

On-Reserve LMI Pilot Project

Thank you for agreeing to participate!

Please fill out the following information.

We will store any identifying information separately from your survey responses to protect confidentiality

Participant ID#		#
First Name		
Middle Name		
Last Name		
Birthdate	Day:	Month: Year:
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Indigenous Group	<input type="checkbox"/> Status First Nations	<input type="checkbox"/> Non-status First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Not Indigenous
Reserve Status	<input type="checkbox"/> Living on own Reserve	<input type="checkbox"/> Living on another Band's Reserve <input type="checkbox"/> Living off Reserve <input type="checkbox"/> Unspecified
Your Band/Community		
Primary Telephone		
Alternate Telephone		
Email Address		
Mailing Address	Street/PO Box: City/Town: Province: Postal Code:	
Residence Address (if different)	Street/PO Box: City/Town: Province: Postal Code:	

On-Reserve LMI Pilot Project:
PHASE TWO: Labour Market Survey and Skills Inventory Questionnaire

VERSION: SELF-ADMINISTERED – JUNE 2021

*** to be used for participants completing survey by themselves ***

Participant ID #	
Date of Completion	

BLOCK #1: SURVEY INTRODUCTION

- This is an important survey for everyone 15 years of age and older from across the community. It asks questions about your current situation regarding employment, education and work experience.
- The survey is being run by Saugeen First Nation so we can better understand our community members' different skills and knowledge. We ask questions about what you are currently doing, what your past work experience has been, and some of the things you would like to do in the future with respect to training or employment.
- If this is your first time doing the survey, it will take about 30 minutes to complete. If you have previously completed this survey, this is a follow-up to the questionnaire you completed last year. Your responses from last year will be pre-filled, and you just need to update. Next year we will follow up again to update any of your information.
- The information that you report on the survey will remain confidential. This means that only the survey team, staff from Saugeen First Nation and Aboriginal Labour Force Development Circle (ALFDC) will have access to the data that identifies you with your responses.
- Any reports that result from the survey will have the responses grouped together so no one reading the report would be able to identify you or your responses. Overall reports using grouped data will be provided to Employment and Social Development Canada or ESDC.
- Work through the questions in order, but make sure and follow directions to skip questions as directed.
- If you have any questions about the project or how your information will be protected please contact:

*Meaghan Maracle, LMI Survey Coordinator, Aboriginal Labour Force Development Circle
613-771-1627 or lmisurvey@alfdc.on.ca
<http://alfdc.on.ca>*

BLOCK #2: LIVING ON/OFF RESERVE

RESERVESTATUS2:

Are you currently living on reserve?

Yes

Don't know / Not sure

No

Prefer not to answer

BAND_CODE2:

If applicable, what band/community is associated with the reserve you are living on? (In some cases, this may differ from the band/community of which you are a member.)

BLOCK #3: LABOUR MARKET STATUS

LFS_STATUS_00:

In the previous 12 months, did you at any point work at a job or business?

Yes

Don't know / Not sure

No

Prefer not to answer

Many of the following questions concern your activities last week.

By last week, we mean the week beginning on Sunday and ending last Saturday.

LFS_STATUS_01:

Last week, did you work at a job or business? (regardless of the number of hours)

Yes → go to **Block #4**

Don't know / Not sure → go to **Block #6**

No → go to **Block #5**

Prefer not to answer → go to **Block #6**

BLOCK #4: EMPLOYED

The following are questions about the job or business at which you worked the most hours last week.

(If you had multiple jobs, focus on the job where you usually work the most hours)

EMPLOYED_01:

Were you an employee, self-employed or working for a family business?

Employee

Don't know / Not sure

Self-employed

Prefer not to answer

Working in a family business (business owned by you or your relatives)

EMPLOYED_02:

Did you work for a business that you owned?

Yes → go to EMPLOYED_04

Don't know / Not sure → go to EMPLOYED_06

No → go to EMPLOYED_06

Prefer not to answer → go to EMPLOYED_06

EMPLOYED_04:

In your business, did you have any employees from this community working for you last week?

- Yes → go to EMPLOYED_05
- Don't know / Not sure → go to EMPLOYED_06
- No → go to EMPLOYED_06
- Prefer not to answer → go to EMPLOYED_06

EMPLOYED_05:

Including yourself, how many people from the community worked for your business last week?

- # of people:
- Don't know / Not sure → go to EMPLOYED_06
 - Prefer not to answer → go to EMPLOYED_06

EMPLOYED_06:

Is the job you worked at last week permanent, or is there some way that it is not permanent?

(for example: seasonal, temporary, term or casual)

- Yes permanent → go to EMPLOYED_08A
- Don't know / Not sure → go to EMPLOYED_08A
- No not permanent → go to EMPLOYED_07
- Prefer not to answer → go to EMPLOYED_08A

EMPLOYED_07:

In what way is your job not permanent?

