

## FSII Survey Numbers and Names

No.	SURVEY NAME	NOTES
<b>INTAKE AND ADMINISTRATIVE DATA</b>		
001	Intake / Registration – Demographic Questions	
002	Client Discontinued Form	
003	Header File ( <i>client identification data used with each post-test</i> )	<i>Used on All Post-Tests</i>
<b>DIMENSION 1: ↑ SOCIAL NETWORKS &amp; SOCIAL SUPPORT / ↑ SOCIAL CAPITAL</b>		
004	Positive Social Ties and/or Bonding Social Capital	
005	Bridging Social Capital	
006	Social Inclusion – Social Participation	<i>Volunteering</i>
007	Social Inclusion – Participation in Neighbourhood	
008	Social Inclusion – Economic Participation; Education & Training / Employment / Income	<i>Appears Twice</i>
047	Cultural Safety and Cultural Programming	<i>Added 2013-10-14.</i>
048	Cultural Role Modelling and Mentoring	<i>Added 2013-10-14.</i>
049	Historical Indigenous Knowledge	<i>Added 2013-10-14.</i>
050	Sense of Cultural Belonging and Feeling Supported	<i>Added 2013-10-14.</i>
051	Personal Advocacy and a Sense of Empowerment	<i>Added 2013-10-14.</i>
<b>DIMENSION 2: ↑ ADULT PERSONAL CAPACITY / ↑ ECONOMIC SELF-SUFFICIENCY / ↓ FAMILY POVERTY</b>		
009	Basic Functional Life Skills	
010	Financial Literacy / Assets / Debt	
011	Safety from Domestic Violence	
012	Pregnancy Prevention ( <b>Youth Grades 10-12 or Adults</b> )	<i>Appears Twice</i>
–	Social Inclusion – Economic Participation; Education & Training / Employment / Income	No 013 – use 008.
014	Individual / Family Poverty – Perceptions	
015	Long-Term Decreased Expenses; Increased Income from Sources other than Employment (program staff to complete)	<i>Seniors Outreach</i>
016	Poverty Reduction – Emergency / Short-Term Help (program staff to complete)	<i>Seniors Outreach</i>
017	Food Security	
018	Housing Stability and Suitability	
<b>DIMENSION 3: ↑ FAMILY COHESION / MANAGEMENT / ↑ PARENTING SKILLS</b>		
019	Family Cohesion – Parent / Adult Questions	
020	Parenting – Parent Questions	
021	Parenting – Youth Questions (Grades 7-12)	

No.	SURVEY NAME	NOTES
<b>DIMENSION 3: ↑ FAMILY COHESION / MANAGEMENT / ↑ PARENTING SKILLS (CONTINUED)</b>		
052	Understanding Traditional and Community-Based Parenting Practices	<i>Added 2014-07-30.</i>
053	Use of Traditional and Community-Based Practices	<i>Added 2014-07-30.</i>
054	Traditional Healing Practices for Individuals	<i>Added 2014-07-30.</i>
055	Understanding the Impact of History as a Part of the Healing Process	<i>Added 2014-07-30.</i>
056	Understanding Ceremony as Healing	<i>Added 2014-07-30.</i>
057	Accessing Ceremony for Healing	<i>Added 2014-07-30.</i>
<b>DIMENSION 4: ↑ CHILD &amp; YOUTH POSITIVE DEVELOPMENT</b>		
022	Children – Grades 4-6 – School Engagement, Success	
023	Youth – Grades 7-12 – School Engagement, Success	
024	Children – Grades 4-6 – Positive Friendships / Social Skills	
025	Children – Grades 4-6 – Engagement in Community	
026	Children – Grades 4-6 – Helps and Respects Others	
027	Children – Grades 4-6 – Adult Confidant	
028	Youth – Grades 7-12 – Friendships	
029	Youth – Grades 7-12 – Adult Confidant	
030	Youth – Grades 7-12 – Positive Peer Relationships	
031	Youth – Grades 7-12 – Good Social Skills	
032	Youth – Grades 7-12 – Engagement in Community	<i>There is no 033.</i>
034	Children – Grades 4-6 – Self-Esteem, Self-Confidence, Optimism	
035	Children – Grades 4-6 – Ability to Cope Effectively with Challenges	
036	Children – Grades 4-6 – Pro-Social Attitudes, Clear Values	
037	Children – Grades 4-6 – Sense of Belonging	
038	Youth – Grades 7-12 – Self-Esteem, Self-Confidence, Identity	
039	Youth – Grades 7-12 – Ethnocultural Identity	
040	Youth – Grades 7-12 – Sense of Belonging	
041	Youth – Grades 7-12 – Pro-Social Attitudes, Clear Values	
042	Children – Grades 4-6 – Activities – CAS Mandatory (child or parent questionnaire)	<i>CAS Mandatory</i>
043	Youth – Junior / Senior High – Activities – CAS Mandatory	<i>CAS Mandatory</i>
044	Youth – Junior / Senior High – Constructive Use of Time – CAS Mandatory	<i>CAS Mandatory</i>
045	Child Abuse Prevention (multi-site school-based programs)	
–	Pregnancy Prevention	<i>No 046 – use 012.</i>

# FCSS Social Inclusion Indicators (FSII) Administrative Data and Demographic Survey

## FOIP Statement

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## 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:

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## Demographic Survey

Survey 001

### Voluntary demographics to be collected by all programs at intake.

**Registration date** (when client started in the program): *(MM/DD/YYYY)*

**Age:** (age)

**Gender:** (gender)  Male<sub>(1)</sub>  Female<sub>(2)</sub>  Transgender<sub>(3)</sub>  Other:<sub>(4)</sub>

**Grade in school:** *(if applicable)* (grade)

**Indigenous/Aboriginal identity:** (aborid)

Not applicable<sub>(77)</sub>  First Nations<sub>(1)</sub>  Métis<sub>(2)</sub>  Inuit<sub>(3)</sub>  Non-status<sub>(4)</sub>  Bill C-31 status<sub>(5)</sub>

**Population group:** *(choose only 1)* (popgrp)

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian         | <input type="checkbox"/> Latin American  |
| <input type="checkbox"/> Aboriginal        | <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)            |
| <input type="checkbox"/> African/Caribbean | <input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) |
| <input type="checkbox"/> Arab              | <input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.)                                |
| <input type="checkbox"/> Chinese           | <input type="checkbox"/> Other Group (See next field to complete)                                |
| <input type="checkbox"/> Filipino          | <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> Japanese          | <input type="checkbox"/> No Answer   |
| <input type="checkbox"/> Korean            | <input type="checkbox"/> Don't know  |

**Other population group:** (popgrpoth)

**Language spoken *most* often at home:** *(choose only 1)* (homelang)

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> English               | <input type="checkbox"/> Korean   | <input type="checkbox"/> Somali     |
| <input type="checkbox"/> French                | <input type="checkbox"/> Kurdish  | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Aboriginal            | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Arabic                | <input type="checkbox"/> Nuer     | <input type="checkbox"/> Urdu       |
| <input type="checkbox"/> Chinese (unspecified) | <input type="checkbox"/> Pashto   | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Dinka                 | <input type="checkbox"/> Polish   | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Farsi                 | <input type="checkbox"/> Punjabi  | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Hindi                 |                                   |                                     |

**Other language:** (langoth)

**Demographic Survey, continued****Survey 001****Born in Canada?** (borncan)  **Yes**<sub>(2)</sub>  **No**<sub>(1)</sub>**If not born in Canada: country of birth:** (country) **If not born in Canada, number of years in Canada:** (yrscan) **What neighbourhood do you live in?** (neighb) **What are the first 3 digits of your Postal Code?** (postalcode) **Do you have any *difficulty* hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing any similar activities?** (actlim1)

- Yes, sometimes<sub>(2)</sub>
- Yes, often<sub>(3)</sub>
- No<sub>(1)</sub>

**Does a physical condition or mental condition or health problem *reduce the amount or the kind of activity* you can do?** (actlim2)

- Yes, sometimes<sub>(2)</sub>
- Yes, often<sub>(3)</sub>
- No<sub>(1)</sub>

**How did you find out about this program:** (referby)

- |  |  |
|--|--|
| <input type="checkbox"/> 211                     | <input type="checkbox"/> Advertisement               |
| <input type="checkbox"/> City of Calgary website | <input type="checkbox"/> Referred by another program |
| <input type="checkbox"/> Don't know              | <input type="checkbox"/> School                      |
| <input type="checkbox"/> Other                   | <input type="checkbox"/> Word of mouth               |

## Demographic Survey, continued

Survey 001

### Additional questions for adults and emancipated minors.

**Marital Status:** (marital)

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

**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: <input type="text"/>	Child 3: <input type="text"/>	Child 5: <input type="text"/>	Child 7: <input type="text"/>
Child 2: <input type="text"/>	Child 4: <input type="text"/>	Child 6: <input type="text"/>	Child 8: <input type="text"/>

# FCSS Social Inclusion Indicators (FSII) Program Surveys 2-57

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## Client Discontinued Form

Survey 002

Client Discontinued 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:

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## Administrative Data for Use with Indicator Surveys

Survey 003

If you are administering a set of survey questions, you will need to enter the following information before you can enter the survey data into the FSII 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:

**DIMENSION ONE:**  
**↑ SOCIAL NETWORKS & SOCIAL SUPPORT**  
**↑ SOCIAL CAPITAL**

**Surveys 4, 5, 6, 7, and 8.**

**FOIP Statement**

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**DIMENSION ONE:**  
**Domain 1 – Social Capital / Positive Social Ties** (Surveys 4 and 5)

**Positive Social Ties and/or Bonding Social Capital <sup>1</sup>** **Survey 004**

**How often is each of the following kinds of support available to you if you need it:**

1. Someone to have a good time with? (pst1)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
2. Someone who shows you love and affection? (pst2)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
3. Someone to turn to for suggestions about how to deal with a personal problem? (pst3)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
4. Someone to take you to the doctor if you needed it? (pst4)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
5. Someone to prepare your meals if you were unable to do it yourself? (pst5)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
6. Someone to help with daily chores if you were sick? (pst6)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
7. Someone to look after your child(ren) for several hours if needed? <b>(If applicable)</b> (pst7)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	Not Applicable (77)
8. Someone to look after your spouse for several hours if needed? <b>(If applicable)</b> (pst8)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	Not Applicable (77)
9. Someone to look after your parent(s) for several hours if needed? <b>(If applicable)</b> (pst9)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	Not Applicable (77)

