_4	4-Methylsulfonyl-BPC 71
METHYLSULFONYLBPC87_3	3-Methylsulfonyl-BPC 87
METHYLSULFONYLBPC87_4	4-Methylsulfonyl-BPC 87
METHYLSULFONYLBPC91_3	3-Methylsulfonyl-BPC 91
METHYLSULFONYLBPC91_4	4-Methylsulfonyl-BPC 91
METHYLSULFONYLDDE_3	3-Methylsulfonyl-DDE
MIREX	Mirex
OCTACHLOROSTYRENE	Octachlorostyrene
OXYCHLORDANE	Oxychlorane
O_PDDD	o,p'-DDD
O_PDDE	o,p'-DDE
O_PDDT	o,p'-DDT
PARLARNO26	Parlar no. 26
PARLARNO50	Parlar no. 50
PBBIUPAC153	PBB IUPAC # 153
PBDEIUPAC100	PBDE IUPAC # 100
PBDEIUPAC153	PBDE IUPAC # 153
PBDEIUPAC47	PBDE IUPAC # 47
PBDEIUPAC99	PBDE IUPAC # 99
PBP	PBP
PENTACHLOROANISOLE	Pentachloroanisole
PENTACHLOROBENZENE	Pentachlorobenzene
PENTACHLORONITROBENZENE	Pentachloronitrobenzene
PENTACHLOROPHENOL	Pentachlorophenol
P_PDDD	p,p'-DDD
P_PDDE	p,p'-DDE
P_PDDT	p,p'-DDT
S421	S421
STUDYNO	Study Number
TETRABROMOBISPHENOLA	Tetrabromobisphenol-A
TETRABROMOPHENOL2_3_4_5	2,3,4,5-Tetrabromophenol
TETRABROMOPHENOL2_3_4_6	2,3,4,6-Tetrabromophenol
TETRABROMOPHENOL2_3_5_6	2,3,5,6-Tetrabromophenol
TETRACHLOROBENZENE1_2_4_5	1,2,4,5-Tetrabromophenol
TETRACHLOROPHENOL2_3_4_6	2,3,4,6-Tetrabromophenol I
TETRACHLOROVERATROL3_4_5_6	3,4,5,6-Tetrabromophenol
TRANSNONACHLOR	Trans-Nonachlor
TRICBROMOPHENOL2_4_6	2,4,6-Tricbromophenol
TRICHLOROPHENOL2_3_4	2,3,4-Trichlorophenol
TRICHLOROPHENOL2_3_6	2,3,6-Trichlorophenol
TRICHLOROPHENOL2_4_5	2,4,5-Trichlorophenol

G.15: Environmental Contaminants (cont'd)

NAME	LABEL
TRICHLOROPHENOL2_4_6	2,4,6-Trichlorophenol
VOLUMEDEPLASMAEXTRAIT	Volume of Plasma Extracted

G.16: DETERMINATION OF FATTY ACID COMPOSITION IN MEMBRANES OF ERYTHROCYTES

NAME	LABEL
AGRAS11C14C_20_2_N6	11c14c-20:2 n6
AGRAS11C_18_1_N7	Vaccenic Acid
AGRAS11C_20_1_N9	Gondoic Acid
AGRAS11T_18_1_N7	Transvaccenic Acid
AGRAS11T_20_1_N9	11t-20:1 n9
AGRAS13C16C19C_22_3_N3	13c16c19c-22:3 n3
AGRAS13C16C_22_2_N6	13c16c-22:2 n6
AGRAS13C_22_1_N9	Erucic Acid
AGRAS14_0	Myristic Acid
AGRAS15C_24_1_N9	Nervonic Acid
AGRAS16_0	Palmitic Acid
AGRAS18_0	Stearic Acid
AGRAS20_0	Arachidic Acid
AGRAS22_0	Behenic Acid
AGRAS24_0	Lignoceric Acid
AGRAS4C7C10CX13C16C_22_5_N6	4c7c10cx13c16c-22:5 n6
AGRAS6C9C12C15C_18_4_N3	Stearidonic Acid
AGRAS6C9C12C_18_3_N6	Gamma-Linolenic Acid
AGRAS6C_18_1_N12	Petroselinic Acid
AGRAS6T_18_1_N12	Petroselaidic Acid
AGRAS7C10C13C16C_22_4_N6	7c10c13c16c-22:4 n6
AGRAS8C11C14C17C_20_4_N3	8c11c14c17c-20:4 n3
AGRAS8C11C14C_20_3_N6	Dihomo-Gamma-Linolenic Acid
AGRAS8C_20_1_N12	8c-20:1 n12
AGRAS9C12T_18_2_N6	9c12t-18:2 n6
AGRAS9C_14_1_N5	Myristoleic Acid
AGRAS9C_16_1_N7	Palmitoleic Acid
AGRAS9C_18_1_N9	Oleic Acid
AGRAS9T12C_18_2_N6	9t12c-18:2 n6
AGRAS9T12T15T_18_3_N3	9t12t15t-18:3 n3
AGRAS9T12T_18_2_N6	Linolelaidic Acid
AGRAS9T_14_1_N5	9t-14:1 n5
AGRAS9T_16_1_N7	Palmitelaidic Acid
AGRAS9T_18_1_N9	Elaidic Acid
AGRASAA5C8C11C14C_20_4_N6	Arachidonic Acid
AGRASALA9C12C15C_18_3_N3	Alpha-linolenic Acid
AGRASDHA4C7C10C13C16C19C_22_6_N3	Docosahexaenoic Acid
AGRASDPA7C10C13C16C19C_22_5_N3	Docosapentaenoic Acid
AGRASEPA5C8C11C14C17C_20_5_N3	Eicosapentaenoic Acid
AGRASETA11C14C17C_20_3_N3	Eicosatrienoic Acid
AGRASLA9C12C_18_2_N6	Linoleic Acid
MONOINSATURES_CIS	Monounsaturated Cis
MONOINSATURES_TRANS	Monounsaturated Trans
N3CIS	n3 Cis
N3TOTAL	n3 Total
N3TRANS	n3 Trans
N6CIS	n6 Cis
N6TOTAL	n6 Total
N6TRANS	n6 Trans
N_3_N_6	n-3/n-6

G.16: Determination of Fatty Acid Composition in Membranes of Erythrocytes (cont'd)

NAME	LABEL
P_N3_6_S	(n3 Total+n6 Total)/Saturated
SATURES	Saturated
STUDYNO	Study Number
TOTALCIS	Total Cis
TOTALTRANS	Total Trans

G.17: DETERMINATION OF FATTY ACID COMPOSITION IN PLASMA PHOSPHOLIPIDS

NAME	LABEL
AGRAS11C14C17C_20_3N3ETA	11c14c17c-20:3n3ETA
AGRAS11C14C_20_2N6	11c14c-20:2n6
AGRAS11C_18_1N7	Vaccenic Acid
AGRAS11C_20_1N9	Gondoic Acid
AGRAS11T_18_1N7	Transvaccenic Acid
AGRAS11T_20_1N9	11t-20:1n9
AGRAS13C16C19C_22_3N3	13c16c19c-22:3n3
AGRAS13C16C_22_2N6	13c16c-22:2n6
AGRAS13C_22_1N9	Erucic Acid
AGRAS14_0	Myristic Acid
AGRAS15C_24_1N9	Nervonic Acid
AGRAS4C7C10C13C16C19C_22_6N3DHA	Docosahexaenoic Acid
AGRAS4C7C10CX13C16C_22_5N6	4c7c10cx13c16c-22:5n6
AGRAS5C8C11C14C17C_20_5N3EPA	Eicosapentaenoic Acid
AGRAS5C8C11C14C_20_4N6	Arachidonic Acid
AGRAS6C9C12C15C_18_4N3	Stearidonic Acid
AGRAS6C9C12C_18_3N6	Gamma-Linoleic Acid
AGRAS7C10C13C16C19C_22_5N3DPA	Docosapentaenoic Acid
AGRAS7C10C13C16C_22_4N6	7c10c13c16c-22:4n6
AGRAS8C11C14C17C_20_4N3	8c11c14c17c-20:4n3
AGRAS8C11C14C_20_3N6	Dihomo-Gamma-Linolenic Acid
AGRAS8C_20_1N12	8c-20:1n12
AGRAS9C12C15C_18_3N3ALA	Alpha-Linolenic Acid
AGRAS9C12C_18_2N6LA	Linoleic Acid
AGRAS9C_14_1N5	Myristoleic Acid
AGRAS9C_16_1N7	Palmitoleic Acid
AGRAS9C_18_1N9	Oleic Acid
AGRAS9T12T_18_2N6	Linolelaidic Acid
AGRAS9T_18_1N9	Elaidic Acid
AGRASC16_0	Palmitic Acid
AGRASC18_0	Stearic Acid
AGRASC20_0	Arachidic Acid
AGRASC22_0	Behenic Acid
AGRASC24_0	Lignoceric Acid
AGRASN_3TOTAL	n-3 Total
AGRASN_3_N_6	n-3/n-6
AGRASN_6TOTAL	n-6 Total
AGRASP_N3_6_S	(n3 Total+n6 Total)/Saturated
AGRASSATURES	Saturated
STUDYNO	Study Number

G.18: MEASUREMENTS RELATED TO ATHEROSCLEROSIS SCREENING

NAME	LABEL
Studyno	Study Number
o_max_imt	Overall Max IMT
a_max_imt	Average of Segment Max IMT
a_imt	Average of Segment Average IMT

G.19: HOLTER

Name	Label
Studyno	Study Number
QRS	QRS Complexes
Batstim	Stimulated Heartbeats
Batvent	Ventricular Heartbeats
Batsupra	Supraventricular Heartbeats
BatBB	BB Heartbeats
Batjonc	Junctional Heartbeats
Bataber	Aberrant Heartbeats
Durifflu	% Duration of Fibrillation/ Atrial Flutter
Baveniso	Isolated Ventricular Heartbeats
Bavendou	Doublet Ventricular Heartbeats
Cycbig1	Bigeminal Cycles
Salvent	Ventricular Bursts
Freqmin	Minimal Frequency
Freqmoy	Average Frequency
Freqmax	Maximal Frequency
Batachy	Tachycardia Heartbeats
Batbrady	Bradycardia Heartbeats
Pause	Pause
Batsupis	Isolated Supraventricular Heartbeats
Batsudou	Doublet Supraventricular Heartbeats
Cycbig2	Bigeminal Cycles
Salsupra	Supraventricular Bursts
VLF	Very Low Frequency
LF	Low Frequency
HF	High Frequency
BP	Bandpass
Futil	User Frequency
Bas/haut	Low/High Ratio
NNmoyen	Average of All Intervals
SDNN	Standard Deviation of All Intervals
SDANN	Average Standard Deviation of 5-min Intervals
ASDNN	Average Standard Deviation per 5-min Interval
RMSSD	Average of the Square Root of Successive Differences
pNN50	% of Intervals Different From the Preceding Interval By At Least 50 ms
pNN50a	% of Intervals 50 ms Longer Than the Preceding Interval
pNN50b	% of Intervals 50 ms Shorter Than the Preceding Interval
BB50	Number of Intervals Different From the Preceding Interval By At Least 50 ms
BB50a	Number of Intervals At Least 50 ms Longer Than the Preceding Interval
BB50b	Number of Intervals At Least 50 ms Shorter Than the Preceding Interval

G.20: NAMES OF VARIABLES ASSOCIATED WITH WEIGHTS

NAME	LABEL
POIDS	Population Weight
B1-B500	Bootstrap Weights

Each questionnaire and clinical measurement in the survey is associated with a population weight and a set of 500 bootstrap weights. See Tables 5.1, 5.2 and 7.2 of Appendix H to check what system of weights applies to the measurement under study.

APPENDIX H:

**METHODOLOGICAL REPORT ON SAMPLING WEIGHTS
PRODUCED BY THE INSTITUT DE LA STATISTIQUE
DU QUÉBEC (ISQ)**

**METHODOLOGICAL REPORT ON SAMPLING WEIGHTS PRODUCED BY THE
INSTITUT DE LA STATISTIQUE DU QUÉBEC (ISQ)**

Note #1: The first three sections of the original report, dealing with the survey frame and participation rate, are not included here because those subjects are dealt with elsewhere in this report.

Note #2: The original report was written in French and translated into English by the INSPQ.



