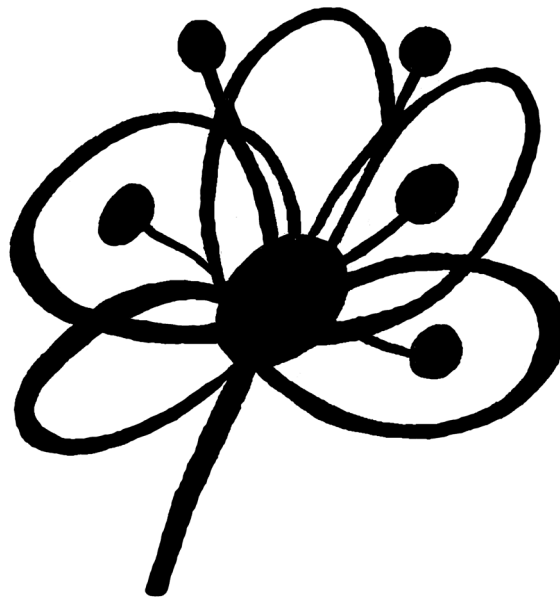


ID no.: _____



This questionnaire contains a number of personal questions concerning private matters which many people prefer to keep to themselves. When you have finished answering the questionnaire you should put it into an envelope and seal it. The envelope will be opened by the researcher who is in charge of the survey only. The information will be treated as confidential and anonymously. No answers which could be traced back to you will be published.

You give your answer to the questions by marking the answer you feel suits you best. In some cases you may mark several answers if you want to. If there are questions which you would rather not answer please leave them and go to the next question.

1. When were you born? _____ (date and year)

Profil 1

2. Are you a man or a woman?

man 1
woman 2

3. In general, would you say your health is?

excellent 1
very good 2
good 3
fair 4
poor 5

SF1

The next questions are about activities that you might have engaged in over the past year

4. In the past year, on average, how often did you go hunting?

never 1
less than once a month 2
1-3 days a month 3
1-3 days a week 4
4 or more days a week 5

Nunavik individual 23

5. In the past year, on average, how often did you go fishing?

never 1
less than once a month 2
1-3 days a month 3
1-3 days a week 4
4 or more days a week 5

Nunavik individual 28

6. In the past year, during berry picking season, how many days per week did you go berry picking?

- never 1
- less than once 2
- 2-3 days altogether 3
- 1-3 days a week 4
- 4 or more days a week 5

Nunavik individual 29

7. In the past year, how often did you go out sailing or on the land for other reasons?

- never 1
- less than once a month 2
- 1-3 days a month 3
- 1-3 days a week 4
- 4 or more days a week 5

The following questions are about your body image

The questions are answered by writing the number that corresponds to the shape matching your choice. You may use fractions in case your choice is between two shapes. You should only look at those pictures that correspond to your own gender.



8. Which shape is closest to your own shape?

_____ (write number)

9. Which shape would you prefer to look like?

_____ (write number)

10. If you are a women, which shape would you think that most women prefer to look like?

_____ (write number)

If you are a man, which shape would you think that most men prefer to look like?

_____ (write number)

11. Which shape corresponds to the body that you believe is most healthy?

_____ (write number)

12. Which shape is the first one that you think is too overweight?

_____ (write number)

13. Which shape is the first one that you think is too thin?

_____ (write number)

14. Do you consider yourself (*mark only one box*)

very overweight	<input type="checkbox"/>	1
overweight	<input type="checkbox"/>	2
adequate	<input type="checkbox"/>	3
too thin	<input type="checkbox"/>	4
much too thin	<input type="checkbox"/>	5

15. Did you try to lose weight during the last six months?

yes	<input type="checkbox"/>	1
no	<input type="checkbox"/>	2 → go to ques. 18

16. How many kilograms weight did you loose?

_____ kg.

17. Which method(s) did you use? (You may mark several methods)

- a. eating less 1
- b. eating more healthy food 1
- c. other dietary changes 1
- d. physical exercise 1
- e. prescription drugs 1
- f. weight loosing formula 1
- g. other, specify: _____ 1

The following questions are about how much time and money you spend on playing bingo, Lotto, cards, dice etc.

