

Siim ohksin: Wahkotiwin Indicator (SWI) Survey Numbers and Names

NO.	SURVEY NAME	NOTES
INTAKE AND ADMINISTRATIVE DATA		
001	Intake / Registration – Demographic Questions	
002	Client Discontinued Form	
003	Header File – Use with post-tests	
004 to 057	Not Available for CPIP	
101 - Mandatory	Understanding Siim ohksin: Wahkotiwin	
102	Understanding the Role of Colonial History and Residential Schools	
103	Understanding Risk and Protective Factors	
104	Natural Laws and Ceremony	
105	Cultural Knowledge and Personal Resilience	

Siim ohksin: Wahkotiwin/FSII Surveys

Administrative Data

Today's Date – For Program Use Only: (MM/DD/YYYY)

Program:

Enter Client ID:

First 2 letters of first name:

First 2 letters of last name:

Date of Birth: (MM/DD/YYYY)

Age:

Intake/Demographic Form	Survey 001			
Voluntary demographics to be collected by all programs at intake.				
<p>Registration date (when client started in the program): <i>(MM/DD/YYYY)</i> <input style="width: 150px; height: 25px; border: 1px solid #ccc;" type="text"/></p> <p>Age: (age) <input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/></p> <p>Gender: (gender) <input type="checkbox"/> Male₍₁₎ <input type="checkbox"/> Female₍₂₎ <input type="checkbox"/> Transgender₍₃₎ <input type="checkbox"/> Other:₍₄₎ <input style="width: 150px; height: 25px; border: 1px solid #ccc;" type="text"/></p> <p>Grade in school: <i>(if applicable)</i> (grade) <input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/></p> <p>Indigenous/Aboriginal identity: (aborid) <input type="checkbox"/> Not applicable₍₇₇₎ <input type="checkbox"/> First Nations₍₁₎ <input type="checkbox"/> Métis₍₂₎ <input type="checkbox"/> Inuit₍₃₎ <input type="checkbox"/> Non-status₍₄₎ <input type="checkbox"/> Bill C-31 status₍₅₎</p> <hr/> <p>Population group: (choose only 1) (popgrp) <table style="width: 100%; border: none;"><tr><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> African/Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean</td><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> Latin American <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) <input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) <input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.) <input type="checkbox"/> Other Group (See next field to complete) <input type="checkbox"/> Not Applicable <input type="checkbox"/> No Answer <input type="checkbox"/> Don't know</td></tr></table><p>Other population group: (popgrpoth) <input style="width: 180px; height: 25px; border: 1px solid #ccc;" type="text"/></p></p>		<input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> African/Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Latin American <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) <input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) <input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.) <input type="checkbox"/> Other Group (See next field to complete) <input type="checkbox"/> Not Applicable <input type="checkbox"/> No Answer <input type="checkbox"/> Don't know	
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<p>Language spoken most often at home: (choose only 1) (homelang) <table style="width: 100%; border: none;"><tr><td style="vertical-align: top; width: 33%;"><input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese (unspecified) <input type="checkbox"/> Dinka <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi</td><td style="vertical-align: top; width: 33%;"><input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Mandarin <input type="checkbox"/> Nuer <input type="checkbox"/> Pashto <input type="checkbox"/> Polish <input type="checkbox"/> Punjabi</td><td style="vertical-align: top; width: 33%;"><input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> Don't know</td></tr></table><p>Other language: (langoth) <input style="width: 180px; height: 25px; border: 1px solid #ccc;" type="text"/></p></p>		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese (unspecified) <input type="checkbox"/> Dinka <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi	<input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Mandarin <input type="checkbox"/> Nuer <input type="checkbox"/> Pashto <input type="checkbox"/> Polish <input type="checkbox"/> Punjabi	<input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> Don't know
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Intake/Demographic Form, continued	Survey 001		
<p>Born in Canada? <small>(borncan)</small> <input type="checkbox"/> Yes₍₂₎ <input type="checkbox"/> No₍₁₎</p> <p style="margin-left: 40px;">If not born in Canada: country of birth: <small>(country)</small> <input style="width: 300px;" type="text"/></p> <p style="margin-left: 40px;">If not born in Canada, number of years in Canada: <small>(yrscan)</small> <input style="width: 60px;" type="text"/></p>			
<p>What neighbourhood do you live in? <small>(neighb)</small> <input style="width: 250px;" type="text"/></p> <p>What are the first 3 digits of your Postal Code? <small>(postalcode)</small> <input style="width: 100px;" type="text"/></p>			
<p>Do you have any <i>difficulty</i> hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing any similar activities? <small>(actlim1)</small></p> <p><input type="checkbox"/> Yes, sometimes₍₂₎ <input type="checkbox"/> Yes, often₍₃₎ <input type="checkbox"/> No₍₁₎</p> <p>Does a physical condition or mental condition or health problem <i>reduce the amount or the kind of activity</i> you can do? <small>(actlim2)</small></p> <p><input type="checkbox"/> Yes, sometimes₍₂₎ <input type="checkbox"/> Yes, often₍₃₎ <input type="checkbox"/> No₍₁₎</p>			
<p>How did you find out about this program: <small>(referby)</small></p> <table style="width: 100%; border: none;"><tr><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> 211 <input type="checkbox"/> City of Calgary website <input type="checkbox"/> Don't know <input type="checkbox"/> Other</td><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> Advertisement <input type="checkbox"/> Referred by another program <input type="checkbox"/> School <input type="checkbox"/> Word of mouth</td></tr></table>		<input type="checkbox"/> 211 <input type="checkbox"/> City of Calgary website <input type="checkbox"/> Don't know <input type="checkbox"/> Other	<input type="checkbox"/> Advertisement <input type="checkbox"/> Referred by another program <input type="checkbox"/> School <input type="checkbox"/> Word of mouth
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Demographic Survey, continued