METHODOLOGICAL REPORT

THE HEALTH SURVEY OF THE INUIT OF NUNAVIK - 2004

LYNE DES GROSEILLIERS
MAXIME BOUCHER
ROBERT COURTEMANCHE

Direction de la méthodologie, de la démographie et
des enquêtes spéciales

September 2005

Table of Contents

- 4.0 Weighting Process
 - 4.1 Household Questionnaire
 - 4.1.1 Weight associated with the probability of selection
 - 4.1.2 Weight associated with the non-response count
 - 4.1.3 Weight attributed to each member of the household
 - 4.1.4 Weight associated with the distribution of the target population
 - 4.2 Individual Questionnaire
 - 4.2.1 Weight associated with the non-response count
 - 4.2.2 Weight associated with the distribution of the population
 - 4.3 Confidential Questionnaire
 - 4.3.1 Weight associated with the non-response count
 - 4.3.2 Weight associated with the distribution of the population
 - 4.4 Food Frequency Questionnaire
 - 4.4.1 Weight associated with the non-response count
 - 4.4.2 Weight associated with the distribution of the population
 - 4.5 24-Hour Dietary Recall Questionnaire
 - 4.5.1 Weight associated with the non-response count
 - 4.5.2 Weight associated with the distribution of the population
 - 4.6 Clinical Session, Blood Test, Blood Pressure, Biochemical Test, Anthropometric Measurements
 - 4.6.1 Weight associated with the non-response count
 - 4.6.2 Weight associated with the distribution of the population
 - 4.7 Toenail sampling
 - 4.7.1 Weight associated with the non-response count
 - 4.7.2 Weight associated with the distribution of the population
 - 4.8 Hearing test
 - 4.8.1 Weight associated with the non-response count
 - 4.8.2 Weight associated with the distribution of the population
 - 4.9 Hemoglobin Test and Test for Anemia
 - 4.9.1 Weight associated with the non-response count
 - 4.9.2 Weight associated with the distribution of the population
 - 4.10 Bone Mineral Densitometry
 - 4.10.1 Weight associated with the non-response count
 - 4.10.2 Weight associated with the distribution of the population
- 5.0 Weighting Related to the Study of Variables Originating from Various Instruments
 - 5.1 Cross-Tabulation of the Individual Questionnaire with the Other Instruments
 - 5.2 Cross-Tabulation of the Confidential Questionnaire with the Other Instruments
- 6.0 Partial Non-Response
 - 6.1 Household Questionnaire
 - 6.2 Individual Questionnaire
 - 6.3 Confidential Questionnaire
 - 6.4 Clinical Tests
- 7.0 Analytical Procedures
 - 7.1 Production of Simple Estimates
 - 7.2 Accuracy of the Estimates
 - 7.2.1 Standard bootstrap procedure
 - 7.2.2 Bootstrap procedure with Rao-Wu adjustment
 - 7.2.3 Bootstrap procedure retained for The Health Survey of the Inuit of Nunavik - 2004
- 8.0 References

4.0 Weighting Process

In order to infer sample data to the target population, each responding unit is associated with a weight. This weight, called the population weight, is the number of units targeted by the survey and “represented” by the respondent.

Four different weighting steps were used for the *household* questionnaire: the calculation of initial weights, an adjustment of weights to account for non-responses, the calculation of weights attributed to each member of the household and post-stratification. For the various questionnaires relating to individuals, two steps were required: an adjustment of weights to account for non-responses and post-stratification. It should be noted that the starting point for non-response adjustment of the individual questionnaires was the non-response adjustment of the *household* questionnaire.

Since the weighted proportion of respondents in the *oral glucose tolerance test* is only 13.0%, no weighting has been calculated; the response rate is not sufficient to try to infer the data to the population aged 18 to 74.

4.1 Household Questionnaire

4.1.1 Weight associated with the probability of selection

Since the study is based on a probability sample, it allows us to evaluate for each population unit (dwelling), the probability of being part of the sample. The inverse of the probability of selection was used as the initial weight. This first step in the weighting process allows us to properly account for the non proportionality of the sample with respect to the distribution of the population, should this be the case.

The probability of selection of a dwelling j belonging to the stratum k , is determined by:

$$\pi_{jk} = \frac{n_k}{N_k}$$

where:

n_k represents the number of dwellings in the sample from stratum k ;

N_k represents the number of dwellings in the population from stratum k obtained from the survey frame.

Thus, the initial weight is obtained from the inverse of the probability of selection:

$$P0_{jk} = \frac{1}{\pi_{jk}}, \forall j, k.$$

4.1.2 Weight associated with the non-response count

The response rate is an important element affecting the quality of a survey's results. This rate is an indicator of the potential presence of bias in the results. The weighted response rates for the *household* questionnaire by municipality are presented in Table H.4.1. In any survey, non-respondents may have characteristics that differ from those of the respondents. Thus, the greater the non-response, the higher the risk that bias is introduced in the estimates inferred to the population as a whole based on the responses given.

Table H.4.1
 Weighted response rates for the *household* questionnaire by municipality, Nunavik Health Survey 2004

Municipality	Weighted response Rates (%)
Kuujuarapik	57,8
Umiujaq	76,0
Inukjuak	67,0
Puvirnitug	86,2
Akulivik	87,5
Ivujivik	88,2
Salluit	70,1
Kangiqsujaq	86,5
Quaqtaq	72,7
Kangirsuk	93,3
Aupaluk	83,3
Tasiujaq	76,5
Kangiqsualujjaq	95,9
Kuujuaq	74,8
Total	77,8

Non-response adjustment consists of adjusting the respondent sample by revising the weighting so that, as much as possible, it matches the sample initially drawn. This technique requires complementary information on the respondents and the non-respondents. For the adjustment to be effective, it is essential that the additional information we have is related to the variables measured in the survey, otherwise the impact of the adjustment on reducing potential bias will be negligible.

Thus the adjustment is based on the creation of homogeneous weighting groups with the help of variables originating in the sample frame. The hypothesis is made that the responding units and the non-responding units within each group are similar. To determine the variable(s) best explaining the non-response, the CHAID (**Chi-Square Automatic Interaction Detection**) algorithm, developed by Kass (1980), was used to determine weighting classes with different response rates. After the CHAID procedure was applied to the sample while taking into account certain constraints, it was established that the municipality and household size were relevant in explaining non-response. Thus, the

weighting classes were formed by regrouping these two variables. Generally speaking, when weighting groups are formed, it is ensured that the weighted response rate of the class thus constituted is at least 50%. This avoids having weights that are too heavy after non-response adjustment and unduly adjusting for response rates that may vary randomly.

Non-response adjustment is expressed by a weighting value; this value is obtained from the inverse of response rate T_a for each homogeneous weighting group a . The response rate T_a is defined as the weighted sum of the responding units over the weighted sum of admissible units:

$$T_a = \frac{\sum_{j,k \in a} P0_{jk} \cdot R_{jk}}{\sum_{j,k \in a} P0_{jk} \cdot A_{jk}}$$

$$R_{jk} = \begin{cases} 1 & \text{if dwelling } j \text{ of stratum } k \text{ responded} \\ 0 & \text{if dwelling } j \text{ did not respond} \end{cases}$$

$$A_{jk} = \begin{cases} 1 & \text{if dwelling } j \text{ of stratum } k \text{ is admissible} \\ 0 & \text{if dwelling } j \text{ is not admissible} \end{cases}$$

Thus each responding unit j, k of weighting class a is attributed a weight $P1$ equal to:

$$P1_{jk} = \frac{P0_{jk}}{T_a}$$

with $j, k \in a$.

4.1.3 Weight attributed to each member of the household

Because the inference targets individuals and all individuals in the selected households were surveyed, each individual i in the household j of stratum k , is given a weight $P1$:

$$P1_{ijk} = P1_{jk}, \quad \forall i \in j, k .$$

Thus, the weight attributed to each household member is identical and corresponds to the weight of the household.

4.1.4 Weight associated with the distribution of the target population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the distribution of the target population in terms of certain socio-demographic

characteristics. Municipality, age and gender were retained. Five age groups were used: 0-4, 5-14, 15-24, 25-44 and 45 years and over.

The data for this adjustment come mainly from the survey frame to which certain changes have been made. The gender and/or the age of members of certain households in the survey frame were unknown; this data was imputed according to the population distribution derived from 2001 census data on gender, age and municipality. The imputation was performed on 2.1% of the target population. Following data collection, we realized that the number of children under age one was proportionately higher in the respondent sample than in the survey frame. Estimates of the number of children less than one year of age obtained per municipality were corroborated by the number of births in the 14 Inuit municipalities in 2003 according to the master file of live births recorded with Quebec's department of health and social services (Ministère de la Santé et des Services sociaux or MSSS). This demonstrated that the number of children under age one in our survey frame had been underestimated. Corrections were made to remedy the situation. In total, the addition of children less than one year of age represents 1.9% of the target population.

It must be noted that the adjustment of the target population distribution was performed ensuring that all of the individuals in the same private Inuit household had identical weights. This way of proceeding applies particularly to data collection from the *household* questionnaire through which all members of a single household were surveyed through the intermediary of a single key respondent (identified as the "primary respondent") who supplied answers for everyone (Daveluy et al., 2001).

To obtain a single weight per household, use of the SAS application was required to determine the final weight associated with each household. The Statistics Canada SAS %CALJACK macro procedure (Bernier & Lavallée, 1994) allows determination of the final weighting under the constraint of identical weight for all members of the same household. The macro procedure ensures that the projected number of people living in private Inuit households in 2004 according to the weighting classes constituted by municipality and the combined age group / gender variable is respected.

The weighting class takes into account the composition of the household in terms of age group and gender. Thus, within the same municipality and same household structure in terms of age group and gender, the estimated number of people living in private Inuit households, by weighting class, is the same.

4.2 Individual Questionnaire

4.2.1 Weight associated with the non-response count

Every individual aged 15 and over who had answered the *household* questionnaire was eligible for the *individual* questionnaire. However, some people did not answer it. Of the 1527 eligible individuals who responded to the *household* questionnaire, 1006 completed the *individual* questionnaire.

The weighted proportion of respondents to the *individual* questionnaire is defined as the relationship between the weighted number of respondents to the *individual* questionnaire and the weighted number of eligible individuals; this proportion is 66.2%. Table H.4.2 presents the weighted proportion of respondents by municipality, gender and age.

The overall weighted response rate to the *individual* questionnaire was 51.5%. This rate takes into account the fact that the questionnaires were administered in cascade and corresponds to the product of the weighted response rate to the *household* questionnaire and the weighted proportion of respondents to the *individual* questionnaire (who also responded to the *household* questionnaire). Non-response was analyzed on the basis of the 66.2% weighted proportion of respondents.

Table H.4.2

Weighted proportion of respondents to the *individual* questionnaire by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	67.9
Umiujaq	68.4
Inukjuak	65.8
Puvirnituk	49.0
Akulivik	74.7
Ivujivik	63.5
Salluit	70.5
Kangiqsujaq	68.6
Quaqtaq	67.2
Kangirsuk	72.5
Aupaluk	84.2
Tasiujaq	61.7
Kangiqsualujuaq	65.7
Kuujuaq	71.7
Gender	
Male	60.3
Female	72.5
Age Group	
15 to 24 years	61.1
25 to 44 years	68.4
45 years and over	69.0
Total	66.2

As was the case for the *household* questionnaire, the inverse of the weighted proportion was used as a non-response adjustment with the goal of minimizing the bias that non respondents could bring to the estimates.

Since the respondents to the *individual* questionnaire are a subset of the respondents to the *household* questionnaire, a broader range of variables that could be taken into account to form the weighting classes was used. In fact, the *household* questionnaire variables were known for both respondents and non respondents to the *individual* questionnaire.

As was the case for the *household* questionnaire, the CHAID procedure was applied to the sample. A number of variables were analyzed: main occupation in the previous two weeks, gender, age, size of household, food sufficiency, being a primary respondent or not, as well as the municipality stratification variable. Only two variables were used to construct the weighting classes: being the primary respondent or not and municipality. It is of note that among the primary respondents, about

85% participated in the *individual* questionnaire, whereas among the individuals who were not primary respondents, 55.6% completed this instrument.