- Seasonal job
- Temporary, term or contract job (*non-seasonal*)
- Casual job (*called in when needed; odd jobs*)
- Other – Specify _____
- Don't know / Not sure
- Prefer not to answer

EMPLOYED_08A:

How closely is your current job related to your education, past working experience and skills? Is it...

- Closely related
- Somewhat related
- Not at all related
- Don't know / Not sure
- Prefer not to answer

EMPLOYED_08:

Do you usually work more or less than 30 hours per week?

- 30 or more hours per week → go to **Block #6**
- Don't know / Not sure → go to **Block #6**
- Less than 30 hours per week → go to EMPLOYED_09
- Prefer not to answer → go to **Block #6**

EMPLOYED_09:

What is the main reason you usually work less than 30 hours per week at your main job?

(check one only)

- Own illness or disability
- Caring for own children
- Caring for elder relative (60 years of age or older)
- Other personal or family responsibilities
- Going to school
- Employer doesn't have more work for you
- Couldn't find work for 30+ hours per week
- Other – Specify _____
- Don't know / Not sure
- Prefer not to answer

→ Go to Block #6

BLOCK #5: NOT EMPLOYED

NOT_EMPLOYED_01:

Last week, did you have a job or business from which you were absent?

- Yes → go to NOT_EMPLOYED_02
- No → go to NOT_EMPLOYED_07
- Don't know / Not sure → go to NOT_EMPLOYED_07
- Prefer not to answer → go to NOT_EMPLOYED_07

NOT_EMPLOYED_02:

What was the **main** reason you were absent from work last week? (check one only)

- Own illness or disability
- Caring for own children
- Caring for elder relative (60 years of age or older)
- Maternity or parental leave
- Other personal or family responsibilities
- Vacation
- Labour dispute (strike or lockout)
- Temporary layoff due to business conditions
- Seasonal layoff
- Casual job, no work available
- Work schedule (e.g., shift work)
- Self-employed, no work available
- Seasonal business
- Other – Specify _____
- Don't know / Not sure
- Prefer not to answer

NOT_EMPLOYED_03:

Do you expect to return to that job?

- Yes → go to NOT_EMPLOYED_05
- No → go to Block #6
- Don't know / Not sure → go to Block #6
- Prefer not to answer → go to Block #6

NOT_EMPLOYED_05:

Have you been given any indication that you will be recalled within the next 6 months?

- Yes → go to Block #6
- No → go to Block #6
- Don't know / Not sure → go to Block #6
- Prefer not to answer → go to Block #6

NOT_EMPLOYED_07:

What was the **main** reason you stopped working at your most recent job (or business)? (check one only)

- Not applicable – have never worked at a job or business → go to Block #6
- Own illness or disability
- Caring for own children
- Caring for elder relative (60 years of age or older)
- Pregnancy (Females only)
- Other personal or family responsibilities
- Going to school
- Lost job, laid off or job ended
- Business sold or closed down
- Changed residence
- Dissatisfied with job
- Retired
- Other – Specify _____
- Don't know / Not sure
- Prefer not to answer

NOT_EMPLOYED_08:

Do you expect to return to that job?

- Yes → go to NOT_EMPLOYED_10
- No → go to NOT_EMPLOYED_11
- Don't know / Not sure → go to NOT_EMPLOYED_11
- Prefer not to answer → go to NOT_EMPLOYED_11

NOT_EMPLOYED_10:

Have you been given any indication that you will be recalled within the next 6 months?

- Yes
- No
- Don't know / Not sure
- Prefer not to answer

→ Go to Block 6

BLOCK #6: JOB SEARCH

JOB_SEARCH_01:

At any time in the past 12 months, did you look for a job?

- Yes → go to **JOB_SEARCH_02**
- No → go to → go to **JOB_SEARCH_04**
- Don't know / Not sure → go to **JOB_SEARCH_02**
- Prefer not to answer → go to **JOB_SEARCH_02**

JOB_SEARCH_02:

At any time in the past 4 weeks, did you look for a job?

