

Interviewer ID:

Interviewer's Interview
Number:

Control Number:

**SURVEY OF LIVING CONDITIONS IN THE ARCTIC:
INUIT, IÑUPIAT, SAMI, AND INDIGENOUS PEOPLES OF
CHUKOTKA**

International Core Questionnaire

PART A: YOUR FAMILY

START TIME:

A1. I'd like to start the interview by asking about any special names that you go by. Do you have a name that you consider an Iñupiat or Yupik name?

1. YES 2. NO

- A. A NAME THAT YOU CONSIDER AN IÑUPIAT OR YUPIK NAME?
- b. A name used by special friends and relatives?
- c. A name people use when you do traditional activities?

IF "NO" TO ALL OF ABOVE:
SKIP TO A6

A2. Were you named after someone else?

1. YES 2. NO
-

A3. What does this name (do these names) mean to you?

A4. Does this name (Do these names) influence how you think about yourself?

1. YES 2. NO → SKIP TO A6
-

A5. How?

A6-A11. In this next set of questions, I'd like to ask about the people who currently live in this household. (HAND R HOUSEHOLD CHART) Here is what we call a household chart to help complete this section.

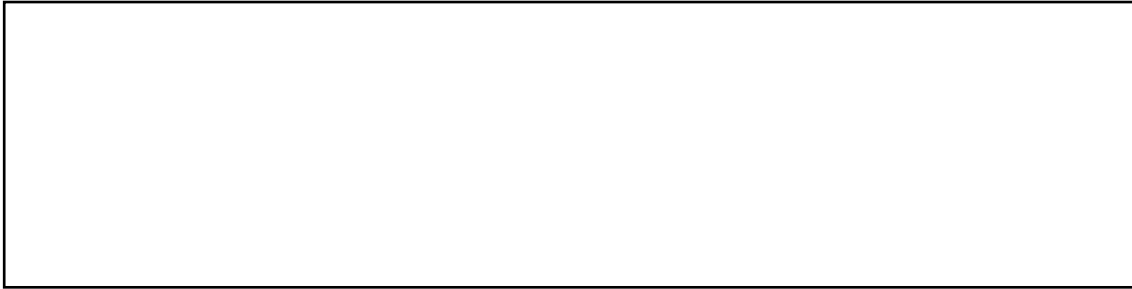
Starting with yourself, and then oldest to youngest, please tell me the first names of each person currently living in your household. As you can see, for each person, I'd like to know their relationship to you, their age, their gender, and what

they consider their cultural background to be. (COMPLETE FIRST PART OF HOUSEHOLD CHART. TRANSFER ANSWERS TO QUESTIONNAIRE AFTER INTERVIEW)

PERSON NUMBER	A6. RELATIONSHIP TO RESPONDENT	A7. AGE	A8. GENDER	A9-A11. CULTURAL BACKGROUND OR BACKGROUNDS
1	RESPONDENT		1. MALE 2. FEMALE	A9a. <input type="radio"/> 8 DK A10a. <input type="radio"/> 9 NA A11a.
2	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9b. <input type="radio"/> 8 DK A10b. <input type="radio"/> 9 NA A11b.
3	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9c. <input type="radio"/> 8 DK A10c. <input type="radio"/> 9 NA A11c.
4	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9d. <input type="radio"/> 8 DK A10d. <input type="radio"/> 9 NA A11d.
5	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9e. <input type="radio"/> 8 DK A10e. <input type="radio"/> 9 NA A11e.
6	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9f. <input type="radio"/> 8 DK A10f. <input type="radio"/> 9 NA A11f.
7	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9g. <input type="radio"/> 8 DK A10g. <input type="radio"/> 9 NA A11g.
8	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9h. <input type="radio"/> 8 DK A10h. <input type="radio"/> 9 NA A11h.
9	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9i. <input type="radio"/> 8 DK A10i. <input type="radio"/> 9 NA A11i.
10	_____ <input type="radio"/> 8. DK <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA <input type="radio"/> 00 INAP	1. MALE 2. FEMALE <input type="radio"/> 9. NA <input type="radio"/> 0. INAP	A9i. <input type="radio"/> 8 DK A10i. <input type="radio"/> 9 NA A11i.
11	_____ <input type="radio"/> 8. DK	_____ <input type="radio"/> 98. DK <input type="radio"/> 99. NA	1. MALE 2. FEMALE <input type="radio"/> 9. NA	A9i. <input type="radio"/> 8 DK A10i. <input type="radio"/> 9 NA

	<input type="radio"/> 9. NA <input type="radio"/> 0. INAP	<input type="radio"/> 00 INAP	<input type="radio"/> 0. INAP	A11i.
--	--	-------------------------------	-------------------------------	-------

A12. This next set of questions is about the people who live in your household. First, how would you describe how your household divides up responsibilities?



A13-A32. Here is the second part of the household chart. (MATCH UP SECOND CHART WITH FIRST NAMES ON FIRST CHART) I'd like you to look down each column and tell me who in your household normally has been responsible for each activity during the past 12 months. Of course, more than one person can share a responsibility.

All households don't do all these activities. We'd just like to know how members of your household ages 16 years and older, contribute to day-to-day living.

As we go through the household chart, I'd **also** like you to tell me if, during the last twelve months, people in other households normally helped your household with each household activity.

(CONTINUE WITH COMPLETING CHART, WORKING DOWN THE CHART BY ACTIVITY. TRANSFER ANSWERS TO QUESTIONNAIRE AFTER INTERVIEW.)

WHO IN YOUR HOUSEHOLD NORMALLY DID EACH OF THE FOLLOWING ACTIVITIES IN THE PAST 12 MONTHS?

PERSON NUMBER	13. PREPARED OR PACKED FOR ANY HUNTING, FISHING OR CAMPING TRIPS	14. MADE AND REPAIRED EQUIPMENT OR DID HOUSEHOLD REPAIRS	15. MAINTAINED A HOUSEHOLD CAMP	16. HARVESTED, HUNTED, OR FISHED FOR FOOD FOR YOUR HOUSEHOLD	17 MEMBER OF A WHALING CREW OR HERDED REINDEER	18. BUTCHERED OR PRESERVED HARVESTED FOOD	19. SOLD FISH OR MEAT OR BERRIES	MANUFACTURED CARVINGS, SKIN, CLOTHING, FURS, CRAFTS, IVORY OR ANY OTHER SIMILAR GOODS	
								20. FOR SALE	21. FOR OWN USE
1	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
2	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
3	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
4	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
5	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
OTHER HOUSEHOLDS	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA

WHO IN YOUR HOUSEHOLD NORMALLY DID EACH OF THE FOLLOWING ACTIVITIES IN THE PAST 12 MONTHS?

PERSON NUMBER	22. WORKED IN A FULL TIME JOB FOR PAY	23. WORKED IN A PART TIME JOB FOR PAY	24. COOKED	25. CLEANED	26. KEPT TRACK OF HOUSEHOLD FINANCES	27. SEWED	28. DID THE LAUNDRY	IF THERE ARE CHILDREN			IF THERE IS A PERSON WHO NEEDS HELP IN DOING DAILY ACTIVITIES
								29. SUPERVISED THE CHILDREN	30. TOOK CARE OF THE CHILDREN'S PERSONAL HYGENE	31. TAUGHT THE CHILDREN IÑUPIAT or YUPIK STORIES & SKILLS	32. ASSISTED IN DOING DAILY ACTIVITIES
1	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
2	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
3	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
4	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
5	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA
OTHER HOUSEHOLDS			1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES	1. YES
			2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO	2. NO
			8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA	8. DK 9. NA

A33. (IF R IS CURRENTLY PARENTING A CHILD IN HOUSEHOLD)
Have any of your children been named after someone?

1. YES 2. NO 9. NA 0. INAP

A34. Would your mother consider herself to be Iñupiat, Yupik, of some other cultural background, or a mixture? (PROBE: What cultural background(s)?)

- a. FIRST CULTURAL BACKGROUND _____
 b. SECOND CULTURAL BACKGROUND _____
 c. THIRD CULTURAL BACKGROUND _____
 8. DK
 9. NA

A35. Would your father consider himself to be Iñupiat, Yupik, of some other cultural background, or a mixture? (PROBE: What cultural background(s)?)

- a. FIRST CULTURAL BACKGROUND _____
 b. SECOND CULTURAL BACKGROUND _____
 c. THIRD CULTURAL BACKGROUND _____
 8. DK
 9. NA

A36. Family means different things to different people. To some, family means people you are related to by blood or marriage. To others, family is more than this. When we say "family", please use your own definition of family. (HAND R CARD ONE)
Using the numbers on this card, how strong are the links among family members NOT living with you?

- | | | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 8 | 9 |
| VERY WEAK | WEAK | NEITHER WEAK NOR STRONG | STRONG | VERY STRONG | DK | NA |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

A37. (HAND R CARD TWO) During the last month, how often were you in touch with members of your family not living with you by phone or email? Please just tell me the number on this card that best fits.

- | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 1 | 2 | 3 | 4 | 5 | 8 | 9 | |
| NEVER | ONCE | FEW TIMES | MORE THAN A FEW TIMES | EVERY DAY | DK | NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | BY PHONE OR EMAIL
By visiting or being visited? |

A38. People sometimes look to others for companionship, assistance, guidance or other types of support. (HAND R CARD THREE) Could you tell me the number on this card that best fits how often each of the following types of support is available to you when you need it: [CHECK BOX]

	1. ALL THE TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. VERY SELDOM	5. NOT AT ALL	9. NA	0. DOES NOT APPLY
a. Someone you can count on to listen to you when you need to talk.							
b. Someone you can count on when you need advice.							
c. Someone who shows you love and affection.							
d. Someone to have a good time with.							
e. Someone to confide in or talk about yourself and your problems.							
f. Someone to get together with for relaxation.							
g. Someone to do something enjoyable with.							

A39. Think about **all** the meat and fish your household ate in the past 12 months. How much of this meat and fish was traditional food, that is, nikipaq: none, less than half, about half, or more than half?

- 1. NONE
- 2. LESS THAN HALF
- 3. ABOUT HALF
- 4. MORE THAN HALF
- 8. DON'T KNOW
- 9. NA

→ → SKIP TO PG. 9,
PART "B"

A40. Still thinking about **all** the meat and fish your household ate in the past 12 months, how much did members of your household harvest: none, less than half, about half, or more than half?

- 1. NONE
- 2. LESS THAN HALF
- 3. ABOUT HALF
- 4. MORE THAN HALF
- 8. DON'T KNOW
- 9. NA
- 0. INAP

A41. This next question still concerns the traditional foods consumed by your household over the past 12 months. Did your household receive traditional food from others?

- 1 YES
- 2 NO
- 8. DON'T KNOW
- 9 NA
- 0 INAP



SKIP TO Q.A42

1. YES 2. NO 9. NA 0. INAP

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. Did your household receive traditional food in exchange for helping other households? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Did your household receive traditional food from others, by exchanging one traditional food for another? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Did your household receive a gift of traditional food from others? |

A42. Did your household share traditional food by sending it to households in other places?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NA
- 0 INAP

A43. Did your household pay for any of the traditional food your household ate in the past 12 months?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NA
- 0 INAP

Part B: Your Background

B1. Now I'd like to ask about your background. In what place did your mother live when you were born? (IF ANSWER IS "IN CAMP" RECORD NAME OF THE PLACE, AND THE NAME OF THE NEAREST PRESENT DAY COMMUNITY (SAME FOR B2 AND B3))

- 1. THIS COMMUNITY
- 2. ANOTHER COMMUNITY



0000 _____ 00 _____
CITY, TOWN OR COMMUNITY COUNTRY

- 8. DON'T KNOW
- 9. NA

B2. In what place was your father born? (Is that where your father's mother was living at the time? IF NO, PROBE FOR PLACE WHERE FATHER'S MOTHER WAS LIVING WHEN FATHER WAS BORN)

- 1. THIS COMMUNITY
- 2. ANOTHER COMMUNITY



0000 _____ 00 _____
CITY, TOWN OR COMMUNITY COUNTRY

- 8. DON'T KNOW
- 9. NA

B3. In what place was your mother born? (Is that where your mother's mother was living at the time? IF NO, PROBE FOR PLACE WHERE MOTHER'S MOTHER WAS LIVING WHEN FATHER WAS BORN)

- 1. THIS COMMUNITY
- 2. ANOTHER COMMUNITY



0000 _____ 00 _____
CITY, TOWN OR COMMUNITY COUNTRY

- 8. DON'T KNOW
- 9. NA

B4. Where did you spend most of the first 10 years of your life?

- 1. THIS COMMUNITY
- 2. ANOTHER COMMUNITY → SKIP TO B7

0000 _____ 00 _____
CITY, TOWN OR COMMUNITY COUNTRY

- 8. DON'T KNOW
- 9. NA

B5. Have you ever lived somewhere other than (COMMUNITY) for a year or more?

- 1. YES
- 2. NO → SKIP TO B8
- 8. DON'T KNOW

- 9. NA
- 0. INAP

B6. Why did you live somewhere else?

- 98.DON'T KNOW
- 99.NA
- 00 INAP

B7. Why did you move (back) to (COMMUNITY)? (*PROBE*: If you have moved away from (COMMUNITY) and then returned, please tell me the year of your most recent return. Were there any other reasons?)

- 98.DON'T KNOW
- 99.NA
- 00 INAP

B8. The next two questions ask about being away from (COMMUNITY). During the past 12 months, have you been away from (COMMUNITY) altogether for one month or more?

- 1. YES
- 2. NO → SKIP TO B10
- 9. NA

B9. (HAND R CARD FOUR) Using this card just tell me the letters that best describe the reasons you were away.

- | 1. YES | 2. NO | 9. NA | 0. INAP | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. WORK |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. EDUCATION |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ILLNESS |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. TO GO TO A CAMP OR CABIN |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. VACATION |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. FAMILY |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. HUNTING, FISHING, TRAPPING OR GATHERING |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. SOME OTHER REASON (PLEASE SPECIFY) ↓ |

B10. Have you considered moving away from (COMMUNITY) in the last five years?

- 1. YES
- 2. NO → SKIP TO B12
- 8. DON'T KNOW
- 9. NA

B11. Why have you considered moving away from (COMMUNITY)?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

B12. What are the reasons why you choose to remain in (COMMUNITY)?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

B13. Now I'd like to talk with you about language. What languages did you first learn at home as a child?

- | | | | |
|-----------------------|-----------------------|-----------------------|----------------|
| 1. YES | 2. NO | 9.NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. IÑUPIAQ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. YUPIK |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ENGLISH |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. OTHER _____ |

B14. Up until you were 16 years old, what languages did adults in your home mostly use when talking among themselves?

- | | | | |
|-----------------------|-----------------------|-----------------------|----------------|
| 1. YES | 2. NO | 9.NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. IÑUPIAQ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. YUPIK |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ENGLISH |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. OTHER _____ |

B15. And what languages did adults in your home mostly use when talking with you?

- | | | | |
|-----------------------|-----------------------|-----------------------|----------------|
| 1. YES | 2. NO | 9.NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. IÑUPIAQ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. YUPIK |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ENGLISH |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. OTHER _____ |

B16. Using this card, please tell me how would you rate your ability to understand, speak, read, and write (Iñupiaq /Yupik)? (HAND R CARD FIVE) Just tell me the number that best describes your ability to:

	1. VERY WELL	2. RELATIVELY WELL	3. WITH EFFORT	4. A FEW WORDS	5. NOT AT ALL	9. NA
a. Understand?						
b. Speak?						
c. Read?						
d. Write?						

B17. How would you rate your ability to understand, speak, read, and write English?

	1. VERY WELL	2. RELATIVELY WELL	3. WITH EFFORT	4. A FEW WORDS	5. NOT AT ALL	9. NA
a. Understand?						
b. Speak?						
c. Read?						
d. Write?						

B18. (HAND R CARD THREE) Picking the number on this card that best fits you, how much of the time do you currently use Iñupiaq/Yupik:

	1. ALL THE TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. VERY SELDOM	5. NOT AT ALL	9. NA
a. In your household?						
b. At work?						
c. At school?						
d. At other places?						

B19. Now I'd like to ask about your education. We've talked a little bit about your traditional background, and I'd like start by talking with you more about your traditional education. (HAND R CARD SIX) Looking at the items on this card, Which—if any—of these things did you learn how to do while you were growing up? Please just tell me the letters on the card.

- | | | | |
|-----------------------|-----------------------|-----------------------|---|
| 1. YES | 2. NO | 9. NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. Serve on a whaling crew? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Hunt and Fish? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Hunt seal? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. Drive a snowmachine? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. Know when the berries are ripe and where to find them? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. Fix a snowmachine? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. Read the weather? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. Overnight on the land? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. Name the different types of snow in Iñupiaq? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. Skin and butcher a caribou? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. Preserve meat and fish? |

- | 1. YES | 2. NO | 9. NA | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. Take care of and sew skins? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | m. Make sleds or boats? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | n. Cook and prepare traditional Native foods? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | o. Know the names of past generations of Iñupiat relatives? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | p. Make traditional clothing? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | q. Learn stories passed on by your parents and grandparents? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | r. Make Native arts and crafts? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | s. Know traditional dances and drumming? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | t. Navigate at sea? |

(ASK ONLY IF PARENTING A CHILD)

B20. (Are your children/is your child) learning to do any of the traditional skills we just mentioned?

1. YES
 2. NO
 8. DON'T KNOW
 9. NA
 0. INAP, NOT A PARENT

(EVERYONE)

B21. In your opinion in which, if any, of the following places should children be taught traditional skills?