Non-response adjustment is expressed by a weighting value; this value is obtained from the inverse of the response rate T_c for each homogeneous weighting group c . The response rate T_c is defined as the weighted sum of responding units over the weighted sum of admissible units:

$$T_c = \frac{\sum_{i,j,k \in c} P1_{ijk} \cdot R_{ijk}}{\sum_{i,j,k \in c} P1_{ijk} \cdot A_{ijk}}$$

$$R_{ijk} = \begin{cases} 1 & \text{if individual } i \text{ of dwelling } j \text{ of stratum } k \text{ responded} \\ 0 & \text{if individual } i \text{ of dwelling } j \text{ did not respond} \end{cases}$$

$$A_{ijk} = \begin{cases} 1 & \text{if individual } i \text{ of dwelling } j \text{ is admissible} \\ 0 & \text{if individual } i \text{ of dwelling } j \text{ is not admissible} \end{cases}$$

Thus, each responding unit i, j, k of weighted class c is attributed a weight $P2$ equal to:

$$P2_{ijk} = \frac{P1_{ijk}}{T_c}$$

with $i, j, k \in c$.

4.2.2 Weight associated with the distribution of the population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the distribution of the target population in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 15-24, 25-44 and 45 years and over.

The data for this adjustment come mainly from the survey frame that was slightly modified by imputation of the gender and/or age of members of certain households, as described in Section 4.1.4. In contrast with the *household* questionnaire, it was not necessary to ensure that all individuals from the same household had identical weights given the individual nature of the instrument. Therefore, the SAS %CALJACK macro procedure was not required for this adjustment.

Thus, the final weighting associated with all of the individuals i from household j of stratum k , of weighting class c (adjustment for non-response) and weighting class d (adjustment for the distribution of the target population) was the following:

$$P3_{ijk} = P2_{ijk} \cdot \frac{W_d}{P2_d}$$

where W_d corresponds to the estimated number of people in weighted class d living in private Inuit households, and

$$P2_d = \sum_{ijk \in d} P2_{ijk} .$$

4.3 Confidential Questionnaire

4.3.1 Weight associated with the non-response count

Every individual aged 15 and over who responded to the *household* questionnaire was admissible for the *confidential* questionnaire. However, Questions Q35 to Q42, dealing with sexual abuse and violence, targeted only adults 18 and over. This instrument was partially or fully completed by 973 individuals. Among them, 3 responded solely to Question Q1 and one individual only completed Section 1 on well-being. Since the instrument had 7 sections, this individual, as well as the 3 previously mentioned ones cannot be considered to have completed this questionnaire. Thus, 969 individuals are instrument respondents out of an admissible total of 1527; 113 were 15 to 17 years of age and 856 were 18 and over.

The weighted proportion of respondents to the *confidential* questionnaire is defined as the relationship between the weighted number of respondents and the weighted number of eligible individuals. This rate was 63.6%. These rates are slightly different between the 15 to 17 and the 18 and over age groups (62.3% and 63.8 % respectively). Table H.4.3 presents the weighted proportion of respondents by municipality, gender and age.

The overall weighted response rate is 49.5%. This rate takes into account that the questionnaires were administered in cascade. Non-response was analyzed on the basis of the weighted proportion of respondents.

Table H.4.3

Weighted proportion of respondents to the *confidential* questionnaire by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	52.3
Umiujaq	63.0
Inukjuak	64.7
Puvirnituq	47.3
Akulivik	74.8
Ivujivik	61.5
Salluit	67.4
Kangiqsujuaq	66.6
Quaqtaq	67.2
Kangirsuk	71.4
Apaluk	76.4
Tasiujaq	61.7
Kangiqsualujuaq	63.1
Kuujuaq	70.7
Gender	
Male	57.5
Female	70.1
Age Group	
15 to 24 years	60.2
25 to 44 years	66.5
45 years and over	63.0
Total	63,6

As was the case for the *individual* questionnaire, non-response adjustment was performed using weighting classes by applying the CHAID procedure. The same variables were used for the creation of weighting classes: being the primary respondent or not and the municipality. Note that although the weighting classes are similar, the weighting values are different as they are related to the weighted proportion of respondents per weighting class.

4.3.2 Weight associated with the distribution of the population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the distribution of the target population in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 15-24, 25-44 and 45 years and over. This adjustment to the population distribution is identical to that described for the *individual* questionnaire in Section 4.2.2.

4.4 Food Frequency Questionnaire

4.4.1 Weight associated with the non-response count

Everyone aged 18 to 74 having responded to the *household* questionnaire, excluding pregnant women, was eligible for the *food frequency* questionnaire. Among the 1294 eligible individuals and *household* questionnaire respondents, 778 completed the *food frequency* questionnaire.

The weighted proportion of respondents to the food frequency questionnaire is defined as the relationship between the weighted number of respondents to the *food frequency* questionnaire and the weighted number of eligible individuals. This rate was 60.5%. Table H.4.4 presents the weighted proportion of respondents by municipality, gender and age.

Table H.4.4

Weighted proportion of respondents to the *food frequency* questionnaire by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	52.1
Umiujaq	64.6
Inukjuak	59.3
Puvirnituq	41.4
Akulivik	62.8
Ivujivik	63.1
Salluit	63.2
Kangiqsujuaq	65.0
Quaqtaq	71.3
Kangirsuk	67.1
Aupaluk	69.2
Tasiujaq	62.5
Kangiqsualujuaq	57.1
Kuujuuaq	71.3
Gender	
Male	54.4
Female	67.2
Age Group	
18 to 24 years	55.6
25 to 44 years	63.0
45 to 74 years	60.3
Total	60.5

The overall response rate was 47.1%. This rate takes into account that the questionnaires were administered in cascade. Non-response was analyzed on the basis of the weighted proportion of respondents.

As was the case for the *individual* questionnaire, non-response adjustment was performed using weighting classes by applying the CHAID procedure. The same variables were used for the creation of weighting classes: being the primary respondent or not and the municipality. Note that although the

weighting classes are similar, the weighting values are different given that the weighted proportions of respondents per weighting class are also different.

4.4.2 Weight associated with the distribution of the population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the distribution of the target population in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 18-24, 25-44 and 45-74. This adjustment to the distribution of the population is similar to that used for the *individual* questionnaire described in Section 4.2.2 with the exception of different age groups.

4.5 24-Hour Dietary Recall Questionnaire

4.5.1 Weight associated with the non-response count

Everyone aged 18 to 74 having responded to the *household* questionnaire, excluding pregnant women, was eligible for the *24-hour recall* questionnaire. Among the 1294 eligible individuals and *household* questionnaire respondents, 664 filled out this instrument. The weighted proportion of respondents to the *24-hour recall* questionnaire is defined as the relationship between the weighted number of respondents and the weighted number of eligible individuals. This rate was 51.5%. Table H.4.5 presents the weighted proportion of respondents by municipality, gender and age. Note that the municipalities of Puvirnituk, Ivujivik and Tasiujaq have a particularly low proportion of respondents: 34.4%, 41.2% and 42.1% respectively. Despite this observation, a non-response adjustment was made. If specific data on *food frequency* had been available during the weighting process, it would have been necessary to use this data to verify if the non respondents to the *24-hour recall* questionnaire had specific characteristics in terms of food intake. Had this been the case, the low proportion of *24-hour recall* respondents could cause bias in the estimates. Nevertheless, this verification may be done *a posteriori*.

The overall weighted response rate for this instrument was 40.0%. This rate takes into account that the questionnaires were administered in cascade. Non-response was analyzed on the basis of the weighted proportion of respondents.

As with the other questionnaires, non-response adjustment was performed using weighting classes by applying the CHAID procedure. This time, three variables were used to create the weighting classes: being the primary respondent or not, municipality and the age of the individuals. Among the primary respondents, older individuals (aged 45 to 74) responded proportionately less than younger people.

Table H.4.5

Weighted proportion of respondents to the *24-hour dietary recall* questionnaire by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	46.4
Umiujaq	49.0
Inukjuak	48.7
Puvirnituq	34.4
Akulivik	60.4
Ivujivik	41.2
Salluit	55.1
Kangiqsujaq	57.2
Quaqtaq	56.2
Kangirsuk	59.1
Aupaluk	69.2
Tasiujaq	42.1
Kangiqsualujuaq	46.7
Kuujuaq	64.1
Gender	
Male	46.5
Female	56.8
Age Group	
18 to 24 years	46.6
25 to 44 years	56.5
45 to 74 years	46.1
Total	51.5

4.5.2 Weight associated with the population distribution

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the distribution of the target population in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 18-24, 25-44 and 45-74. This adjustment to the distribution of the population is similar to that used for the *individual* questionnaire described in Section 4.2.2 with the exception of different age groups.

Note that the dietary recall distribution is not consistent for days of the week; this distribution is presented in Table H.4.6. However, following a preliminary analysis of certain elements in the *24-hour dietary recall* questionnaire by day of the week, the INSPQ nutrition specialist concluded that there did not appear to be notable dietary differences. Consequently, no correction for the day of the week was performed. Nonetheless, it would be appropriate to ensure that this conclusion is still valid following the full analysis of the nutritional data. If it turns out that the day of the week is related to the nutritional data, it would then be appropriate to consider the days of the week in all nutritional analyses.

Table H.4.6

Unweighted proportion of respondents to the *24-hour dietary recall* questionnaire by day of the week, *The Health Survey of the Inuit of Nunavik – 2004*

Day covered by the 24-hour dietary recall	Unweighted Proportion of Respondents (%)
Sunday	16.9
Monday	18.5
Tuesday	14.3
Wednesday	10.4
Thursday	12.7
Friday	8.4
Saturday	18.8

4.6 Clinical Session, Blood Test, Blood Pressure, Biochemical Test, Anthropometric Measurements

Although all of the instruments listed in the above subheading were intended for individuals aged 18 to 74, the anthropometric measurements excluded pregnant women. However, the number of respondents for these instruments is relatively similar: 889, 917, 895, 913 and 867 respectively. Respondents for the five instruments were 925 distinct individuals. A single weighting may be considered for all of these instruments. However, a certain, specific non-response must be set for each of the instruments given that their number of respondents is less than 925. The bias due to this non-response is considered negligible if it is less than 5%. Table H.4.7 presents the specific non-response rate imposed by the creation of a single weighting. This rate is below 5% for the five instruments in question. Consequently, a single weighting was produced for all of these instruments.

Table H.4.7

Specific non-response rates imposed due to the creation of a single weighting for these instruments (unweighted rates), *The Health Survey of the Inuit of Nunavik – 2004*

Instrument	Admissibility Criteria	Number of Individual Respondents	Number of Eligible Individuals	Specific Non-Response Rate Set (%)
<i>Clinical session</i>	18 to 74 years	889	1330	3.9 ¹
<i>Blood test</i>	18 to 74 years	917	1330	0.9
<i>Blood pressure / temperature</i>	18 to 74 years	895	1330	3.2
<i>Biochemical test</i>	18 to 74 years	913	1330	1.3
<i>Anthropometric measurements</i>	18 to 74 years (excluding pregnant women)	867	1294	3.5 ²

¹ This unweighted non-response rate was obtained in the following manner: (925-889)/925.

² This unweighted non-response rate was obtained in a similar manner to that for the *clinical session* but in subtracting from the numerator and from the denominator the number of women aged 18 to 74 who were pregnant during the data collection.

4.6.1 Weight associated with the non-response count

The weighted proportion of respondents to the various instruments is defined as the relationship between the weighted number of respondents and the weighted number of eligible individuals. The weighted proportions of respondents are presented in Table H.4.8, by municipality, gender and age.

The overall weighted response rate of the various instruments is presented in Table 7.2 (Section 1). This rate takes into account that the questionnaires were administered in cascade.

Given that a single weighting was produced for all of the five instruments, non-response is analyzed on the basis of the weighted proportion of respondents corresponding to the relationship between the weighted number of respondents having undergone most of the five instruments (corresponding to 925 individuals) and the weighted number of eligible individuals.

As was the case for the *individual* questionnaire, non-response adjustment was performed using weighting classes by applying the CHAID procedure. The same variables were used to create the weighting classes: being the primary respondent or not and municipality. Note that although the weighting classes are similar, the weighting values are different given that they are related to the weighted proportions of respondents.

