

Social Indicators in Coastal Alaska: Arctic Communities

Contract No. M11PC00032

OMB Control Number 1010-xxxx

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Control No. _____
Community _____
HH NO. _____
INT NO. _____
Interviewer _____
Date _____
Start Time _____
Stop Time _____
Data Edited by Intwr (initials) _____
Final Edit _____
Data Coded by _____
Supervisor _____

Under contract with
U.S. Department of the Interior
Bureau of Ocean Energy Management
Alaska OCS Region
Environmental Sciences Management Section
3801 Centerpoint Drive, Suite 500
Anchorage, Alaska 99503

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HH NO. _____

INT NO. _____

SECTION A: ECONOMIC WELL-BEING

A1. I'd like to ask you about **your** hunting, fishing, trapping, and gathering activities in the past 12 months. (HAND R CARD TWO) Looking at this card, please tell me the letters of any of the activities **you** did in the last 12 months (ALSO CIRCLE APPROPRIATE LETTERS ON SEPARATE A1 SHEET):

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

- a. CAPTAINED A WHALING CREW?
- b. WAS A MEMBER OF A WHALING CREW?
- c. SKINNED AND BUTCHERED A SEAL?
- d. SKINNED AND BUTCHERED A CARIBOU?
- e. SKINNED AND BUTCHERED ANOTHER ANIMAL?
- f. HELPED WHALING CREWS BY COOKING, GIVING MONEY OR SUPPLIES, CUTTING MEAT?
- g. SEWED SKINS, MADE PARKAS, KAMIKS OR OTHER TRADITIONAL CLOTHING?
- h. MADE SLEDS OR BOATS?
- i. HUNTED CARIBOU, MOOSE, OR SHEEP?
- j. HUNTED SEAL OR UGRUK?
- k. HUNTED WALRUS?
- l. HUNTED WATERFOWL (E.G., DUCKS AND GEESE)?
- m. GATHERED EGGS?
- n. FISHED?
- o. GATHERED GREENS, ROOTS, OR OTHER PLANTS?
- p. PRESERVED MEAT OR FISH?
- q. TRAPPED?
- r. PICKED BERRIES?
- s. MADE NATIVE OR TRADITIONAL HANDICRAFTS?
- t. HUNTED WOLF OR WOLVERINE?
- u. HUNTED POLAR BEAR?
- v. HUNTED PTARMIGAN?

A2. In the past 12 months, during which months, if any, did you spend five or more days on subsistence activities?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

NO MONTHS

HH NO. _____

INT NO. _____

A3. Thinking about the subsistence activities of **all** the members of this household, how many walrus did your household members harvest in the past 12 months? (CONTINUE WITH OTHER SPECIES)

	SPECIES	NUMBER HARVESTED
A3a	WALRUS	
A3b	Polar bear	
A3c	Bearded seal	
A3d	Ringed seal	
A3e	Eider	
A3f	Caribou	
A3g	Broad whitefish	
A3h	Geese	
A3i	White-fronted goose	
A3j	Moose	

A4. How many shares of bowhead did your household get from your household's participation in bowhead whale hunts in the past 12 months?

SHARES

A5. 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 (e.g., nikipiaq): 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 Q.A8

A6. 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

HH NO. _____

INT NO. _____

A7. And still thinking about **all** the meat and fish your household ate in the past 12 months, how much of it did your household receive from other households: 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

A8. (HAND R CARD ONE) Please tell me the number on this card that fits how satisfied you are with the amount of fish and game available locally?

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

A9. And how satisfied are you with the opportunities to hunt and fish?

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

HH NO. _____

INT NO. _____

A10. Within the past 12 months, how many paid jobs or self-employment jobs did you have?

_____(NUMBER)

99. NA

00. INAP

(IF ONLY ONE JOB)

A10a. What was the name of this job? _____

A11. Thinking about all the paid jobs and self-employment jobs you had in the last 12 months, how many weeks (out of a total 52 weeks) did you work on a job in the last 12 months? Include weeks when you were employed but took subsistence leave or vacation.

WEEKS

A12. And how many of these weeks, if any, did you work on a job associated with oil and gas exploration or development? By jobs associated with oil and gas development, I mean any jobs working for a company or organization that is part of the permitting, exploration, production, transportation, or servicing of oil or gas, including office jobs as well as field jobs, and including such jobs as subsistence coordinator, subsistence advisor, or marine mammal observer.

WEEKS

(IF 0 WEEKS, SKIP TO A14)

A13. Do you know how many of these weeks were on a job related to offshore petroleum exploration or development?

