

Building a Better Life Questionnaire

Revised: September 2017

Interviewers Checklist

- Explain study for those who arrived after formal introductions
- Use Pictorial guide for Likert Scale questions
- Complete Consent Form
- Place Consent Form in collection envelope
- Place completed questionnaire in collection envelope
- Invite participant to have refreshments

Research Assistant name: _____

Date of data collection: _____

Agency Host: _____



Introduction:

Hello my name is _____. I will be working with you to complete the questionnaire.

If the participant was not present for the formal introduction, please inform them as follows:

Thank you for participating in this important community project. Your feedback is most valuable to help us understand what people need to Build a Better Life. We hope to learn what works well and what is needed for people to belong in their community in ways that help them to improve their lives.

The survey will take about 20 minutes and will be followed by a group discussion. We are also serving refreshments and at the end of the discussion you will receive a \$25 gift card to thank you for your time with us. The discussion will take approximately one hour.

Please read to all participants

Your participation in this study is completely voluntary. If there are any questions you do not wish to answer, just let me know and we can go on to the next question, or you can stop the interview at any time.

Your name will not be attached to any of your answers. The only reason we ask for your name is for your consent to participate and to confirm that you received your/a gift card.

Is it okay for us to begin?

→ Complete Consent Form and place in collection envelope

We will begin with some questions about you and your family.

1. How many years in total have you lived in Edmonton (within Edmonton City limits)? _____

2. How many times have you moved from one residence to another, in the last 12 months? _____

3. In what year were you born (year of birth)? _____

4. What is your gender?

- Female Male

5. What is your current marital status?

- Single, never married Married, not living with partner
 Married/cohabitant, living with partner Separated, divorced, or widowed

6. Do you have any children under 18?

- No (*skip to >>>> Question 7*) Yes ---- How many? _____

6a. Who do they live with? (CHOOSE ALL THAT APPLY)

- With me
 With ex-spouse/partner or current spouse/partner who is not living with me
 With grandparents
 With other relatives
 In foster care
 Other _____

7. What are the top three most important services or sources of help from agencies or government? (READ OPTIONS AND ASK PARTICIPANT TO PICK 3 MOST IMPORTANT).

- Health Services
- Housing support
- Food support (food bank)
- Financial support from the government or charities
- Transportation (free bus tickets, rides to services, funded taxi etc.)
- Child care (subsidy)
- Legal aid
- Settlement services
- Cultural support services
- Other, please specify _____

8. What is your employment status?

- Working full-time
- Working part-time
- Working casual hours
- Seeking employment
- Not seeking employment (*skip to >>>> Question 10*)

9. On average, how many hours a week do you work? _____

10. What is the highest level of schooling you have COMPLETED?

- No schooling completed
- Elementary (Grade 6)
- Junior high school (Grade 9)
- High school (grade 12)
- Some college or university credit (e.g. a certificate)
- College diploma
- Bachelor's degree
- Advanced degree

11. Are you currently attending school?

- No
- Yes part time (*skip to >> Question 13*)
- Yes full time (*skip to >>Question 13*)

12. Are you planning on any further education?

- No Yes (*skip to >> Question 13*) Don't Know (*skip to >> Question 13*)

**12a. Why are you not planning on attending any more school?
(DO NOT read options, SELECT only reported responses)**

- It would be easier to get job training
 Lack of money Other specify _____

13. What is the first language you learned to speak as a child?

- English (*skip to >>Question 15*) French Other specify: _____

14. Do you still speak this language?

- No Yes

15. Are you a veteran?

- No Yes

16. How would you rate your overall health?

- Poor health Somewhat healthy Healthy Excellent Health

17. Have you had a problem with substance abuse in the last 12 months?

- No Yes

18. Do you have a chronic medical condition or any disability?

- No Yes

19. There are many people that go to the Edmonton Public Library (EPL) for additional support. Have you used any of the following EPL resources in the last 12 months? (SELECT ALL THAT APPLY)

- For community outreach help (settlement workers, outreach workers, etc.)
- To borrow books or DVDs including online material
- To use the public computers
- To work or study
- To attend one of the library's programs
- To get help with using computers, or filling out a form
- To get other help in person (like writing a resume etc.)
- No, I have not used EPL for additional services or resources

20. Do you identify as an Indigenous person?

- No (*skip to >>> Question 21*) Yes

20a. Do you know anyone who has attended the residential school system?

- No (*skip to >>>> Question 21*) Yes

20b. Who attended a residential school?

- Myself
 My mother and/or father
 Friends
 Extended relatives
 Other: _____

21. In what country were you born?

- Canada (*skip to >>> Question 22*)
 Other – Please specify _____

21a. What year did you come to Canada? _____

21b. What was your status upon entry into Canada? (READ choices)

- Immigrant - principal applicant (skilled worker, investors)
 Family of a principal applicant (family sponsorship)
 Refugee claimant
 Sponsored refugee (government or privately sponsored)
 Student visa
 Work visa
 Other: _____

21c. In what country do the majority of your family or relatives live? _____

22. Have you ever been homeless in Canada?

- No (*skip to >>> Question 23*) Yes

22a. Do you currently have permanent housing? *Permanent housing is a dwelling that is yours, not a room in an institution or couch surfing.)*

- No Yes

22b. How many times in the last 5 years have you lost your permanent housing? (been homeless for even 1 day) _____

22c. In total, in the past 5 years how many months have you lived without permanent housing? _____

23. How often do you do each of the following?

	Rarely or Never	Several times a year	Monthly	2-3 times per week	Daily
Participate in spiritual/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use the internet for work, school, or personal use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in sports or physical exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in organized activities in my community (e.g. community dinner, round dance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Have you done any unpaid (volunteer work) in the past 12 months?

