

**ADDRESSING RESPIRATORY HEALTH  
IN FIRST NATIONS PEOPLE  
Baseline Household Survey**

- Beardy's and Okemasis First Nations**
- Montreal Lake Cree Nation**

**Interviewer:**

Researchers at the University of Saskatchewan together with the Beardy's and Okemasis and Montreal Lake First Nations are conducting this project to learn more about the lung health of First Nations people in Saskatchewan. Families from the two First Nations involved are invited to participate.

I am \_\_\_\_\_ and I am a member of the research team. I am here today to ask you to ~~participate~~ in this important research project about the lung health of First Nations people.

This household survey is our first interview contact with your family. Today we are asking you to participate in the part of the study that deals with the conditions in the house that may be related to lung health. You can be confident that any information you provide to us will be kept completely confidential. Your name will not be used. Instead we will give you a study, number so that the information you give us cannot be connected to your name. If at any time you decide to quit the study you can ask for this information to be returned to you. It will not be included in the study results. All the results from the study will be ~~given~~ as group ~~statistics~~ so no ~~individual~~ or house can be identified.

Do you wish to take part in the study? YES  NO

**If YES:**

We ask that one responsible person answer the survey questions. Please try to answer all of the questions, but remember you don't have to answer any particular question if you choose not to.

**If NO:**

Thank you for your time.

**If DON'T KNOW:**

Please take some time to think about joining our study. We will call back on \_\_\_\_\_. We will talk to you again soon. Thanks for your time.

**Sponsored by the Institute of Aboriginal Peoples Health  
Canadian Institutes of Health Research**

June 4, 2012

Interview Date \_\_\_\_\_ Interviewer ID \_\_\_\_\_ Household ID \_\_\_\_\_  
dd/mm/yyyy

*First there are a few questions about the people living in this house.*

**THE PEOPLE**

- A-1 Are you the head of this household?  
 Yes  
 No  
 Shared
- A-2 How many families live in this house?  
\_\_\_\_\_ Number
- A-3 How many people usually live in your house?  
\_\_\_\_\_ Number

*Thank you. Now this part is about this house.*

**THE HOUSE**

- A-4 What year was your house built (approximately)?  
Year \_\_\_\_\_ Don't know

- A-5 How many rooms are there in your house?

*Please include kitchen, bedrooms, living rooms and ~~finished~~ basement rooms. Do not count bathrooms, halls, laundry rooms and attached sheds.*

\_\_\_\_\_ Number

- A-6 How many bedrooms do you have in your house?

\_\_\_\_\_ Number

- A-7 Do you live in band owned housing?

- Yes  
 No  
 Don't know  
 Refused

*The next question is about repairs that may be needed in your house. By major repairs we mean things like faulty plumbing or electrical wiring, structural repairs to walls, floors, ceiling, doors, windows etc. By minor repairs we mean things like missing or loose floor tiles, bricks, shingles, defective steps, railings, siding, etc. Please check all that apply.*

- A-8 Is this house in need of repairs?
- Yes, major repairs
  - Yes, minor repairs
  - No, only regular maintenance (upkeep) is required (painting, furnace)
  - Don't Know
  - Refused
- A-9 During the past 12 months, has there been water or dampness in your house from broken pipes, leaks, septic tank, heavy rain, or floods?
- Yes
  - No
  - Don't know
  - Refused
- A-10 Does your house have any damage caused by dampness (e.g., wet spots on walls, floors, ceilings)?
- Yes
  - No
  - Don't know
  - Refused
- A-11 Does your house (including basement) frequently have a mildew /moldy odor or musty smell?
- Yes
  - No
  - Don't know
  - Refused
- A-12 Are there signs of mold or mildew in any living areas in your house?
- Yes
  - No
  - Don't know
  - Refused

A-13 What is the main ~~fuel source~~ used to heat your house? *Please choose one.*

- Natural gas
- Propane
- Electricity
- Fuel oil
- Wood
- Other: If YES, Please specify\_\_\_\_\_

A-14 Do you use a wood stove or wood to heat your house?

- Yes
- No

A-15 Does your ~~heating system~~ have a filter?

- Yes
- No
- Don't know

A-16 Does your house have air ~~conditioning~~?

- Yes
- No
- Don't know

A-17 Is a humidifier (steamer) used ~~in~~ your house?

- Yes
- No
- Don't know

A-18 Do you use a dehumidifier (appliance that reduces dampness) in your house?

- Yes
- No
- Don't know

A-19 **In the past 12 months**, have you had any of the following pets living in your house?

Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bird	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other pet	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, specify:	

A-20 Do any people who live in your house smoke in the house?

- Yes
- No
- Don't know


A-21 How many people regularly smoke cigarettes in the house?

\_\_\_\_\_ number of persons who usually live in the house

\_\_\_\_\_ number of regular visitors

The next two questions are about household ~~income~~.

A-22 Please think of your total household ~~income, before deductions~~ from ~~all sources~~ last year. We are asking for the total amount of all the money you and the people in the household received in the last year.

<input type="checkbox"/> No <del>income</del> 	<input type="checkbox"/> \$15,000-19,999	<input type="checkbox"/> \$40,000-49,999
<input type="checkbox"/> \$1-4,999	<input type="checkbox"/> \$20,000-24,999	<input type="checkbox"/> \$50,000-over
<input type="checkbox"/> \$5,000-9,999	<input type="checkbox"/> \$25,000-29,999	<input type="checkbox"/> Don't know
<input type="checkbox"/> \$10,000-14,999	<input type="checkbox"/> \$30,000-39,999	<input type="checkbox"/> Refusal

You may use ~~monthly income~~ if that is easier for you to estimate.