WEEKS

(ASK A14 and A15 ONLY IF WORKED AT MORE THAN ONE JOB)

A14. 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

A15. How many weeks did you work on this job?

WEEKS

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

(IF A12 IS GREATER THAN ZERO WEEKS)

A16. Was this a job in the oil and gas industry?

1. YES

2. NO →

8. DON'T KNOW →

9. NA

0. INAP

SKIP TO A17

HH NO. _____

INT NO. _____

A16a. Was this a job related to **offshore** petroleum exploration or production?

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

A17. Please describe what kind of business, industry or service (NAME OF JOB) was in? Please be specific

_____INDUSTRY

- 9999. NA
- 0000. INAP

A18. What was your work or occupation (e.g., job title)?

_____OCCUPATION

- 99. NA
- 00. INAP

A19. (HAND R CARD ONE) Please tell me the number on this card that fits how satisfied you were 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

HH NO. _____

INT NO. _____

A20. Using the same card, how satisfied are you with job opportunities 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

A21. In the last 12 months, how many months did you not have a wage job and wanted one?

MONTHS

- 99. NA
- 00. INAP

A22. If you could choose, which lifestyle would you prefer: working on a wage job, harvesting or processing your own food, or both?

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

A23. (HAND R CARD ONE) Using Card One, please tell me how satisfied you are with the combination of activities you do to make a living? (Examples of activities are your job, housework, subsistence, and raising your children)

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

A24. (HAND R CARD THREE.) Looking at the features on this card, which of the following does your household **not** have? Please just tell me the letters.

1. HAVE	2. NOT HAVE	8. DK	9. NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.	A FULL KITCHEN?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.	A BATH OR SHOWER?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c.	AN INDOOR FLUSHING TOILET?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d.	HOT RUNNING WATER?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.	CENTRAL HEATING OR ELECTRIC STORAGE HEATERS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f.	A NATURAL GAS HOOK-UP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g.	A PLACE TO SIT OUTSIDE (E.G. A PORCH, BALCONY, TERRACE OR GARDEN)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h.	A LANDLINE TELEPHONE OR CELL PHONE?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i.	STOVE FOR COOKING?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j.	SMOKE DETECTOR?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k.	ELECTRICITY?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l.	GENERATOR?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m.	CARBON MONOXIDE DETECTOR?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n.	COLD RUNNING WATER?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o.	SEPTIC TANK, SEWER CONNECTION, OR SEWAGE PROCESSOR?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p.	FIRE EXIT?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q.	A VIEW TO CHECK THE WEATHER?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r.	A STORE ROOM?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s.	ICE CELLAR?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t.	FREEZER?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	u.	REFRIGERATOR?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	v.	A PLACE TO CUT MEAT AND FISH?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	w.	DOUBLE GLASS WINDOWS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x.	A CONNECTION TO THE INTERNET?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	y.	TELEVISION?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	z.	AN ELECTRONIC GAMING UNIT/DEVICE?

HH NO. _____

INT NO. _____

A25. (HAND R CARD FOUR) Looking at the items on this card, did your house have any of these problems in the last 12 months? Please just tell me the letters.

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

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. | TOO LITTLE SPACE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. | DAMPNESS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. | MOLD OR MILDEW? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. | WATER LEAKING FROM THE CEILING FROM CONDENSATION OR MELTING? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. | FROST ON THE WINDOWS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. | DRAFT FROM THE DOORS OR WINDOWS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. | DRAFTS FROM PLACES OTHER THAN DOORS & WINDOWS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. | COLD FLOORS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. | GENERALLY COLD? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. | STALE AIR – INADEQUATE VENTILATION? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. | SHIFTING OF HOUSE FROM ACTIVE PERMAFROST? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. | BROKEN DOORS, STAIRS, PIPES, OR WINDOWS DUE TO SHIFTING FROM PERMAFROST? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. | WATER THAT IS NOT SAFE TO DRINK, AT LEAST AT SOME TIMES OF THE YEAR? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. | FROZEN WATER LINE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. | AIR VENT PLUGGED WITH ICE? |

A26. How many people are currently living in your household?

PEOPLE

A27. How many of these people, if any, are on a housing waiting list?

PEOPLE

HH NO. _____

INT NO. _____

A28. (HAND R CARD ONE) 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

A29. 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

A30. 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

A31. And for the last 12 months, think about the total you and other members of your household earned in wages from an employer, before taxes.

(00000)_____

- 99998. DON'T KNOW
- 99999. NA

A32. 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

HH NO. _____

INT NO. _____

A33. 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

A34. For the last 12 months, what was your total personal income, before taxes?