**Bridging Social Capital <sup>2</sup>** **Survey 005**

**Think of all the friends you had contact with in the past month, whether the contact was in person, by telephone, or by e-mail or other electronic communication. Of all these people:**

1. How many spoke a language different from your own mother tongue (the language you first learned in childhood)? (brsc1)	None <sub>(1)</sub>	A few <sub>(2)</sub>	About half <sub>(3)</sub>	Most <sub>(4)</sub>	All <sub>(5)</sub>	Don't know <sub>(88)</sub>
2. How many come from an ethnic group that is visibly different from yours? (brsc2)	None <sub>(1)</sub>	A few <sub>(2)</sub>	About half <sub>(3)</sub>	Most <sub>(4)</sub>	All <sub>(5)</sub>	Don't know <sub>(88)</sub>
3. How many have roughly the same level of education as you? (brsc3)	None <sub>(1)</sub>	A few <sub>(2)</sub>	About half <sub>(3)</sub>	Most <sub>(4)</sub>	All <sub>(5)</sub>	Don't know <sub>(88)</sub>
4. How many are from a similar household income level as you? (brsc4)	None <sub>(1)</sub>	A few <sub>(2)</sub>	About half <sub>(3)</sub>	Most <sub>(4)</sub>	All <sub>(5)</sub>	Don't know <sub>(88)</sub>
5. How many would be good contacts if you were looking for a job? (brsc5)	Write in number of friends: _____					Don't know <sub>(88)</sub>
6. How many would lend you money if you needed it? (brsc6)	Write in number of friends: _____					Don't know <sub>(88)</sub>

<sup>1</sup> S-004, Questions 7, 8, and 9: Conditional responses are not included in overall average scores. Response frequencies are shown in a table and bar chart.

<sup>2</sup> S-005, Questions 5 and 6: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

**DIMENSION ONE:**  
**Domain 2 – Social Inclusion** (Surveys 6, 7, and 8)

<b>Social Inclusion – Social Participation</b> <sup>3</sup>			<b>Survey 006</b>		
1. Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations, or social, civic or fraternal clubs? (sip1)	<input type="checkbox"/> No <sub>(1)</sub>	<input type="checkbox"/> Yes <sub>(2)</sub>			
2. <i>If you answered yes to Question 1:</i> How often did you participate in meetings or activities of these groups in the past 12 months? (sip2)	Not at all <sub>(1)</sub>	At least once a week <sub>(5)</sub>	At least once a month <sub>(4)</sub>	At least once a year <sub>(2)</sub>	At least 3 or 4 times a year <sub>(3)</sub>
3. In the past 12 months, did you do unpaid volunteer work for any organization, whether or not you were a member of this organization? (sip3)	<input type="checkbox"/> No <sub>(1)</sub>	<input type="checkbox"/> Yes <sub>(2)</sub>			
4. <i>If you answered yes to Question 3:</i> On average, about how many hours per month did you volunteer? (sip4)	I did not do any volunteer work <sub>(7)</sub>	Less than 1 hour a month <sub>(1)</sub>	1 to 4 hours a month <sub>(2)</sub>	5 to 15 hours a month <sub>(3)</sub>	Over 15 hours a month <sub>(4)</sub>
5. <i>If you answered yes to Question 3:</i> Have you made any new friends through volunteering? (sip5)	<input type="checkbox"/> No <sub>(1)</sub>	<input type="checkbox"/> Yes <sub>(2)</sub>			
6. <i>If you answered yes to Question 3:</i> Did you do this volunteer work in your own neighbourhood? (sip6)	<input type="checkbox"/> No <sub>(1)</sub>	<input type="checkbox"/> Yes, some of it <sub>(2)</sub>	<input type="checkbox"/> Yes, all of it <sub>(3)</sub>		

<b>Social Inclusion – Participation in Neighbourhood</b>			<b>Survey 007</b>		
1. How many people do you know in your neighbourhood? (ncsc1)	No one <sub>(1)</sub>	A few <sub>(2)</sub>	Many <sub>(3)</sub>	Most <sub>(4)</sub>	
2. About how many people in your neighbourhood do you know well enough to ask for a favour? (e.g., picking up the mail, watering plants, shoveling, lending tools or garden equipment, carrying things, feeding pets when neighbours go on holiday, shopping) (ncsc2)	None <sub>(1)</sub>	1 to 5 <sub>(2)</sub>	6 to 10 <sub>(3)</sub>	Over 10 <sub>(4)</sub>	
3. I get involved in neighbourhood events or activities. (ncsc3)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>
4. I help out in my neighbourhood by volunteering. (ncsc4)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>

<sup>3</sup> S-006, Questions 2, 4, 5, and 6: Conditional responses are not included in overall average scores. Response frequencies are shown in a table and bar chart.

## Social Inclusion – Economic Participation; Education & Training / Employment / Income <sup>4</sup>

Survey 008

(Page 1 of 2)

- 1. Are you currently attending high school?** (hsstud)     No<sub>(1)</sub>     Yes<sub>(2)</sub>
- 2. Have you graduated from high school?** (hsgrad)     No<sub>(1)</sub>     Yes<sub>(2)</sub>
- 3. Have you had any further schooling beyond high school?** (hsmore)     No<sub>(1)</sub>     Yes<sub>(2)</sub>    *(If no, skip to Question 5)*
- 4. If you have had any further schooling beyond high school, what is the highest level of education that you have attained?** (educ)
- Earned doctorate (Ph.D., D.Sc., D.Ed.) <sub>(1)</sub>
  - Masters (e.g., M.A., M.Sc., M.Ed., M.S.W.) <sub>(2)</sub>
  - Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) <sub>(3)</sub>
  - Bachelor or undergraduate degree, or teacher's college (B.A., B.Sc., L.L.B., B.Ed.) <sub>(4)</sub>
  - Diploma or certificate from community college, CEGEP or nursing school <sub>(5)</sub>
  - Diploma or certificate from trade, technical or vocational school, or business college <sub>(6)</sub>
  - Some university <sub>(7)</sub>
  - Some community college, CEGEP or nursing school <sub>(8)</sub>
  - Some trade, technical or vocational school, or business college <sub>(9)</sub>
  - Other – Specify<sub>(66)</sub> \_\_\_\_\_
- 5. What is your current employment status? (Pick one only)** (empstat)
- |   |  |
|---|--|
| <input type="checkbox"/> Working at a paid job or business <sub>(1)</sub>                     | <input type="checkbox"/> Retired <sub>(8)</sub>  |
| <input type="checkbox"/> Looking for paid work <sub>(2)</sub>                                 | <input type="checkbox"/> Maternity/paternity leave <sub>(9)</sub>                          |
| <input type="checkbox"/> Going to school and not working <sub>(3)</sub>                       | <input type="checkbox"/> Long term illness <sub>(10)</sub>                                 |
| <input type="checkbox"/> Going to school and looking for paid work <sub>(4)</sub>             | <input type="checkbox"/> Volunteering <sub>(11)</sub>                                      |
| <input type="checkbox"/> Going to school and working at a paid job or business <sub>(5)</sub> | <input type="checkbox"/> Care-giving other than for children <sub>(12)</sub>               |
| <input type="checkbox"/> Caring for children without pay <sub>(6)</sub>                       | <input type="checkbox"/> Don't know <sub>(88)</sub>  |
| <input type="checkbox"/> Household work without pay <sub>(7)</sub>                            | <input type="checkbox"/> Other <sub>(66)</sub> – Write in <small>(emphth)</small><br>_____ |
- 6. What is your main source of income right now? (Pick one only)** (source)
- |   |  |
|---|--|
| <input type="checkbox"/> No income <sub>(1)</sub>   | <input type="checkbox"/> Child Tax Benefit <sub>(9)</sub>  |
| <input type="checkbox"/> Employment or self-employment (wages, salaries, commissions and tips) <sub>(2)</sub> | <input type="checkbox"/> Provincial or municipal social assistance or welfare <sub>(10)</sub>  |
| <input type="checkbox"/> Employment insurance <sub>(3)</sub>  | <input type="checkbox"/> Child Support/Alimony <sub>(11)</sub>   |
| <input type="checkbox"/> Worker's compensation <sub>(4)</sub>   | <input type="checkbox"/> Student Financing <sub>(12)</sub>   |
| <input type="checkbox"/> Benefits from Canada Pension Plan <sub>(5)</sub>                                     | <input type="checkbox"/> Other Income (e.g., Rental income, scholarships, other government income, dividends and interest on bonds, deposits and savings, stocks, mutual funds, family, friends, etc.) <sub>(13)</sub> |
| <input type="checkbox"/> Retirement pensions, superannuation & annuities <sub>(6)</sub>                       | <input type="checkbox"/> Don't know <sub>(88)</sub>  |
| <input type="checkbox"/> Basic Old Age Security <sub>(7)</sub>  |  |
| <input type="checkbox"/> Guaranteed Income Supplement or Survivor's Allowance <sub>(8)</sub>                  |  |

(continued)

<sup>4</sup> S-008, Questions 1, 2, 3, 4, 5, and 6: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

## Social Inclusion – Economic Participation; Education & Training / Employment / Income <sup>5</sup>

Survey 008

(Page 2 of 2)

**7. What is your total monthly household income from all sources right now (before tax deductions)?** (income)

- |  |  |
|--|--|
| <input type="checkbox"/> No income <sub>(1)</sub>          | <input type="checkbox"/> \$3,000 to \$3,999 <sub>(5)</sub> |
| <input type="checkbox"/> Less than \$1,000 <sub>(2)</sub>  | <input type="checkbox"/> \$4,000 to \$4,999 <sub>(6)</sub> |
| <input type="checkbox"/> \$1,000 to \$1,999 <sub>(3)</sub> | <input type="checkbox"/> \$5,000 or more <sub>(7)</sub>    |
| <input type="checkbox"/> \$2,000 to \$2,999 <sub>(4)</sub> | <input type="checkbox"/> Don't know <sub>(88)</sub>        |

**8. How many jobs do you currently hold?** (numjobs) \_\_\_\_\_

**9. How many hours per week do you usually work in total right now?** (hrswork) \_\_\_\_\_

**10. Do you receive health benefits through your work?** (health)  No<sub>(1)</sub>  Yes<sub>(2)</sub>  Don't know<sub>(88)</sub>

