



# HEALTH EFFECTS MONITORING PROGRAM

## ADULT QUESTIONNAIRE (YK General, NSMA)

INTERVIEWER, PLEASE KEEP THIS FORM ATTACHED TO THE QUESTIONNAIRE AND USE IT TO CHECK THE RECORD FOR COMPLETENESS. THE PROJECT COORDINATOR WILL CHECK AGAIN.

CHECK WHEN COMPLETED

- I. Consent Form \_\_\_\_\_
- II. Lifestyle Questionnaire \_\_\_\_\_  
(Screening Questions, Personal Information, Exposure History)
- III. Food Frequency Questionnaire \_\_\_\_\_
- IV. Other (i.e. NWT Consent) \_\_\_\_\_

Participant ID (NOID) \_\_\_\_\_

### Adult Questionnaire (YK General, NSMA)

Date of Interview (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Completed by (Name of Interviewer) \_\_\_\_\_

**NSMA:** Are you a North Slave Metis Alliance member?    Yes    No

**Consent:** Go over consent. Did the participant consent to participate?    Yes    No

**Participant information:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

District in which participants home is located:

- Range Lake
- Frame Lake South
- Frame Lake North
- Kam Lake
- Grace Lake
- Con Mine
- School Draw
- Old Town
- Niven
- Downtown

Address \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION

1. What is your date of birth? (DD/MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. How long have you been living in Yellowknife for? \_\_\_\_\_  
*Answer to the closest year.*
3. Gender:             M             F             Other, specify \_\_\_\_\_
4. How many people live in this house and have been in Yellowknife for at least 1 year?
  - a. ADULT FEMALES (18 years of age or older): \_\_\_\_\_
  - b. ADULT MALES (18 years of age or older): \_\_\_\_\_
  - c. GIRL CHILDREN (ages 3 to 12): \_\_\_\_\_
  - d. BOY CHILDREN (ages 3 to 12): \_\_\_\_\_
  - e. GIRL TEENAGERS (ages 13 to 17): \_\_\_\_\_
  - f. BOY TEENAGERS (ages 13 to 17): \_\_\_\_\_
5. How tall are you? Feet \_\_\_\_\_ or Inches \_\_\_\_\_ or Centimeters \_\_\_\_\_
6. How much do you weigh? Pounds \_\_\_\_\_ or Kilograms \_\_\_\_\_

**For Female and Other participants only,**

7. Are you pregnant?             Yes             No
8. Are you breastfeeding?       Yes             No

## EXPOSURE HISTORY

9. Do you currently smoke cigarettes or other tobacco products?     Yes     No
 

***IF Yes:***

  - b) How many cigarettes do you smoke per day? \_\_\_\_\_
  - c) How many pipes, cigars or chewing tobacco cans do you smoke per day? \_\_\_\_\_
  - d) For how many years have you been smoking? \_\_\_\_\_

***IF No:***

  - e) Did you previously smoke cigarettes or other tobacco products?     Yes     No
 

**IF Yes to e)**

    - f) How many cigarettes did you smoke per day? \_\_\_\_\_
    - g) How many pipes, cigars or chewing tobacco cans did you smoke per day? \_\_\_\_\_
    - h) For how many years did you smoke? \_\_\_\_\_
    - i) When did you last smoke? \_\_\_\_\_ (*i.e. last week, month etc*)

**10. What is your main water source for drinking and cooking?**

- Public water supply (municipal/truck water)
- Bottled Water
- Private well or spring
- Surface water (river, lake, etc.)

**11. How many cups of water do you drink per day on average? \_\_\_\_\_**

*(Including water used to make coffee/tea, homemade juice, soups, etc., do not include water in prepared food).*

**12. Do you filter your water, for example with a Brita, or have a filtration system in your home?**     Yes     No

**13. Do you drink water directly from lakes or rivers (water or ice)?**     Yes     No

b) Which lakes and rivers do you drink from? (Check all that apply)

- Yellowknife Bay (Great Slave Lake)
- Yellowknife River
- Hidden Lake
- Pontoon Lake
- Tibbitt Lake
- Other, please specify \_\_\_\_\_
- South of Yellowknife Bay (Great Slave Lake)
- Walsh Lake
- Prelude Lake
- Prosperous Lake
- Reid Lake

**14. Do you use the nearby waters for other activities such as swimming, playing, bathing, etc.?**     Yes     No

b) How often do you use the nearby waters for other activities (during swimming season)?

- More than once a week (12 times or more per year)
- Weekly (4 to 11 times per year)
- Monthly (2 to 3 times per year)
- Once a year

c) Which waters do you use for other activities?