Survey 001

Additional questions for adults and emancipated minors.

Marital Status: (marital)

- | | |
|---|---|
| <input type="checkbox"/> Married ₍₁₎ | <input type="checkbox"/> Divorced ₍₅₎ |
| <input type="checkbox"/> Living common-law ₍₂₎ | <input type="checkbox"/> Single, never married ₍₆₎ |
| <input type="checkbox"/> Widowed ₍₃₎ | <input type="checkbox"/> Don't know ₍₈₈₎ |
| <input type="checkbox"/> Separated ₍₄₎ | |

Total number of adults (18 or older) in household: (adults)

Total number of people under age 18 in household: (numchild)

Ages of children in household: (chage)

Child 1:

Child 3:

Child 5:

Child 7:

Child 2:

Child 4:

Child 6:

Child 8:

Client Discontinued Form		Survey 002
Client Discontinued Date: (MM/DD/YYYY) <input type="text"/>		
Program: <input type="text"/>		
Enter Client ID:		
First 2 letters of first name:	<input type="text"/>	First 2 letters of last name: <input type="text"/>
Date of Birth: (MM/DD/YYYY)	<input type="text"/>	Age: <input type="text"/>

Administrative Data for Use with Post-Test

Survey 003

Enter the following information before you enter post-test survey data into the database:

Test Date: (MM/DD/YYYY)

Program:

Enter Client ID:

First 2 letters of first name:

First 2 letters of last name:

Date of Birth: (MM/DD/YYYY)

Age:

Surveys 101 through 105.

Understanding Siim ohksin: Wahkotiwin (Required for all programs)					Survey 101
1. I understand what Siim ohksin: Wahkotiwin means. (usw1)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)

Understanding the Role of Colonial History and Residential Schools					Survey 102
1. I understand how the history of my community in Canada relates to changes to Siim ohksin: Wahkotiwin. (chrs1)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
2. I understand how the <i>Indian Act</i> , residential school and other colonial policies have impacted Siim ohksin: Wahkotiwin as a way of life for myself and my family. (chrs2)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
3. I understand how my behaviours are connected to Siim ohksin: Wahkotiwin practice. (chrs3)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
4. I understand how to resolve some of my issues through Siim ohksin: Wahkotiwin practices. (chrs4)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)

Understanding Risk and Protective Factors					Survey 103
1. I understand why I may be involved in risky situations or behaviours. (rpf1)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
2. I understand how to take responsibility for my behaviour (Siim ohksin: Wahkotiwin) and want to make changes in my life. (rpf2)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
3. I can identify the risk factors unique to myself and my family. (rpf3)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
4. I understand how to ask for help to decrease risk factors and increase protective factors in my life. (rpf4)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
5. I know how to ask my family (natural supports) and the community (Elders and Knowledge Keepers) for help. (rpf5)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)

Understanding Natural Laws and Ceremony					Survey 104
1. I understand what is meant by Natural Laws. (nlc1)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
2. I understand what is meant by balance and healing, and how to find support. (nlc2)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
3. I understand how to approach and work with Knowledge Keepers or Elders. (nlc3)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
4. Regarding myself or my family, I recognize the areas that I want to change (root causes). (nlc4)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
5. I know how to connect with the land for healing. (nlc5)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)

Understanding Cultural Knowledge and Personal Resilience					Survey 105
1. I know how to build a system of positive social relationships for myself and my family. (ckpr1)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
2. I know how to become involved in traditional activities such as ceremony. (ckpr2)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
3. I know how to build strong relationships with my extended family in the Indigenous community. (ckpr3)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
4. I know how to build strong kinship ties as a form of extended social networks. (ckpr4)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)
5. I know how to work with Elders and cultural teachers, healers and how to access other Indigenous programs. (ckpr5)	Not at all (1)	A bit (2)	Sometimes (3)	Most of the time (4)	Yes (5)