**11. Do you receive pension benefits through your work?** (pension)  No<sub>(1)</sub>  Yes<sub>(2)</sub>  Don't know<sub>(88)</sub>

**12. Think of your most important job. Is it:** (jobstat)

- Permanent<sub>(1)</sub> OR  A short-term/contract job<sub>(2)</sub> OR  Don't know<sub>(88)</sub>

**13. If you are not working but looking for work, have you experienced any barriers to working?** (workbar)

- No<sub>(1)</sub>  Yes<sub>(2)</sub>  Not applicable<sub>(77)</sub>

**If yes, are any of the following things keeping you from finding a job? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Child care <small>(chcare)</small>         | <input type="checkbox"/> Health issues <small>(hlthissues)</small>                      |
| <input type="checkbox"/> Transportation <small>(trans)</small>      | <input type="checkbox"/> Lack of contacts in the working world <small>(contact)</small> |
| <input type="checkbox"/> Job training <small>(train)</small>        | <input type="checkbox"/> Lack of Canadian work experience <small>(cdnexp)</small>       |
| <input type="checkbox"/> Academic upgrading <small>(upgrad)</small> | <input type="checkbox"/> Lack of English language skills <small>(englang)</small>       |
| <input type="checkbox"/> Accreditation <small>(accred)</small>      | <input type="checkbox"/> Other <small>(othbar)</small>                                  |
| <input type="checkbox"/> Life skills <small>(lifesk)</small>        | If other, what is keeping you from finding a job? <small>(barwork)</small>              |
- \_\_\_\_\_

**14. If you have thought about starting your own business but haven't done so, have you experienced any barriers to starting a business?** (busbar)  No<sub>(1)</sub>  Yes<sub>(2)</sub>  Not applicable<sub>(77)</sub>

**If yes, are any of the following things keeping you from starting a business? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Business training <small>(bustr)</small>      | <input type="checkbox"/> Senior citizen <small>(agebar)</small> |
| <input type="checkbox"/> Skills development <small>(skill)</small>     | <input type="checkbox"/> Other <small>(othbus)</small>          |
| <input type="checkbox"/> Mentoring <small>(mentor)</small>             | If other, what is keeping you from starting a business?         |
| <input type="checkbox"/> Loans/access to capital <small>(loan)</small> | <small>(barbus)</small>   |
- \_\_\_\_\_

<sup>5</sup> S-008, Questions 8, 9, 10, 11, 12, 13, and 14: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart. Responses to the subsection of Question 13 are shown in a table only.

**DIMENSION ONE:**

**Domain 3 – Increased Individual and Family Healing** (Surveys 47, 48, 49, 50, and 51)

For Indigenous programming in Dimension One, Domain 3, see Surveys 47-51.

**DIMENSION TWO:**

**↑ ADULT PERSONAL CAPACITY**

**↑ ECONOMIC SELF-SUFFICIENCY**

**↓ FAMILY POVERTY**

**Surveys 9, 10, 11, 12, 14, 15, 16, 17, and 18.**

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**DIMENSION TWO:**  
**Domain 1 – Personal Capacity** (Surveys 9, 10, 11, and 12)

Basic Functional Life Skills <sup>6</sup>	Survey 009	
1. I have some form of regular, reliable transportation that allows me to get where I need to be. (bf1s1)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
2. I have been bothered by bill collectors or threatened by service cut-offs in the past 12 months. (bf1s2)	No <sub>(2)</sub>	Yes <sub>(1)</sub>
3. I have a bank account. (bf1s3)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
4. I buy groceries regularly. (bf1s4)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
5. I can look up a telephone number in the phone book or on the Internet. (bf1s5)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
6. I have attended a party or been a guest at a meal within the past 6 weeks. (bf1s6)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
7. I keep up with the news at least 3 times a week on TV or the radio or by reading the newspaper. (bf1s7)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
8. I get dressed in the morning, rather than spending most of the day in my robe or pajamas. (bf1s8)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
9. I have seen a doctor for a regular checkup (other than pregnancy or illness) within the past 3 years. (bf1s9)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
10. I have been to a dentist within the past 3 years. (bf1s10)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
11. My kitchen is usually clean ( <b>if applicable</b> ). (bf1s11)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
12. I have or my partner has experienced an unplanned pregnancy in the past 12 months ( <b>if applicable</b> ). (bf1s12)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
		Not applicable <sub>(77)</sub>
		Not applicable <sub>(77)</sub>

<sup>6</sup> S-009, Questions 11 and 12: Conditional responses are not included in overall average scores. Response frequencies are shown in a table and bar chart.

Financial Literacy / Assets / Debt		Survey 010	
1. I have a bank account. <small>(fin1)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>	
2. I am able to get by financially without any help from family or friends. <small>(fin2)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>	
3. I am able to get by financially on my monthly income. <small>(fin3)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>	
4. I go further into debt each month. <small>(fin4)</small>	False <sub>(2)</sub>	True <sub>(1)</sub>	
5. I am in debt but I am paying it down each month. <small>(fin5)</small>	False <sub>(1)</sub>	True <sub>(2)</sub>	
6. I have no debts (not including home mortgage). <small>(fin6)</small>	False <sub>(1)</sub>	True <sub>(2)</sub>	
7. I have a good credit rating. <small>(fin7)</small>	No <sub>(2)</sub>	Yes <sub>(3)</sub>	Don't Know <sub>(1)</sub>
8. Each month I save some money for education, retirement, or a major purchase, such as a home or car. <small>(fin8)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>	
9. I have enough money in the bank that I could still get by for 3 months if I lost my job or stopped receiving income tomorrow. <small>(fin9)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>	

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## Safety from Domestic Violence

## Survey 011

1. Has your partner, ex-partner, or other family member harmed, or threatened to harm, someone close to you?		
(a) In the past five years? <small>(vio1a)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
(b) In the past six months? <small>(vio1b)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
2. Has your partner, ex-partner, or other family member damaged or destroyed your possessions or property?		
(a) In the past five years? <small>(vio2a)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
(b) In the past six months? <small>(vio2b)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
3. Has your partner, ex-partner, or other family member hurt you or threatened to hurt you financially? (e.g., withheld support payments, taking legal action around support, running a debt for which you are also responsible, caused trouble for you at work, etc.)		
(a) In the past five years? <small>(vio3a)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
(b) In the past six months? <small>(vio3b)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
4. Has your partner, ex-partner, or other family member physically hurt you in any way?		
(a) In the past five years? <small>(vio4a)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
(b) In the past six months? <small>(vio4b)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
5. Has your partner, ex-partner, or other family member physically hurt someone you care about (person or animal) in any way?		
(a) In the past five years? <small>(vio5a)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
(b) In the past six months? <small>(vio5b)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>
6. Are you currently afraid that your partner, ex-partner, or other family member might harm you or someone close to you? <small>(vio6)<sup>7</sup></small>		
	No <sub>(2)</sub>	Yes <sub>(1)</sub>

<sup>7</sup> S-011, Question 6: Results are reported with the '(b)' responses for S-011, Questions 1 to 5.

## Pregnancy Prevention (Youth Grades 10-12 or Adults) <sup>8</sup>

Survey 012

### How many times in the past 6 months have you:

1. Used one or more sexual health services (e.g., STD Clinic, family doctor, Calgary Sexual Health Centre, Family Planning Clinic)? <small>(pp1)</small>	_____	Never, not applicable <sub>(77)</sub>	
2. Talked to a partner (new or someone you have already been with) about birth control or condoms? <small>(pp2)</small>	_____	Never, not applicable <sub>(77)</sub>	
3. Used birth control or condoms to prevent a pregnancy or STI transmission? <small>(pp3)</small>	_____	Never, not applicable <sub>(77)</sub>	
4. Been tested yourself for STIs before having sex with a new partner? <small>(pp4)</small>	_____	Never, not applicable <sub>(77)</sub>	
5. If you have had sex, have there been any times when you and a partner did not use a form of birth control or protection? <small>(pp5)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>	Not applicable <sub>(77)</sub>
<p>6. <b>(If yes)</b> What was the main reason for not using any birth control or protection?  <b>(Mark one only)</b> <small>(pp6)</small></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I didn't think I (or she) would get pregnant<sub>(1)</sub></li> <li><input type="checkbox"/> I wanted (or she wanted) to get pregnant<sub>(2)</sub></li> <li><input type="checkbox"/> My partner didn't want to use it<sub>(3)</sub></li> <li><input type="checkbox"/> It's my partner's problem, not mine<sub>(4)</sub></li> <li><input type="checkbox"/> It reduces the pleasure<sub>(5)</sub></li> <li><input type="checkbox"/> It's too expensive<sub>(6)</sub></li> <li><input type="checkbox"/> It's morally wrong<sub>(7)</sub></li> <li><input type="checkbox"/> I am too embarrassed to get/use birth control or protection<sub>(8)</sub></li> <li><input type="checkbox"/> Other reason<sub>(66)</sub></li> </ul> <p>What is the other reason? _____<small>(pp60th)</small></p>			

### Additional questions for adult women, emancipated minors, and pregnant or parenting teens.

7. Are you currently pregnant? <small>(pp7)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>	Don't know <sub>(88)</sub>
8. Are you planning to become pregnant in the next 3 years? <small>(pp8)</small>	No <sub>(2)</sub>	Yes <sub>(1)</sub>	Don't know <sub>(88)</sub>
9. How many times have you been pregnant in the last 3 years? <small>(pp9)</small>	_____	Don't know <sub>(88)</sub>	

<sup>8</sup> S-012, Questions 1, 2, 3, 4, 6, and 9: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

**DIMENSION TWO:**  
**Domain 2 – Economic Self-Sufficiency / Family Poverty** (Surveys 8, 14, 15, 16, 17, and 18)

Note: There is no Survey 013. Instead, Survey 008 is available for use in this Domain but analyzed as part of Dimension One, Domain 2.