- No (*skip to >> Question 26*) Yes

25. How often have you volunteered with the following organizations?

	Rarely or Never	Several times a year	Monthly	2-3 times per week	Daily
With community and social services (organizations helping the elderly, young people, disabled, or other people in need)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With education, cultural, sports or professional associations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my place of worship (mosque, temple, synagogue, church, spiritual centre)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing services to newcomers to Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing services to Indigenous people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With other volunteer organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Did you vote in the last federal election in October, 2015 when the Liberals won and Justin Trudeau became Prime Minister? (READ OPTIONS)

- No Yes Not eligible (*skip to >>>>Question 29*)

27. Did you vote in the last provincial election that took place in May 2015 when the NDP won and Rachel Notley became Premier?

- No Yes

28. Did you vote in the last municipal election in October 2013 when Don Iveson won as Mayor?

- No Yes

29. Some people are trusting and others are less likely to trust anyone. Thinking about trust, please tell me about your trust with regard to community agencies and government. The choices are never, sometimes, most of the time, always, and no contact. (DO NOT READ BRACKETED EXAMPLES UNLESS THE PARTICIPANT NEEDS EXAMPLES)

	Never	Sometimes	Most of the time	Always	No Contact
I trust the Alberta government services (such as Alberta Works WCB, Capital Regional Housing, Children's services, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the legal system (such as police, courts, parole board, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust health care professionals (such as physicians dental workers, hospital staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust emergency services (such as fire department, police services, emergency medical staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust community services (such as the Food Bank, Boyle McCauley, Ambrose Place, Edmonton Immigrant Serving Agencies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Now we would like to know about trust and people that you interact with. The choices are never, sometimes, most of the time, and always.

	Never	Sometimes	Most of the time	Always
I trust the people in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust people who work in stores where I shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust people from other cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust people from my culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Now I would like read some statements about feeling connected in your community.

Please tell me how often you feel the following.

	Never	Sometimes	Most of the time	Always
How often do you feel part of a group of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel that you are no longer close to anyone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often can you have company or companionship when you want it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel lonely, even when you are with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. On average, thinking of the people you do not live with, how often in the last 12 months have you had direct face-to-face contact with the following people?

	Rarely or Never	Several times a year	Monthly	2-3 times per week	Daily	NA
Any of your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother or father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A brother, sister, or other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any of your friends or neighbours from <u>your own</u> culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any of your friends or neighbours from <u>another</u> culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Thinking about staying in touch with others, how often in the last 12 months have you had contact with the following people living outside your household by phone, skype, or internet?

	Rarely or Never	Several times a year	Monthly	2-3 times per week	Daily	NA
Any of your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any of your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any brother, sister or other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any of your friends or neighbours from <u>your own</u> culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any of your friends or neighbours from <u>another</u> culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Sometimes we are in a situation where we need support. I will list some situations and please tell me who you would turn to for support. (The choices are family or relative, friend or neighbour, community service provider, government department or organization, no one, and other) (SELECT ALL THAT APPLY)

	Family or relative	Friend or neighbour	Community Service Provider	Government Department	No One	Other (list)
If you need help when you are ill (if you need help with cleaning/cooking/childcare etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
If you need advice about a serious personal or family matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
If you need help looking for a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
If you need help looking for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
If you feel sad and want someone to talk to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
If you urgently need money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

35. The next statements are about how you feel about yourself. Please indicate how often you feel the following:

	Never	Sometimes	Most of the time	Always
I am satisfied with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have many good qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Please indicate how often you have the following feelings.

	Never	Sometimes	Most of the time	Always
I feel cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel active and energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life is interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous and tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Now I will read some statements about how people may feel about their community. Please tell me how often you feel the following ways.

	Never	Sometimes	Most of the time	Always
I feel connected to the community I live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to my family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to others from my culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I belong around the people that I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in events with friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate with people from other cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am free to decide how to live my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to help make my community better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have some influence to make my community better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Discrimination is unjust treatment because of race, age, economic situation, or gender. Have you ever experienced any form of discrimination in Edmonton?

- No (*skip to >>>> Question 39*) Yes

38a. How often do you experience discrimination?

- Rarely or never Weekly
 Several times year Daily
 Monthly

38b. Where did this discrimination occur? (DO NOT read the options, SELECT the choices given)

- Your neighborhood
- With Police
- From people who work in stores you shop
- From people of the same culture
- From your family
- From agencies that provide you with services
- From government agencies
- Other specify: _____

38c. There will be an opportunity to talk about discrimination in the discussion group but could you please tell me briefly about your experience of discrimination?

Finally, we are trying to learn about income differences in the community to learn about challenges people have.

39. In 2016, what was your approximate annual household income? _____

39a. How many people are there in your household? _____

40. Please tell me which sources your household received money from in 2016.

- Employment
- RRSP or other retirement savings
- Government support programs
- Scholarships/Awards
- Personal loans/ student loans
- Other, please specify _____

41. Is there anything else you would like to say?

→ Remember to place completed questionnaire and consent form in collection box immediately & invite participant to have refreshments.