- | 1. YES | 2. NO | 9. NA | |
|-----------------------|-----------------------|-----------------------|-------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. At home? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. At school? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. At community events? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. At church events? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. Youth camps? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. Somewhere else: (where)? ↓ |

B22. Have you, since your childhood, learned or improved upon the traditional skills we just mentioned?

1. YES
 2. NO → SKIP TO B24
 9. NA

B23. Have you learned or improved upon these traditional skills:

- | | | | |
|-----------------------|-----------------------|-----------------------|-------------------------------------|
| 1. YES | 2. NO | 9. NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. On your own? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. With the help of a local mentor? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. In a formal class or program? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. In another way? (How is that?) ↓ |

B24. Do you use these skills today?

- 1. YES
- 2. NO
- 3. SOME OF THEM

- 9. NA
- 0. INAP

B25. Now I'm going to ask some questions about formal schooling. First, what is the highest level of schooling or training that your father completed?

- 01. ADVANCED TRADITIONAL TRAINING
- 02. LESS THAN ELEMENTARY/PRIMARY SCHOOL
- 03. ELEMENTARY/PRIMARY SCHOOL

- 04. SECONDARY/HIGH SCHOOL
- 05. VOCATIONAL/TRADE SCHOOL – ASSOCIATE DEGREE
- 06. COLLEGE OR UNIVERSITY – BACHELOR'S DEGREE
- 07. COLLEGE OR UNIVERSITY – MASTER'S DEGREE
- 08. COLLEGE OR UNIVERSITY – DOCTORATE, MD
- 97. OTHER: _____

- 98. DK
- 99. NA

B25a. Specific grade completed if known: _____

B26. What is the highest level of schooling or training that your mother completed?

- 01. ADVANCED TRADITIONAL TRAINING
- 02. LESS THAN ELEMENTARY/PRIMARY SCHOOL
- 03. ELEMENTARY/PRIMARY SCHOOL

- 04. SECONDARY/HIGH SCHOOL
- 05. VOCATIONAL/TRADE SCHOOL – ASSOCIATE DEGREE
- 06. COLLEGE OR UNIVERSITY – BACHELOR'S DEGREE
- 07. COLLEGE OR UNIVERSITY – MASTER'S DEGREE
- 08. COLLEGE OR UNIVERSITY – DOCTORATE, MD
- 97. OTHER: _____

- 98. DK
- 99. NA

B26a. Specific grade completed if known: _____

B27. Did you go to a preschool or kindergarten?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA

B28. What is the highest level of schooling or training you have completed?

- 01. ADVANCED TRADITIONAL TRAINING
- 02. LESS THAN ELEMENTARY/PRIMARY SCHOOL →
- 03. ELEMENTARY/PRIMARY SCHOOL
- 04. SECONDARY/HIGH SCHOOL
- 05. VOCATIONAL/TRADE SCHOOL – ASSOCIATE DEGREE
- 06. COLLEGE OR UNIVERSITY – BACHELOR'S DEGREE
- 07. COLLEGE OR UNIVERSITY – MASTER'S DEGREE
- 08. COLLEGE OR UNIVERSITY – DOCTORATE, MD
- 97. OTHER: _____
- 98. DK
- 99. NA

SKIP TO PG. 22,
Q. B53

B28a. Specific grade completed: _____

B29. Did you go to an elementary school outside of your hometown?

- 1. YES, ALL ELEMENTARY
- 2. YES, PART ELEMENTARY
- 3. NO
- 9. NA
- 0. INAP, DID NOT GO TO ELEMENTARY SCHOOL

B30. Some people found elementary school stressful. For others, the experience was not stressful. Which is closer to the way you feel about your elementary school experience: stressful, or not stressful?

- 1. STRESSFUL
- 2. NOT STRESSFUL. →
- 8. DON'T KNOW
- 9. NA
- 0. INAP, DID NOT GO TO ELEMENTARY SCHOOL

SKIP TO B32

B31. If you are comfortable doing so, can you tell me more about that?

- 98. DON'T KNOW
- 99. NA
- 00. INAP, DID NOT GO TO ELEMENTARY SCHOOL

B32. Were any of your teachers or teacher's aides in elementary or high school Iñupiat or Yupik?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA
- 0. INAP

B33. Were you taught Iñupiaq or Yupik in elementary or high school?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA
- 0. INAP

B34. Did any of your teachers or teachers' aides in elementary or high school teach subjects in Iñupiaq or Yupik?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA
- 0. INAP

B35. Were you taught about Iñupiat or Yupik culture and history in elementary or high school?

- 1. YES
- 2. NO → SKIP TO B38
- 8. DON'T KNOW
- 9. NA
- 0. INAP

B36. Do you feel that what you were taught about Iñupiat or Yupik people was usually accurate, sometimes accurate, seldom accurate, or never accurate? (IF R SAYS "WHAT IS ACCURATE?" REPEAT THE QUESTION USING THE WORD "TRUE.")

- 1. USUALLY ACCURATE
- 2. SOMETIMES ACCURATE
- 3. SELDOM ACCURATE
- 4. NEVER ACCURATE
- 9. NA

(IF R DID NOT COMPLETE HIGH SCHOOL)

B37. Did you attend a high school after elementary school? (PROBE: Are you attending high school now?)

- 1. YES, BUT NOT IN SCHOOL NOW → CONTINUE
- 2. YES, AND ATTENDING HIGH SCHOOL NOW → SKIP TO B45
- 3. NO → SKIP TO PG 22, Q B53
- 9. NA
- 0. INAP

(IF R ATTENDED HIGH SCHOOL)

B38. Did you go to a high school outside of your hometown?

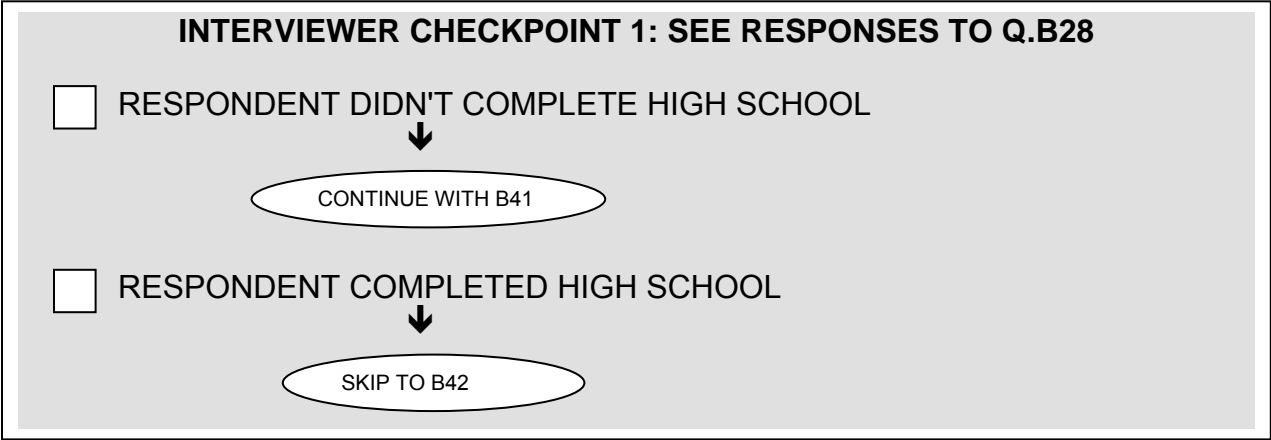
- 1. YES, ALL HS
- 2. YES, PART HS
- 3. NO
- 9. NA
- 0. INAP

B39. Some people found high school stressful. For others, the experience was not stressful. Which is closer to the way you feel about your high school experience: stressful, or not stressful?

- 1. STRESSFUL
- 2. NOT STRESSFUL. → SKIP TO B41
- 8. DON'T KNOW
- 9. NA
- 0. INAP, DID NOT GO TO HIGH SCHOOL

B40. If you are comfortable doing so, can you tell me more about that?

- 98. DON'T KNOW
- 99. NA
- 00. INAP, DID NOT GO TO HIGH SCHOOL

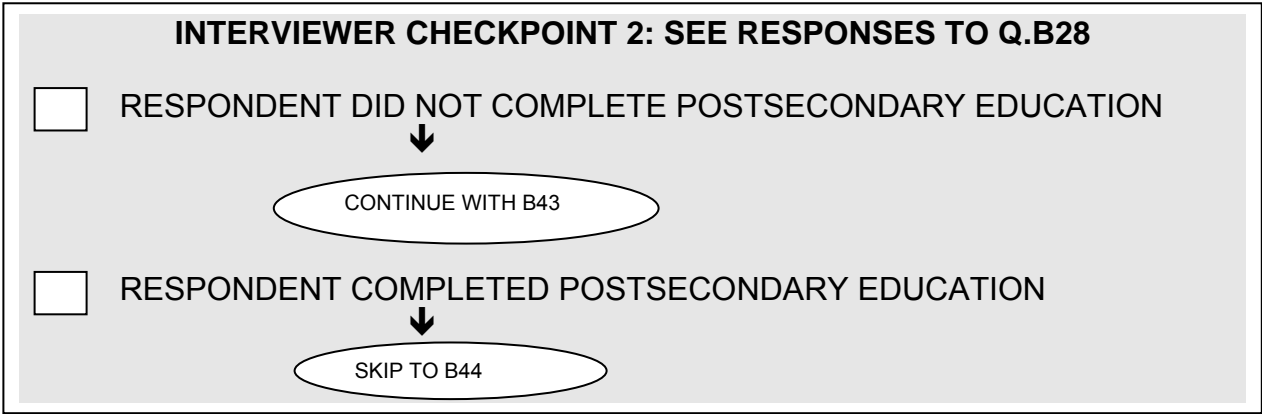


B41. Why did you decide not to continue or finish your high school education?