<b>Individual / Family Poverty – Perceptions</b>		<b>Survey 014</b>			
1. I worry about whether the money I have will be enough to support myself and (if applicable) my family. <small>(pov1)</small>	Never <small>(4)</small>	A little of the time <small>(3)</small>	Most of the time <small>(2)</small>	Always <small>(1)</small>	
2. Compared to your financial situation a year ago, are you (and your family): <small>(pov2)</small>	Worse off <small>(1)</small>	Better off <small>(3)</small>	Just about the same <small>(2)</small>		
3. Do you think that a year from now you (and your family) will be: <small>(pov3)</small>	Worse off <small>(1)</small>	Better off <small>(3)</small>	Just about the same <small>(2)</small>		

## Long-Term Decreased Expenses; Increased Income from Sources other than Employment (program staff to complete) <sup>9</sup>

**Survey 015**

1. Federal benefits/subsidies (e.g., CPP, GIS, OAS, EI, National Child Benefit, tax refund, education bursary)		
(a) Is client entitled to receive? (prlt1a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt1b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
2. Provincial benefits/subsidies (e.g., AISH, Income Support/Alberta Works Training Supports, Alberta Health Care, Alberta Adult or Child Health Benefits, Homeless & Eviction Prevention Program, child care subsidy, Advancing Futures Bursary)		
(a) Is client entitled to receive? (prlt2a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt2b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
3. Municipal subsidies (e.g., low-income or seniors transit pass, recreation subsidy, free library card)		
(a) Is client entitled to receive? (prlt3a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt3b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
4. Municipal property tax mitigation		
(a) Is client entitled to receive? (prlt4a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt4b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
5. Private income (e.g., private pension, spousal/child support, inheritance)		
(a) Is client entitled to receive? (prlt5a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt5b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
6. Subsidized housing (e.g., Calgary Housing Company)		
(a) Is client entitled to receive? (prlt6a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt6b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
7. Low-cost food program (e.g., collective/community kitchen, Good Food Box, CANS (Communities Accessing Nutritious Staples), Spinz Around)		
(a) Is client entitled to receive? (prlt7a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prlt7b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>

<sup>9</sup> S-015, all '(a)' responses: Cannot be analyzed for statistically significant change. Provided as a screening question for agency staff members who complete this question on a client's behalf.

## Poverty Reduction – Emergency / Short-Term Help (program staff to complete) <sup>10</sup>

Survey 016

1. Rental assistance, damage deposit		
(a) Is client entitled to receive? (prst1a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prst1b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
2. Eviction prevented/stopped		
(a) Is client entitled to receive? (prst2a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prst2b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
3. Emergency food assistance (e.g., Food Bank, hamper, voucher – excluding free meal programs)		
(a) Is client entitled to receive? (prst3a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prst3b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
4. Low-cost food program (e.g., collective/community kitchen, Good Food Box, CANS (Communities Accessing Nutritious Staples), Spinz Around)		
(a) Is client entitled to receive? (prst4a)	No <sub>(1)</sub>	Yes <sub>(2)</sub>
(b) Is client receiving? (prst4b)	No <sub>(1)</sub>	Yes <sub>(2)</sub>

<sup>10</sup> S-016, all '(a)' responses: Cannot be analyzed for statistically significant change. Provided as a screening question for agency staff members who complete this question on a client's behalf.

**Food Security** <sup>11 12</sup> **Survey 017**

1. In the past 12 months, the food that you bought just didn't last and there wasn't any money to get more. <small>(food1)</small>	Often true <sup>(1)</sup>	Sometimes true <sup>(2)</sup>	Never true <sup>(3)</sup>
2. If it was sometimes or often true that you ran out of food and couldn't afford to buy more, how often did this happen? <small>(food2)</small> <sup>13</sup>	Almost every month <sup>(1)</sup>	Some months but not every month <sup>(2)</sup>	Only one or two months <sup>(3)</sup>
3. In the past 12 months, you couldn't afford to eat balanced meals. <small>(food3)</small>	Often true <sup>(1)</sup>	Sometimes true <sup>(2)</sup>	Never true <sup>(3)</sup>
4. In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food? <small>(food4)</small>	No <sup>(2)</sup>	Yes <sup>(1)</sup>	
5. In the past 12 months, were you (personally) ever hungry but didn't eat because you were unable to prepare meals? <small>(food5)</small>	No <sup>(2)</sup>	Yes <sup>(1)</sup>	
6. In the past 12 months, have you participated in any food assistance programs? <small>(food6)</small>	No <sup>(1)</sup>	Yes <sup>(2)</sup>	
If yes, have you used or participated in any of the following? (check all that apply): <sup>14</sup> <ul style="list-style-type: none"> <li><input type="checkbox"/> Food bank<sup>(food6a)</sup></li> <li><input type="checkbox"/> No-cost agency or church meal<sup>(food6b)</sup></li> <li><input type="checkbox"/> Help from an agency or a church to purchase food (voucher or cash) <sup>(food6c)</sup></li> <li><input type="checkbox"/> Good Food Box program<sup>(food6d)</sup></li> <li><input type="checkbox"/> Collective or community kitchen<sup>(food6e)</sup></li> <li><input type="checkbox"/> Meals on Wheels<sup>(food6f)</sup></li> <li><input type="checkbox"/> CANS (Communities Accessing Nutritious Staples) <sup>(food6g)</sup></li> <li><input type="checkbox"/> Spinz Around<sup>(food6h)</sup></li> <li><input type="checkbox"/> Community garden<sup>(food6i)</sup></li> <li><input type="checkbox"/> Other <sup>(food6j)</sup></li> </ul>			
7. Which other food program have you participated in? _____ <sup>(food7)</sup>			
8. Are there any children in your household? ( <b>If no, skip to question 14</b> ) <small>(food8)</small>	No <sup>(1)</sup>	Yes <sup>(2)</sup>	
9. In the past 12 months, you relied on only a few kinds of low-cost food to feed your child(ren) because you were running out of money to buy food. <small>(food9)</small>	Often true <sup>(1)</sup>	Sometimes true <sup>(2)</sup>	Never true <sup>(3)</sup>
10. In the past 12 months, your child(ren) was not eating enough because you just couldn't afford enough food. <small>(food10)</small>	Often true <sup>(1)</sup>	Sometimes true <sup>(2)</sup>	Never true <sup>(3)</sup>
11. In the past 12 months, did your child(ren) ever skip meals because there wasn't enough money for food? <small>(food11)</small>	No <sup>(2)</sup>	Yes <sup>(1)</sup>	
12. In the past 12 months, did you or another adult in the house ever cut the size of your own meals or skip meals so that your child(ren) could eat better? <small>(food12)</small>	No <sup>(2)</sup>	Yes <sup>(1)</sup>	
13. In the past 12 months, has your child(ren) used or participated in a school breakfast or lunch program? <small>(food13)</small>	No <sup>(1)</sup>	Yes <sup>(2)</sup>	
<b>If you have been attending this program for a while:</b>			
14. Do you feel that you and (if applicable) your family are eating better as a result of this program? <small>(food14)</small>	No <sup>(1)</sup>	Yes <sup>(2)</sup>	Not applicable <sup>(77)</sup>
<b>If yes, how are you eating better? (please check all that apply)</b> <sup>15</sup> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eating more regularly<sup>(food14a)</sup></li> <li><input type="checkbox"/> Making healthier food choices<sup>(food14b)</sup></li> <li><input type="checkbox"/> Trying new foods<sup>(food14c)</sup></li> <li><input type="checkbox"/> Finding cooking easier<sup>(food14d)</sup></li> <li><input type="checkbox"/> More food in the house <sup>(food14e)</sup></li> <li><input type="checkbox"/> Better quality of food in the house<sup>(food14f)</sup></li> <li><input type="checkbox"/> More variety of food in the house <sup>(food14g)</sup></li> <li><input type="checkbox"/> Food lasts longer over the month <sup>(food14h)</sup></li> </ul>			

<sup>11</sup> S-017 is analyzed in two parts due to scale differences. Questions 1 and 3 are analyzed as Survey 17a. Questions 4, 5, and 6 are analyzed as Survey 17b.

<sup>12</sup> S-017, Questions 7 through 14: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

<sup>13</sup> S-017, Question 2: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

<sup>14</sup> S-017, Questions 6a-6j: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

<sup>15</sup> S-017, Questions 14a-14h: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

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## Housing Stability and Suitability

Survey 018

1. Please describe your current housing situation. **(Please check one only)**

- Stable place to call your own <sup>(5)</sup>
- Stable place but not right for you <sup>(4)</sup>
- Housed now but facing eviction <sup>(3)</sup>
- Temporary housing until (MM/DD/YYYY) <sup>(2)</sup> \_\_\_\_\_
- No place to call home <sup>(1)</sup>

1a. If you have no place to call home, where are you sleeping? <sup>(hous1a)</sup> <sup>16</sup>

- couch surfing <sup>(1)</sup>
- temporary shelter (e.g., the Drop-In, Mustard Seed) <sup>(2)</sup>
- sleeping rough <sup>(3)</sup>
- a combination of the above <sup>(4)</sup>

2. If your housing is stable but not right for you, why is it not right for you? **(Please check all that apply)** <sup>17</sup>

- Too expensive, can't afford the rent <sup>(hous2a)</sup>
- Too crowded, not enough room for all household members <sup>(hous2b)</sup>
- Safety hazards (e.g., heat, water or electrical problems, fire hazards, risks for children) <sup>(hous2c)</sup>
- Unsafe neighbourhood <sup>(hous2d)</sup>
- Not accessible for my physical disabilities <sup>(hous2e)</sup>
- Far away from family and friends <sup>(hous2f)</sup>
- Other <sup>(hous2g)</sup>

If your housing is not right for you for a reason not listed here, please explain: <sup>(hous2h)</sup>

\_\_\_\_\_

<sup>16</sup> S-018, Question 1a: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

<sup>17</sup> S-018, Question 2: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

**DIMENSION THREE:**  
**↑ FAMILY COHESION / MANAGEMENT**  
**↑ PARENTING SKILLS**

**Surveys 19, 20, and 21.**

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**DIMENSION THREE:**  
**Domain 1 – Family Cohesion** (Survey 19)

<b>Family Cohesion – Parent / Adult Questions</b>					<b>Survey 019</b>
1. In times of crisis we can turn to each other for support. <sub>(famco1)</sub>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	Don't know <sub>(88)</sub>
2. Individuals in our family are accepted for who they are. <sub>(famco2)</sub>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	Don't know <sub>(88)</sub>
3. We avoid discussing our fears or concerns. <sub>(famco3)</sub>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	Don't know <sub>(88)</sub>
4. There are lots of bad feelings in our family. <sub>(famco4)</sub>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	Don't know <sub>(88)</sub>
5. In our family we feel accepted for who we are. <sub>(famco5)</sub>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	Don't know <sub>(88)</sub>
6. We are able to make decisions about how to solve problems. <sub>(famco6)</sub>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	Don't know <sub>(88)</sub>
7. We don't get along well together. <sub>(famco7)</sub>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	Don't know <sub>(88)</sub>
8. Drinking, drug use, or gambling is a source of tension or disagreement in our family. <sub>(famco8)</sub>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	Don't know <sub>(88)</sub>