Table H.4.8
 Weighted proportion of respondents by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

Instrument Municipality	Weighted Proportion of Respondents (%)				
	Clinical Session	Blood Test	Blood Pressure	Bioch. Test	Anthrop. Measures
Kuujuarapik	69.3	70.8	70.8	70.8	70.9
Umiujaq	67.1	67.1	67.1	67.1	67.1
Inukjuak	65.1	66.0	67.0	66.0	66.5
Puvirnituq	53.2	53.8	52.7	53.8	52.4
Akulivik	70.5	72.5	71.6	72.5	71.8
Ivujivik	63.1	68.0	63.2	68.0	62.0
Salluit	69.0	74.8	69.8	74.1	69.5
Kangiqsujuaq	72.1	73.6	72.1	72.6	72.3
Quaqtaq	76.8	76.8	76.8	76.8	77.4
Kangirsuk	72.7	78.8	72.7	78.8	72.1
Aupaluk	79.5	79.5	79.5	79.5	79.4
Tasiujaq	65.9	65.9	65.9	62.8	62.5
Kangiqsualujuaq	68.8	72.0	69.4	72.0	69.6
Kuujuuaq	72.3	74.8	72.3	74.2	71.9
Gender					
Male	60.3	63.5	61.2	63.2	61.2
Female	74.4	75.6	74.5	75.3	74.2
Age group					
18 to 24 years	60.8	63.4	61.6	63.1	60.7
25 to 44 years	68.6	70.7	69.3	70.3	69.0
45 to 74 years	70.8	73.0	70.5	72.7	70.6
Total	67.3	69.5	67.8	69.2	67.5

4.6.2 Weight associated with the distribution of the population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the distribution of the target population in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 18-24, 25-44 and 45-74. This adjustment to the population distribution is identical to that used for the *food frequency* questionnaire.

4.7 Toenail Sampling

4.7.1 Weight associated with the non-response count

All of the individuals aged 18 to 74 who responded to the *household* questionnaire were eligible for *toenail sampling*. Of the 1330 eligible individuals who responded to the *household* questionnaire, 714 people participated.

The weighted proportion of respondents for this instrument is defined as the relationship between the weighted number of respondents and the weighted number of eligible individuals; this rate was 54.4%. Table H.4.9 presents the weighted proportion of respondents by municipality, gender and age.

The overall weighted response rate was 42.3%. This rate takes into account that the questionnaires were administered in cascade. Non-response was analyzed on the basis of the weighted proportion of respondents.

Table H.4.9

Weighted proportions of respondents in the *toenail sampling* by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	64.9
Umiujaq	60.3
Inukjuak	58.2
Puvirnituq	40.4
Akulivik	63.2
Ivujivik	43.0
Salluit	63.6
Kangiqsujuaq	50.9
Quaqtaq	61.0
Kangirsuk	53.6
Aupaluk	65.6
Tasiujaq	52.5
Kangiqsualujjuaq	49.7
Kuujjuaq	52.9
Gender	
Male	49.7
Female	59.2
Age group	
18 to 24 years	47.2
25 to 44 years	55.3
45 to 74 years	59.4
Total	54.4

As was the case for the *individual* questionnaire, non-response adjustment was performed using weighting classes by applying the CHAID procedure. The same variables were used to create the weighting classes: being the primary respondent or not and municipality. Note that although the weighting classes are similar, the weighting values are different, given that the weighted proportions of respondents per weighting class are different.

4.7.2 Weight associated with the population distribution

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the target population distribution in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 18-24, 25-44 and 45-74. This adjustment procedure is identical to that used for the *food frequency* questionnaire.

4.8 Hearing Test

4.8.1 Weight associated with the non-response count

All of the individuals aged 18 to 74 who responded to the *household* questionnaire were eligible for the *hearing test*. Among the 1330 eligible individuals who responded to the *household* questionnaire, 821 individuals participated.

The weighted proportion of respondents for this instrument is defined as the relationship between the weighted number of respondents to this instrument and the weighted number of eligible individuals; this rate was 62.3%. Table H.4.10 presents the weighted proportions of respondents by municipality, gender and age.

The overall weighted response rate was 48.5%. This rate takes into account that the questionnaires were administered in cascade. Non-response was analyzed on the basis of the weighted proportion of respondents.

As was the case for the *individual* questionnaire, non-response adjustment was performed using weighting classes by applying the CHAID procedure. The same variables were used to create the weighting classes: being the primary respondent or not and municipality. Note that although the weighting classes are similar, the weighting values are different, given that the weighted proportions of respondents per weighting class are different.

Table H.4.10

Weighted proportion of respondents in the *hearing test* by municipality, gender and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	67.9
Umiujaq	62.8
Inukjuak	61.9
Puvirnituq	46.6
Akulivik	70.5
Ivujivik	66.1
Salluit	63.7
Kangiqsujuaq	67.2
Quaqtaq	76.8
Kangirsuk	72.7
Aupaluk	71.5
Tasiujaq	65.9
Kangiqsualujuaq	52.8
Kuujuaq	65.8
Gender	
Male	57.2
Female	67.5
Age group	
18 to 24 years	59.6
25 to 44 years	64.7
45 to 74 years	60.0
Total	62.3

4.8.2 Weight associated with the distribution of the population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the target population distribution in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 18-24, 25-44 and 45-74. This adjustment procedure is identical to that used for the *food frequency* questionnaire.

4.9 Hemoglobin Testing and Test for Anemia

An approach similar to that used in Section 4.6 was chosen, a single weighting for the *hemoglobin test* and the *test for anemia*. In fact, the target population was the same (women aged 18 to 74) and the number of respondents is similar, 484 versus 500.

In all, 502 tests were completed; two individuals have results for the *hemoglobin test* but not for the *test for anemia* and conversely, for 18 individuals, results for the *test for anemia* are available but not for the *hemoglobin test*. The bias caused by this non-response is considered negligible as it less than 5%.

4.9.1 Weight associated with the non-response count

The weighted proportion of respondents for the two instruments is defined as the relationship between the weighted number of respondents and the weighted number of eligible individuals. The weighted proportion of non-response is presented in Table H.4.11, by municipality and age.

The overall weighted response rate for the two instruments is found in Table 3.3. This rate takes into account that the questionnaires were administered in cascade.

Table H.4.11

Weighted proportion of respondents by municipality and age, *The Health Survey of the Inuit of Nunavik – 2004*

Instrument Municipality	Weighted Proportion of Respondents (%)	
	Hemoglobin Test	Test for anemia
Kuujuarapik	67.4	73.8
Umiujaq	63.2	63.2
Inukjuak	71.7	74.0
Puvirnituk	67.0	69.9
Akulivik	67.5	67.5
Ivujivik	69.4	69.4
Salluit	78.6	81.4
Kangiqsujuaq	67.1	72.0
Quaqtaq	74.0	74.0
Kangirsuk	79.8	82.9
Aupaluk	75.5	75.5
Tasiujaq	65.2	65.2
Kangiqsualujuaq	76.2	80.1
Kuujuuaq	77.3	78.9
Age group		
18 to 24 years	63.4	64.0
25 to 44 years	74.2	77.6
45 to 74 years	77.8	79.8
Total	72.4	74.8

Given that a single weighting was produced for the two instruments combined, non-response was analyzed on the basis of the weighted proportion of respondents obtained in relation to the weighted number of respondents corresponding to 502 individuals and the weighted number of eligible individuals.

Non-response adjustment was performed using two weighting classes by applying the CHAID procedure. The only variable used was “being the primary respondent or not” to form the weighting classes.

4.9.2 Weight associated with the distribution of the population

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the target population distribution in terms of certain socio-demographic characteristics. Municipality, age and gender were retained. Three age groups were used: 18-24, 25-44 and 45-74. This adjustment procedure is identical to that used for the *food frequency* questionnaire.

4.10 Bone Mineral Densitometry

4.10.1 Weight associated with the non-response count

All of the women aged 35 to 74 who had responded to the *household* questionnaire, were eligible for *bone mineral densitometry*. Among the 317 eligible women who responded to the *household* questionnaire, 207 participated.

The weighted proportion of respondents for this instrument is defined as the relationship between the weighted number of respondents to this instrument and the weighted number of eligible individuals. This rate was 65.5%. Table H.4.12 presents the weighted proportion of respondents by municipality and age.

The overall weighted response rate was 51.0%. This rate takes into account that the questionnaires were administered in cascade. Non-response was analyzed on the basis of the 65.5% weighted proportion of respondents.

As was the case for the *individual* questionnaire, non-response adjustment was performed using weighting classes by applying the CHAID procedure. The only variable used was “being the primary respondent or not” to form the two weighting classes.

Table H.4.12

Weighted proportion of respondents in the *bone mineral densitometry* by municipality and age, *The Health Survey of the Inuit of Nunavik – 2004*

	Weighted Proportion of Respondents (%)
Municipality	
Kuujuarapik	24.0
Umiujaq	20.8
Inukjuak	72.9
Puvirnitug	54.0
Akulivik	61.6
Ivujivik	74.6
Salluit	77.7
Kangiqsujuaq	72.8
Quaqtaq	73.6
Kangirsuk	87.1
Aupaluk	65.2
Tasiujaq	65.9
Kangiqsualujuaq	67.7
Kuujuaq	70.4
Age group	
35 to 44 years	68.1
45 to 74 years	63.3
Total	65.5

4.10.2 Weight associated with the population distribution

A final adjustment was made to the weighting so the weighted distribution of respondents was consistent with the target population distribution in terms of certain socio-demographic characteristics. The sector, as defined in Table H.4.13 and age were retained. Two age groups were used: 35 to 44 and 45 to 74 years. This adjustment to the population distribution is similar to that used for the *individual* questionnaire described in Section 4.2.2 with the exception of different age groups

Table H.4.13

Breakdown of Nunavik Municipality by sector, *The Health Survey of the Inuit of Nunavik – 2004*

Municipality	Sector A / B
Akulivik	B
Aupaluk	B
Inukjuak	A
Ivujivik	B
Kangiqsualujuaq	B
Kangiqsujuaq	B
Kangirsuk	B
Kuujuaq	A
Kuujuarapik	A
Puvirnitug	A
Quaqtaq	B
Salluit	B
Tasiujaq	B
Umiujaq	A

5.0 Weighting Related to the Study of Variables Originating From Various Instruments

Given the numerous instruments used during data collection, it was necessary to determine which weighting was the most suitable in cross-tabulating variables originating from two different instruments. A weighting that minimized the loss of units of analysis while considering the quality of the non-response adjustment was sought. Two types of cross-tabulation were analyzed: the *individual* questionnaire with the other instruments and the *confidential* questionnaire with the other instruments.

5.1 Cross-Tabulation of the *Individual* Questionnaire with the Other Instruments

A study was conducted of the cross-tabulation of variables in the *individual* questionnaire with those from the other instruments taken one at a time to determine which weighting was most appropriate for producing estimates. Even though the number of respondents to the *individual* questionnaire is higher than that of the other instruments, it was noted that some individuals had completed the other instruments without having completed the *individual* questionnaire. The number of individuals having responded to the *individual* questionnaire as well as to a second instrument was calculated; these individuals were designated as “respondents” to the two instruments. In a similar fashion, the number of individuals having responded to one or the other of the two instruments but not the *individual* questionnaire was counted; the latter were designated “non-respondents”. In selecting the weighting to use, a low number of “non-respondents” is desired to minimize non-response bias. For the Health Survey of the Inuit 2004, we considered that a percentage of “non-respondents” below 5% of the total respondents of each of the instruments should not be cause for concern. In cross-tabulations of the *individual* questionnaire with another instrument, the *individual* questionnaire variables were the ones most likely to be cross-tabulated with analysis variables coming from the second instrument.

Table H.5.1 presents the number of individuals who responded to the *individual* questionnaire as well as to another instrument, for each of the other survey instruments taken one at a time. It also gives the percentage of respondents who completed the *individual* questionnaire without having supplied responses to the other instruments and vice versa. This percentage in fact indicates the proportion of data lacking for which weighting was not adjusted. The weighting to be used for cross-tabulating the *individual* questionnaire variables with those from another instrument is also indicated.

In some situations, the weighting of the *individual* questionnaire was proposed whereas in other cases, the weighting of another instrument was favoured. As previously mentioned, the objective was to select the weighting that minimized the loss of analysis units while considering the quality of the non-response adjustment. Non-response adjustment was similar for the majority of the instruments, thus the focus was on the loss of analysis units. Consequently, the choice of weighting gave priority to this last criterion as demonstrated by Table H.5.1. When the weighting of the *individual* questionnaire was chosen, it was ensured that the weighted distribution of respondents by age and gender was consistent with that target population distribution given that the target population of the *individual* questionnaire was different from that of the instruments.

Note that in producing estimates from two instruments, in addition to non-response to the instrument, one should not ignore the potential bias due to non-response to questions.