18. How often did you play bingo during the past year?

- every day or almost every day 1
- 3-6 times per week 2
- 1-2 times per week 3
- 1-3 times per month 4
- less often 5
- never 6

How much time do you usually play bingo on each occasion?

_____ hours

How much money do you usually spend each month on playing bingo?

_____ kr.

19. How often during the past year did you play Tips, Lotto, Skrabespil, Joker or similar games?

- | | |
|-------------------------------------|----------------------------|
| every day or almost every day | <input type="checkbox"/> 1 |
| 3-6 times per week | <input type="checkbox"/> 2 |
| 1-2 times per week | <input type="checkbox"/> 3 |
| 1-3 times per month | <input type="checkbox"/> 4 |
| less often | <input type="checkbox"/> 5 |
| never | <input type="checkbox"/> 6 |

How much money do you usually spend each month on this type of games?

_____ kr.

20. How often during the past year did you play slot machines?

- | | |
|-------------------------------------|----------------------------|
| every day or almost every day | <input type="checkbox"/> 1 |
| 3-6 times per week | <input type="checkbox"/> 2 |
| 1-2 times per week | <input type="checkbox"/> 3 |
| 1-3 times per month | <input type="checkbox"/> 4 |
| less often | <input type="checkbox"/> 5 |
| never | <input type="checkbox"/> 6 |

How much time do you usually play slot machines on each occasion?

_____ timer

How much money do you usually spend each month playing slot machines?

_____ kr.

21. How often during the past year did you play cards, dice or other similar games for money?

- every day or almost every day 1
- 3-6 times per week 2
- 1-2 times per week 3
- 1-3 times per month 4
- less often 5
- never 6

How much time do you usually play cards, dice or similar games on each occasion?

_____ hours

How much money do you usually spend each month on these types of games?

_____ kr.

22. Did you ever feel that you used too much money or too much time on games?

- yes, within the last year 1
- yes, previously 2
- no 3
- I never play 4 → go to ques. 26

23. Did you ever lie (to family, friends, colleagues or teachers) about how much you play, how much you lost or about the size of your gambling debt?

- yes, within the last year 1
- yes, previously 2
- no 3

24. Did you ever experience a need for playing with increasingly high stakes (in order to obtain the same feeling of excitement)?

- yes, within the last year 1
- yes, previously 2
- no 3

25. Did you ever think yourself that you have a gambling problem or been told by others that you have a gambling problem?

- yes, within the last year 1
- yes, previously 2
- no 3

The next questions are about suicide

26. Have you ever seriously thought about committing suicide?

- no 2 → go to quest. 28
- yes 1

If your answer was yes:

Was it within the past year?

- yes 1
- no 2

S47, Nunavik confidential 8 and 9

27. Have you ever discussed these thoughts with anyone?

You may mark more than one option.

- no 2
- a. yes, my family 1
- b. yes, friends 1
- c. yes, the priest 1
- d. yes, the doctor or another person in the health care system 1
- e. yes, a teacher, pedagogue or trainer 1
- f. yes, others 1

profil, Nunavik confidential 10

28. Have you ever tried to take your own life?

no 2 →go to quest. 29
yes 1

If your answer was yes:
Was it within the past year?

yes 1
no 2

S48, Nunavik confidential 11 and 12

29. Did anybody in your close family or among your friends ever take his or her own life?

no 2 →go to quest. 30
yes 1

If your answer was yes:
Was it within the past year?

yes 1
no 2

Profil –s 21

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

Nunavik confidential 17

The next questions are about alcohol

31. Were there any alcohol problems in your childhood home?

- yes, often 1
- yes, sometimes 2
- no, never 3

S53

32. Have you ever had a drink of beer, wine or liquor?

- yes 1
- no 2→go to quest. 44

33. Have you had a drink of beer, wine or liquor within the last 12 months?

- yes 1
- no 2→go to quest. 44

The following questions are about your consumption of alcohol during the last 12 months