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**DIMENSION THREE:**  
**Domain 2 – Parenting** (Surveys 20 and 21)

Parenting – Parent Questions		Survey 020					
1. How often do you praise your child(ren), by saying something like "Good for you!" or "What a nice thing you did!" or "Thank you!"? (ppar1)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
2. How often does your child(ren) really irritate you or get on your nerves? (ppar2)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
3. How often do you physically punish your child(ren), for example, by spanking, pinching, slapping his or her hand? (ppar3)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
4. How often do you and your child(ren) laugh together? (ppar4)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
5. How often do you hug or snuggle with your child(ren)? (ppar5)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
6. How often do you get angry or annoyed and yell or speak in a very loud voice to your child(ren)? (ppar6)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
7. How often does your child(ren) see an adult in the house do something kind, friendly, or very much appreciated by another adult in the house? (ppar7)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
8. How often does your child see adults or teenagers in your house physically fighting with or hitting or otherwise trying to hurt each other? (ppar8)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
9. How often does your whole family eat supper together? (ppar9)	Never (1)	Less than once a week(2)	About once a week(3)	About twice a week(4)	About 3-4 times a week(5)	Almost every day(6)	Every day(7)
10. How often does your child(ren) go to bed at a particular time, known as his or her bedtime? (ppar10)	Never (2)	About once a week(3)	About twice a week(4)	About 3-4 times a week(5)	Almost every day(6)	Every day(7)	There is no official bedtime (1)
11. How often does your child(ren) get "grounded" for longer than a week? (ppar11)	Never (7)	About 1-3 times a year(6)	About 4-6 times a year(5)	About 7-9 times a year(4)	About 10-12 times a year(3)	About 1-2 times a month(2)	More than twice a month(1)

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Parenting – Youth Questions (Grades 7-12)							Survey 021
1. How often do you hear your parent praise you, by saying something like "Good for you!" or "What a nice thing you did!" or "Thank you!"? (ypar1)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
2. How often do you get the impression that something you have done has greatly irritated your parent and has gotten on his or her nerves? (ypar2)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
3. How often does your parent physically punish you, for example, by hitting you or spanking you? (ypar3)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
4. How often do you and your parent laugh together? (ypar4)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
5. How often does your parent show you affection, for example, by hugging you or snuggling with you? (ypar5)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
6. How often does your parent tell you to do something by yelling or with an irritated or angry tone of voice? (ypar6)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
7. How often do you see an adult in the house do something kind, friendly, or very much appreciated by another adult in the house? (ypar7)	Never (1)	Less than once a week(2)	About once a week(3)	About 3-4 times a week(4)	About once a day(5)	Several times each day(6)	Many times each day(7)
8. How often do you see adults or other teenagers in your house physically fighting with or hitting or otherwise trying to hurt each other? (ypar8)	Never (7)	Less than once a week(6)	About once a week(5)	About 3-4 times a week(4)	About once a day(3)	Several times each day(2)	Many times each day(1)
9. How often does your whole family eat supper together? (ypar9)	Never (1)	Less than once a week(2)	About once a week(3)	About twice a week(4)	About 3-4 times a week(5)	Almost every day(6)	Every day(7)
10. How often do you go to bed at a particular time, known as your bedtime? (ypar10)	Never (2)	About once a week(3)	About twice a week(4)	About 3-4 times a week(5)	Almost every day(6)	Every day(7)	There is no official bedtime (1)
11. How often do you get "grounded" for longer than a week? (ypar11)	Never (7)	About 1-3 times a year(6)	About 4-6 times a year(5)	About 7-9 times a year(4)	About 10-12 times a year(3)	About 1-2 times a month(2)	More than twice a month(1)

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**DIMENSION THREE:**  
**Domain 3 – Indigenous Families and Traditional Parenting Practices**  
(Surveys 52 and 53)

For Indigenous programming in Dimension Three, Domain 3, see Surveys 52 and 53.

**DIMENSION THREE:**  
**Domain 4 – Colonization and Healing** (Surveys 54 and 55)

For Indigenous programming in Dimension Three, Domain 4, see Surveys 54 and 55.

**DIMENSION THREE:**  
**Domain 5 – Spirituality and Ceremony** (Surveys 56 and 57)

For Indigenous programming in Dimension Three, Domain 5, see Surveys 56 and 57.

## **DIMENSION FOUR: ↑ CHILD & YOUTH POSITIVE DEVELOPMENT**

(No surveys for children younger than Grade 4)

**Surveys 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, and 45.**

### **FOIP Statement**

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**DIMENSION FOUR:**  
**Domain 1 – Cognitive Development** (Surveys 22 and 23)

<b>Children – Grades 4-6 – School Engagement, Success</b>			<b>Survey 022</b>
1. I like school. (csch1)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I feel like I belong at school. (csch2)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
3. I try my best at school. (csch3)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
4. I like to learn new things. (csch4)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
5. I like my teacher. (csch5)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
6. My teacher is fair. (csch6)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
7. I am doing well at school. (csch7)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

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Youth – Grades 7-12 – School Engagement, Success <sup>18</sup>					Survey 023	
1. In general, my teachers treat me fairly. <small>(ysch1)</small>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
2. If I need extra help, my teachers give it to me. <small>(ysch2)</small>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
3. When my teachers give me homework, I do it. <small>(ysch3)</small>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
4. I feel like I belong at school. <small>(ysch4)</small>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
5. I like going to school. <small>(ysch5)</small>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(4)</sub>	Always <sub>(5)</sub>	
6. I wish I could go to a different school. <small>(ysch6)</small>	Never <sub>(5)</sub>	A little of the time <sub>(4)</sub>	Some of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	
7. To the best of my knowledge today, I am passing... <small>(ysch7)</small>	None of my classes <sub>(1)</sub>	A few of my classes <sub>(2)</sub>	About half of my classes <sub>(3)</sub>	Most of my classes <sub>(4)</sub>	All of my classes <sub>(5)</sub>	
8. In the last 3 months that you were at school, how often did you skip a class without permission? <small>(ysch8)</small>	Never <sub>(5)</sub>	Once or twice <sub>(4)</sub>	3 to 4 times <sub>(3)</sub>	5 to 6 times <sub>(2)</sub>	7 or more times <sub>(1)</sub>	
9. How important is it to you to do get good grades in school? <small>(ysch9)</small>	Not at all important <sub>(1)</sub>		Somewhat important <sub>(2)</sub>	Important <sub>(3)</sub>	Very Important <sub>(4)</sub>	
10. How important is it to you to graduate from high school? <small>(ysch10)</small>	Not at all important <sub>(1)</sub>		Somewhat important <sub>(2)</sub>	Important <sub>(3)</sub>	Very Important <sub>(4)</sub>	
11. How important is it to you to continue your education after high school? <small>(ysch11)</small>	Not at all important <sub>(1)</sub>		Somewhat important <sub>(2)</sub>	Important <sub>(3)</sub>	Very Important <sub>(4)</sub>	
12. When you finish high school, what do you plan to do? <small>(ysch12)<sup>19</sup></small>	College <sub>(1)</sub>	University <sub>(2)</sub>	Tech school <sub>(3)</sub>	Work full-time <sub>(4)</sub>	Other <sub>(66)</sub>	Don't know <sub>(88)</sub>

<sup>18</sup> S-023, Questions 9, 10, and 11: Responses are not included in overall average scores due to scale differences. Response frequencies are shown in a table and bar chart.

<sup>19</sup> S-023, Question 12: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

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**DIMENSION FOUR:**  
**Domain 2 – Social Competence** (Surveys 24, 25, 26, 27, 28, 29, 30, 31, and 32)

<b>Children – Grades 4-6 – Positive Friendships / Social Skills</b>			<b>Survey 024</b>
1. I have a group of friends and we like doing things together. (csoc1)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I like most of the kids at school. (csoc2)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
3. I talk to new children that I meet. (csoc3)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
4. Other kids at school pick on me. (csoc4)	Never <sub>(3)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(1)</sub>
5. Other kids usually like to have me around. (csoc5)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
6. I have a friend my own age who I can really trust and count on. (csoc6)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
7. When I am around adults, I use good manners. (csoc7)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

<b>Children – Grades 4-6 – Engagement in Community</b> <sup>20</sup>			<b>Survey 025</b>
1. I feel like I belong in my neighbourhood. (ceng1)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I feel like I belong in Canada. (ceng2)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
3. I have friends who were born in Canada or have been here since they were little. (ceng3)	No <sub>(1)</sub>	Yes <sub>(2)</sub>	
4. I have friends who were born in another country and moved to Canada within the last few years. (ceng4)	No <sub>(1)</sub>	Yes <sub>(2)</sub>	

<b>Children – Grades 4-6 – Helps and Respects Others</b>			<b>Survey 026</b>
1. I listen to others without putting them down. (chel1)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. It feels good to do something for someone else. (chel2)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
3. I like to be the leader. (chel3)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
4. I tell people when they did a good job. (chel4)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
5. I like to help others. (chel5)	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

<sup>20</sup> S-025 is analyzed in two parts due to scale differences. Questions 1 and 2 are analyzed as Survey 25a. Questions 3 and 4 are analyzed as Survey 25b.