- Yes
- No
- Don't know / Not sure
- Prefer not to answer

JOB_SEARCH_03:

What did you do to find work in the past 12 months? (check all that apply)

- Public employment agency
- Private employment agency
- Community agency or ASETS/ISET services or support
- Union
- Employers directly
- Friends or relatives
- Placed or answered ads
- Looked at job ads
- Internet searches/Internet/online job sites
- Other – Specify _____
- Don't know / Not sure
- Prefer not to answer

→ Go to Block 7

JOB_SEARCH_04:

What was the main reason you did not look for work in the past 12 months? (check one only)

- Own illness or disability
- Caring for own children
- Caring for elder relative
- Pregnancy (Females only)
- Personal/family responsibilities
- Attending high school
- Attending college
- Attending university
- Attending a training program
- Waiting for recall (to former job)
- Waiting for replies from employers
- Believes no work available or gave up looking
- No reason given
- Retired
- Don't know / Not sure
- Prefer not to answer
- Other – Specify _____

→ Go to Block 7

BLOCK #7: OCCASIONAL / INFORMAL EMPLOYMENT & TRADITIONAL SKILLS RELATED EMPLOYMENT

OCCASIONAL_01:

In the last week, did you have any occasional or informal paid jobs?

(This could include things such as babysitting, cutting grass, cleaning, repairs, paper work, providing advice)

- Yes Don't know / Not sure
 No Prefer not to answer

TRADITIONAL_01:

In the last week, did you work at any traditional skilled jobs that involved formal or informal payment arrangements (cash, trading, exchanging products)?

(This could include things like: fishing, hunting, smoking meats, trapping, guiding, crafts such as beading, tanning leather work, language training or translation, story telling, traditional singing, drumming or dancing)

- Yes Don't know / Not sure
 No Prefer not to answer

BLOCK #8: EDUCATION AND TRAINING

EDUC_TRAIN_01:

Last week, were you attending a school, college or university?

- Yes → go to EDUC_TRAIN_02 Don't know / Not sure → go to EDUC_TRAIN_04
 No → go to EDUC_TRAIN_04 Prefer not to answer → go to EDUC_TRAIN_04

EDUC_TRAIN_02:

Were you enrolled as a full-time or part-time student?

- Full-time Don't know / Not sure
 Part-time Prefer not to answer

EDUC_TRAIN_03:

What kind of school was this?

- Elementary, junior high school, high school or equivalent Apprenticeship/trades
 Community college, junior college, or CEGEP Other – Specify _____
 University Don't know / Not sure
 Private training/certificate institution Prefer not to answer

EDUC_TRAIN_04:

Last week were you participating in any training that involved learning traditional skills?

(This could include things like fishing, hunting, smoking meats, trapping, guiding, crafts such as beading, tanning, leather work, language training or translation, story telling, traditional singing, drumming or dancing)

Yes

No

Don't know / Not sure

Prefer not to answer

EDUC_TRAIN_05:

Last week were you participating in any other form of training, or skills upgrading?

(for example trades or vocational training, courses, life skills training)

Yes

No

Don't know / Not sure

Prefer not to answer

BLOCK #9: LABOUR MARKET STATUS IN PREVIOUS 12 MONTHS

The following questions are about your main activities including your employment status in the previous 12 months, [month X to month X].

LM_STATUS_PREV01:

Starting 12 months ago, please check off for each month what were your main activities and where you were living:

- Don't know / Not sure
- Prefer not to answer

	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021
ACTIVITY (check all that apply)												
Employed/Self-employed full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed/Self-employed part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to school full-time/part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENCE (check all that apply)												
On-reserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-reserve (nearby - within 50km of reserve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-reserve (far away – over 50km away from reserve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK #10: EMPLOYMENT HISTORY QUESTIONS

EMPLOY01:

Have you ever worked at a job or business (regardless of the number of hours)?

- Yes → go to EMPLOYSCRIPT
- Don't know / Not sure → go to Block #11
- No → go to Block #11
- Prefer not to answer → go to Block #11

EMPLOYSCRIPT:

For this next set of questions, there are questions that ask you about your past work experience.

- Think of this as filling out a resume for a future employer, putting the most important work experience first.
- If you have 4 or 5 jobs to highlight, make sure to complete the questions for each job.
- Make sure to include jobs and work experiences that use traditional skills and knowledge.
- What would be the most important work experience you would highlight first if you were filling out a job application or writing a resume?

INSTRUCTIONS

- Complete one job sheet for each important job that you think you would highlight on your CV or resume (up to 5 jobs).
- Not everyone will have 5 important jobs or work experiences – 1 or 2 is ok.

JOB SHEET # 1

EMPLOY01:

For this job we are going to highlight - were you an employee, self-employed or working at odd jobs?

- Employee → go to EMPLOY02
- Self-employed → go to EMPLOY03
- Odd jobs – paid by the job/task or product → go to EMPLOY03
- Working in a family business without pay → go to EMPLOY03
- Other types of employment → Specify _____
- Don't know / Not sure
- Prefer not to answer

EMPLOY02:

Who was your employer (or business that you work for)?

- Don't know / Not sure
- Prefer not to answer

EMPLOY03:

What was your job title?

- Don't know / Not sure
- Prefer not to answer

EMPLOY04:

What were your main duties or work activities or tasks?