- 98. DON'T KNOW
- 99. NA
- 00. INAP, DID NOT GO TO HIGH SCHOOL

B42. Did you attend a postsecondary school or training program?

- 1. YES
- 2. NO → SKIP TO B44
- 9. NA
- 0. INAP



B43. Why did you decide not to continue or finish your postsecondary school?

- 98. DON'T KNOW
- 99. NA
- 00. INAP, DID NOT GO TO ELEMENTARY SCHOOL

B44. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with the schooling and training you have received?

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA
- 0. INAP

SKIP TO PAGE 23,
PART C

(ATTENDING HIGH SCHOOL NOW)

B45. Are any of your teachers or teacher's aides Iñupiat or Yupik

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA
- 0. INAP

B46. Are you being taught Iñupiaq or Yupik?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA
- 0. INAP

B47. Are you being taught any subjects in Iñupiaq or Yupik?

- 1. YES
- 2. NO
- 8. DON'T KNOW

- 9. NA
- 0. INAP

B48. Are you being taught about Iñupiat or Yupik culture and history?

- 1. YES
- 2. NO → → SKIP TO B50
- 8. DON'T KNOW

- 9. NA
- 0. INAP

B49. Do you feel that what you are being taught about Iñupiat or Yupik people is usually accurate, sometimes accurate, seldom accurate, or never accurate? (IF RESPONDENT SAYS "WHAT IS ACCURATE?" REPEAT THE QUESTION USING THE WORD "TRUE.")

- 1. USUALLY ACCURATE
- 2. SOMETIMES ACCURATE
- 3. SELDOM ACCURATE
- 4. NEVER ACCURATE

- 9. NA

B50. Are you attending a high school outside your hometown?

- 1. YES
- 2. NO
- 3. NOT NOW, BUT EARLIER

- 9. NA
- 0. INAP

B51. Some people find school stressful. For others, the experience is not stressful. Which is closer to the way you feel about school, is it stressful, or not stressful?

- 1. STRESSFUL
- 2. NOT STRESSFUL. → SKIP TO B53
- 8. DON'T KNOW

- 9. NA
- 0. INAP

B52. If you are comfortable doing so, can you tell me more about that?

- 98. DON'T KNOW
- 99. NA
- 00. INAP, DID NOT GO TO ELEMENTARY SCHOOL

B53. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with the schooling and training you have received?

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA
- 0. INAP

CONTINUE TO PART C

PART C: YOUR WORK & TRADITIONAL ACTIVITIES

Now I'd like to learn about your work and traditional activities. Some questions may not apply to you, but remember that many different people in the Arctic will be taking part in this survey. I'll start with two questions about your parents.

C1. What was your father's main work or way of making a living?

- 998. DON'T KNOW
- 999. NA

C2. What was your mother's main work or way of making a living?

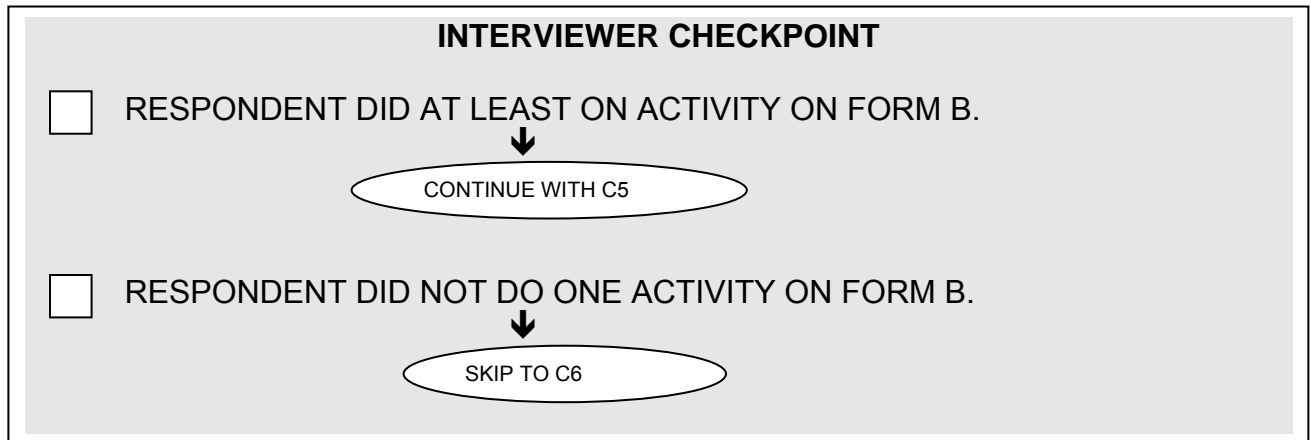
- 998. DON'T KNOW
- 999. NA

C3. We've already talked a lot about how you and other members of your household make a living. If I were to ask you to describe the combination of activities that you did in the last 12 months to make a living, what would you say? (PROBE: What would you consider to be your main occupation or way of making a living?)

- 998. DON'T KNOW
- 999. NA
- 000. INAP, RETIRED OR NOT ACTIVE FOR OTHER REASONS

C4. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with this combination of activities.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA



C5. I'd like to ask you about **your** hunting, fishing, trapping, herding and gathering activities in the past 12 months. (HAND R CARD EIGHT) Looking at this card, please tell me the letters of any of the activities **you** did in the last 12 months:

- | 1. YES | 2. NO | 9. NA | 0. INAP | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. MEMBER OF A WHALING CREW? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. SKINNED AND BUTCHERED A CARIBOU? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. HELP WHALING CREWS BY COOKING,
GIVING MONEY OR SUPPLIES, CUTTING MEAT? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. SEW SKINS, MAKE PARKAS AND KAMIKS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. MAKE SLEDS OR BOATS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. HUNT CARIBOU, MOOSE, OR SHEEP? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. HUNT SEAL OR UGRUK? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. HUNT WALRUS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. HUNT WATERFOWL? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. GATHER EGGS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. FISH? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. GATHER GREENS, ROOTS, OR OTHER PLANTS |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | m. PRESERVE MEAT OR FISH? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | n. TRAP? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | o. PICK BERRIES? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | p. MAKE NATIVE HANDICRAFTS? |

INTERVIEWER CHECKPOINT

RESPONDENT HAS WORKED FULL OR PART TIME FOR PAY IN THE PAST TWELVE MONTHS (SEE FORM C)



CONTINUE WITH C6

RESPONDENT HAS NOT WORKED FOR PAY IN THE PAST TWELVE MONTHS



SKIP TO C17

C6. Within the past 12 months, how many paid jobs or self-employment jobs did you have ?

_____(NUMBER) →

IF ONE JOB SKIP TO C8

- 99. NA
- 00. INAP

(ASK ONLY IF WORKED AT MORE THAN ONE JOB)

C7. Of these (NUMBER) jobs, at which one did you work the most hours over the last 12 months?

_____(NAME OF JOB)

- 99. NA
- 00. INAP

The next few questions are about the (*NAME OF JOB*); that is the one in which you **worked the most hours**.

C8. What kind of business, industry or service was this? Please be specific

_____INDUSTRY

- 9999. NA
- 0000. INAP

C9. What was your work or occupation?

_____OCCUPATION

- 99. NA
- 00. INAP

C10. (*PROBE*: In this work, what were your most important duties or activities? Please name up to 3.)

Activity 1: _____

Activity 2: _____

Activity 3: _____

- 99. NA
- 00. INAP

C11. In this job or business, were you mainly self-employed (with or without paid help, alone or in partnership); working for pay (including wages, salary, tips, or commissions); or working for pay other than wages in a family business?

- 1. SELF-EMPLOYED
- 2. WORKING FOR PAY
- 3. WORKING FOR PAY OTHER THAN WAGES IN A FAMILY BUSINESS

- 9. NA
- 0. INAP

C12. How many hours did you normally work per week in this job?

- 99. NA
- 00. INAP

C13. (*HAND R CARD SEVEN*) Please tell me the number on this card that fits how satisfied you are with this job.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW

- 9. NA

C14. Within the past year, have you been treated fairly or unfairly in this job?

