

Date ___/___/___ Interviewer _____ Household ID _____

Household Respondent Name: _____ ID number: _____ - _____

Person(s) assisting respondent with answering questions: None Interpreter Other(s); specify relation to respondent: _____

Place of interview: Respondent's home Health Centre/Nursing Station Learning Centre Other; specify _____

To achieve the goals of *[insert community project name here]* we need to compare households of people with and without *H. pylori* to see how they differ. The purpose of our household questionnaire is to ask some of questions about each household. Some of these questions are similar to those we ask individuals, but it is important for the research to find out about families as well as individuals. Please answer each question as best as you can.

We would like to know about each person who lived in your household at least part of the time during the past year.

Instructions: Start this question by asking the names of each person living in household during the past year and their relation then work across the row for each person.

Name	Relation to respondent	Lives away	DOB dd/mm/yy	Older sibs*	Place born & raised**	Years in [the community]	School level***
1 Respondent	Respondent	<input type="checkbox"/>	-		<i>Check participant registry questions</i>		
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5		<input type="checkbox"/>					
6		<input type="checkbox"/>					
7		<input type="checkbox"/>					
8		<input type="checkbox"/>					
9		<input type="checkbox"/>					
10		<input type="checkbox"/>					
11		<input type="checkbox"/>					
12		<input type="checkbox"/>					
13		<input type="checkbox"/>					

*Number of older siblings born to the mother who raised this family member;

**Place where this person's family was living when this person was born

***Highest grade or level completed

Do some of your family members usually spend part of the year away from [the community] (including on the land or other surrounding areas)?

Yes; If yes:

Who?	Where?	Which months?
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

No

Unsure

Refused to answer

We would like to ask some questions about conditions and practices in your household.

1. How long have members of your household lived at your current address?

____ years ____ months Unsure Refused to answer

2. How many times has your household moved to a new residence in the past 5 years?

____ times Unsure Refused to answer

3. Does one of your household members own your home or is it rented? *Don't read out the options.*

Own Rent public housing Rent private housing

Other; specify: _____
 Unsure Refused to answer

4. Does someone in your household currently own a vehicle that runs?

Yes No Unsure Refused to answer

4a. If the answer to 4 is yes, what type(s) and how many of each type?

Type?	Number?
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Unsure

Refused to answer

5. How many of the following does your home have?

- | | | |
|-----------------------|---------------------------------|--|
| ___ bedrooms | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ indoor bathrooms | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ living/dining/den | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ beds (any size) | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ sinks | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ showers | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ bathtubs | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |
| ___ toilets | <input type="checkbox"/> Unsure | <input type="checkbox"/> Refused to answer |

6. What type of floor is in your home? *Check all that apply. Don't read out the options*

- Carpet Lino/ Tile Wood
 Other (including combinations); specify:

-
- Unsure Refused to answer

7. Where does your household usually get **drinking** water? *Check one. Don't read out the options*

- Treated water trucked to water tank Bottled water Store filtered water
 By melting ice from a lake/river/creek/pond Lake/river/creek/pond water Snow
 Other; specify: _____
 Unsure Refused to answer

8. How often is your household **drinking** water treated or purified in your home? *(Read out the options.)*

- Always Usually Sometimes Not usually Never
 Unsure Refused to answer

8a. *If the answer to 8 is always, usually, sometimes or not usually, then ask:*

How is your household **drinking** water treated or purified in your home?

Check all that apply. Read out the options.

- Boiling Chemical additive (iodine, bleach) Filter (example, Brita)
 Other; specify: _____
 Unsure Refused to answer

8b. *If they filter their water, then ask:* What type of filter do you use? _____

How often do you change it? _____

9. How often do members of your household take water directly from a river, lake, or creek that was not treated at the water treatment plant, that was taken directly from a river, lake, or creek:

Read out the options for a only, remind if necessary for b-d/e.

	Always	Usually	Occasionally	Rarely	Never	Unsure	Refused to answer
a. Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Washing dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Washing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other uses; specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How often does your household's water tank run out of water?

_____ times/year _____ times/month _____ times/week Very rarely/never

If the household ever runs out of water, then ask:

10a. When your household runs out of water, how long is it until you typically have the tank refilled?

_____ hours _____ days Unsure Refused to answer

11. How often does your household's water tank get cleaned?

More than once a year Once a year Every 2-3 years Less than every 3 years
 Unsure Refused to answer

12. Has your household ever had any problems with the water or sewage?

Yes No Unsure Refused to answer

If yes, please describe: _____

13. How many of the following animals do you have living in or around your home? *Enter "0" if none*

- a. Dogs _____ Unsure Refused to answer
- b. Cats _____ Unsure Refused to answer
- c. Other; specify number: _____ and type: _____ Unsure Refused to answer
- d. Other; specify number: _____ and type: _____ Unsure Refused to answer
- e. Other; specify number: _____ and type: _____ Unsure Refused to answer
- f. Other; specify number: _____ and type: _____ Unsure Refused to answer

14. Do you ever have problems with mice getting in your house or have you seen their droppings?

Yes No Unsure Refused to answer

14a. *If yes, ask:* How often have you seen them in past 12 months?

_____ times/year _____ times/month _____ times/week

We would like to ask your household income for research purposes only. We will not report your income to anyone. Please remember, you can tell me if you don't know or if you don't wish to answer. If the participant will answer this question on the participant questionnaire, mark "To be answered on participant questionnaire."

15. What is your best estimate or guess of the current combined annual income for everyone who lives in your household?

- To be answered on the participant questionnaire
- <\$10,000 10,000-\$24,999 \$25,000-34,999 \$35,000-49,999
- \$50,000-74,999 >=\$75,000
- No idea Refused to answer

We would like to know a bit about your family's health practices.

16. Does your family seek traditional medicines for illnesses?

- Yes No Unsure Refused to answer

16a. *If yes, ask:* What traditional medicines does your family use, what do you use them for, and are they seasonal or available year-round?

Name of traditional medicine	Reason for use	Season of use or year-round
1)		
2)		
3)		
4)		
5)		
6)		

We would now like to ask some questions about your family’s diet. We know that this will not be the same for all family members, but at this time we are asking about how often these foods are eaten in your home.

How often during the past year did members of your household eat or drink the following items? You can answer per year, per month, or per week, whatever makes the most sense for you and your family. I’ll then ask if this varies by season, please respond with a yes or a no.

Item	Frequency	Seasonality
17. Salad and/or raw vegetables	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
18. Cooked vegetables	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
19. Fresh or frozen fruit or fruit juice (from real fruit, not Sunny D)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
20. Store bought eggs	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
21. Locally harvested eggs	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
22. Locally harvested fish (cooked or raw)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
23. Locally harvested fish (smoked or salted)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
24. Store-bought fish (any type)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
25. Muktuk (raw, cooked, or dried)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer <p style="text-align: right;"><i>Continued on next page</i></p>

Item	Frequency	Seasonality
26. Locally harvested meat or poultry (cooked or raw)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
27. Locally harvested meat or poultry (smoked, salted, or dried)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
28. Store-bought wieners or lunch meat (such as, bologna, ham, salami)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
29. Other store-bought meat or poultry (any type)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer
30. Milk (any type)	_____ times/year _____ times/month _____ times/week <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused to answer