- Back Bay (Great Slave)
- South of Yellowknife Bay (Great slave)
- Long Lake
- Prelude Lake
- Reid Lake
- Cameron river
- Frame Lake
- Other: \_\_\_\_\_
- Yellowknife Bay (Great Slave)
- Yellowknife River
- Walsh Lake
- Prosperous Lake
- Pontoon Lake
- Tibbitt Lake
- Vee Lake

15. Do you hunt?  Yes  No

If yes, what do you hunt?

- Big Game (e.g. Moose, caribou, bear, etc.)
- Small Game (e.g. Rabbit, beaver, muskrat, etc.)
- Birds (e.g. spruce hens, ducks, mallards, geese, etc.)
- Other, please specify \_\_\_\_\_

16. Do you eat locally harvested meat?  Yes  No

If yes, what kind of meat?

- Big Game (e.g. Moose, caribou, bear, etc.)
- Small Game (e.g. Rabbit, beaver, muskrat, etc.)
- Birds (e.g. spruce hens, ducks, mallards, geese, etc.)
- Other, please specify \_\_\_\_\_

17. Do you fish?  Yes  No

Where do you fish?

- |   |  |
|---|--|
| <input type="checkbox"/> Yellowknife Bay (Great Slave Lake) | <input type="checkbox"/> South of Yellowknife Bay (Great Slave Lake) |
| <input type="checkbox"/> Back Bay (Great Slave Lake)        | <input type="checkbox"/> East Arm (Great Slave Lake)                 |
| <input type="checkbox"/> Vee Lake                           | <input type="checkbox"/> Walsh Lake                                  |
| <input type="checkbox"/> Prelude Lake                       | <input type="checkbox"/> Prosperous Lake                             |
| <input type="checkbox"/> Pontoon Lake                       | <input type="checkbox"/> Hidden Lake                                 |
| <input type="checkbox"/> Reid Lake                          | <input type="checkbox"/> Tibbitt Lake                                |
| <input type="checkbox"/> Yellowknife River                  | <input type="checkbox"/> Long Lake                                   |
| <input type="checkbox"/> Other: _____                       |  |

18. Do you eat locally harvested fish?  Yes  No

When was your last locally harvested fish meal?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Past 3 days | <input type="checkbox"/> Past week            |
| <input type="checkbox"/> Past month  | <input type="checkbox"/> Past 6 months        |
| <input type="checkbox"/> Past year   | <input type="checkbox"/> More than a year ago |

19. Do you consume locally grown vegetables and herbs (e.g. from a local community or home garden)?  Yes  No

IF yes, where does your soil come from in which the vegetables are grown?

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Local      | <input type="checkbox"/> Imported |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Both     |

20. Do you eat locally collected berries?  Yes  No

21. Do you eat locally collected mushrooms or wild fungus?  Yes  No

22. In the last year have you eaten any other wild harvest plants?  Yes  No

(example: fireweed, spruce tips, birch syrup, etc.)

Specify : \_\_\_\_\_

23. How often do you consume the following foods?

Type of product	At least once per day	At least once per week	At least once per month	Less than once per month	None
a. Fish from store (not local)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Shellfish from store (ex: shrimp, lobster, scallops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Seaweed (including sushi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rice and rice products from store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. a) Do you currently work on the Giant Mine site?  Yes  No

b) Do you work as part of the remediation operations?  Yes  No

c) Do you work in the office?  Yes  No

d) How long have you been working on the Giant Mine site? \_\_\_\_\_

(enter in whole years)

25. a) If no to 24a), have you previously worked at the Giant Mine?  Yes  No

b) Did you work as part of the mining operations?  Yes  No

c) Did you work in the office?  Yes  No

d) How many years did you work at Giant Mine? \_\_\_\_\_ (enter in whole years)

26. a) Did you previously work for Con Mine?  Yes  No

b) Did you work as part of the mining operations?  Yes  No

c) Did you work in the office?  Yes  No

d) How long did you work at Con Mine? \_\_\_\_\_ (enter in whole years)

**27.** Do you or have you worked in the any of the following industries or occupations? *(Check all that apply)*

Industry Type	Never	Currently	Formerly
a. Mining/Smelting (e.g. copper, lead, cobalt, gold, zinc, silver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Coal Mine/Refinery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Saw Mill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Diamond Mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mine remediation other than Giant Mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Armed Forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Glass Manufacturing Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Cotton fields/orchards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Electronics Manufacturing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Carpentry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Firefighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Heavy Construction (e.g. earthmoving, demolition, paving, sewer & water work.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Auto Mechanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**28.** Do you or have you worked with the following (occupationally and recreationally)?