- 1. FAIRLY → SKIP TO C16
- 2. UNFAIRLY
- 3. BOTH

- 9. NA
- 0. INAP

C15. Why have you been treated unfairly in your job?

- 98. DON'T KNOW
- 99. NA
- 00. INAP, BEEN TREATED FAIRLY

C16. Last week, did you work for pay or in self-employment?

- 1. YES → SKIP TO C18
- 2. NO
- 8. DON'T KNOW

- 9. NA
- 0. INAP

C17. (HAND RESPONDENT CARD NINE) Do any of these reasons for not starting a job last week apply to you? Please just tell me the letters on the card that fit your situation.

- | 1. YES | 2. NO | 9. NA | 0. INAP | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. You are retired? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. You are in school? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. You already had a job? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. You had a temporary illness or disability? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. You had no one to take care of young children or elders at home? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. You had other personal or family responsibilities? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. You were out hunting or fishing? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. You felt or were told that you didn't have the necessary skills or qualifications for the jobs that were available? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. You didn't have the money to buy things you needed for the job? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. Because of questions about drug or alcohol use? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. Because there are no jobs available? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. Because there are no jobs available that pay well enough? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | m. No particular reason |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | n. Some other reason (What reason is that?) |



(EVERYONE)

C18. Have you ever experienced periods of not having a wage job and wanting one during the past five years?

- 1. YES
- 2. NO → → SKIP TO C21
- 9. NA
- 0. INAP

C19. How often have you not had a wage job and wanted one in the past five years?

00 _____

- 99. NA
- 00. INAP

C20. And how often have you not had a wage job and wanted one for more than 6 months in the last five years?

00 _____

- 99. NA
- 00. INAP

C21. If you could choose, which lifestyle would you prefer: working on a wage job, or harvesting, herding or processing your own food, or both?

- 1. WORKING ON A WAGE JOB
- 2. HARVESTING, HERDING OR PROCESSING YOUR OWN FOOD
- 3. BOTH
- 8. DON'T KNOW
- 9. NA

C22. Now I'd like you to think about what you feel is the most important way you help your household. This may or may not be paid work. Of all the things you do, what is the most important way you help your household?

- 98. DON'T KNOW
- 99. NA

Part D: Health

D1. Now I'd like to ask you about your health. First of all, how would you describe your health in general: excellent, very good, good, fair, or poor?

- 1. EXCELLENT
- 2. VERY GOOD
- 3. GOOD
- 4. FAIR
- 5. POOR

- 9. NA

D2. (HAND R CARD TEN.) Which, if any, of the symptoms on this card have you experienced in the last 12 months? Please just tell me the letters of the symptoms.

1. YES 2. NO 9. NA

-
-
-
-
-
-

- a. PAINS?
- b. BREATHING OR COUGHING PROBLEMS?
- c. STOMACH OR DIGESTION PROBLEMS?
- d. HIGH TEMPERATURE?
- e. TOOTH LOSS?
- f. DIZZY SPELLS?

(IF R MENTIONS PAINS **OR** PROBLEMS)

D3. What type of pains or problems?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

D4. Is there a place that you can go to see a doctor or other medical professional in your community?

- 1. YES
- 2. NO
- 8. DON'T KNOW

- 9. NA
- 0. INAP

D5. (HAND R CARD ELEVEN) Which, if any, of the following illnesses has a doctor, nurse, or other health professional told you that you have? Please just tell me the letters on this card.

		D6. At what age were you told?	D7. Do you take any treatment or medication for this condition?
A. ARTHRITIS OR RHEUMATISM?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
B. ASTHMA?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
C. CHRONIC BRONCHITIS?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
D. EMPHYSEMA OR SHORTNESS OF BREATH?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
E. CANCER? D8. What types?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
F. EFFECTS OF A STROKE?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
G. HIGH BLOOD PRESSURE?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
H. HEART PROBLEMS?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
I. STOMACH PROBLEMS OR INTESTINAL ULCERS?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
J. HEPATITIS? D9. What types?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
K. DIABETES D10. What types?	1. YES	2. NO 9. NA ____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
L. OTHER KIDNEY DISEASES?	1. YES	____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		

M. TUBERCULOSIS?	1. YES	_____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
N. CHRONIC DEPRESSION?	1. YES	_____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
O. OBESITY?	1. YES	_____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
P. ANY OTHER LONG TERM CONDITION?	1. YES	_____AGE 98. DK 99. NA	1. YES 2. NO 9. NA
	2. NO 9. NA		
D11. What other long term condition?			

D12. Are you able to get the medicine you need?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA
- 0. INAP

D13. Do you have an untreated medical problem?

- 1. YES
- 2. NO → → SKIP TO D15
- 8. DON'T KNOW
- 9. NA
- 0. INAP

D14. Are you waiting to visit a specialty clinic?

- 1. YES
- 2. NO
- 9. NA

D15. During your last visit, what language did you use to talk to your medical doctor or other health professional?

- | | | | |
|-----------------------|-----------------------|-----------------------|------------|
| 1. YES | 2. NO | 9. NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. INUPIAQ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. YUPIK |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ENGLISH |

D16. And during your last visit, what language did your medical doctor or other health professional use to talk to you?

- | | | | |
|-----------------------|-----------------------|-----------------------|------------|
| 1. YES | 2. NO | 9. NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. INUPIAQ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. YUPIK |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ENGLISH |

(IF R AND MEDICAL PROFESSIONAL USED DIFFERENT LANGUAGES)

D17. Did someone help interpret for you?

- 1. YES, A PROFESSIONAL INTERPRETER
- 2. YES, A FRIEND OR RELATIVE
- 3. NO

- 9. NA

D18. Were you and your doctor or other health professional able to communicate effectively during this last visit?

- 1. YES
- 2. NO
- 8. DON'T KNOW

- 9. NA

(EVERYONE)

D19. Are Iñupiat traditional healing or traditional wellness practices available in (COMMUNITY)? (IF R SAYS THERE IS A "TRIBAL DOCTOR" AVAILABLE, ASK IF THEY CONSIDER THE TRIBAL DOCTOR TO BE A TRADITIONAL HEALER, IF SO, THE ANSWER IS "YES.")

- 1. YES
- 2. NO → → 
- 8. DON'T KNOW

- 9. NA

D20. Have you seen a traditional healer for any medical problems?

- 1. YES
- 2. NO → → 
- 8. DON'T KNOW

- 9. NA

D21. For which problems?

- 98. DON'T KNOW
- 99. NA

D22. (HAND R CARD TWELVE.) Which of the illnesses listed on this card have affected your family (anyone you consider to be family)? Please just tell me the letters on the card.

- | 1. YES | 2. NO | 9. NA | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. cancer |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. heart or lung diseases (circulation diseases) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. eye disease |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. mental illness |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. joint and bone diseases |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. arthritis |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. accidental injury |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. alcoholism or drug addiction |

D23. Are you hampered in your daily activities by any chronic physical or mental health problem, illness, or disability? (ANOTHER WORD FOR HAMPERED IS "LIMITED". IF R ASKS "WHAT IS HAMPERED?" REPEAT Q USING WORD LIMITED.)

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA

D24. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- 1. YES, SOMETIMES
- 2. YES, OFTEN
- 3. NO
- 9. NA

D25. The next question is about smoking. At the present time do you smoke cigarettes daily, occasionally, or not at all?

- 1. DAILY
- 2. OCCASIONALLY → SKIP TO D28
- 3. NOT AT ALL → SKIP TO D28
- 9. NA → SKIP TO D34

D26. At what age did you begin to smoke cigarettes daily?

(00) ____ (AGE)

- 97. DON'T SMOKE DAILY
- 98. DON'T KNOW/CAN'T REMEMBER

- 99. NA
- 00. INAP

D27. How many cigarettes do you smoke each day now?

(00) ____ (NUMBER) (00) ____ (PACKS) → SKIP TO D34

- 98. DON'T KNOW

- 99. NA
- 00. INAP

D28. Over your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs?)?

- 1. YES
- 2. NO → → → SKIP TO D34
- 9. NA → → → → → SKIP TO D34

(ASK ONLY IF R SMOKES "OCCASSIONALY")

D29. On the days that you smoke, about how many cigarettes do you usually have?

(00) ____ (NUMBER) (00) ____ (PACKS)

- 98. DON'T KNOW

- 99. NA
- 00. INAP

D30. Have you ever smoked daily?

- 1. YES
- 2. NO → SKIP TO D34
- 9. NA → SKIP TO D34

D31. At what age did you begin to smoke cigarettes daily?

(01) ____ (AGE)

- 98. DON'T KNOW/CAN'T REMEMBER
- 99. NA
- 00. INAP

D32. How many cigarettes did you usually smoke each day?

(00)____(NUMBER) (00)____(PACKS)

- 98. DON'T KNOW/CAN'T REMEMBER
- 99. NA
- 00. INAP

D33. At what age did you stop smoking cigarettes daily?