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<b>Children – Grades 4-6 – Adult Confidant</b>	<b>Survey 027</b>	
1. Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems? <small>(cadu1)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>
2. If you have someone you can talk to, what is their relationship to you? <i>(Mark everyone you feel you can talk to about yourself or your problems.)</i> <sup>21</sup> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother <small>(cadu 2)</small></li> <li><input type="checkbox"/> Father <small>(cadu 3)</small></li> <li><input type="checkbox"/> Stepmother <small>(cadu 4)</small></li> <li><input type="checkbox"/> Stepfather <small>(cadu 5)</small></li> <li><input type="checkbox"/> Brother <small>(cadu 6)</small></li> <li><input type="checkbox"/> Sister <small>(cadu 7)</small></li> <li><input type="checkbox"/> Grandparent <small>(cadu 8)</small></li> <li><input type="checkbox"/> Other relative <small>(cadu 9)</small></li> <li><input type="checkbox"/> A friend of the family <small>(cadu 10)</small></li> <li><input type="checkbox"/> Sitter or babysitter <small>(cadu 11)</small></li> <li><input type="checkbox"/> Friends' mother or father <small>(cadu 12)</small></li> <li><input type="checkbox"/> Parent's boyfriend/girlfriend <small>(cadu 13)</small></li> <li><input type="checkbox"/> Teacher <small>(cadu 14)</small></li> <li><input type="checkbox"/> Mentor, coach or leader (e.g., mentor, program leader, sports coach, church leader) <small>(cadu 15)</small></li> <li><input type="checkbox"/> Other (e.g., counsellor, family doctor, foster parent, guardian) <small>(cadu 16)</small></li> </ul>		

<b>Youth – Grades 7-12 – Friendships</b>	<b>Survey 028</b>				
1. I have many friends. <small>(yfri1)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
2. Others my age want me to be their friend. <small>(yfri2)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
3. Most others my age like me. <small>(yfri3)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
4. I get along easily with others my own age. <small>(yfri4)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
5. When I say what I think or how I feel, other kids usually listen. <small>(yfri5)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
6. Other kids bully or harass me at school or around the school. <small>(yfri6)</small>	False <sub>(5)</sub>	Mostly false <sub>(4)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(2)</sub>	True <sub>(1)</sub>

<sup>21</sup> S-027, Question 2: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

<b>Youth – Grades 7-12 – Adult Confidant</b>		<b>Survey 029</b>	
1. Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems? <small>(yadu1)</small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>	
2. If you have someone you can talk to, what is their relationship to you? <i>(Mark everyone you feel you can talk to about yourself or your problems.)</i> <sup>22</sup> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother <small>(yadu2)</small></li> <li><input type="checkbox"/> Father <small>(yadu3)</small></li> <li><input type="checkbox"/> Stepmother <small>(yadu4)</small></li> <li><input type="checkbox"/> Stepfather <small>(yadu5)</small></li> <li><input type="checkbox"/> Brother <small>(yadu6)</small></li> <li><input type="checkbox"/> Sister <small>(yadu7)</small></li> <li><input type="checkbox"/> Grandparent <small>(yadu8)</small></li> <li><input type="checkbox"/> Other relative <small>(yadu9)</small></li> <li><input type="checkbox"/> A friend of the family <small>(yadu10)</small></li> <li><input type="checkbox"/> Sitter or babysitter <small>(yadu11)</small></li> <li><input type="checkbox"/> Friends' mother or father <small>(yadu12)</small></li> <li><input type="checkbox"/> Parent's boyfriend/girlfriend <small>(yadu13)</small></li> <li><input type="checkbox"/> Teacher <small>(yadu14)</small></li> <li><input type="checkbox"/> Mentor, coach or leader (e.g., mentor, program leader, sports coach, church leader) <small>(yadu15)</small></li> <li><input type="checkbox"/> Other (e.g., counsellor, family doctor, foster parent, guardian) <small>(yadu16)</small></li> </ul>			

<b>Youth – Grades 7-12 – Positive Peer Relationships</b>		<b>Survey 030</b>			
1. How many friends do you have who are around your own age? <small>(ypee1)</small>	0 <sub>(1)</sub>	1-2 <sub>(2)</sub>	3-4 <sub>(3)</sub>	5 or more <sub>(4)</sub>	
2. How many of your friends are older than you? <small>(ypee2)</small>	0 <sub>(4)</sub>	1-2 <sub>(3)</sub>	3-4 <sub>(2)</sub>	5 or more <sub>(1)</sub>	
3. How many of your friends get into physical fights with other kids? <small>(ypee3)</small>	0 <sub>(4)</sub>	1-2 <sub>(3)</sub>	3-4 <sub>(2)</sub>	5 or more <sub>(1)</sub>	
4. How many of your friends have dropped out of school? <small>(ypee4)</small>	0 <sub>(4)</sub>	1-2 <sub>(3)</sub>	3-4 <sub>(2)</sub>	5 or more <sub>(1)</sub>	
5. How many of your friends have been in trouble with the police? <small>(ypee5)</small>	0 <sub>(4)</sub>	1-2 <sub>(3)</sub>	3-4 <sub>(2)</sub>	5 or more <sub>(1)</sub>	
6. How many of your friends were born in Canada or have been here since they were little? <small>(ypee6)</small>	0 <sub>(1)</sub>	1-2 <sub>(2)</sub>	3-4 <sub>(3)</sub>	5 or more <sub>(4)</sub>	
7. How many of your friends were born in another country and moved to Canada recently? <small>(ypee7)</small>	0 <sub>(1)</sub>	1-2 <sub>(2)</sub>	3-4 <sub>(3)</sub>	5 or more <sub>(4)</sub>	

<sup>22</sup> S-029, Question 2: Cannot be analyzed for statistically significant change. Response frequencies are shown in a table and bar chart.

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Youth – Grades 7-12 – Good Social Skills			Survey 031		
1. I am very polite to adults who are not part of my family. (ysoc1)	False (1)	Mostly false (2)	Sometimes (3)	Mostly true (4)	True (5)
2. If you asked my teachers, they would say good things about me. (ysoc2)	False (1)	Mostly false (2)	Sometimes (3)	Mostly true (4)	True (5)
3. I get into verbal arguments with others my own age. (ysoc3)	False (5)	Mostly false (4)	Sometimes (3)	Mostly true (2)	True (1)
4. I get into physical fights with others my own age. (ysoc4)	False (5)	Mostly false (4)	Sometimes (3)	Mostly true (2)	True (1)
5. Other kids bully or harass me at school or around the school. (ysoc5)	False (5)	Mostly false (4)	Sometimes (3)	Mostly true (2)	True (1)

Youth – Grades 7-12 – Engagement in Community <sup>23</sup>			Survey 032		
1. I feel like I belong in my neighbourhood. (yeng1)	Never(1)	A little of the time(2)	Some of the time(3)	Most of the time(4)	Always(5)
2. I feel like I belong in Canada. (yeng2)	Never(1)	A little of the time(2)	Some of the time(3)	Most of the time(4)	Always(5)
3. I feel safe in my neighbourhood. (yeng3)	Never(1)	A little of the time(2)	Some of the time(3)	Most of the time(4)	Always(5)
4. I can walk to school. (yeng4)	No(1)	Yes(2)			
5. I have at least one close friend who lives within walking distance from my house. (yeng5)	No(1)	Yes(2)			
6. During the past 12 months, have you volunteered or worked without pay (include volunteer work done for credit at school): <input type="checkbox"/> Doing activities at school (yearbook committee, school patrol, student council, etc.) (yeng6) <input type="checkbox"/> Supporting a cause (food bank, environmental group, etc.) (yeng7) <input type="checkbox"/> Fund raising (a charity, school trip, etc.) (yeng8) <input type="checkbox"/> Helping in your community (volunteering with a community organization, etc.) (yeng9) <input type="checkbox"/> Helping neighbours or relatives (cutting grass, babysitting or shoveling snow for a neighbour, etc.) (yeng10) <input type="checkbox"/> Doing another volunteer activity without pay (write in type of activity _____). (Yeng11) <input type="checkbox"/> I have not done any of these activities without pay. (yeng12)					
7. If you have done any of these activities without pay: During the past 12 months, how often have you volunteered or helped without pay? (yeng13)	Less than once a month(1)	A few times a month(2)	Once a week(3)	A few times a week(4)	Every day(5)

**Note:** There is no Survey 033.

<sup>23</sup> S-032, Questions 4, 5, 6, and 7: Responses are not included in overall average scores due to scale differences. Response frequencies are shown in a table and bar chart.

**DIMENSION FOUR:**  
**Domain 3 – Emotional Well-Being** (Surveys 34, 35, 36, 37, 38, 39, 40, and 41)

**Children – Grades 4-6 – Self-Esteem, Self-Confidence, Optimism** **Survey 034**

1. I have good ideas. <small>(cest1)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I am good at a lot of things. <small>(cest2)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
3. For the most part, I like myself. <small>(cest3)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
4. I share my ideas and feelings with others. <small>(cest4)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
5. I get upset easily. <small>(cest5)</small>	Never <sub>(3)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(1)</sub>
6. I know that it is okay to be different. <small>(cest6)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
7. I feel like good things are going to happen in my life. <small>(cest7)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

**Children – Grades 4-6 – Ability to Cope Effectively with Challenges** **Survey 035**

1. If something looks hard, I still try doing it. <small>(ccop1)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I give up on things before I finish them. <small>(ccop2)</small>	Never <sub>(3)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(1)</sub>
3. I try my best at school. <small>(ccop3)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

**Children – Grades 4-6 – Pro-Social Attitudes, Clear Values** **Survey 036**

1. I tell the truth even when it's hard. <small>(cpro1)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I like to help others. <small>(cpro2)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

**Children – Grades 4-6 – Sense of Belonging** **Survey 037**

1. I feel like I belong at school. <small>(cbel1)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
2. I feel like I belong in my neighbourhood. <small>(cbel2)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>
3. I feel like I belong in Canada. <small>(cbel3)</small>	Never <sub>(1)</sub>	Some of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>

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Youth – Grades 7-12 – Self-Esteem, Self-Confidence, Identity <sup>24</sup>				Survey 038	
1. In general, I like the way I am. (yest1)	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
2. Overall, I have a lot to be proud of. (yest2)	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
3. A lot of things about me are good. (yest3)	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
4. When I do something, I do it well. (yest4)	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
5. I like the way I look. (yest5)	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
6. I think that most things I do will turn out OK. (yest6)	Rarely true of me <sub>(1)</sub>	Sometimes true of me <sub>(2)</sub>	Often true of me <sub>(3)</sub>	Very often true of me <sub>(4)</sub>	
7. I hope for the best. (yest7)	Rarely true of me <sub>(1)</sub>	Sometimes true of me <sub>(2)</sub>	Often true of me <sub>(3)</sub>	Very often true of me <sub>(4)</sub>	
8. I feel like my life has a purpose. (yest8)	Rarely true of me <sub>(1)</sub>	Sometimes true of me <sub>(2)</sub>	Often true of me <sub>(3)</sub>	Very often true of me <sub>(4)</sub>	
9. I feel that I have control over things that happen to me. (yest9)	Rarely true of me <sub>(1)</sub>	Sometimes true of me <sub>(2)</sub>	Often true of me <sub>(3)</sub>	Very often true of me <sub>(4)</sub>	

Youth – Grades 7-12 – Ethnocultural Identity				Survey 039	
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. (yeth1)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	
2. I have a strong sense of belonging to my own ethnic group. (yeth2)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	
3. I understand pretty well what my ethnic group membership means to me. (yeth3)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	
4. I have often done things that will help me to understand my ethnic background better. (yeth4)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	
5. I have often talked to other people in order to learn more about my ethnic group. (yeth5)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	
6. I feel a strong attachment to my own ethnic group. (yeth6)	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	

<sup>24</sup> S-038 is analyzed in two parts due to scale differences. Questions 1, 2, 3, 4, and 5 are analyzed as Survey 38a. Questions 6, 7, 8, and 9 are analyzed as Survey 38b.