- Don't know / Not sure
- Prefer not to answer

EMPLOY05:

How many hours per week did you usually work?

of hours/week:

- Don't know / Not sure
- Prefer not to answer

EMPLOY08:

What month/year did you start this job?

Month _____ Year _____

- Don't know / Not sure
- Prefer not to answer

EMPLOY09:

What year did this job end?

Month _____ Year _____

- Still working at this job
- Don't know / Not sure
- Prefer not to answer

NEXT_SHEET:

is there another job or work experience that you think would be important to highlight to potential employers?

- Yes → go to NEXT JOB SHEET
- No → go to **Block #11**
- Don't know / Not sure → go to **Block #11**
- Prefer not to answer → go to **Block #11**

JOB SHEET # 2

EMPLOY01:

For this job we are going to highlight - were you an employee, self-employed or working at odd jobs?

- Employee → go to EMPLOY02
- Self-employed → go to EMPLOY03
- Odd jobs – paid by the job/task or product → go to EMPLOY03
- Working in a family business without pay → go to EMPLOY03
- Other types of employment → Specify _____
- Don't know / Not sure
- Prefer not to answer

EMPLOY02:

Who was your employer (or business that you work for)?

- Don't know / Not sure
- Prefer not to answer

EMPLOY03:

What was your job title?

- Don't know / Not sure
- Prefer not to answer

EMPLOY04:

What were your main duties or work activities or tasks?

- Don't know / Not sure
- Prefer not to answer

EMPLOY05:

How many hours per week did you usually work?

of hours/week:

- Don't know / Not sure
- Prefer not to answer

EMPLOY08:

What month/year did you start this job?

Month _____ Year _____

- Don't know / Not sure
- Prefer not to answer

EMPLOY09:

What year did this job end?

Month _____ Year _____

- Still working at this job
- Don't know / Not sure
- Prefer not to answer

NEXT_SHEET:

is there another job or work experience that you think would be important to highlight to potential employers?

- Yes → go to NEXT JOB SHEET
- No → go to **Block #11**
- Don't know / Not sure → go to **Block #11**
- Prefer not to answer → go to **Block #11**

JOB SHEET # 3

EMPLOY01:

For this job we are going to highlight - were you an employee, self-employed or working at odd jobs?

- Employee → go to EMPLOY02
- Self-employed → go to EMPLOY03
- Odd jobs – paid by the job/task or product → go to EMPLOY03
- Working in a family business without pay → go to EMPLOY03
- Other types of employment → Specify _____
- Don't know / Not sure
- Prefer not to answer

EMPLOY02:

Who was your employer (or business that you work for)?

- Don't know / Not sure
- Prefer not to answer

EMPLOY03:

What was your job title?

- Don't know / Not sure
- Prefer not to answer

EMPLOY04:

What were your main duties or work activities or tasks?

- Don't know / Not sure
- Prefer not to answer

EMPLOY05:

How many hours per week did you usually work?

of hours/week:

- Don't know / Not sure
- Prefer not to answer

EMPLOY08:

What month/year did you start this job?

Month _____ Year _____

- Don't know / Not sure
- Prefer not to answer

EMPLOY09:

What year did this job end?

Month _____ Year _____

- Still working at this job
- Don't know / Not sure
- Prefer not to answer

NEXT_SHEET:

is there another job or work experience that you think would be important to highlight to potential employers?

- Yes → go to NEXT JOB SHEET
- No → go to **Block #11**
- Don't know / Not sure → go to **Block #11**
- Prefer not to answer → go to **Block #11**

JOB SHEET # 4

EMPLOY01:

For this job we are going to highlight - were you an employee, self-employed or working at odd jobs?

- Employee → go to EMPLOY02
- Self-employed → go to EMPLOY03
- Odd jobs – paid by the job/task or product → go to EMPLOY03
- Working in a family business without pay → go to EMPLOY03
- Other types of employment → Specify _____
- Don't know / Not sure
- Prefer not to answer

EMPLOY02:

Who was your employer (or business that you work for)?

- Don't know / Not sure
- Prefer not to answer

EMPLOY03:

What was your job title?

- Don't know / Not sure
- Prefer not to answer

EMPLOY04:

What were your main duties or work activities or tasks?

- Don't know / Not sure
- Prefer not to answer

EMPLOY05:

How many hours per week did you usually work?

of hours/week:

- Don't know / Not sure
- Prefer not to answer

EMPLOY08:

What month/year did you start this job?

Month _____ Year _____

- Don't know / Not sure
- Prefer not to answer

EMPLOY09:

What year did this job end?

Month _____ Year _____

- Still working at this job
- Don't know / Not sure
- Prefer not to answer

NEXT_SHEET:

is there another job or work experience that you think would be important to highlight to potential employers?