(02) ____ (AGE)

- 98. DON'T KNOW/CAN'T REMEMBER
- 99. NA
- 00. INAP

D34. (HAND R CARD THIRTEEN) Which, if any, of the following is a problem for Iñupiat and Yupik people in your community?

- | 1. YES | 2. NO | 8. DON'T
KNOW | 9. NA | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. Suicide? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Unemployment? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Family violence? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. Sexual abuse? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. Drug abuse? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. Alcohol abuse? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. Smokeless tobacco (snuff and chewing tobacco)? |

D35. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with your health.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA

(HAND RESPONDENT SELF-ADMINISTERED QUESTIONNAIRE AND PENCIL)

SELF-ADMINISTERED QUESTIONNAIRE

For this part of the interview you are asked to answer the following questions on the interview form yourself. Please answer the questions by placing an "X" mark in the circle next to the response that you have chosen.

The questions in this part of the interview include those dealing with alcohol and drug use, depression and suicide, and being the victim of a violent crime, including sexual assault. It is possible that these questions might make you feel uncomfortable. As with any part of the interview, you are free to choose not to participate in this self-administered part of the interview, or if you choose to participate you can skip any question that you do not wish to answer. As with any part of the interview, your responses during the interview are confidential as neither your name, address or any other identifier will be attached to any of your responses.

When you have finished, please fold the papers in half, place them in the envelope, and then seal the envelope. The interviewer has pledged not to open the envelope. The person opening the envelope will not know who completed this form.

(PLEASE ANSWER **ONLY** IF YOU ARE FEMALE) (MEN SKIP TO D39):

D36. How many children have you given birth to? 00_____

95. NONE → → SKIP TO D39
99. NA

D37. Were any of these stillbirths?

1. YES
2. NO

(IF YES) ↓

D38. How many?

00_____(CHILDREN)

99. NA

(EVERYONE)

D39. During the past twelve months have you had a drink of beer, wine, liquor, home brew, or any other alcoholic beverage?

- 1. YES
- 2. NO → → SKIP TO D42

D40. During the past 12 months, how often did you drink alcoholic beverages?

- 1. ONCE A MONTH OR LESS
- 2. 2-3 TIMES PER MONTH
- 3. ONCE PER WEEK
- 4. 2-3 TIMES PER WEEK
- 5. MORE THAN 2-3 TIMES PER WEEK

D41. During the past 12 months, how often have you had five or more drinks on one occasion?

- 1. ONCE A MONTH OR LESS
- 2. 2-3 TIMES PER MONTH
- 3. ONCE PER WEEK
- 4. 2-3 TIMES PER WEEK
- 5. MORE THAN 2-3 TIMES PER WEEK

D42. Were there any problems related to alcohol or drugs in your home in your childhood?

- 1. YES, OFTEN
- 2. YES, SOMETIMES
- 3. NO, NEVER

D43. Are there any problems related to alcohol or drugs in your home today?

- 1. YES, OFTEN
- 2. YES, SOMETIMES
- 3. NO, NEVER

D44. Do you take any of the following drugs? [PLEASE JUST X THE BOX UNDER "NO" OR "YES"]	2. NO 1. YES		D45. If yes, how often have you taken this drug in the past 12 months? [PLEASE X THE APPROPRIATE BOX]					
			1. ONCE A MONTH OR LESS	2. 2-3 TIMES PER MONTH	3. ONCE PER WEEK	4. 2-3 TIMES PER WEEK	5. MORE THAN 2-3 TIMES PER WEEK	9. NA
a. Marijuana?	<input type="radio"/>	<input checked="" type="radio"/>						
b. Amphetamines?	<input type="radio"/>	<input checked="" type="radio"/>						
c. Sniffing gas or other inhalants?	<input type="radio"/>	<input checked="" type="radio"/>						
d. Ecstasy?	<input type="radio"/>	<input checked="" type="radio"/>						
e. Heroin?	<input type="radio"/>	<input checked="" type="radio"/>						
f. Cocaine?	<input type="radio"/>	<input checked="" type="radio"/>						
g. Other drugs?	<input type="radio"/>	<input checked="" type="radio"/>						

D46. Within the past 12 months, have you been a victim of :

- | | | |
|-----------------------|-----------------------|-----------------------------|
| 1 | 2 | |
| YES | NO | |
| <input type="radio"/> | <input type="radio"/> | a. theft? |
| <input type="radio"/> | <input type="radio"/> | b. sexual assault? |
| <input type="radio"/> | <input type="radio"/> | c. another type of assault? |
| <input type="radio"/> | <input type="radio"/> | d. other offenses? |

D47. Have you ever thought seriously of committing suicide ?

1. YES
 2. NO → → SKIP TO D49

D48. Was this during the last year ?

1. YES
 2. NO

D49. How much of the time in the last month have you felt like each of the items below? Please check one of the six answer categories for each item.

	—————→						
	1. <i>NEVER</i>	2.	3.	4.	5.	6. <i>ALWAYS</i>	8. <i>DON'T KNOW</i>
a. Been a nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Felt so down that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Felt good about yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Felt good about your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Known that there are people who care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



That's all the questions in this section. Please fold your completed self-administered questionnaire in half and put it in the envelope and seal it. Please tell me that you're done.

Part E: Housing & Standard of Living

E1. What type of house do you live in? (READ CATEGORIES IF NECESSARY)

- 1. DETACHED, SINGLE FAMILY HOUSE
- 2. DUPLEX
- 3. ROW HOUSE (SEMI-DETACHED)
- 4. APARTMENT IN A MULTIPLE-FAMILY BUILDING
- 5. OTHER TYPE OF HOUSE
- 8. DON'T KNOW
- 9. NA

(IF OTHER TYPE OF HOUSE)

E2. How would you describe this house? ↓

- 98. DON'T KNOW
- 99. NA
- 00. INAP

E3. In addition to the living room, how many rooms are in your home, not counting the kitchen, bathroom, corridor, storage rooms, and sublet rooms?

(00) _____

- 98. DON'T KNOW
- 99. NA
- 00. INAP

E4. How many square feet of living space would you estimate you have?

(0000)_____

- 9998. DON'T KNOW
- 9999. NA
- 0000. INAP

E5. (HAND R CARD FOURTEEN.) Looking at the features on this card, which of the following does your home **not** have? Please just tell me the letters.

1. HAVE 2. NOT HAVE 8. DK 9. NA

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|----|----------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. | A SEPARATE KITCHEN? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. | A BATH OR SHOWER? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. | AN INDOOR FLUSHING TOILET? |

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|----|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. | HOT RUNNING WATER? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. | CENTRAL HEATING OR ELECTRIC STORAGE HEATERS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. | A PLACE TO SIT OUTSIDE
(E.G. A BALCONY, TERRACE OR GARDEN) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. | A TELEPHONE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. | STOVE FOR COOKING? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. | SMOKE DETECTOR? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. | ELECTRICITY? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. | GENERATOR? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. | CARBON MONOXIDE DETECTOR? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | m. | COLD RUNNING WATER? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | n. | SEPTIC TANK, SEWER CONNECTION,
OR SEWAGE PROCESSOR? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | o. | FIRE EXIT? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | p. | A VIEW TO CHECK THE WEATHER? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | q. | A STORE ROOM? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | r. | A PLACE TO CUT MEAT AND FISH? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | s. | DOUBLE GLASS WINDOWS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | t. | A CONNECTION TO THE INTERNET? |

E6. (HAND R CARD FIFTEEN) Looking at the items on this card, does your house have any of these problems? Please just tell me the letters.

- | 1. YES | 2. NO | 8. DK | 9. NA | | |
|-----------------------|-----------------------|-----------------------|-----------------------|----|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. | TOO LITTLE SPACE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. | DAMPNESS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. | MOLD OR MILDEW? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. | WATER LEAKING FROM THE CEILING FROM
CONDENSATION OR MELTING? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. | FROST ON THE WINDOWS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. | DRAFT FROM THE DOORS OR WINDOWS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. | DRAFTS FROM PLACES OTHER THAN DOORS &
WINDOWS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. | COLD FLOORS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. | GENERALLY COLD? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. | STALE AIR – INADEQUATE VENTILATION? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. | SHIFTING OF HOUSE FROM ACTIVE PERMAFROST? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. | WATER THAT IS NOT SAFE TO DRINK,
AT LEAST AT SOME TIMES OF THE YEAR? |

E7. Is your home in need of major repairs (for example: a new roof, plumbing repairs, structural repairs)?

1. YES
 2. NO
 8. DON'T KNOW
 9. NA

E8. Considering all your housing costs – rent or mortgage, heating, electricity, taxes, insurance, and other housing expenses -- what would you estimate to be your annual cost for housing? (INTERVIEWER: HELP R CALCULATE BY MONTH AND TYPE OF COST AND ADD UP IF NECESSARY)

(00000)_____

- 99998. DON'T KNOW
- 99999. NA
- 00000. INAP

E9. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with the quality of your housing.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA

E10. Are you on a waiting list for housing?