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<b>Youth – Grades 7-12 – Sense of Belonging</b>					<b>Survey 040</b>
1. I feel like I belong at school. <small>(ybel1)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
2. I feel like I belong in my neighbourhood. <small>(ybel2)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>
3. I feel like I belong in Canada. <small>(ybel3)</small>	False <sub>(1)</sub>	Mostly false <sub>(2)</sub>	Sometimes <sub>(3)</sub>	Mostly true <sub>(4)</sub>	True <sub>(5)</sub>

<b>Youth – Grades 7-12 – Pro-Social Attitudes, Clear Values</b>					<b>Survey 041</b>
1. I like doing things for others. <small>(ypro1)</small>	Never <sub>(1)</sub>	A little of the time <sub>(2)</sub>	Most of the time <sub>(3)</sub>	Always <sub>(4)</sub>	
2. I would cheat on a test if I knew I could get away with it. <small>(ypro2)</small>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	
3. I go along with what my friends say or do, even if I think it is wrong. <small>(ypro3)</small>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	
4. I avoid telling the truth or I tell lies to get out of trouble. <small>(ypro4)</small>	Never <sub>(4)</sub>	A little of the time <sub>(3)</sub>	Most of the time <sub>(2)</sub>	Always <sub>(1)</sub>	

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**DIMENSION FOUR:**  
**Domain 4 – Physical Well-Being** (Surveys 42, 43, 44, 45, and 12)

**Children – Grades 4-6 – Activities – CAS Mandatory** **Survey 042**  
**(child or parent questionnaire)**

**In the past 12 months, how often have you (has this child):**

1. Done a hobby or craft (drawing, model building, etc.)? <small>(cact1)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
2. Played sports or done physical activity without a coach or instructor (e.g., biking, skateboarding, etc.)? <small>(cact2)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
3. Played sports with a coach or instructor, other than in gym class (swimming lessons, baseball, hockey, etc.)? <small>(cact3)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
4. Taken part in dance, gymnastics, karate or other groups or lessons, outside of class? <small>(cact4)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
5. Taken part in art, drama, or music groups, clubs or lessons, outside of class? <small>(cact5)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
6. Taken part in clubs or groups such as Guides or Scouts, community or religious groups? <small>(cact6)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
7. Attended a club, group, or program after school, anytime between 3:00 p.m. and 6:00 p.m.? <small>(cact7)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
8. Attended a club, group, or program in the evening, anytime between 6:00 p.m. and 10:00 p.m.? <small>(cact8)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
9. In any of these activities, do you (does this child) have special responsibilities, such as team leader, captain, secretary, etc.? <small>(cact9)</small> <sup>25</sup>	No <sub>(1)</sub>	Yes <sub>(2)</sub>		

<sup>25</sup> S-042, Question 9: Responses are not included in overall average scores due to scale differences. Response frequencies are shown in a table and bar chart.

## Youth – Junior/Senior High – Activities – CAS Mandatory

Survey 043

**In the past 12 months, how often have you:**

1. Done a hobby or craft (drawing, model building, etc.)? <small>(yact1)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
2. Played sports or done physical activity without a coach or instructor (e.g., biking, skateboarding, etc.)? <small>(yact2)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
3. Played sports with a coach or instructor, other than in gym class (swimming lessons, baseball, hockey, etc.)? <small>(yact3)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
4. Taken part in dance, gymnastics, karate or other groups or lessons, outside of class? <small>yact4</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
5. Taken part in art, drama, or music groups, clubs or lessons, outside of class? <small>(yact5)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
6. Taken part in clubs or groups such as Guides or Scouts, community or religious groups? <small>(yact6)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
7. Attended a club, group, or program after school, anytime between 3:00 p.m. and 6:00 p.m.? <small>(yact7)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
8. Attended a club, group, or program in the evening, anytime between 6:00 p.m. and 10:00 p.m.? <small>(yact8)</small>	Never <sub>(1)</sub>	Less than once a week <sub>(2)</sub>	1-3 times a week <sub>(3)</sub>	More than 4 times a week <sub>(4)</sub>
9. In any of these activities, do you have special responsibilities, such as team leader, captain, secretary, etc.? <small>(yact9)<sup>26</sup></small>	No <sub>(1)</sub>	Yes <sub>(2)</sub>		

<sup>26</sup> S-043, Question 9: Responses are not included in overall average scores due to scale differences. Response frequencies are shown in a table and bar chart.

## Youth – Junior/Senior High – Constructive Use of Time – CAS Mandatory

Survey 044

1. On average, about how many hours <b>a day</b> do you watch TV or play video games? (ycon1)	I don't do either <sub>(6)</sub>		Less than 1 hour/day <sub>(5)</sub>	1 to 2 hours/day <sub>(4)</sub>	3 to 4 hours/day <sub>(3)</sub>	5 to 6 hours/day <sub>(2)</sub>	7 or more hours/day <sub>(1)</sub>
2. On average, how many hours <b>a day</b> do you spend on a computer or texting (doing work, playing games, emailing, chatting, surfing the Internet, etc.)? (ycon2)	I don't text or use a computer <sub>(6)</sub>		Less than 1 hour/day <sub>(5)</sub>	1 to 2 hours/day <sub>(4)</sub>	3 to 4 hours/day <sub>(3)</sub>	5 to 6 hours/day <sub>(2)</sub>	7 or more hours/day <sub>(1)</sub>
3. On average, how much time in <b>a day</b> do you spend looking after a younger brother or sister while your parents are not at home? (ycon3)	I don't have a younger brother or sister <sub>(77)</sub>	None <sub>(6)</sub>	Less than 1 hour/day <sub>(5)</sub>	1 to 2 hours/day <sub>(4)</sub>	3 to 4 hours/day <sub>(3)</sub>	5 to 6 hours/day <sub>(2)</sub>	7 or more hours/day <sub>(1)</sub>
4. On average, how much time in <b>a day</b> do you spend alone at home while nobody else is at home? (ycon4)	I don't spend time alone at home <sub>(6)</sub>		Less than 1 hour/day <sub>(5)</sub>	1 to 2 hours/day <sub>(4)</sub>	3 to 4 hours/day <sub>(3)</sub>	5 to 6 hours/day <sub>(2)</sub>	7 or more hours/day <sub>(1)</sub>
5. On average, how many hours <b>a week</b> do you spend in after-school programs between the hours of 3:00 p.m. and 6:00 p.m. (e.g., sports, youth drop-in, clubs, Guides or Scouts, faith programs)? (ycon5)	Up until now, I didn't spend any time in after-school programs <sub>(1)</sub>		Less than 1 hour/week <sub>(2)</sub>	1 to 2 hours/week <sub>(3)</sub>	3 to 4 hours/week <sub>(4)</sub>	5 to 6 hours/week <sub>(5)</sub>	7 or more hours/week <sub>(6)</sub>
6. On average, how many hours <b>a week</b> do you spend in evening programs between the hours of 6:00 p.m. and 10:00 p.m. (e.g., sports, youth drop-in, clubs, Guides or Scouts, faith programs)? (ycon6)	Up until now, I didn't spend any time in evening programs <sub>(1)</sub>		Less than 1 hour/week <sub>(2)</sub>	1 to 2 hours/week <sub>(3)</sub>	3 to 4 hours/week <sub>(4)</sub>	5 to 6 hours/week <sub>(5)</sub>	7 or more hours/week <sub>(6)</sub>
7. On average, about how many hours <b>a week</b> do you spend hanging around in the community or at the mall with nothing special to do? (ycon7)	I don't hang around in the community <sub>(6)</sub>		Less than 1 hour/week <sub>(5)</sub>	1 to 2 hours/week <sub>(4)</sub>	3 to 4 hours/week <sub>(3)</sub>	5 to 6 hours/week <sub>(2)</sub>	7 or more hours/week <sub>(1)</sub>

Child Abuse Prevention (multi-site school-based programs)		Survey 045
1. If I saw an adult or older teenager hurting a child, I would... (cabu1)	Incorrect answer/ no answer <sub>(1)</sub>	Correct answer <sub>(2)</sub>
2. If a friend told me that he or she was being abused, I would... (cabu2)	Incorrect answer/ no answer <sub>(1)</sub>	Correct answer <sub>(2)</sub>
3. If someone tried to hurt me, I would... (cabu3)	Incorrect answer/ no answer <sub>(1)</sub>	Correct answer <sub>(2)</sub>
4. If someone touched me in a way that I didn't like, I would... (cabu4)	Incorrect answer/ no answer <sub>(1)</sub>	Correct answer <sub>(2)</sub>
5. Name a person who you would tell if you were being abused. (cabu5)	Incorrect answer/ no answer <sub>(1)</sub>	Correct answer <sub>(2)</sub>

Note: There is no Survey 046. Instead, Survey 012 is available for use in this Domain but analyzed as part of Dimension Two, Domain 1.