34. How often do you drink beer, wine or liquor?

- daily or almost daily 1
- 3-6 times per week 2
- 1-2 times per week 3
- 1-3 times per month 4
- less often 5

S49

35. When did you last have a beer or a glass of wine or liquor?

- today or yesterday 1
- during the last week 2
- during the last month 3
- more than one month ago 4

S54

36. How much did you drink on that occasion?

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

S55

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

- more than once a week 1
- once a week 2
- 2-3 times a month 3
- once a month 4
- less than once a month 5
- never 6

Nunavik selvudfyldt 19

38. Do you drink alcohol outside mealtimes on weekdays?

- yes 1
- no 2

S56

39. How many days a week do you drink alcohol?

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

S57

40. Have you, within the last year, felt you should cut down on your drinking?

yes 1
no 2

S59

41. Have people, within the last year annoyed you by criticizing your drinking (e.g. partner, children, boss, colleagues, friends or acquaintances)?

yes 1
no 2

S60

42. Have you, within the last year, felt bad or guilty about your drinking?

yes 1
no 2

S61

43. Have you, within the last year, had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?

yes 1
no 2

S62

The next questions are about marihuana

44. Have you ever tried to smoke hash?

- no, never 1 → go to ques. 46
yes, once or a few times 2
yes, several times 3

S62

45. In the past year, how often did you use hash?

- I did not use it in the past 12 months 1
less than once a month 2
1-3 times a month 3
once a week 4
more than once a week 5
every day or almost 6

Nunavik, 32 confidential (not pot, marijuana, grass)

The last questions are about violence

46. Have you as an adult ever been subjected to one or more of the following forms of violence? (Mark one answer in each line a-e)

- | | yes, within past
12 months | yes,
previously | no |
|--|-------------------------------|----------------------------|----------------------------|
| a. pushed, shaken or struck lightly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. kicked, struck with a fist or object | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. thrown against furniture, into walls,
down stairs or similar | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. strangulation attempt, assault with
a knife or firearm | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. other form of violence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

If other form of violence, please specify: _____

Have you as an adult been subjected to threats of violence that were so serious that you became afraid?

- | | yes | no |
|------------------------------------|----------------------------|----------------------------|
| a. within the past 12 months | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. previously | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

If yes:

Who subjected you to violence or threats? (Mark all that apply)

- | | |
|---|----------------------------|
| a. current spouse/partner | <input type="checkbox"/> 1 |
| b. previous spouse/partner | <input type="checkbox"/> 1 |
| c. current or previous boyfriend/girlfriend | <input type="checkbox"/> 1 |
| d. other family member/relative | <input type="checkbox"/> 1 |
| e. friend or acquaintance | <input type="checkbox"/> 1 |
| f. colleague/person at your workplace | <input type="checkbox"/> 1 |
| g. stranger | <input type="checkbox"/> 1 |
| h. other person | <input type="checkbox"/> 1 |

47. Have you ever been subjected to any form of forced or attempted forced sexual activity? (mark one answer in all three lines)

- | | yes | no |
|---|----------------------------|----------------------------|
| a. as a child (under the age of 13) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. as an adolescent (between age 13 and 17 years) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. aged 18 or older | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

If yes:

Which of these people forced you? (mark all that apply)

- | | |
|---|----------------------------|
| a. current spouse/partner | <input type="checkbox"/> 1 |
| b. previous spouse/partner | <input type="checkbox"/> 1 |
| c. current or previous boyfriend/girlfriend | <input type="checkbox"/> 1 |
| d. parents/foster parents | <input type="checkbox"/> 1 |
| e. other family member | <input type="checkbox"/> 1 |
| f. friend or acquaintance | <input type="checkbox"/> 1 |
| g. friend of same age (if under 18) | <input type="checkbox"/> 1 |
| h. colleague/person at your workplace | <input type="checkbox"/> 1 |
| i. teacher, coach | <input type="checkbox"/> 1 |
| j. stranger | <input type="checkbox"/> 1 |
| k. other person | <input type="checkbox"/> 1 |

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Thank you for participating