Table H.5.1

Number of individuals having responded to the *individual* questionnaire and to another instrument, *The Health Survey of the Inuit of Nunavik – 2004*

Questionnaire	Number of Respondents to the Two Instruments	Respondent to the <i>Individual</i> Questionnaire but Non-Respondent to the Other Instrument (%)	Respondent to the Other Instrument but Non-Respondent to the <i>Individual</i> Questionnaire (%)	Weight File to Use
<i>Confidential</i>	967	3.9	0.2	<i>Confidential</i>
<i>Food frequency</i>	758	10.8	2.6	<i>Food frequency</i>
<i>24-hour recall</i>	664	21.9	2.8	<i>24-hour recall</i>
<i>Clinical session</i> ³	860	1.9	3.3	<i>Individual</i>
Clinical tests				
<i>Toenail sampling</i>	695	20.8	2.7	<i>Toenail sampling</i>
<i>Hearing test</i>	804	8.3	2.1	<i>Hearing test</i>
<i>Test for anemia</i> ⁴	475	2.5	5.0	<i>Individual</i>
<i>Bone mineral densitometry</i>	205	17.0	1.0	<i>Bone mineral densitometry</i>

5.2 Cross-Tabulation of the *Confidential* Questionnaire with the Other Instruments

A study of variable cross-tabulation from the *confidential* questionnaire with those from other instruments taken one by one was conducted to determine which weighting was the most appropriate in producing estimates. A study similar to that in Section 5.1 was undertaken for the *confidential* questionnaire. Table H.5.2 presents the same type of results as those in Table H.5.1, specifying the weighting to use based on to the situation.

It was noted that for four instruments for which corresponding weighting was recommended, the non-response rate was slightly above 5%. An analysis of the “non-respondents” was performed to determine whether they have different characteristics from those of the respondents. Those who had not responded to the *confidential* questionnaire but who had participated in the *toenail sampling* were predominantly older (65 to 74 years of age) by an unweighted proportion of 18.6% vs. 6.3% (all ages combined). Thus, caution must be exercised in using weighting for the *toenail sampling* data in the cross-tabulation of variables from the *confidential* questionnaire with those from the *toenail sampling*. There were similar results for the three other instruments.

³ The weighting for the *clinical session* is also valid for the *blood test*, *blood pressure*, the *biochemical test* and the *anthropometric measurements* given that they have the same weighting file.

⁴ The weighting for the *test for anemia* is also valid for the *hemoglobin test* given that they have the same weighting file.

Table H.5.2

Number of individuals who responded to the *confidential* questionnaire as well as to another instrument, *The Health Survey of the Inuit of Nunavik – 2004*

Questionnaire	Number of Respondents to the Two Instruments	Respondent to the Confidential Questionnaire but Non-Respondent to the Other Instrument (%)	Respondent to the Other Instrument but Non-Respondent to the Confidential Questionnaire (%)	Weight File to Use
<i>Food frequency</i>	739	9.7	5.0	<i>Food frequency</i>
<i>24-hour recall</i>	629	23.1	5.3	<i>24-hour recall</i>
<i>Clinical session</i> ⁵	832	1.4	6.4	<i>Confidential</i>
Clinical tests				
<i>Toenail sampling</i>	669	20.7	6.3	<i>Toenail sampling</i>
<i>Hearing test</i>	778	7.8	5.2	<i>Hearing test</i>
<i>Test for anemia</i> ⁶	461	2.1	7.8	<i>Confidential</i>
<i>Bone mineral densitometry</i>	199	14.6	3.9	<i>Bone mineral densitometry</i>

6.0 Partial Non-Response

In addition to non-response for an entire instrument, there was also partial non-response. Non-response is partial when at least one part of a questionnaire was not completed. This could also result in bias in estimates since the non-respondents could have different characteristics than respondents. The greater the partial non-response, the greater the risk of bias.

For the Health Survey of the Inuit – 2004, we judged that for most of the instruments, a non-response rate below 5% of all potential respondents should not be a cause for concern. However, if the number of targeted respondents was limited, in instances where the partial non-response rate was over 5%, the risk of bias was deemed low. When this rate was over 5%, however, the potential for bias has been identified; these warnings should thus be taken into consideration by analysts during data analysis.

An analysis of the partial non-response of the various instruments was performed. It consisted of calculating the non-response for each question, targeting problematic cases and determining the significance of the partial non-response for each instrument as a whole. Weighted partial non-response rates for each question in all of the instruments were calculated; key points are presented in the subsequent sections. Note that the non-response rate for each question was obtained from the relationship between the weighted number of individuals not having responded to the question and the weighted number of individuals who should have answered this question (potential respondents). When non-response to a question exceeded 5% of all potential respondents, a more detailed analysis was conducted to verify if the non respondents to this question were characterized by the following variables:

⁵ The weighting for the *clinical session* is also valid for the *blood test*, *blood pressure*, the *biochemical test* and the *anthropometric measurements* given that they have the same weighting file.

⁶ The weighting for the *test for anemia* is also valid for the *hemoglobin test* given that they have the same weighting file.

- Household size
- The number of children in the household
- The number of adults in the household
- Age
- Gender
- Municipality
- Sector (see Table H.6.1)
- Coast
- Being the primary respondent or not
- Question Q12 of the *Household* questionnaire, relating to main occupation in the two previous weeks
- Question Q15 of the *Household* questionnaire, relating to smoking restrictions in the home
- Question Q31 of the *Household* questionnaire, relating to a lack of food in recent months
- Question Q1 of the *Individual* questionnaire, relating to general health status
- Question Q9 of the *Individual* questionnaire, relating to body weight
- Question Q34 of the *Individual* questionnaire, relating to cigarette use
- Question Q57 of the *Individual* questionnaire, relating to level of education.

Table H.6.1
 Identity groupings of the various Nunavik municipalities, *The Health Survey of the Inuit of Nunavik – 2004*

Municipality	Sector A/B	Ungava / Hudson Coast	Inuit Population Proportion
Akulivik	B	Hudson	Higher
Aupaluk	B	Ungava	Higher
Inukjuak	A	Hudson	Lower
Ivujivik	B	Hudson	Higher
Kangiqsualujuaq	B	Ungava	Higher
Kangiqsujuaq	B	Ungava	Higher
Kangirsuk	B	Ungava	Higher
Kuujuaq	A	Ungava	Lower
Kuujuarapik	A	Hudson	Lower
Puvirnituq	A	Hudson	Lower
Quaqtaq	B	Ungava	Higher
Salluit	B	Hudson	Higher
Tasiujaq	B	Ungava	Higher
Umiujaq	A	Hudson	Higher

6.1 Household Questionnaire

For the *household* questionnaire, six variables have a partial non-response rate between 5% and 9% (Q2, Q4A, Q10, Q13, Q14A, Q21); one variable has a rate of 13.3% (Q29), however the number of potential respondents is low in this case (59 respondents). No potential bias was identified in the case of variables Q2 to Q14A; however, for question Q4A on gastroenteritis (5.6%), partial non-response was highest in larger households. This observation does not necessarily imply the presence of potential bias; however, this question may have been more appropriate in the *individual* questionnaire given the large size of Inuit households. Nonetheless, note that there was significant response to this question among those aged 0 to 14 and that this age group was only surveyed through responses from adults. It was noted that non-response for sub-questions Q5BA to Q5BD varied from 5.9% to 7.8%. Given that the number of potential respondents was more limited, these non-response rates are not problematic; however, partial non-response was observed to be higher among younger individuals. We should ask ourselves if it is possible that the primary respondent answered “don’t know” or “no answer” rather than answering in the negative in situations where there had been no evidence of allergy in younger people.

Partial non-response for question Q21 relating to cleaning the home water reservoir is particularly higher in the municipality of Kuujjuaq (18% vs. 6% overall). In Kuujjuaq, the proportion of water reservoirs that are cleaned once a year or less is much higher than for all the other municipalities combined. Extreme caution should be used in interpreting this result: it is possible that the survey has underestimated the proportion of water reservoirs that are cleaned once a year or less.

6.2 Individual Questionnaire

In the *individual* questionnaire, there are numerous questions that target only a segment of the population. For these questions, even though the partial non-response rate is often higher than 5%, the number of respondents targeted is so limited that the risk of bias is deemed low. This is the case for variables Q14B, Q32C, Q38A, Q38B, Q38C, Q38D, Q41D, Q42, Q43 and Q44 for which the non-response rate varies from 5.9% to 17.9%. The potential for bias appears negligible for questions Q22, Q33, Q51, Q52 and Q60 for which the non-response rate varies between 5.7% and 8.2%. Specific comments about the respondents and non-respondents are presented by questionnaire section.

Section 3 – Women’s health

For some questions, there is a very high proportion of people stating they did not know the answer. It may be that sometimes the issue of not knowing the answer is different from a refusal to answer. For example, to question Q4B, 24 of the 116 women questioned answered that they did not know why they had not had a PAP test in the past two years. The same problem was observed for question Q5B, where 99 of 373 women did not know why they had not had a breast exam in the past two years. The non-response rate for these two questions was 26.5% and 32.8% respectively, taking into consideration these non-respondent women. However, for question Q4B, most non-respondents live in sector B that groups the municipalities where access and living conditions are more difficult (Table H.6.1). According to the data, 66% of non-respondents live in sector B compared to 31% of respondents.

During data collection, Question Q8 on breast-feeding was modified by taking out problematic wording in sub-question Q8D. Although this change was justified, the fact that it was made during data collection affects the validity of answers to sub-question Q8E. Women who were not asked this sub-question before the change must be considered non-respondents which increases the non-response rate from 25.4% to 36.7%; however, most of these non-respondents had breast-fed their children in contrast to the other women. Thus, the responses to this sub-question should only be used for information purposes since there is a high potential for bias.

Section 5 – Nutrition and contaminants

Non-response to Question Q12 on store-bought food was 12%. Note that non-respondents are in the younger age categories: 52% of non-respondents are between 15 and 24 years of age compared to 30% of respondents.

To Question 13B, 14% of the individuals targeted stated they did not know if the contaminants listed could be in their food. Since these people included more women (63% of non-respondents compared to 45% of respondents) and young people between the ages of 15 and 24 (44% of non-respondents compared to 20% of respondents), bias may exist. For each of the five sub-questions in Question Q15, between 10.9% and 38.7% of individuals targeted indicated they did not know the answer. If the fact of not knowing the answer constitutes a type of response, then the non-response rate is below 5% for all of these sub-questions. Conversely, there is a potential risk of bias because 67% of non-respondents were women compared to 45% among respondents. Non-respondents were younger: 41% were under 24 years of age compared to 18% of respondents.

Section 13 – Socio-demographic information

Nearly 7% of the individuals targeted did not answer Question Q56 about common-law spouses. Non-response for this question was higher among the younger population (aged 15 to 24) and the elderly (aged 65 and over), as well as among the less educated (those who had at most completed elementary school). Note that 60% of non-respondents to Question Q56 were also non-respondents to Question Q55. In relation to level of education in Question Q55, 68% of non-respondents were between 15 and 24 years of age compared to 31% of respondents.

In terms of Question Q58 on continuing studies in the future, the partial non-response rate was 10.5%; non-response increases with the age of individuals, reaching 26% among those 65 and over.

About 15% of those surveyed refused to state their personal income in Question Q61, primarily young people (aged 15 to 24) and the elderly (65 and over). A clearly higher non-response rate is noted among people with a lower level of education and among those whose main occupation in the previous two weeks was not working (information from the *household* questionnaire).

Although the non-response rate for Question Q62 on the current work situation is only 5.8%, people aged 15 to 17 and people 65 and over have higher partial non-response rates (10.3% and 27.4% respectively). Non-respondents generally have a lower level of education: 56% of them having completed elementary school at the most, compared to 21% among respondents.

6.3 Confidential Questionnaire

The *confidential* questionnaire had low non-response rates except for some specific questions. The first question (Q1) on well-being, which had 20 sub-questions had non-response rates varying between 5.3% and 6.8%. Non-respondents were less educated and older. Question Q13 on what could help suicidal people had non-response rates varying from 6% to 22% in terms of its 11 sub-questions. As with preceding questions, non-respondents were less educated and older. In the case of some of the sub-questions, more non-respondents live in municipalities on the Hudson coast. Question Q41B of the section on violence had a non-response rate of 15%. Non-respondents were more likely to live in municipalities located in sector B as defined in Table H.6.1.

An analysis of partial non-response for sub-questions of Q41C revealed that Question Q41B was modified during data collection to eliminate the wording next to question Q42A, thus avoiding the sub-questions to Q41C for individuals having answered “NO” to Q41B. This modification meant that individuals in Kuujjuarapik, Umiujaq and Inukjuak having responded “NO” to Q41B, never answered the sub-questions to Q41C in contrast to individuals residing in the other municipalities. The prevalence of responses to the sub-questions to Q41C varied according to the date the instrument was administered (before the change vs. after the change). Thus, answers to these sub-questions must only be used for information purposes as the potential for bias is high.