(00000) _____

- 999998. DON'T KNOW
- 999999. NA

A35. (HAND R CARD ONE) 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

A36. And how satisfied are you with the availability of goods in local stores?

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

HH NO. _____

INT NO. _____

A37. How satisfied are you with transportation to and from 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

A38. How satisfied are you with the cost of living 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

A39. 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

HH NO. _____

INT NO. _____

A40. 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

HH NO. _____

INT NO. _____

SECTION B: CULTURAL CONTINUITY

B1. I'd like to read a list of values that may be important to maintaining your identity. For each one, please tell me the number on this card (HAND R CARD FIVE) that best fits your choice.

	1. VERY IMPORTANT	2. IMPORTANT	3. NOT VERY IMPORTANT	4. NOT AT ALL IMPORTANT	8. DK	9. NA
a. Use of Iñupiaq?						
b. Sharing and helping?						
c. Respect for others?						
d. Cooperation?						
e. Respect for Elders?						
f. Love for Children?						
g. Hard work?						
h. Knowledge of your family tree?						
i. Avoidance of conflict?						
j. Respect for nature?						
k. Spirituality?						
l. Humor?						
m. Family Roles?						
n. Eating traditional or wild foods?						
o. Hunting and Fishing?						
p. Preserving of traditional or wild foods?						

HH NO. _____

INT NO. _____

B2. Now I'd like to ask about the same list of values, but this time ask you to tell me how satisfied you are with the job your community is doing in promoting each of these values. For each one I read, please tell me the number on this card (HAND R CARD ONE) that best fits your choice.

	1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. NEITHER SATISFIED NOR DISSATISFIED	4. SOMEWHAT DISSATISFIED	5. VERY DISSATISFIED	8. DK	9. NA
a. Use of Iñupiaq?							
b. Sharing and helping?							
c. Respect for others?							
d. Cooperation?							
e. Respect for Elders?							
f. Love for Children?							
g. Hard work?							
h. Knowledge of your family tree?							
i. Avoidance of conflict?							
j. Respect for nature?							
k. Spirituality?							
l. Humor?							
m. Family Roles?							
n. Eating traditional or wild foods?							
o. Hunting and Fishing?							
p. Preserving of traditional or wild foods?							

B3. Using this card, please tell me how would you rate your ability to understand, speak, read, and write Iñupiaq? (HAND R CARD SIX) 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?						

SECTION C: EDUCATION

C1. Now I'd like to ask about your education. I'd like to start by talking with you more about your traditional education. (HAND R CARD SEVEN) 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Serve on a whaling crew? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Hunt and Fish? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Hunt seal? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Drive a snowmachine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Learn when the berries are ripe and where to find them? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Fix a snowmachine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Read the weather? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Overnight on the land? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Name the different types of snow in Iñupiaq? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Skin and butcher a caribou? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Skin and butcher a seal? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Skin and butcher another animal? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Preserve meat and fish? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. Take care of and sew skins? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. Make sleds or boats? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p. Cook and prepare traditional or wild foods? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q. Learn the names of past generations of relatives? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | r. Make traditional clothing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | s. Repair traditional clothing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | t. Learn stories passed on by your parents and grandparents? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | u. Make Native or traditional arts and crafts? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | v. Learn traditional dances and drumming? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | w. Learn traditional songs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | x. Navigate at sea? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | y. Take care of and handle a dog team? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | z. Make and maintain an ice cellar? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | aa. Protect land and resources? |

HH NO. _____

INT NO. _____

C2. What is the highest level of schooling or training you have completed?

- 02. LESS THAN ELEMENTARY/PRIMARY SCHOOL
- 03. ELEMENTARY/PRIMARY SCHOOL
- 04. SECONDARY/HIGH SCHOOL
- 05. VOCATIONAL/TRADE SCHOOL/COLLEGE – 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

C3. (HAND R CARD ONE) 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

C4. And how satisfied are you with the quality of education 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

C5. Do you have children enrolled in a K-12 school?

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

SKIP TO C7

C6. At which of the following types of places do you have children enrolled in a K-12?

1. YES 2. NO 9. NA

- a. In a North Slope Community?
- b. Elsewhere in Alaska?
- c. Outside Alaska?

C7. Do you volunteer in school-related events and activities?

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

C8. (HAND R CARD ONE) Using the choices on this card, how satisfied are you with the teaching of traditional Iñupiaq values, skills, and language in local schools?