- Yes → go to NEXT JOB SHEET
- Don't know / Not sure → go to **Block #11**
- No → go to **Block #11**
- Prefer not to answer → go to **Block #11**

JOB SHEET # 5

EMPLOY01:

For this job we are going to highlight - were you an employee, self-employed or working at odd jobs?

- Employee → go to EMPLOY02
- Self-employed → go to EMPLOY03
- Odd jobs – paid by the job/task or product → go to EMPLOY03
- Working in a family business without pay → go to EMPLOY03
- Other types of employment → Specify _____
- Don't know / Not sure
- Prefer not to answer

EMPLOY02:

Who was your employer (or business that you work for)?

- Don't know / Not sure
- Prefer not to answer

EMPLOY03:

What was your job title?

- Don't know / Not sure
- Prefer not to answer

EMPLOY04:

What were your main duties or work activities or tasks?

- Don't know / Not sure
- Prefer not to answer

EMPLOY05:

How many hours per week did you usually work?

of hours/week:

- Don't know / Not sure
- Prefer not to answer

EMPLOY08:

What month/year did you start this job?

Month _____ Year _____

- Don't know / Not sure
- Prefer not to answer

EMPLOY09:

What year did this job end?

Month _____ Year _____

- Still working at this job
- Don't know / Not sure
- Prefer not to answer

NEXT_SHEET:

is there another job or work experience that you think would be important to highlight to potential employers?

- Yes → go to NEXT JOB SHEET
- No → go to **Block #11**
- Don't know / Not sure → go to **Block #11**
- Prefer not to answer → go to **Block #11**

BLOCK #11: VOLUNTEERING AND GIVING BACK TO COMMUNITY EXPERIENCE QUESTIONS

Screening for this Block

VOL01:

Is there any experience that you have helping others in the community or volunteering that has provided work experience or skills you think we should include?

For example: teaching children, helping out on hunts, assisting at the Band Office, sitting on a committee, helping Elders in the community, or assisting at a community event (bingo, feast, pow-wow, celebration).

- Yes → go to **Table Below**
 Don't know / Not sure → go to **Block #12**
 No → go to **Block #12**
 Prefer not to answer → go to **Block #12**

Where/Who you helped	Tasks or Activities you did

BLOCK #12: EDUCATION AND TRAINING QUESTIONS

EDUC01:

What is the highest level of education you have completed? *(check one only)*

- | | |
|--|---|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma |
| <input type="checkbox"/> Up to Grade 7-8 (Sec I = Grade 8) | <input type="checkbox"/> University certificate or diploma |
| <input type="checkbox"/> Grade 9-10 (Sec II-III) | <input type="checkbox"/> University - Bachelor's Degree |
| <input type="checkbox"/> Grade 11-12 (Sec IV-V) | <input type="checkbox"/> University - Master's Degree |
| <input type="checkbox"/> Secondary School / High School Diploma or GED | <input type="checkbox"/> University – Doctorate |
| <input type="checkbox"/> Some post-secondary training | <input type="checkbox"/> Don't know / Not sure |
| <input type="checkbox"/> Apprenticeship, or trades certificate, or diploma | <input type="checkbox"/> Prefer not to answer |

EDUC03: **Answer this question only if you have graduated from high school**

From what school or educational institution did you receive your high school diploma or GED?

- Don't know / Not sure
 Prefer not to answer

EDUC04: **Answer this question only if you have graduated from high school**

In what year did you obtain high school diploma or GED?

- Don't know / Not sure
 Prefer not to answer

EDUC05: **Ask this question only if you have more than high school**

Other than primary school or high school, have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

- | | |
|---|--|
| <input type="checkbox"/> Yes → go to Education Table | <input type="checkbox"/> Don't know / Not sure → go to EDUC11 |
| <input type="checkbox"/> No → go to EDUC11 | <input type="checkbox"/> Prefer not to answer → go to EDUC11 |

Education Table

I am going to ask you some questions about your education experiences since high school, including any programs that you might be taking now. I will ask you about:

- The names and types of educational institutions have you attended or are currently attending (including online courses)
- The programs that you have taken or are currently taking
- Whether or not you have received a certificate or degree

Name of Institution:	Certificate/Degree obtained:
Type of Institution	<input type="checkbox"/> Currently enrolled; not yet graduated <input type="checkbox"/> Left without receiving certificate/degree <input type="checkbox"/> Upgrading - No postsecondary degree, certificate or diploma received <input type="checkbox"/> Trade certificate or diploma from a vocational school or apprenticeship training <input type="checkbox"/> Certificate or diploma from a community college, CEGEP, school of nursing, etc. <input type="checkbox"/> University certificate below bachelor's level <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> University degree or certificate above bachelor's degree
<input type="checkbox"/> High school or adult education at the high school level <input type="checkbox"/> Community college or institute of applied arts and technology <input type="checkbox"/> Business or commercial school <input type="checkbox"/> Apprenticeship program, trade or vocational school <input type="checkbox"/> CEGEP <input type="checkbox"/> University	
Program Name:	Year Certificate/Degree obtained:

Name of Institution:	Certificate/Degree obtained:
Type of Institution	<input type="checkbox"/> Currently enrolled; not yet graduated <input type="checkbox"/> Left without receiving certificate/degree <input type="checkbox"/> Upgrading - No postsecondary degree, certificate or diploma received <input type="checkbox"/> Trade certificate or diploma from a vocational school or apprenticeship training <input type="checkbox"/> Certificate or diploma from a community college, CEGEP, school of nursing, etc. <input type="checkbox"/> University certificate below bachelor's level <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> University degree or certificate above bachelor's degree
<input type="checkbox"/> High school or adult education at the high school level <input type="checkbox"/> Community college or institute of applied arts and technology <input type="checkbox"/> Business or commercial school <input type="checkbox"/> Apprenticeship program, trade or vocational school <input type="checkbox"/> CEGEP <input type="checkbox"/> University	
Program Name:	Year Certificate/Degree obtained:

Name of Institution:	Certificate/Degree obtained:
Type of Institution	<input type="checkbox"/> Currently enrolled; not yet graduated <input type="checkbox"/> Left without receiving certificate/degree <input type="checkbox"/> Upgrading - No postsecondary degree, certificate or diploma received <input type="checkbox"/> Trade certificate or diploma from a vocational school or apprenticeship training <input type="checkbox"/> Certificate or diploma from a community college, CEGEP, school of nursing, etc. <input type="checkbox"/> University certificate below bachelor's level <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> University degree or certificate above bachelor's degree
<input type="checkbox"/> High school or adult education at the high school level <input type="checkbox"/> Community college or institute of applied arts and technology <input type="checkbox"/> Business or commercial school <input type="checkbox"/> Apprenticeship program, trade or vocational school <input type="checkbox"/> CEGEP <input type="checkbox"/> University	
Program Name:	Year Certificate/Degree obtained:

EDUC11_A:

Do you have a valid driver’s license?

- Yes → go to EDUC11_C
- No → go to EDUC11_B
- Don’t know / Not sure → go to EDUC11_B
- Prefer not to answer → go to EDUC11_B

EDUC11_B:

Have you ever had a valid driver’s license?

- No → go to EDUC11_C
- Yes, it has expired → go to EDUC11_C
- Yes, it has been suspended → go to EDUC11_C
- Don’t know / Not sure → go to EDUC11_C
- Prefer not to answer → go to EDUC11_C

EDUC11_C:

What type of valid driver’s license do you or did you have?

- Don’t know / Not sure
- Prefer not to answer

EDUC11:

Do you have any other licenses or certificates that you would like to highlight?

(For example, a driver’s license, WHMIS, HACCP, First Aid/CPR, forklift certificate)

- Yes → go to **Table below**
- No → go to EDUC11_D
- Don’t know / Not sure → go to EDUC11_D
- Prefer not to answer → go to EDUC11_D

Type of Certificate	Organization or Institution where obtained

EDUC11_D:

Are you a member of a union?

- No
- Yes – Which union? _____
- Don’t know / Not sure
- Prefer not to answer

EDUC12:

Is there any other training or courses that you have completed that you think would be important to highlight?

- Yes → go to **Table below**
- No → go to **Block #13**
- Don’t know / Not sure → go to **Block #13**
- Prefer not to answer → go to **Block #13**

Type of Training/Course	Organization providing Training/Course	Year Completed

→ Go to Block 13

BLOCK # 13: SKILLS QUESTIONS

SKILL10:

This section is to identify any other important skills that you have that you would highlight to potential employers. Do you have any skills in any of the following areas?

Skill Area	Specify Skills
<i>A</i> Hunting, fishing and/or trapping	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>B</i> Identification and harvesting of local plants	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>C</i> Cooking, preparation and/or preservation of food	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>D</i> Navigation and guiding	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>E</i> Use of boats, snowmobiles, ATVs	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>F</i> Repairing appliance, small engines, motors	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>G</i> Crafts and arts (carving, beading, sewing, painting, drawing, photography, etc.)	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>H</i> Building/constructing	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>I</i> Teaching, mentoring, coaching	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>J</i> Outdoor maintenance (grass cutting, gardening, firewood cutting)	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>K</i> Indoor maintenance (cleaning, small repairs, etc.)	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>L</i> Story telling, writing stories, poems, songs	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>M</i> Music, playing instruments, dancing	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>N</i> Sports, athletics	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>O</i> Typing, word processing, using software (spreadsheets, documents)	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>P</i> Computer programming, creating apps	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>Q</i> Computer gaming	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>R</i> Using Social media (<i>Instagram, Facebook</i>, etc)	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>S</i> Communications, making presentations	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<i>T</i> Other:	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No

Skill Area

Specify Skills

BLOCK #14: CURRENT EMPLOYMENT SITUATION, INTERESTS AND PLANS

INTEREST01:

At this point, **how interested** are you in exploring (other) employment opportunities or looking for (other) jobs?