6.4 Clinical Test

In the clinical test, the partial non-response rates were very low except for Question Q6 on illnesses suffered by parents or siblings for which non-response rates vary from 15% to 40%. Partial non-response to this question was higher among older respondents, potentially causing an underestimation of the prevalence of the illnesses. Similarly, partial non-response is high for Questions Q7C and Q7D (21% and 12% respectively), however the number of potential respondents is low (58 respondents); even though this observation does not necessarily imply potential bias, there was a higher partial non-response among older respondents.

7.0 Analytical Procedures

The majority of the procedures used in the data analysis and the software used to conduct the analysis are those generally associated with simple random sampling. The current study had a stratified two-stage design with all-in sample units at the second stage. Consequently, particular attention must be paid to the analytical procedures used.

Section 7.1 addresses simple estimate production; Section 7.2 presents calculation details for the precision associated with the estimates.

7.1 Production of Simple Estimates

The underlying estimation principle in a probability survey is that each sample unit represents not only him or herself, but also several units in the survey’s population (Statistics Canada, 2003). As described in Chapter 4, the average number of population units that a sample unit represents is known as the “weight”. All simple estimates such as proportions and averages must take weighting into account when making inferences for the population. The weighting takes into consideration the non-

proportional character of the sample distribution, where applicable, as well as the adjustments made to minimize the impact of non-response.

Given the wide diversity of instruments used in the survey, several weight files were produced. Table H.7.1 specifies the name of the weight file to be used for the estimates corresponding to the characteristics recorded on the *identification chart* and on the *household* questionnaire. Similarly, Table H.7.2 presents the same information for the instruments dealing with individuals. Each weight file is composed of the following variables:

- PARTICIP: single number identifying each respondent
- MENAGE: number identifying the household
- STRATE: number of the municipality (varying from 1 to 14 by chronological order of the visit conducted during data collection; the order is listed in Table H.4.1)
- POIDS: population weight specific to each individual; to be used for the production of estimates
- B1-B500: bootstrap weight used in the calculation of variance (outlined in Section 7.2).

An additional variable was included in certain weight files (*bootstrap_alim*, *bootstrap_rappel*, *bootstrap_multi1*). This variable indicates whether the respondent was “*enceinte*” (ENCEINTE = 1) or not (ENCEINTE = 0).

We must recall that the following instruments share the same weight file (*Bootstrap_multi1*) as mentioned in Section 4.6: *clinical session*, *blood test*, *blood pressure*, *biochemical test*, and *anthropometric measurements*. Similarly, for estimates relating to the *hemoglobin test* and the *test for anemia*, a single weight file must be used (*Bootstrap_multi2*).

Note that no attempt to calculate a weighting was made for the test for *oral glucose tolerance test*; the response rates were not sufficient to attempt to make inferences for the population of individuals aged 18 to 74. The data gathered may only be used for information purposes.

As stated in Section 4.1, the weighting produced for the *identification chart* and the *household* questionnaire was attributed to each individual in the responding households. This weighting is valid even for the questions dealing with households, Questions Q15 to Q31. The weighting of the household thus corresponds to the weighting of the primary respondent for whom the two last characters of the PARTICIP (single number identifying each respondent) are “00”.⁷

For the *24-hour dietary recall* and *food frequency* questionnaires, the eligibility criteria stipulate that pregnant women responding to the survey are excluded from the target population. Given that this information was not available in the survey frame, it is impossible for us to take this factor into account at the post stratification level. Consequently, for the purposes of estimates, we propose proceeding by study domain; this domain will be composed of all individuals except the 27 pregnant women. For this reason, the weight file for these two instruments includes all individuals aged 18 to 74, including the 27 pregnant women; thus, the *Bootstrap_rappel* and *Bootstrap_alim* weight files have 691 and 805 people respectively. However, the domain has 664 and 778 individual respondents

⁷ At this stage, all members of a same household have the same weighting.

respectively. This procedure must also be used in the estimates related to *anthropometric measurements*.

When estimates are produced from variables taken one by one from both the *individual* questionnaire or the *confidential* questionnaire and other instruments, particular attention must be paid to the weighting selection. The instrument associated with the appropriate weighting is indicated in Tables H.5.1 and H.5.2.

In conclusion, in interpreting the results of the analyses, a high partial non-response to each of the questions must be taken into account because it could result in a certain bias in the estimates. This may involve studying the direction of the bias based on the characteristics of the partial non respondents. Indications for potential bias relating to the survey's instruments are presented in Chapter 6.

Table H.7.1

Name of the weight file to use for the survey's *identification chart* and *household* questionnaire, *The Health Survey of the Inuit of Nunavik – 2004*

Questionnaire	Eligibility Criteria	Number of Household Respondents	Number of Eligible Households	Name of the Weight File
<i>Identification chart</i>	Inuit household	521	670	Bootstrap_men
<i>Household</i>	Inuit household	521	670	Bootstrap_men

Table H.7.2

Name of the weight file to use by instruments dealing with individuals, *The Health Survey of the Inuit of Nunavik – 2004*

Questionnaire	Eligibility Criteria	Number of Individual Respondents	Number of Eligible Individuals	Name of the Weight File
<i>Individual</i>	15 years and over	1006	1527	Bootstrap_indiv
<i>Confidential</i>	15 years and over	969	1527	Bootstrap_confid
<i>Food frequency</i>	18 to 74 years (excluding pregnant women)	778	1303	Bootstrap_alim
<i>24-hour recall</i>	18 to 74 years (excluding pregnant women)	664	1303	Bootstrap_rappel
<i>Clinical session</i>	18 to 74 years	889	1330	Bootstrap_multi1
Clinical tests				
<i>Blood test</i>	18 to 74 years	917	1330	Bootstrap_multi1
<i>Blood pressure / temperature</i>	18 to 74 years	895	1330	Bootstrap_multi1
<i>Toenail sampling</i>	18 to 74 years	714	1330	Bootstrap_ongle
<i>Hearing test</i>	18 to 74 years	821	1330	Bootstrap_aud
<i>Biochemical test</i>	18 to 74 years	913	1330	Bootstrap_multi1
<i>Anthropometric measurements</i>	18 to 74 years (excluding pregnant women)	867	1303	Bootstrap_multi1
<i>Glucose tolerance</i>	18 to 74 years (excluding pregnant women and diabetics)	166	1284	-
<i>Hemoglobin test</i>	Women 18 to 74	484	673	Bootstrap_multi2
<i>Test for anemia</i>	Women 18 to 74	500	673	Bootstrap_multi2
<i>Bone mineral densitometry</i>	Women 35 to 74	207	317	Bootstrap_os

7.2 Accuracy of the Estimates

A sampling error is the result of an estimate of a characteristic of the population made by measuring only a part, rather than all of a population. The measurement that is most often used to quantify sampling error is sampling variance (Statistics Canada, 2003).

Elements that have repercussions on the extent of the sampling variance include (Statistics Canada, 2003):

- The variability of the characteristic of interest in the population
- The size of the population
- The sampling plan and methods for estimation
- Response rates.

To measure sampling variance, the INSPQ preferred the “bootstrap” method. This method, which is a resampling approach, consists of selecting sub-samples from the sample and producing estimates for each sub-sample. By measuring the dispersion between these different estimates, using the following variance formula, an estimate of the sample variance is obtained:

$$\hat{Var}(\hat{C}) = \frac{\sum_{l=1}^n (\hat{B}_l - \bar{B})^2}{n-1}$$

where:

\hat{C} is the estimate of a certain characteristic C for which we wish to estimate the sampling variance

n is the number of sub-samples produced

\hat{B}_l is the estimate obtained based on the l^{st} sub-sample

and

$$\bar{B} = \frac{\sum_{l=1}^n \hat{B}_l}{n}.$$

The accuracy of this sampling variance estimator increases with the number of sub-samples considered. For the purposes of the survey, using 500 sub-samples to estimate the variance was judged sufficient.

For each sub-sample, to obtain an estimate \hat{B}_l that could be inferred to the population, each sub-sample had to be weighted, thus creating as many weightings as sub-samples; these weightings are called “bootstrap weights.” In the various weight files used to produce estimates, variables B1 to B500 represent the bootstrap weights.

The standard bootstrap procedure commonly used in practice is presented in Section 7.2.1. Given the high sampling fraction, this procedure had to be modified to correctly estimate the sampling variance. An alternative method based on an adjustment proposed by Rao and Wu (Rao & Wu, 1988) and slightly modified by Statistics Canada (St-Pierre, 2003) was considered. However, this method, outlined in Section 7.2.2, also had to be adapted to the specific context of this survey. The procedure retained to estimate the variance of estimates in this survey is described in Section 7.2.3.

7.2.1 Standard bootstrap procedure

The standard procedure consists of drawing a given number of sub-samples of primary sampling units from the survey sample. Each sub-sample, commonly called a “bootstrap sample,” is formed from a simple random drawing with replacement of primary units within each stratum. Normally, $n_k - 1$ primary units are drawn by stratum, where n_k is the number of primary units belonging to stratum k of the survey sample. In this survey, dwellings constitute the primary units and municipalities represent the different strata. To obtain 500 sub-samples, we had to draw, 500 times with replacement, $n_k - 1$ dwellings from within each municipality.

Following the drawing of sub-samples, the number of times B_{jkl} , that a dwelling had been selected in the sub-sample l was defined:

$$B_{jkl} = \begin{cases} 0, & \text{if the dwelling } j,k \text{ was not selected in the sub-sample } l \\ 1, & \text{if the dwelling } j,k \text{ was selected once in the sub-sample } l \\ 2, & \text{if the dwelling } j,k \text{ was selected twice in the sub-sample } l \\ \dots & \end{cases}$$

As previously mentioned, the general concept of the bootstrap procedure is to repetitively estimate a given characteristic with the help of these sub-samples and to measure the dispersion between the estimates obtained. Each sub-sample had to be weighted to obtain an estimate for each sub-sample that could be inferred to the population.

In Section 4, the various weightings performed included certain steps that were common to all instruments. The initial weight for dwellings was obtained from the inverse of its probability of selection in the survey sample. This weight was then adjusted for non-response for dwellings; a dwelling that responded to the *household* questionnaire was considered as a respondent. It is from this point that the adjustments performed to the various weightings differ. The same principle must be applied to the bootstrap weights, in other words, bootstrap weights for instruments or groups of instruments only differ in their adjustments at the level of non-response and of the distribution of individuals. Thus, a single grouping of 500 sub-samples was required to obtain the bootstrap weights for each instrument.

The initial weight for dwelling j, k for the weighting of the l^{st} sub-sample was established by multiplying the number of times that dwelling was selected in this sub-sample by the inverse of the probability of selection of the dwelling in the sub-sample:

$$P0_{jkl} = \frac{N_k}{n_k - 1} B_{jkl}$$

where:

N_k represents the number of dwellings in the population of stratum k obtained from the survey frame

n_k represents the number of dwellings in the sample from stratum k

Note that if dwelling j, k was not selected in the l^{st} sub-sample, since B_{jkl} is zero, the initial weight of this dwelling for the weighting of sub-sample l is also zero.

The initial weighting of each sub-sample was then adjusted for the non-response of dwellings by applying the same weighting classes as those in Section 4.1.2. For each instrument or group of instruments a weight attribution to each member of the household living in the responding dwelling, an adjustment for the non-response of individuals and an adjustment according to the distribution of individuals in the population were then made independently, as described in Section 4.

For every adjustment involving weighting classes, the same classes were used for the adjusting weightings for the sub-samples as for survey sample weighting; these classes were defined in Section 4.

7.2.2 Bootstrap procedure with Rao-Wu adjustment

Because the sampling fraction is very high, the *standard* method considerably overestimates the variance associated with the estimates. This problem was first addressed in an article by Rao and Wu (Rao & Wu, 1988) in which an adjustment was proposed. Based on this adjustment, and on a modification recommended by Statistics Canada (St-Pierre, 2003), an alternative method was considered.