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

HH NO. _____

INT NO. _____

SECTION 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 ONE) 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

D3. And how satisfied are you with the quality of health services 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

HH NO. _____

INT NO. _____

D4. (HAND R CARD EIGHT.) 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. heart disease |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. lung disease |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. eye disease |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. mental illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. joint and bone diseases |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. arthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. accidental injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. alcoholism or drug addiction |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. obesity |

D5. (HAND R CARD ONE) Using a number on this card, how satisfied are you with public safety services 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

I have a few questions that I would like to ask you to answer on your own using this self-administered questionnaire (HAND R SELF-ADMINISTERED QUESTIONNAIRE).

HH NO. _____

INT NO. _____

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.

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.

D6. Within the past 12 months, have you been a victim of :

- | 1 | 2 | |
|--------------------------|--------------------------|-----------------------|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. theft? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. sexual assault? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. domestic violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. elder abuse? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. other offenses? |

D7. Are there any problems related to alcohol or drugs in your home today?

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

Please continue on the next page.

- D8. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt so down that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt good about yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Felt good about your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Known that there are people who care about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- D9. People sometimes look to others for companionship, assistance, guidance or other types of support. Please check the box for each item that best fits how often each of the following types of support is available to you when you need it.

	1. <i>ALL THE TIME</i>	2. <i>MOST OF THE TIME</i>	3. <i>SOME OF THE TIME</i>	4. <i>VERY SELDOM</i>	5. <i>NOT AT ALL</i>	8. <i>DON'T KNOW</i>
a. Someone you can count on to listen to you when you need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Someone you can count on when you need advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone who shows you love and affection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone to have a good time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone to confide in or talk about yourself and your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone to get together with for relaxation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Someone to do something enjoyable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SECTION E: PHYSICAL ENVIRONMENT

E1. (HAND R CARD NINE.) 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. TAKE PART IN A NATIVE OR TRADITIONAL FESTIVAL? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. VISIT NEIGHBORS, FRIENDS OR FAMILY? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. LISTEN TO OR TELL A NATIVE OR TRADITIONAL STORY? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. GO SLEDDING OR SNOWBOARDING? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. GO BIKING? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. GO TO SPORTS EVENTS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. PARTICIPATE IN SPORTS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. TAKE PART IN A NATIVE OR TRADITIONAL DANCE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. TAKE PART IN NATIVE OR TRADITIONAL GAMES? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. GO SNOWMACHINING OR DOG SLEDDING? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. HIKE, RUN, JOG, OR WALK? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. PLAY BASKETBALL? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. SWIM? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. BOAT OR KAYAK? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. BE OUT IN THE COUNTRY? |

E2. (HAND R CARD 10) 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. POLLUTION OF LOCAL LAKES AND STREAMS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. POLLUTION OF OFFSHORE WATERS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. POLLUTION FROM INDUSTRIAL DEVELOPMENT IN THIS REGION? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. POLLUTION FROM OTHER COUNTRIES? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. FISH OR ANIMALS THAT MAY BE UNSAFE TO EAT? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. EROSION OF COASTAL AREAS OR RIVERBANKS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. LOCAL CONTAMINATED SITES? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. POLLUTION FROM LANDFILLS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. DISPOSAL OF HAZARDOUS WASTE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. DISRUPTION OF VIEWS AND LANDSCAPES? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. CLIMATE CHANGE? |

HH NO. _____

INT NO. _____

E3. In the past 12 months, have you avoided eating subsistence foods because you believe they are contaminated?

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

E4. (HAND R CARD ONE) How satisfied are you with the health of the environment in your area?

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

E5. And how satisfied are you with the quality of recreational facilities in this community?

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

SECTION F: LOCAL CONTROL

F1. 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 | 8. DK | 9. NA | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. City Council? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Tribal Council or Native Village? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Village Corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Native Regional Corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. North Slope Borough? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. ICAS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. State? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. National? |

F2. 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

F3. (HAND R CARD 11) 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

HH NO. _____

INT NO. _____

F4. (HAND R CARD 12) Which of the following groups do you think are helping to meet your needs? Please just tell me the letters on this card.

- | 1. MEETING NEEDS | 2. NOT MENTIONED | 8. DK | 9. NA | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. City Council? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Tribal Council or Native Village? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Village Corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Native Regional Corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. North Slope Borough? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. ICAS? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. State government? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Federal government? |

F5. How interested would you say that you are in politics in general: very interested, interested, or not interested?