- Very interested → go to INTEREST4
- Somewhat interested → go to INTEREST4
- Not interested → go to INTEREST2
- Don't know / Not sure → go to INTEREST3
- Prefer not to answer → go to INTEREST3

INTEREST3:

Do you think you will be interested in exploring other employment opportunities or looking for other jobs within the next 12 months?

- Yes
- Maybe
- No → go to INTEREST5
- Don't know / Not sure → go to INTEREST5
- Prefer not to answer → go to INTEREST5

INTEREST4:

At this point, what type of job or employment opportunity would really interest you?

(Try to be as specific as possible including job, employer(type) and sector if possible)

INTEREST4A:

What hourly wage would you expect for this type of job or employment opportunity?

\$ per hour: \$

- Don't know / Not sure
- Prefer not to answer

INTEREST5:

Would you be interested in being notified of any job opportunities that match your skills and areas of interest?

- Yes
- Maybe
- No
- Don't know / Not sure
- Prefer not to answer

INTEREST5A:

Would you be interested in receiving **email notices** with job opportunities in your area that match your skills and areas of interest?

- Yes
- No
- Don't know / Not sure
- Prefer not to answer

INTEREST5B:

Would you be interested in making your contact information (name, email, phone number) and résumé information (work experience and skills) available to potential employers so they can contact you directly if they have job opportunities that match your skills and areas of interest?

- Yes
- No

- Don't know / Not sure
- Prefer not to answer

INTEREST8:

Do you have any plans to return to an educational institution within the upcoming 12 months?

- Yes
- No → go to INTEREST10
- Don't know / Not sure → go to INTEREST10
- Prefer not to answer → go to INTEREST10

INTEREST9:

What program at what institution do you plan to attend?

- Don't know / Not sure
- Prefer not to answer

INTEREST10:

Are you interested in taking any other types of training or certification?

- Yes
- No → go to INTEREST12
- Don't know / Not sure → go to INTEREST12
- Prefer not to answer → go to INTEREST12

INTEREST11:

What areas of training most interest you at this stage?

- Don't know / Not sure
- Prefer not to answer

INTEREST12:

The following are important challenges that some people encounter or face when trying to get jobs or participate in training. Please indicate how much of a challenge any of these have been for you over the past 12 months.

Type of Challenge	Large Challenge	Medium Challenge	Small Challenge	No Challenge
a) Challenges finding and getting a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Challenges keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Challenges finding appropriate training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Challenges staying in training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Not having enough work experience to get a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Not having the skills that employers are looking for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Not having enough or right type of education/training to get a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Not having education requirements for training or education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Living in a community that is far away from jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Living in a community that is far away from training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Challenges getting to and from work or training (transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Challenges speaking language used at work or training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Challenges finding money needed to apply for jobs and go to interviews (e.g., clothing, transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Challenges finding money needed for training program (e.g., tuition, accommodation, clothing, transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Looking after people who are dependent (e.g., children, parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Challenges with physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Challenges with emotional or mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Challenges with substance use or addictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Other challenges: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTEREST13:

The following question is about difficulties a person may have doing certain activities. Only difficulties or long-term conditions that have lasted or are expected to last for six months or more should be considered.

Type of Difficulty	No	Sometimes	Often	Always
a) difficulty seeing (even when wearing glasses or contact lenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) difficulty hearing (even when using a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) difficulty walking, using stairs, using hands or fingers or doing other physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) difficulties learning, remembering or concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) emotional, psychological or mental health conditions (e.g., anxiety, depression, bipolar disorder, substance abuse, anorexia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) other health problem or long-term condition that has lasted or is expected to last six months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTEREST14:

Do you consider yourself to be a person with a disability?

- Yes
 Don't know / Not sure
 No
 Prefer not to answer

BLOCK #15: INCOME

INCOME_00:

Which of the following were the main sources of personal income for you in the previous 12 months?