The sub-samples were drawn solely from responding dwellings, those that responded to the *household* questionnaire. This variation, proposed by Statistics Canada, has the effect of countering an underestimation of the sampling variance resulting from the use of the Rao-Wu adjustment; this underestimation being proportional to the sampling fraction. The issue of only selecting responding dwellings implies that no adjustment for the non-response of dwellings may be made on the bootstrap weights. To remedy this problem, the basic weight of dwelling j, k for the weighting of sub-sample l was obtained starting with the weight of the same dwelling adjusted *a priori* for the non-response of dwellings:

$$P1_{jkl} = P1_{jk} \times \left(1 - \sqrt{1 - f'_k} + \sqrt{1 - f'_k} \frac{n_k}{n_k - 1} B_{jkl} \right)$$

and

$$f'_k = \frac{n'_k}{N_k}$$

where:

$P1_{jk}$ is the weight of dwellings after adjustment for non-response as defined in Section 4.1.2

n_k represents the number of dwellings in the sample from stratum k

n'_k represents the number of responding dwellings in the sample from stratum k

N_k represents the number of dwellings in the population from stratum k obtained from the survey frame

B_{jkl} represents the number of times the dwelling j, k was selected in the sub-sample l

It should be noted that with the Rao-Wu adjustment, even if dwelling j, k was not selected in sub-sample l , its basic weight, $P1_{jkl}$, was, contrary to the standard method, slightly over 0.

For each instrument or group of instruments, the weighting of each sub-sample was completed, as described in Section 4, by attributing a weight to each member of the household, by adjusting for the non-response of individuals and by adjusting according to the distribution of individuals in the population.

7.2.3 Bootstrap procedure retained for The Health Survey of the Inuit of Nunavik - 2004

Although the method described in Section 7.2.1 was adequate for the *household* questionnaire, it was another matter for the other instruments where an underestimation of the sampling variance was obtained. This underestimation was, in part, due to the overestimation of the fraction f'_k included in the Rao-Wu adjustment. This fraction was obtained from the number of responding dwellings on the basis of the *household* questionnaire whereas a number of households living in responding dwellings had no member responding to a certain individual instrument; therefore these dwellings were actually non-respondents to the instruments in question. In addition, as the individual non-response was high for all the instruments, the fraction of responding dwellings was higher than the fraction of responding individuals. It was therefore decided to modify the Rao-Wu adjustment by calculating the fraction of respondents on the basis of individuals:

$$P1_{jkl} = P1_{jk} \times \left(1 - \sqrt{1 - f_k^*} + \sqrt{1 - f_k^*} \frac{n_k}{n_k - 1} B_{jkl} \right)$$

and

$$f_k^* = \frac{n_k^*}{N_k^*}$$

where:

$P1_{jk}$ is the weight of dwellings after adjustment for non-response as defined in Section 4.1.2

n_k^* represents the number of responding individuals in the sample of stratum k ;

N_k^* represents the number of individuals in the population of stratum k obtained from the survey frame

B_{jkl} represents the number of times the dwelling j , k was selected in the sub-sample l

Aside from this modification, all adjustments made to the bootstrap weights were the same as those listed in Section 7.2.2.

With this modification, the resulting bootstrap procedure permitted an appropriate estimate of sampling variance. Comparisons were made between the variance estimates calculated with the bootstrap procedure used for the survey and those obtained from the Taylor linearization in SUDAAN and the results are comparable.

8.0 References

Bernier, N., & Lavallée, P. (1994). *SAS macro: CALJACK*. Ottawa: Social Survey Methods Division, Statistics Canada.

Daveluy, C., Pica, L., Audet, N., Courtemanche, R., Lapointe, F., Côté, L., & Baulne, J. (2001). *Enquête sociale et de santé 1998 – Cahier technique et méthodologique: documentation générale* (Vol. 1). Montreal: Institut de la statistique du Québec (ISQ).

Des Groseilliers, L. (2004). Enquête santé des Inuits du Nunavik, Prétest à Kuujjuaq – Rapport technique, Mai 2004.

Kass, G. V. (1980). An Exploratory Technique for Investigating Large Quantities of Categorical Data. *Applied Statistics*, 29, 119-127.

Rao, J. N. K. & 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 – Méthodes bootstrap modifiée. Internal document. Ottawa: Statistics Canada.

Statistics Canada (2003). *Survey Practices and Methods*. Ottawa: Statistics Canada.

APPENDIX I:

**LIABILITY FORM: ACCESSIBILITY TO THE SURVEY DATABASE –
RESPECTING THE ETHICAL DIMENSIONS OF THE SURVEY**

LIABILITY FORM: ACCESSIBILITY TO THE SURVEY DATABASE – RESPECTING THE ETHICAL DIMENSIONS OF THE SURVEY

ENQUÊTE DE SANTÉ CHEZ LES INUITS DU NUNAVIK – 2004

UTILISATION DES DONNÉES ET DES ÉCHANTILLONS SANGUINS

FORMULAIRE D'ENGAGEMENT POUR LE RESPECT DES NORMES ÉTHIQUES

L'Institut national de santé publique du Québec (INSPQ) autorise l'utilisation et transmet à :

Nom : _____
Organisme : _____
Adresse : _____

des données provenant de l'enquête de santé effectuée en 2004 auprès de la population inuite du Nunavik. Ces données concernent :

Les données fournies sont non nominatives. L'INSPQ ne les rend disponibles que pour l'étude proposée par le demandeur.

Le demandeur s'engage :

- à les garder en lieu sûr et à ne les rendre accessibles qu'aux personnes désignées par le demandeur, soit :

_____ ;
- à les utiliser et en diffuser les résultats selon les exigences de l'INSPQ décrites dans le cadre de gestion de banques de données et des prélèvements sanguins (Juin 2005);
- à ne pas les transmettre à d'autres personnes, collègues ou chercheurs extérieurs;
- à ne les utiliser que pour les fins décrites dans leur demande;
- à ne mener aucune autre étude avec ces données sans en présenter la demande à l'INSPQ; le cas échéant, le demandeur s'engage à détruire les données;
- à acheminer à l'INSPQ trois copies des rapports ou publications tirées de ces données, dont une sera remise à la Régie régionale de la Santé et des Services sociaux du Nunavik et une autre au *Nunavik Health and Nutrition Committee*.

Demandeur

Organisme :

Date :

Danielle Saint-Laurent

Responsable du Comité d'évaluation des demandes
d'accès aux données

Institut national de santé publique du Québec

Date :

APPENDIX J:
PROBLEMS ENCOUNTERED WITH THE SURVEY
QUESTIONNAIRES

PROBLEMS ENCOUNTERED WITH THE SURVEY QUESTIONNAIRES

J.1: CARD G

Codes 20 and 26 were originally conceived to distinguish short and long-term invalidity. However, the codes were grouped together since many interviewers got them confused.

J.2: IDENTIFICATION CHART

It was impossible to impute the ethnic origin of one participant (Question 3). Usually, when this information was missing, ethnicity was determined using information drawn from a family member, usually a brother or sister, or if the person's name was well known.

There was confusion regarding Question 7 specifying the family relationship of some members with particular status. On Day 17 of the data collection, it was determined that Code 3 would be assigned to legally adopted children and Code 4 would be attributed to temporarily supervised children in the household, regardless of the relationship of this child to the adults responsible for the household. Hence, grandchildren legally adopted by their grandparents were classified as children even if their biological mother lived in the house. In addition, Code 4 had been incorrectly translated into French. It was agreed to keep the English version as the accurate version.

J.3: HOUSEHOLD QUESTIONNAIRE

In the first days of data collection, some participants answered they were drinking water from a lake or river even in the winter. Hence, an additional response option was added to Question 19, which was worded "6- Other (Specify)." This addition was introduced on Day 4 of the survey.

J.4: INDIVIDUAL QUESTIONNAIRE

The instruction "Do not read list" that was associated with Questions 4b, 5b, 8e, 12, 16 and 25 was not always followed by the interviewers. Results from participants to whom every possible answer had been read are doubtful. This problem was most prevalent for Questions 12 and 16. When a question of the "Do not Read List" type was asked as instructed, very few answers were noted since Inuit have a tendency to communicate in a succinct and concise way.

Many interviewers did not understand the "Go to..." instruction in Question 6b. It would have been more appropriate to include as a filter "Child under 5 years of age."

Question 8 did not consider the somewhat widespread situation of a child given for adoption to the grandparents in a household in which the biological mother is still living and breast-feeding the child in question. Hence, there is a possibility that breast-feeding was underestimated. Question 8b should have preceded 8a.

The instruction "Go to Section 4" in Question 8d was dropped on Day 17 of the study. Hence, Question 8e was not asked of participants who had answered 8d for the first half of the study. This induced a high partial non-response rate for Question 8e among participants from the Hudson coast. Results from this question should be used for information purposes only.

Question 12 was not understood by the great majority of respondents. This question should have been preceded by an introduction that would have mentioned, “We will now address the subject of country food,” followed by the question: “Why do you like eating...?” The wording of Question 12 was not appropriate since it required citing elements rather than expressing reasons.

The table that was part of Question 14b should have included more lines to differentiate the categories of blubber so respondents could have declared for example, “not eating beluga blubber anymore but eating more seal fat.”

The order in which the sub-questions of Question 15 was presented was not appropriate. If the respondent answered “Yes” to 15b, Questions c and d were unnecessary. The order should have been c, d, b.

Separating hunting from fishing in Section 7 was somewhat difficult for some respondents. These activities are often carried out jointly.

There was confusion concerning Questions 23 and 24. Question 23 had a time reference “in the past 12 months” while Question 24 did not have any time frame. Hence, an individual who did not hunt in the past 12 months could have theoretically answered the question on sharing catches based on previous experience. However, the great majority of interviewers took it for granted that the answer to Question 24 was “I do not go hunting” if “Never” was answered to every season under Question 23. Hence, it was decided to apply a filter for every respondent who did not go hunting in the previous 12 months and eliminate their answers for Questions 25 and 26.

At the training session, it was noted that the “Do not read list” instruction for Question 25 would be very hard to follow without naming anything. It was thus decided that the list of animals would be read, but not the parts.

Fish was included in the list of animals under Question 25b although Questions 23, 24 and 25a referred solely to hunting and not fishing, which was covered under Question 28. The respondent could have been somewhat confused and had trouble differentiating between hunting and fishing at that point. In addition, given the formulation of the question, it was generally misunderstood. More precision would have been preferable, like “What animal did you reject or throw out?” Finally, the category “Whole” should have been added to the options in the list for question 25b.

In the gambling section, many participants answered that they were spending a certain amount per session of play after specifying their playing frequency. This type of answer required a calculation by the interviewers to establish the amount in a specific period, which was not easy for many interviewers. It would have been preferable to add a “per session” option for Question 32. In addition, many interviewers struggled to determine the correct units for Questions 31 and 32. A layout similar to that for Question 8d, in which the columns “Quantity” and “Units” would have been regrouped with an underscore preceding the units, would have been easier for interviewers to follow.

Question 38a was not accurately interpreted by some respondents. They claimed they had smoked occasionally for many years while answering they had not smoked 100 cigarettes in their lifetime.

The sequence for the administration of Question 41 should have been b, d, c. There was confusion in Question 41d about the period associated with cigarette consumption. The sequence of questions asked about the period when they started smoking rather than when they were smoking daily.

There were confusion in Section 10 between the categories “Never” and “Did not drive/ride.” Options 4 and 5 for Questions 45 and 46 were sometimes confused. Question 47 was rephrased after a few days of surveying to facilitate its administration. For Question 47a, “Did you drive an automobile, van, or truck?” was asked at first, then “Did you drive an automobile, van or truck under the influence of drugs or alcohol?” with the same change made to Questions 47b, 47c and, 47d.

Question 47b was restricted to 3- or 4-wheelers but should have included 2-wheelers.

In terms of the education variable, it is important to specify that the choice of answers for post-secondary training were not well adapted to the context of the survey’s target population. In fact, the cross-tabulation of results obtained for categories 6 and 7 (question 57 of the individual questionnaire) (Appendix D3) with those from the open question specifying the highest diploma obtained, reveals that there was likely confusion during data collection between training that requires a post-secondary diploma and training that does not (e.g. driver’s license, fishing license, etc). As the highest diploma obtained was not always mentioned, it was impossible to validate the information initially entered for question 57. Therefore, the number of people with post-secondary education was likely overestimated.

Question 58 was not adapted for elderly people. A filter should have been used.

J.5: CONFIDENTIAL QUESTIONNAIRE

Due to one interviewer’s difficulty comprehending instructions, 37 participants answered only Sections 4 to 7 of the questionnaire. The interviewer did not understand the instructions to be read on pages 2 and 3 and took Example A of page 2 as an actual answer and directed participants to Section 4. This problem primarily affected the answers of participants who asked for interviewer assistance.

Respondent misunderstanding of instructions regarding filter questions (“Go to...”) lead to omissions in answering questions on many occasions.

A total of 273 participants did not answer Question 13 accurately as instructed. In certain cases, the non-response was total including participants that began at Section 4. In other cases, “Don’t know” was written in the margin. Question 13k has a double negative formulation, proved useless and should not be considered for analysis.