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

F6. (HAND R CARD ONE) Please tell me the number on this card that fits how satisfied you are with the degree of influence that Iñupiaq 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

- F7. And how satisfied are you with the degree of influence that Iñupiaq people have on the management of natural resources like marine mammals?
- 1. VERY SATISFIED
 - 2. SOMEWHAT SATISFIED
 - 3. NEITHER SATISFIED NOR DISSATISFIED
 - 4. SOMEWHAT DISSATISFIED
 - 5. VERY DISSATISFIED
 - 8. DON'T KNOW
 - 9. NA
- F8. And how satisfied are you with the degree of influence that Iñupiaq 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
- F9. And how satisfied are you with the degree of influence that Iñupiaq people have to reduce environmental problems in your area?
- 1. VERY SATISFIED
 - 2. SOMEWHAT SATISFIED
 - 3. NEITHER SATISFIED NOR DISSATISFIED
 - 4. SOMEWHAT DISSATISFIED
 - 5. VERY DISSATISFIED
 - 8. DON'T KNOW
 - 9. NA

HH NO. _____

INT NO. _____

F10. (HAND R CARD ONE) Please tell me the number on this card that fits how satisfied you are with the courts on the North Slope.

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

SECTION G: GLOBAL WELL-BEING

G1. We've talked about many different parts of your well-being, like health and jobs and the environment. (HAND R CARD ONE) Thinking about everything important to your well-being, how satisfied are you with the quality of life in this community?

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

G2. And how satisfied are you with your life as a whole?

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

G3. Have you considered moving away from (COMMUNITY) in the last five years?

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

SKIP TO G5

G4. Why have you considered moving away from (COMMUNITY)?

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

HH NO. _____

INT NO. _____

G5. What are the reasons why you have chosen to remain in (COMMUNITY)?

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

SECTION H: IMPACTS ON SUBSISTENCE ACTIVITIES

INTERVIEWER CHECKPOINT 1: SEE RESPONSES TO Q.A1

RESPONDENT DIDN'T ENGAGE IN ONE OR MORE ACTIVITIES



SKIP TO CLOSING

RESPONDENT ENGAGED IN ONE OR MORE ACTIVITIES



CONTINUE

H1. (HAND R CHECKED FORM SHOWING ACTIVITIES MENTIONED IN Q.A1) Looking at the subsistence activities you mentioned earlier, please tell me the letter of any of the activities in which you personally experienced impacts of oil industry activities in the last 12 months.

1. ENGAGED, NO IMPACT	2. ENGAGED, IMPACT	0. NO ACTIVITIES	9. NOT ASCERTAINED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Captained a whaling crew?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Was a member of a whaling crew?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Skinned and butchered a seal?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Skinned and butchered a caribou?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Skinned and butchered another animal?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Helped whaling crews by cooking, giving money or supplies, cutting meat?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Sewed skins, made parkas and kamiks?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Made sleds or boats?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Hunted caribou, moose, or sheep?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Hunted seal or ugruk?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Hunted walrus?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Hunted waterfowl (e.g., ducks and geese)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Gathered eggs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n. Fished?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. Gathered greens, roots, or other plants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p. Preserved meat or fish?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q. Trapped?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r. Picked berries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s. Made Native or traditional handicrafts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t. Hunted wolf or wolverine?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	u. Hunted polar bear?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	v. Hunted ptarmigan?

HH NO. _____

INT NO. _____

INTERVIEWER CHECKPOINT 2:

- RESPONDENT DID NOT MENTION ANY AFFECTED ACTIVITIES, OR ADDITIONAL QUESTIONS COMPLETED FOR ALL MENTIONED ACTIVITIES ↓
SKIP TO CLOSING
- RESPONDENT MENTIONED AT LEAST ONE SUBSISTENCE ACTIVITY AFFECTED BY OIL INDUSTRY ACTIVITY
↓
CONTINUE WITH SECTION I

SECTION I: IMPACTS ON SUBSISTENCE ACTIVITIES

ACTIVITY LETTER:
SHORTHAND NAME FOR ACTIVITY:

11. Please describe what happened.

12. When did an oil industry activity affect
SUBSISTENCE ACTIVITY?

MONTH(S)

8. CAN'T REMEMBER .NA

13. Where were you when the oil industry activity
affected SUBSISTENCE ACTIVITY?
(PROBE FOR NEAREST NAMED PLACE)

14. (Please describe the oil industry activity that affected SUBSISTENCE ACTIVITY).

HH NO. _____

INT NO. _____

15. Could anyone have done something differently to avoid the experience or make it better?

1. YES

↓

2. NO →

SKIP TO
NEXT
EXPERIENCE
OR CLOSING

16. Who could have done something differently?

17. What could they have done differently?

CONTINUE WITH NEXT AFFECTED ACTIVITY OR CONTINUE TO CLOSING QUESTIONS