# Surveys for Indigenous Programming

## **DIMENSION ONE:**

**↑ SOCIAL NETWORKS & SOCIAL SUPPORT**

**↑ SOCIAL CAPITAL**

**Surveys 47, 48, 49, 50, and 51.**

### **FOIP Statement**

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**DIMENSION ONE:**

**Domain 3 – Increased Individual and Family Healing** (Surveys 47, 48, 49, 50, and 51)

**Cultural Safety and Cultural Programming**

**Survey 047**

1. I understand the importance of Indigenous language. For example, I have been involved in learning Indigenous language such as taking Indigenous language classes, hearing or speaking with Elders or cultural people who speak their own language, or storytelling in an Indigenous language. <sub>(cscp1)</sub>	No involvement <sub>(1)</sub>	Limited involvement <sub>(2)</sub>	Moderate involvement <sub>(3)</sub>	Extensive involvement <sub>(4)</sub>
2. I have been involved in traditional cultural social events and ceremonies such as Pow Wow, smudging, pipe ceremonies, sweat lodge ceremonies, and Inuit or Métis ceremonies. <sub>(cscp2)</sub>	No involvement <sub>(1)</sub>	Limited involvement <sub>(2)</sub>	Moderate involvement <sub>(3)</sub>	Extensive involvement <sub>(4)</sub>
3. I understand traditional Indigenous protocols and how they are used when approaching Elders or cultural people for things like asking Elders for guidance or healing, making offerings, and using a Circle Process. <sub>(cscp3)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
4. I understand my own traditional Indigenous teachings such as morals and values, caring for sacred items, sacred self-care, sacred teachings, relational accountability, and creation stories. <sub>(cscp4)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
5. I understand cultural teachings and practices and how to use them to help me make choices if I am faced with a problem or feel troubled. <sub>(cscp5)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
6. I understand traditional kinship concepts and practices such as kinship mapping (family history), traditional parenting practices, traditional knowledge of child and family teachings, and extended family relational accountability. <sub>(cscp6)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>

<b>Cultural Role Modelling and Mentoring</b>				<b>Survey 048</b>
1. I use traditional Indigenous practices or approaches that have been taught or modelled to me for things like traditional conflict resolution, traditional childrearing, and traditional gender roles. <sub>(crmm1)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
2. I have been involved in traditional Indigenous cultural teachings and ceremony that were led by a traditional Indigenous mentor or role model. <sub>(crmm2)</sub>	No involvement <sub>(1)</sub>	Limited involvement <sub>(2)</sub>	Moderate involvement <sub>(3)</sub>	Extensive involvement <sub>(4)</sub>

<b>Historical Indigenous Knowledge</b>				<b>Survey 049</b>
1. I have an understanding of the history of Indigenous people in the world, for example, pre/post European contact, Residential Schools, "the 60's scoop," and local history. <sub>(hak1)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
2. I have an understanding of how I am affected by the impacts of intergenerational trauma as well as how intergenerational trauma affects Residential School survivors, other individuals, families, and communities. <sub>(hak2)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
3. I have an understanding of the resources and supports available to me (such as Elders or agencies) to process any impact of intergenerational trauma on myself, my family, or my community. <sub>(hak3)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>

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<b>Sense of Cultural Belonging and Feeling Supported</b>				<b>Survey 050</b>
1. When I am successful, I am acknowledged and celebrated for my accomplishment. <sub>(scbfs1)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
2. I feel that I can participate and solve problems in traditional or other supportive ways such as through sharing circles or traditional approaches to conflict resolution or mediation. <sub>(scbfs2)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
3. I can access culturally appropriate and knowledgeable resources such as Elders, speakers, or traditional people who will listen to me and help me solve my problems. <sub>(scbfs3)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
4. I feel I have access to traditional supportive practices such as smudging or ceremony where I feel like I belong and am supported. <sub>(scbfs4)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
5. I feel included in the Indigenous community. <sub>(scbfs5)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>

<b>Personal Advocacy and a Sense of Empowerment</b>				<b>Survey 051</b>
1. I have someone I can talk to about finding a way to address specific problems or concerns such as resolving conflicts in the community (e.g., when shopping or renting an apartment). <sub>(pase1)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
2. I am able to live in the Indigenous and non-Indigenous world, and I have the skills to address any issues I may come up against in either world. <sub>(pase2)</sub>	Strongly Disagree <sub>(1)</sub>	Somewhat Disagree <sub>(2)</sub>	Somewhat Agree <sub>(3)</sub>	Strongly Agree <sub>(4)</sub>
3. I am able to handle any problems that keep me from feeling included in the Indigenous or non-Indigenous community. <sub>(pase3)</sub>	Strongly Disagree <sub>(1)</sub>	Somewhat Disagree <sub>(2)</sub>	Somewhat Agree <sub>(3)</sub>	Strongly Agree <sub>(4)</sub>
4. I spend time helping others learn about who they are as Indigenous people. <sub>(pase4)</sub>	Strongly Disagree <sub>(1)</sub>	Somewhat Disagree <sub>(2)</sub>	Somewhat Agree <sub>(3)</sub>	Strongly Agree <sub>(4)</sub>
5. I am able to understand and address issues I may face in the community such as when going to the doctor or speaking to teachers at my or my child's school. <sub>(pase5)</sub>	Strongly Disagree <sub>(1)</sub>	Somewhat Disagree <sub>(2)</sub>	Somewhat Agree <sub>(3)</sub>	Strongly Agree <sub>(4)</sub>

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## **DIMENSION THREE:**

**↑ FAMILY COHESION / MANAGEMENT**

**↑ PARENTING SKILLS**

**Surveys 52, 53, 54, 55, 56, and 57.**

### **FOIP Statement**

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**DIMENSION THREE:**  
**Domain 3 – Indigenous Families and Traditional Parenting Practices**  
 (Surveys 52 and 53)

<b>Understanding Traditional and Community-Based Parenting Practices</b>				<b>Survey 052</b>
1. I understand how I am related to people in the Indigenous community, such as having knowledge of my family and community history, who my relatives are, and who my extended family is. <sup>(tcp1)</sup>	No understanding <sup>(1)</sup>	Limited understanding <sup>(2)</sup>	Moderate understanding <sup>(3)</sup>	Extensive understanding <sup>(4)</sup>
2. I understand the history and impact of colonization and assimilation on my family and community. <sup>(tcp2)</sup>	No understanding <sup>(1)</sup>	Limited understanding <sup>(2)</sup>	Moderate understanding <sup>(3)</sup>	Extensive understanding <sup>(4)</sup>
3. I understand what community-based childrearing means and why it is important. For example, I understand the family's responsibility to nurture the gifts children bring with them. <sup>(tcp3)</sup>	No understanding <sup>(1)</sup>	Limited understanding <sup>(2)</sup>	Moderate understanding <sup>(3)</sup>	Extensive understanding <sup>(4)</sup>
4. I understand that by carrying on the teachings of the Ancestors there will be an impact on my family and community. <sup>(tcp4)</sup>	No understanding <sup>(1)</sup>	Limited understanding <sup>(2)</sup>	Moderate understanding <sup>(3)</sup>	Extensive understanding <sup>(4)</sup>
5. I understand the use of traditional parenting practices such as the moss bag, naming ceremony, willow teachings, the swing, and nurturing. <sup>(tcp5)</sup>	No understanding <sup>(1)</sup>	Limited understanding <sup>(2)</sup>	Moderate understanding <sup>(3)</sup>	Extensive understanding <sup>(4)</sup>
6. I understand how my love, support, and attention to my children will help with their successful development. <sup>(tcp6)</sup>	No understanding <sup>(1)</sup>	Limited understanding <sup>(2)</sup>	Moderate understanding <sup>(3)</sup>	Extensive understanding <sup>(4)</sup>

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Use of Traditional and Community-Based Practices				Survey 053
1. I use some of the following practices to address family and parenting concerns: sharing circles, teachings, counselling through Elders, or presenting offerings to an Elder in ceremony. <sub>(utcp1)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
2. I feel I can use Indigenous teachings to assist me and my family. Examples include turtle lodge teachings and willow teachings. <sub>(utcp2)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
3. I feel comfortable participating in traditional Indigenous practices with my family to resolve family or parenting issues. Examples include healing or sharing circles. <sub>(utcp3)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
4. I reach out to my extended family for positive support and teachings. <sub>(utcp4)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>

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**DIMENSION THREE:**  
**Domain 4 – Colonization and Healing** (Surveys 54 and 55)

<b>Traditional Healing Practices for Individuals</b>				<b>Survey 054</b>
1. I am positive and hopeful about my future as an Indigenous person. <sub>(thp1)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
2. I feel supported in learning about and exploring the impacts of colonization and assimilation. <sub>(thp2)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
3. I have opportunities to learn about or participate in traditional Indigenous healing practices if I so choose. Examples include medicine wheel teachings, accessing Elders, or ceremony such as a sweat lodge or circle process. <sub>(thp3)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
4. I am encouraged to recognize and use my personal gifts and strengths as part of my healing journey. <sub>(thp4)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>

<b>Understanding the Impact of History as a Part of the Healing Process</b>				<b>Survey 055</b>
1. I understand how colonization and assimilation has impacted me, my family, and my community. Examples include intergenerational trauma, Residential School exposure, and "the 60s Scoop." <sub>(uhhp1)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
2. I understand the impacts of trauma on physical and mental health such as helplessness, anger, shame, anxiety, and substance abuse. <sub>(uhhp2)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
3. I understand how my personal and spiritual gifts, my culture, and my strengths contribute to my personal healing. <sub>(uhhp3)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>

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**DIMENSION THREE:**  
**Domain 5 – Spirituality and Ceremony** (Surveys 56 and 57)

<b>Understanding Ceremony as Healing</b>				<b>Survey 056</b>
1. I understand the importance of Indigenous ceremony and teachings for healing. Examples include smudging, pipe ceremonies, sweat lodge, sun dance, storytelling, and teachings from spiritual stories. <sub>(uch1)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
2. I understand how participation in ceremony contributes to my healing. <sub>(uch2)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
3. I understand how to become involved in ceremony if I choose to do so. <sub>(uch3)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
4. I understand how language and ceremony are connected. <sub>(uch4)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>
5. I understand the importance of generosity, reciprocity, humility, equality, and gratitude for what you have as forms of healing. An example is through a ceremony like giveaway. <sub>(uch5)</sub>	No understanding <sub>(1)</sub>	Limited understanding <sub>(2)</sub>	Moderate understanding <sub>(3)</sub>	Extensive understanding <sub>(4)</sub>

<b>Accessing Ceremony for Healing</b>				<b>Survey 057</b>
1. I have access to Elders and knowledge keepers who can share ceremonial teachings with me. <sub>(ach1)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
2. I have the opportunity to learn about ceremonial protocols. Examples include offering tobacco and cloth. <sub>(ach2)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
3. I have access to ceremonies in the community. <sub>(ach3)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>
4. I have the opportunity to explore what my own spirituality means to me through ceremony. <sub>(ach4)</sub>	Never <sub>(1)</sub>	Seldom <sub>(2)</sub>	Often <sub>(3)</sub>	Always <sub>(4)</sub>

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