A validity problem exists regarding the frequency of alcohol consumption, as evidenced when the results of Questions 16 and 19 are compared: 24 participants who answered “Once to 3 times a month” to Question 16 acknowledged drinking 5 or more drinks once a week or more. Moreover, 29 participants answered “Less than once a month” for Question 16 and answered “More than once a month” for Question 19. In addition, 62 participants answered “Less than once a month” for Question 16 but “Once a month” for Question 19. This problem should be taken in consideration in further analyses since it was not definitively resolved during the validation process.

A significant proportion of participants did not follow the “Go to...” instruction in Question 24. A total of 113 participants, representing about one quarter of eligible respondents who answered the

questionnaire by themselves, did not properly respond to the two subsequent questions associated with the filter.

The notion of sexual partners was not interpreted in the same way by every respondent. Some participants included their spouses and others did not. An introduction defining the notion of sexual partner should have been added. This misinterpretation was detected in the validation process when the information on pregnancy was cross-tabulated with Question 32. Nine pregnant women out of 32 answered that they had not had any sexual partners in the past 12 months! Since it was impossible to cross-validate the information for the other respondents, it was decided to leave the answers to Question 32 as they were.

A total of 142 respondents did not answer Question 41b. The placement of the question at the bottom of the page was not ideal; some participants did not realize that it was an additional question.

The administration of Questions 41a, 41b and 41c caused confusion. There should have been a filter applied after Question 41b indicating to not answer Question 41c if the answers to Questions 41a and 41b were “No” for all items. In the first week of survey, a filter instructed respondents to go directly to Question 42a if the answer to 41b was “No.” This filter was dropped after the first week of data collection. Thus, there was an ineffective filter at the beginning of the survey and an absence of filter in the final three weeks of data gathering. An adequate filter was never applied. The proportions observed for Question 41c in the first week of survey, with the application of the partial filter, are different from the proportions observed in the following weeks. Consequently, answers for 41c should be interpreted with caution since there is a potential for bias.

J.6: *CLINICAL SESSION QUESTIONNAIRE*

Answers to Question 6 of the clinical session should be interpreted with caution. Occasionally, answers noted for members of the same family were inconsistent. For example, the answers of brothers and sisters were sometimes different concerning their parents’ illnesses or, a mother reported having diabetes while her adult children answered that she was in perfect shape. In addition, it is not certain that the participants grasped the difference between biological and adoptive parents.

J.7: *HEARING TEST*

Conditions on the ship were not ideal for conducting a hearing test since the test should be performed in as quiet a room as possible. The device was located just above the noisy machine room and was difficult to calibrate.

J.8: *TOENAIL SAMPLING*

Some participants’ toenails were not long enough to be sampled. In these cases, toenail sampling was complemented by fingernail sampling. Fingernails were sampled for 207 participants. These participants were identified on the questionnaire response form (code re25_nonre) since the literature review showed that samples were usually taken on toenails only.

APPENDIX K:

**THE 24-HOUR DIETARY RECALL: FOOD MODELS,
FOOD GROUPS AND RECIPE LIST**

THE 24-HOUR DIETARY RECALL: FOOD MODELS, FOOD GROUPS AND RECIPE LIST**Food models**

Name	Code	Volume	Use
<u>Glasses:</u>			
Small	VE-1	4 OZF	For all fluids: juice, pop, milk, Tang, wine, alcohol.
Medium	VE-2	6 OZF	
Large	VE-3	12 OZF	
Very large	VE-5	16 OZF	
<u>Cups:</u>			
Tea cup	TA-1	5 OZF	For all fluids such as tea, coffee, hot chocolate, soup. The measuring cup is used mainly for recipes.
Coffee cup	TA-2	8 OZF	
Measuring cup	TA-3	8 OZF	
<u>Bowls:</u>			
Small	BO1	3.5 OZF	For cereals (hot or cold), soups, pasta, stew, desserts, puddings, fruit salad, berries, ice cream, mixed salad, etc.
Medium	BO2	8 OZF	
Large	BO3	11 OZF	
Very large	BO4	16 OZF	
<u>Balls:</u>			
		(diameter)	
Very small	BA1	1.5 inch	Especially for fruits, meat balls, donuts, some vegetables (tomato, potato), mashed potatoes, ice cream.
Small	BA2	2 inch	
Medium	BA3	2.5 inch	
Large	BA4	3 inch	
Very large	BA5	3.5 inch	
<u>Portions:</u>			
Very small	PO1	¼ cup	For foods served on a large plate: raw or cooked vegetables, meats, pasta, rice, mashed potatoes, fries, salads.
Small	PO2	½ cup	
Medium	PO3	1 cup	
Large	PO4	2 cups	
Very large	PO5	3 cups	
<u>Spoons:</u>			
<u>Teaspoon:</u>			
To the top or half-full	CU3	5 mL	Butter, margarine, sugar, ketchup, mustard, jam, etc.
To the top or half-full but rounded	CU4	5 mL	
Rounded	CU1	10 mL	
<u>Tablespoon:</u>			
To the top or half-full	CU1	10 mL	Butter, margarine, sugar, ketchup, mustard, jam, etc.
To the top or half-full but rounded	CU1	10 mL	
Rounded	CU2	20 mL	
Small-sized spoon	CU6	5 mL	
Large-sized spoon	CU5	15 mL	
Creamer	CU5	15 mL	

Name	Code	Volume	Use
<u>Knives:</u>			
Small-sized knife	CO1	2.5 mL	Butter, margarine, peanut butter, jam, mayonnaise, spread, etc.
Medium-sized knife	CO2	5 mL	
Large-sized knife	CO3	7.5 mL	

1.2 FOOD MODELS FOR SURFACE MEASUREMENTS

Rectangles:

Very small	RE0	For cakes, squared pastries, pieces of meat, fish, lasagna, etc.
Small	RE1	
Medium	RE2	
Large	RE3	
Very large	RE4	

Circles:

Very small	RO1	For all rounded foods, such as cold meat, slices of roast beef, hamburgers, cookies, pancakes, small pizzas, donuts, etc.
Small	RO2	
Medium	RO3	
Large	RO4	
Very large	RO5	

Squares:

Very small	CA1	For squared or rectangular foods such as squared pastries, slices of cake, cold meats, slices of cheese, cooked meats or fish.
Small	CA2	
Medium	CA3	
Large	CA4	
Very large	CA5	

Ovals:

Very small	OV0	Especially for meats: steak, ribs, sometimes for fish or special bread.
Small	OV1	
Medium	OV2	
Large	OV3	
Very large	OV4	
Very, very large	OV5	

Triangles:

Very small	TR0	For pies, cakes, pizzas.
Small	TR1	
Medium	TR2	
Large	TR3	
Very large	TR4	

1.3 THICKNESS MEASURES

E1 to E16
 E16 to E20

Relating *Canada's Food Guide to Healthy Eating* to Canadian Nutrient File Foods

(Reference: http://www.hc-sc.gc.ca/fn-an/nutrition/fiche-nutri-data/relating_cfg-relier_gac_e.html)

Canada's Food Guide to Healthy Eating has long been a valuable Health Canada resource designed to guide food selection and promote the nutritional health of Canadians. It is easily recognized as a rainbow of four food groups. A limited number of representative foods for each group are displayed along with a specified serving size for each of these foods. The Nutrition Research Division, in collaboration with the Office of Nutrition Policy and Promotion and the Bureau of Biostatistics and Computer Applications, has developed tables listing Health Canada's recommended reasonable portion sizes and food groupings for each of the nearly 5000 foods in the [Canadian Nutrient File](#), the reference food composition database. The result: no more guesswork for non-represented foods; standardized, reasonable portion sizes; and more comprehensive subgroups to integrate the general messages. The original four food groups have been expanded into 54 subgroups.

Assigning *Canadian Food Guide to Healthy Eating* groups to Canadian Nutrient File Foods
(reference: http://www.hc-sc.gc.ca/fn-an/nutrition/fiche-nutri-data/sub_groups-sous_groupes_e.html)

***CANADIAN FOOD GUIDE TO HEALTHY EATING* FOOD GROUP**

Subgroups

1000 Grain Products

Whole grain, enriched
1111 Higher fat
1112 Lower fat
Whole grain, non-enriched
1121 Lower fat
1122 Higher fat

Non-whole grain, enriched
1211 Higher fat
1212 Lower fat
Non-whole grain, non-enriched
1221 Higher fat
1222 Lower fat

2000 Vegetables and Fruits

Fruits, deep yellow, orange
2111 Higher fat
2112 Lower fat
Fruits, other
2121 Higher fat
2122 Lower fat
Fruits, juice
2131 Higher fat
2132 Lower fat
Fruits, nectar
2141 Higher fat
2142 Lower fat
Vegetables, dark green leafy

2211 Higher fat
2212 Lower fat
Vegetables, deep yellow or orange
2221 Higher fat
2222 Lower fat
Vegetables, potatoes
2231 Higher fat
2232 Lower fat
Vegetables, other
2241 Higher fat
2242 Lower fat

3000 Milk Products

Milk and fortified plant-based beverages
3101 Higher fat
3102 Lower fat
Other
3201 Higher fat
3202 Lower fat

4000 Meat and Alternatives

Beef, game and organ meat
4101 Higher fat
4102 Lower fat
Other meat
4201 Higher fat
4202 Lower fat
Poultry
4301 Higher fat
4302 Lower fat
Fish and shellfish
4401 Higher fat
4402 Lower fat
Legumes
4501 Higher fat
4502 Lower fat
Nuts and seeds
4601 Higher fat
4602 Lower fat
Eggs
4701 Higher fat
4702 Lower fat
Processed Meat
4801 Higher fat
4802 Lower fat

5000 Other Foods

5100 Mostly fat
5200 Mostly sugar
5300 High salt and/or high fat snack foods
5400 Beverages
5410 Higher calorie
5420 Lower calorie
5500 Herbs, spices and condiments
5600 Alcohol

5700 Miscellaneous

5800 High sugar and/or high fat

6000 Meal Replacements and Supplements

RECIPE #1	
Name of recipe:	<i>ID Number:</i> _____
Description: List of ingredients (Specify type of milk, type of fat and main ingredients)	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
Cooking method:	

RECIPE #2	
Name of recipe:	<i>ID Number:</i> _____
Description: List of ingredients (Specify type of milk, type of fat and main ingredients)	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
Cooking method:	

APPENDIX L:

**EXPLANATIONS GIVEN TO INTERVIEWERS ON
HOW TO INDICATE FOOD FREQUENCY**

EXPLANATIONS GIVEN TO INTERVIEWERS ON HOW TO INDICATE FOOD FREQUENCY

Definition of season and time: (You can enumerate the months of each season for the participant)

Fall: September 21 to December 20

Winter: December 21 to March 20

Spring: March 21 to June 20

Summer: June 21 to September 20

One season = 3 months
12 weeks

One month = 4 weeks
30 days

Abbreviations of time:

Time	Abbreviation	Examples
Day =	D	2D for 2 times per day
Week =	W	3W for 3 times per week
Month =	M	5M for 5 times per month
Season =	S	1S for 1 time over the whole season
Unknown/don't remember =	U	

APPENDIX M:
EVENT CALENDAR FOR NUNAVIK

EVENT CALENDAR FOR NUNAVIK

Fall 2003: Blueberry, Blackberry and Cloudberry (Arpik) Picking
Mussel, Clam and Scallop Picking
Beginning of School
Orange and Red Colors on Tundra
Caribou Passing Through

Winter 2003-2004: Ice Fishing
Ptarmigan Hunting
Caribou Hunting
Seal Hunting at Breathing Holes
Mussel, Clam and Scallop Picking
Christmas
Hockey Tournaments
March: Dog Team Race

Spring 2004: Goose Hunting
Seal Hunting by canoe on ice blocks
Ice Fishing
Ptarmigan Hunting (sometimes)
Mussel, Clam and Scallop Picking
Snow Festival
Snowmobile Rides
Easter and Easter Games
Ice Break (June), End of School (end of June)

Summer 2004: Fishing
Beluga Hunting
Seal Hunting (by canoe on water)
Mussel, Clam and Scallop Picking
Blueberries, Blackberries and Cloudberries (Arpik)
Cotton Flowers and other flowers
Music Festivals
Camping in cabins
Golf Tournaments
Bugs: Mosquitoes, Black Flies

Examples for other points of reference for the last year:

Birth date
Special events in the family, etc.

ᑭᓄᓂᓂᓂᓂᓂ?

Qanuippitaa?

HOW ARE WE?