	Yes	No	Unknown/Can't Recall
a. Wood preservatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chemical fertilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lab/Chemical reagents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pesticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Paints/Thinners, Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Rat poison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**29.** a) Were you tested for arsenic in the past in Yellowknife?  Yes  No

b) *If yes*, do you still have your result?  Yes  No

**IF Yes to 29 b)** Ask: May I take a picture of your previous result to share with Dr. Laurie Chan?

**IF No to 29 b)** Say: We would like your consent to search the Northwest Territories archives for these results. We are not sure if we will be able to find the results, but your consent will give us permission to look for them, and if we find them, we will share them with you. Can you sign the NWT Archive Consent Form so that we can search the archives for your results?

**END of Lifestyle Questionnaire, proceed to Food Frequency Questionnaire.**



### Food Frequency Questionnaire

#### WILD FISH CONSUMPTION

1. a) In the past 12 months, have you eaten any **Dry Fish**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Dry Fish? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Dry Fish? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Dry Fish? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Dry Fish? \_\_\_\_\_

- c) On the days when you ate Dry fish, how much did you usually eat?
 

<input type="radio"/> Less than one quarter fish	<input type="radio"/> One-quarter fish	<input type="radio"/> One-half fish
<input type="radio"/> 1 Fish	<input type="radio"/> 2 Fish	<input type="radio"/> 3 Fish
<input type="radio"/> More than 3 fish	<input type="radio"/> Don't know	

2. a) In the past 12 months, have you eaten any **Whitefish**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Whitefish? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Whitefish? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Whitefish? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Whitefish? \_\_\_\_\_

c) On the days when you ate Whitefish, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

3. a) In the past 12 months, have you eaten any **Lake Trout**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Lake Trout? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Lake Trout? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Lake Trout? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Lake Trout? \_\_\_\_\_

c) On the days when you ate Lake Trout, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

4. a) In the past 12 months, have you eaten any **Northern Pike (Jackfish)**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Northern Pike? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Northern Pike? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Northern Pike? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Northern Pike? \_\_\_\_\_

c) On the days when you ate Northern Pike, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

5. a) In the past 12 months, have you eaten any **Burbot (Louche or Lingcod) liver**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Burbot liver? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Burbot liver? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Burbot liver? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Burbot liver? \_\_\_\_\_

c) On the days when you ate Burbot liver, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

6. a) In the past 12 months, have you eaten any **Burbot (Louche or Lingcod) other than liver**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Burbot? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Burbot? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Burbot? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Burbot? \_\_\_\_\_

c) On the days when you ate Burbot, how much did you usually eat? (*Refer to visual guide*)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

7. a) In the past 12 months, have you eaten any **Inconnu (Connie)**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Connie? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Connie? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Connie? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Connie? \_\_\_\_\_

c) On the days when you ate Connie, how much did you usually eat? (Refer to visual guide)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

8. a) In the past 12 months, have you eaten any **Pickerel (Walleye)**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Pickerel? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Pickerel? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Pickerel? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Pickerel? \_\_\_\_\_

c) On the days when you ate Pickerel, how much did you usually eat? (Refer to visual guide)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

9. a) In the past 12 months, have you eaten any **Grayling (Bluefish)**?  Yes  No

- b) In the Winter (Nov-Mar), how many days did you eat Grayling? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Grayling? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Grayling? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Grayling? \_\_\_\_\_

c) On the days when you ate Grayling, how much did you usually eat? (Refer to visual guide)

- (i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J
- (ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

**10.** a) In the past 12 months, have you eaten any **Longnose Sucker**? **O**Yes **O**no

- b) In the Winter (Nov-Mar), how many days did you eat Longnose? \_\_\_\_\_
- In the Fall (Sept-Oct), how many days did you eat Longnose? \_\_\_\_\_
- In the Summer (June-Aug), how many days did you eat Longnose? \_\_\_\_\_
- In the Spring (Apr-May), how many days did you eat Longnose? \_\_\_\_\_

c) On the days when you ate Longnose, how much did you usually eat? (*Refer to visual guide*)

(i) Flat size: OV-XS OV-S OV-M OV-L OV-XL OV-J

(ii) Thickness: T01 T02 T03 T04 T05 T06 T07 T08 T09 T10  
T11 T12 T13 T14 T15 T16

**11.** In the past 12 months, have you eaten **any other fresh water food**?

*(e.g. clams, other fish, etc)*

Specify: \_\_\_\_\_

**I thank you for taking the time to answer all these questions. That is all the questions I have. Before I leave, do you have any questions you would like to ask me? We can give you the phone number of the leader of this survey, in case you have any questions at a later time.**