<input type="checkbox"/> No income	<input type="checkbox"/> \$1,250-1,667	<input type="checkbox"/> \$3,333-4,167
<input type="checkbox"/> \$83-416	<input type="checkbox"/> \$1,667-2,083	<input type="checkbox"/> \$4,167-over
<input type="checkbox"/> \$417-833	<input type="checkbox"/> \$2,083-2,500	<input type="checkbox"/> Don't know
<input type="checkbox"/> \$833-1,250	<input type="checkbox"/> \$2,500-3,333	<input type="checkbox"/> Refusal

A-23 At the end of the month, how much money do you have left over?

*Please check only one.*

- Some money
- Just enough money
- Not enough money

**ACCESS TO HEALTH CARE**

The next group of questions are about the health care that you and your family receive.

A-24 Do you and your family members in your household have access to the following health care professionals?

Family Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Doctor at clinic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Nurse Practitioner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Nurse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

A-25 In the past 12 months did you ever experience any difficulties getting the routine (usual) or on-going care you or a family member in your household needed?

- Yes
- No
- Don't know

A-26 In the past 12 months, have you ~~been required~~ to visit a medical ~~specialist (e.g. oncologist, allergy specialist, ears, eyes, nose and throat specialist) for a diagnosis or consultation~~ for yourself or a family member in your household?

- Yes
- No
- Don't know

A-27 In the past 12 months did you ever experience any ~~difficulty getting to see a medical or surgical specialist you needed for a diagnosis or consultation for you or another person in your household?~~

- Yes
- No
- Don't know

A-28 In the past 12 months, have you or a family member in your household ~~required immediate 24 hour health care services for a medical emergency?~~

- Yes
- No
- Don't know

A-29 In the past 12 months, did you ~~ever experience any difficulties getting immediate 24 hour health care services for a medical emergency for yourself or a family member in your household?~~

- Yes
- No
- Don't know

- A-30 How far do you travel to ~~receive routine~~ and ongoing medical care?  
 \_\_\_\_\_Km \_\_\_\_\_miles (*PEOPLE MAY GIVE DRIVING TIME*) \_\_\_\_\_minutes
- A-31 How far do you travel to ~~receive~~ medical or surgical ~~specialist~~ services?  
 \_\_\_\_\_ Km \_\_\_\_\_miles \_\_\_\_\_minutes
- A-32 How far do you travel to receive 24 hour emergency health care services?  
 \_\_\_\_\_Km \_\_\_\_\_miles \_\_\_\_\_minutes
- A-33 ~~On average,~~ how long does it take for an ambulance to ~~arrive at~~ your house in an emergency? (*Research assistants will insert community distance to major health centres*)  
 \_\_\_\_\_minutes  Don't know

**OUTDOOR ENVIRONMENT**


*The next questions are about the area around your house.*




- A-34 Do you have an outdoor corral or feedlot located near your home?  
 Yes → If Yes, how far?  Within ¼ mile/.40k  Greater than ¼ mile/.40k  
 No  
 Don't know
- A-35 Do you have a balestack or bales located near your home?  
 Yes → If Yes, how far?  Within ¼ mile/.40k  Greater than ¼ mile/.40k  
 No  
 Don't know
- A-36 Do you have grain bins located near your home?  
 Yes → If Yes, how far?  Within ¼ mile/.40k  Greater than ¼ mile/.40k  
 No  
 Don't know
- A-37 Do you have a sewage pond or manure lagoon located near your home?  
 Yes → If Yes, how far?  Within ¼ mile/.40k  Greater than ¼ mile/.40k  
 No  
 Don't know





- A-38 Do you have a garbage dump located near your home? 
- Yes → If Yes, how far?       Within ¼ mile/.40k       Greater than ¼ mile/.40k
- No
- Don't know

- A-39 Do you have a lumber yard, carpentry construction or sawmill located near your home? 
- Yes → If Yes, how far?       Within ¼ mile/.40k       Greater than ¼ mile/.40k
- No
- Don't know

**Please list all persons who ~~use~~ usually live here including yourself and describe their relationship to you.**

Initials	Age	Sex	Relationship	Initials	Age	Sex	Relationship
		M <input type="checkbox"/> F <input type="checkbox"/>	Self			M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>				M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>				M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>				M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>				M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>				M <input type="checkbox"/> F <input type="checkbox"/>	

We wish to find out how housing conditions may affect the ~~respiratory~~ health of ~~Aboriginal~~ people. Therefore, the next part of this study deals with collecting information on the conditions in the house that may be related to lung health. We would like to get air and dust samples from inside of the house that would take no more than 30 minutes. Would you be willing to be contacted to collect air and dust samples in your house?

- Yes
- No
- Don't know

**~~THANK YOU VERY MUCH FOR THE EFFORT YOU HAVE MADE TO COMPLETE THIS SURVEY.~~**  
**~~YOUR HELP IS VERY IMPORTANT TO THE SUCCESS OF THIS STUDY.~~**

**PLEASE PROCEED TO PAGE 11 TO COMPLETE THE CONTACT INFORMATION.**

June 4, 2012

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
**(Name of person completing the survey)**

\_\_\_\_\_  
Address (number and street)

\_\_\_\_\_  
Town

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Home Reserve

\_\_\_\_\_  
House number

Telephone Numbers **(check most preferred)**:

Work \_\_\_\_\_

House \_\_\_\_\_

Cell \_\_\_\_\_