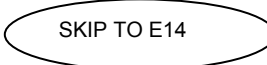
- 1. YES
- 2. NO → → 
- 8. DON'T KNOW
- 9. NA

E11. How long have you been waiting for housing?

___ MONTHS OR ___ YEARS

- 98. DON'T KNOW
- 99. NA
- 00. INAP

E12. Have you been treated fairly or unfairly in getting good housing?

- 1. FAIRLY → → 
- 2. UNFAIRLY
- 3. BOTH
- 9. NA

E13. Why have you been treated unfairly? ↓

- 98. DON'T KNOW
- 99. NA
- 00. INAP

(HAND R CARD SIXTEEN)..

E14. Looking at the items on this card, which items did your or other members of your household use in the past 12 months for harvesting or gathering food, gathering firewood or for unpaid household work? Please just give me the letters.			E15. Which, if any, of the items you mentioned does your household own?					E16. And which, if any, of the items your household owns did your household purchase in the past 12 months?				
	2. NO	1. YES	1. YES	2. NO	8. DK	9. NA	0. INAP	1. YES	2. NO	8. DK	9. NA	0. INAP
A. SNOWMOBILE?	<input type="radio"/>	<input checked="" type="radio"/>										
B. TRUCK?	<input type="radio"/>	<input checked="" type="radio"/>										
C. 4-WHEELER OR ATV?	<input type="radio"/>	<input checked="" type="radio"/>										
D. DOG TEAM USED FOR HUNTING & TRAPPING?	<input type="radio"/>	<input checked="" type="radio"/>										
E. SLED?	<input type="radio"/>	<input checked="" type="radio"/>										
F. CANOE OR KAYAK?	<input type="radio"/>	<input checked="" type="radio"/>										
G. OTHER BOAT?	<input type="radio"/>	<input checked="" type="radio"/>										
H. OUTBOARD MOTOR?	<input type="radio"/>	<input checked="" type="radio"/>										
I. GPS, VHF, OR CB?	<input type="radio"/>	<input checked="" type="radio"/>										
J. FISHNETS?	<input type="radio"/>	<input checked="" type="radio"/>										

	No	Yes	1. YES	2. NO	8. DK	9. NA	0. INAP		1. YES	2. NO	8. DK	9. NA	0. INAP
K. RIFLE OR SHOTGUN?	<input type="radio"/>	<input type="radio"/> ➔											
L. GENERATOR?	<input type="radio"/>	<input type="radio"/> ➔											
M. FREEZER?	<input type="radio"/>	<input type="radio"/> ➔											
N. CHAIN SAW?	<input type="radio"/>	<input type="radio"/> ➔											
O. FLOAT (SURVIVAL) SUIT?	<input type="radio"/>	<input type="radio"/> ➔											
P. SEWING MACHINE?	<input type="radio"/>	<input type="radio"/> ➔											
Q. ICE AUGER?	<input type="radio"/>	<input type="radio"/> ➔											
R. CAMPING TENT?	<input type="radio"/>	<input type="radio"/> ➔											
S. PERSONAL COMPUTER	<input type="radio"/>	<input type="radio"/> ➔											

E17. For the last 12 months, please think about the total amount you and other members of your household earned from the sales of carvings, skin clothing, furs, crafts, ivory and other similar goods. Please tell me your best estimate for the total amount – say to the nearest \$1,000.

(00000)_____

- 99998. DON'T KNOW
- 99999. NA

E18. Please think about the total income you and other members of your household earned from self-employment, a small business, and payment as an expert, over the past 12 months. What would you estimate this income to be?

(00000)_____

- 99998. DON'T KNOW
- 99999. NA

E19. And for the last 12 months, think about the total you and other members of your household earned from wages before taxes.

(00000)_____

- 99998. DON'T KNOW
- 99999. NA

E20. And for the last 12 months, think about the total you and other members of your household received from government and other organizations. Please include pensions, dividend checks, public assistance, shareholder dividends, student financial aid, disaster relief. (INTERVIEWER HELP RESPONDENT ADD THESE UP IF NECESSARY).

(00000)_____

- 99998. DON'T KNOW
- 99999. NA

E21. And for the last 12 months, please think about the total household income you and all other members of your household earned or received from other sources.

(00000)_____

- 999998. DON'T KNOW
- 999999. NA

E22. Over the same 12 months, what was your own personal income before deductions, from all sources?

(00000)_____

- 999998. DON'T KNOW
- 999999. NA

E23. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with your household income?

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA

E24. And how satisfied are you with your standard of living? I mean goods and services which one can buy like housing, clothing, food, cars, vacation, travel. How satisfied are you, overall, with your standard of living?

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA

E25. Is your household able to make ends meet, with great difficulty, some difficulty, fairly easily, or very easily?

- 1. WITH GREAT DIFFICULTY
- 2. SOME DIFFICULTY
- 3. FAIRLY EASILY
- 4. VERY EASILY
- 8. DON'T KNOW
- 9. NA

Part F: Activities

F1. (HAND R CARD SEVENTEEN.) Which of these activities did you do in the past 12 months? Please just tell me the letters of the activities you did.

1. YES 2. NO 9. NA

- | | | | |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. PLAY BINGO? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. TAKE PART IN A NATIVE FESTIVAL? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. READ BOOKS OR MAGAZINES? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. LISTEN TO THE RADIO OR STEREO? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. VISIT NEIGHBORS, FRIENDS OR FAMILY? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. LISTEN TO OR TELL A NATIVE STORY? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. GO TO SPORTS EVENTS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. PARTICIPATE IN SPORTS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. TAKE PART IN A NATIVE DANCE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. TAKE PART IN NATIVE TRADITIONAL GAMES? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. GO SNOWMOBILING OR DOG SLEDDING? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. HIKE, RUN, JOG, OR WALK? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | m. BOAT OR KAYAK? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | n. BE OUT IN THE COUNTRY? |

F2. When you are home, do you regularly watch or hear Iñupiat and/or Yupik programming on the radio or television?

1. YES
 2. NO

 9. NA
 0. INAP

F3. When you are home, do you regularly watch TV ?

1. YES
 2. NO → → SKIP TO F5
 9. NA

F4. When you watch TV, how many hours do you watch TV per week?

1. Less than 5 hours
 2. 6-15 hours
 3. 15-20 hours
 4. 20 hours or more
 8. Don't know

 9. NA
 0. INAP

F5. (HAND R CARD EIGHTEEN) The next questions are about your personal use of electronic equipment. Looking at the items on this card, which if any have you used in the past 12 months? Please just tell me the letters on the card.

- | 1. YES | 2. NO | 9. NA | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. A TELEPHONE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. A CELLULAR (WIRELESS) TELEPHONE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. VHF, CB, OR RADIO TELEPHONE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. CABLE OR SATELLITE TELEVISION? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. AN AUTOMATIC BANK TELLER MACHINE (ATM)? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. A FAX MACHINE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. VCR (VIDEOTAPE RECORDER) OR DVD? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. GPS UNIT? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. A COMPUTER? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. THE INTERNET? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. DEBIT CARD? |

F6. I'd like to learn about your involvement in public affairs. Which of the following last elections did you vote in:

- | 1. YES | 2. NO | 9. NA | |
|-----------------------|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. City? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Traditional Council? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Village Corporation? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. Native Regional Corporation? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. State? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. National? |

F7. Are you a member of a board, council, or committee?

1. YES
 2. NO → → SKIP TO F9
 9. NA

F8. On what boards, councils, or committees are you a member?

99. NA
 00. INAP

F9. (HAND R CARD NINETEEN). Looking at the items on this card, which if any have you done in the last 12 months? Please just tell me the letters on the card.

- | 1. YES | 2. NO | 9. NA | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. VOLUNTEERED FOR A LOCAL ORGANIZATION OR GROUP? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. WORKED AT A COMMUNITY EVENT? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. ATTENDED A LOCAL COMMUNITY MEETING? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. PARTICIPATED IN A POLITICAL GATHERING OR DEBATE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. COLLECTED SIGNATURES FOR A PETITION OR CANDIDATE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. WRITTEN A LETTER TO THE EDITOR? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. PARTICIPATED IN A RADIO OR TV CALL-IN SHOW? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. ATTENDED REGIONAL MEETINGS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. HELPED OUT AT THE SCHOOL? |

F10. Now I'd like to turn to problems faced by your community in general. Which problems do you think that the politicians should deal with first?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

F11. How knowledgeable would you say you are about politics in general: very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable?

- 1. VERY KNOWLEDGEABLE
- 2. SOMEWHAT KNOWLEDGEABLE
- 3. NOT VERY KNOWLEDGEABLE
- 4. NOT AT ALL KNOWLEDGEABLE
- 8. DON'T KNOW
- 9. N A

F12. (HAND R CARD TWENTY) Choosing from the numbers on this card, how much do you agree or disagree with the following statement: So many people vote at a national election that it does not make any difference if I vote or not vote.