(Indicate the main sources – check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employment income (e.g., salary, wages, self-employed) | <input type="checkbox"/> Other – Specify _____ |
| <input type="checkbox"/> Employment Insurance (EI) | <input type="checkbox"/> Don't know / Not sure |
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Funding for school tuition/living allowance | |
| <input type="checkbox"/> Disability Pension | |
| <input type="checkbox"/> Bursaries / Scholarships | |
| <input type="checkbox"/> Retirement Pension Income | |

INCOME_01: ****The following question is optional****

What is your best estimate of your total personal income, before taxes and deductions, from all sources in the previous 12 months?

Was it... ?

- | | |
|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$70,000 to less than \$80,000 |
| <input type="checkbox"/> \$10,000 to less than \$20,000 | <input type="checkbox"/> \$80,000 to less than \$90,000 |
| <input type="checkbox"/> \$20,000 to less than \$30,000 | <input type="checkbox"/> \$90,000 to less than \$100,000 |
| <input type="checkbox"/> \$30,000 to less than \$40,000 | <input type="checkbox"/> \$100,000 and over |
| <input type="checkbox"/> \$40,000 to less than \$50,000 | <input type="checkbox"/> Not sure / Don't know |
| <input type="checkbox"/> \$50,000 to less than \$60,000 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$60,000 to less than \$70,000 | |

COVID-19 QUESTIONS

IMPACTS_01:

Were you employed or looking for work at any time from March 2020 until now?

- Yes → go to IMPACTS_02
- No → go to IMPACTS_05
- Not sure / Don't know → go to IMPACTS_05
- Prefer not to answer → go to IMPACTS_05

IMPACTS_02:

Has COVID-19 changed your employment/job situation or job search from March 2020 until now?

- Yes → go to IMPACTS_03
- No → go to IMPACTS_05
- Not sure / Don't know → go to IMPACTS_05
- Prefer not to answer → go to IMPACTS_05

IMPACTS_03:

What were these changes?

(check all that apply)

- I permanently lost a job or source of income
- I temporarily lost a job or source of income (laid off or could not leave community/ travel to work)
- My employment income was lower
- My employment income was higher
- I was required to work from home
- It became harder to find a job
- Other changes to employment/work/job search: (specify) _____
- Not sure / Don't know
- Prefer not to answer

IMPACTS_04:

To the best of your knowledge, what were the reasons for these changes?

(check all that apply)

- Employer closed business permanently
- Employer closed business temporarily
- Employer decreased number of employees/decreased salary/hours/shifts
- Employer increased number of employees/salary/hours/shifts
- I left a job because I felt the working conditions were unsafe
- Employer allowed me to work at home to reduce health and safety risks
- There were fewer employment opportunities
- I was required to work from home but it was not possible for me to do this
- I was able to find a better job
- New employment opportunities to produce or provide COVID-19 related services and products
- Limited access to childcare/had to care for dependents
- Could not leave the community/travel restrictions (including travel with others)
- Other reasons: (specify) _____
- Not sure / Don't know
- Prefer not to answer

IMPACTS_05:

Has COVID-19 had any impacts on your training or education activities or plans?

- Yes → go to [IMPACTS_06](#)
- No → go to [IMPACTS_08](#)
- Not sure / Don't know → go to [IMPACTS_08](#)
- Prefer not to answer → go to [IMPACTS_08](#)

IMPACTS_06:

How has COVID-19 affected your training or education?

(check all that apply)

- I discontinued/stopped my training/education
- I delayed starting my training/education
- My training/education courses were cancelled
- Training or education courses were shifted to online or distance learning
- Due to changes in employment and employment opportunities I decided to start training or education courses

- Other impacts on training/education: (specify) _____
- Not sure / Don't know
- Prefer not to answer

IMPACTS_07:

What challenges do you face in working from home or using online learning in the context of the COVID-19 pandemic?

(check all that apply)

- No challenges
- Not applicable – was not employed, in training or in an education program
- Remote / telework is not an option for me (I work in retail, restauration, public health...)
- Limited computer skills
- High cost of data or connecting to the internet
- No connection to internet
- High speed internet is not available
- Computer availability is limited/have to share a computer
- Access to a suitable work space
- Access to daycare
- Online learning is not available
- Other challenges: (specify) _____
- Not sure / Don't know
- Prefer not to answer

IMPACTS_08:

Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or loan payments, utilities and groceries?

- Major impact
- Moderate impact
- Minor impact
- No impact
- Too soon to tell
- Not sure / Don't know
- Prefer not to answer

IMPACTS_09:

Which of the following best describes the impact of COVID-19 on your ability to participate in traditional events and gatherings in the community?

- Major impact
- Moderate impact
- Minor impact
- No impact
- Too soon to tell
- Not sure / Don't know
- Prefer not to answer

END OF SURVEY

Thank you very much for participating.

Please return your completed questionnaire as soon as possible.

We will be in touch next year with a follow-up survey that will be much shorter.