- 1. COMPLETELY AGREE
- 2. PARTLY AGREE
- 3. PARTLY DISAGREE
- 4. COMPLETELY DISAGREE
- 8. DON'T KNOW
- 9. N A

F13. (HAND R CARD TWENTY-ONE) Choosing from the numbers on this card, how important to your life are political decisions made by government?

- 1. VERY IMPORTANT
- 2. IMPORTANT
- 3. NOT VERY IMPORTANT
- 4. NOT AT ALL IMPORTANT
- 8. DON'T KNOW
- 9. N A

F14. How interested would you say that you are in politics in general: very interested, interested, or not interested?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 8 | 9 |
| VERY
INTERESTED | INTERESTED | NOT
INTERESTED | DK | NA |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part G: Inuit/Yupik Values, Religion, and Spirituality

In this section, we return to talking about your traditional values.

G1. I'd like to read a list of activities and customs that may be important to maintaining your Iñupiat identity. For each one, please tell me the number on this card (HAND R CARD TWENTY-ONE) that best fits your choice.

	1. VERY IMPORTANT	2. IMPORTANT	3. NOT VERY IMPORTANT	4. NOT AT ALL IMPORTANT
a. The Iñupiat / Yupik food I eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The hunting and fishing I do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Naming kinship relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The harvesting of wild berries and plants I do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My occupation or profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The preserving of Iñupiat / Yupik foods I do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My use of Iñupiaq / Yupik language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Participating in traditional cultural events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. My childhood upbringing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The clothes I wear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The personal contacts I have with other Inuit / Yupik?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The Iñupiat / Yupik poetry and literature I read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. My religious and spiritual practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The way I view Nature?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. How I try to meet the expectations of my family and Iñupiat / Yupik friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G2. Were you taught traditional values?

- 1. YES
- 2. NO → → SKIP TO G4
- 9. NA

G3. By whom?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

G4. How satisfied are you with the job your community is doing in promoting specific traditional values. (HAND R CARD SEVEN) For each value, please tell me how satisfied you are by giving me the number on this card that best applies.

	1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. NEITHER SATISFIED NOR DISSATISFIED	4. SOMEWHAT DISSATISFIED	5. VERY DISSATISFIED	8. DK	9. N A
a. Use of the Iñupiaq / Yupik language (and ways of expressing our culture)?							
b. Sharing and helping?							
c. Respect for others?							
d. Cooperation?							
e. Respect for Elders?							
f. Love for Children?							
g. Hard work?							
h. Knowledge of their family tree?							
i. Avoidance of conflict?							
j. Respect for nature?							
k. Spirituality?							
l. Humor?							
m. Family Roles?							
n. Teaching girls traditional roles?							

o. Teaching boys traditional roles?							
p. Hunter & Herder Knowledge?							
q. Domestic (Homemaking) Skills?							
r. Humility?							
s. Responsibility to the Iñupiat community?							
t. Community self-determination?							

G5. Do you apply any of these traditional values in your personal life?

- 1 YES
- 2 NO
- 8 DK
- 9 NA

G6. Are Christian religious beliefs part of your life?

- 1. YES
- 2. NO → → SKIP TO G10
- 9. NA

G7. Do you consider yourself to be a Christian?

- 1. YES
- 2. NO → → SKIP TO G10
- 9. NA

G8. Are you a member of a church?

- 1. YES
- 2. NO → → SKIP TO G10
- 9. NA
- 0. INAP

G9. How often do you go to church: never, once a month or less, 2-3 time a month, once per week, or more than once a week?

- 1. NEVER
- 2. ONCE A MONTH OR LESS
- 3. 2-3 TIMES A MONTH
- 4. ONCE PER WEEK
- 5. MORE THAN ONCE A WEEK
- 8. DON'T KNOW

- 9. NA
- 0. INAP

G10. Do you think that organized religion has had an effect on your community?

- 1. YES
- 2. NO → → SKIP TO G12
- 8. DON'T KNOW

- 9. NA
- 0. INAP

G11. What type of effect(s)?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

G12. Are Iñupiat or Yupik spiritual beliefs part of your life?

- 1. YES
- 2. NO → → SKIP TO PART H
- 8. DON'T KNOW

- 9. NA

G13. Can you tell me more about that?

- 98. DON'T KNOW
- 99. NA
- 00. INAP

G14. Do you know anyone who has abilities to:

- | 1 | 2 | 9 | 0 | |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------------|
| YES | NO | NA | INAP | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. Heal? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Find missing persons and items? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Predict the weather? |

G15. Do you have any special abilities in your family?

- 1. YES
- 2. NO

- 9. NA
- 0. INAP

Part H: Community and Environment

H1. Now I'd like to talk about public safety and justice in your community. What do you see as the biggest problems in your community?

- 98. DON'T KNOW
- 99. NA

H2. How safe do you feel if you are walking around this area at night: very safe, rather safe, rather unsafe, or very unsafe?

- 1. VERY SAFE
- 2. RATHER SAFE
- 3. RATHER UNSAFE
- 4. VERY UNSAFE
- 8. DON'T KNOW
- 9. NA

H3. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with public safety provided in your community.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW
- 9. NA

H4. Do you think that public safety officers have the same priorities concerning public safety and general order that you do?

- 1. YES
- 2. NO
- 8. DON'T KNOW
- 9. NA

H5. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with the courts in your community.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW

- 9. NA
- 0. INAP - NO COURT IN COMMUNITY

H6. Do you think that the courts have the same priorities concerning public safety and general order that you do?

- 1. YES
- 2. NO
- 8. DON'T KNOW

- 9. NA
- 0. INAP - NO COURT IN COMMUNITY

H7. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with the degree of influence that Iñupiat people have on the management of natural resources like fish and caribou.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW

- 9. NA

H8. Do you think that fish and wildlife officers have the same idea of what is right and wrong that you do?

- 1. YES
- 2. NO
- 8. DON'T KNOW

- 9. NA

H9. (HAND R CARD SEVEN) Please tell me the number on this card that fits how satisfied you are with the degree of influence that Iñupiat people have on the management of natural resources like oil, gas, and minerals.

- 1. VERY SATISFIED
- 2. SOMEWHAT SATISFIED
- 3. NEITHER SATISFIED NOR DISSATISFIED
- 4. SOMEWHAT DISSATISFIED
- 5. VERY DISSATISFIED
- 8. DON'T KNOW

- 9. NA

H10. (HAND R CARD TWENTY-TWO) In your opinion, which of the following environmental problems, if any, exist in your region or community? Please tell me the letters on this card.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 1. YES | 2. NO | 8. DK | 9. NA | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. POLLUTION OF LOCAL LAKES AND STREAMS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. POLLUTION FROM INDUSTRIAL DEVELOPMENT IN THIS REGION? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. POLLUTION FROM OTHER COUNTRIES? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. FISH OR ANIMALS THAT MAY BE UNSAFE TO EAT? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. EROSION OF COASTAL AREAS OR RIVERBANKS? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. LOCAL CONTAMINATED SITES? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. CLIMATE CHANGE? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. OTHER PROBLEMS? |

H11. Are there other environmental concerns you have?

- 1. YES
- 2. NO → → SKIP TO H13
- 8. DON'T KNOW

- 9. NA

H12. What are they?

- 98. DON'T KNOW

- 99. NA
- 00. INAP

H13. (HAND R CARD SEVEN) For each of the next the next set of items, please tell me the number on this card that fits how satisfied you are with:

	1 VERY SATISFIED	2 SOMEWHAT SATISFIED	3 NEITHER SATISFIED NOR DISSATISFIED	4 SOMEWHAT DISSATISFIED	5 VERY DISSATISFIED	8 DK	9 NA
A. The influence (Iñupiat / Yupik) people have to reduce environmental problems in your area.							
B. The health of the environment in your area.							
C. How well the national government is dealing with needs in your community?							
D. Job opportunities in your community?							
E. Opportunities to hunt and fish?							
F. The amount of fish and game available locally?							
G. The quality of education in your community?							
H. The quality of health services in your community?							
I. The recreational facilities in your community?							
J. The cost of living in your community?							
K. The availability of goods in local stores?							
L. Transportation to and from your community?							
M. The quality of life in this community?							
N. Your life as a whole?							

H14. That's all my questions. Have I missed anything in this interview that is important to you?

98. DON'T KNOW

99. NA

PUT THE FOLLOWING IN THE INTERVIEW ENVELOPE:

1. COVER SHEET
2. CONSENT FORMS
3. QUESTIONNAIRE
4. HOUSEHOLD CHART FORMS A & B & C
5. SELF-ADMINISTERED FORM IN SEALED ENVELOPE

END TIME: _____

Thumbnail Sketch

(INTERVIEWER: RECORD HERE YOUR IMPRESSIONS OF THE INTERVIEW AND ANY INFORMATION THAT WILL HELP US INTERPRET WHAT THE RESPONDENT SAID)