

## QUESTIONNAIRE

**NAME (First, Middle, Last):** \_\_\_\_\_

**OTHER NAMES:** by which  
you have been known  
(include different spellings) \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**WHERE WERE YOU BORN:** \_\_\_\_\_

**HEALTH CARE NUMBER:** \_\_\_\_\_

**S.I.N. NUMBER:** \_\_\_\_\_

**I.D. NUMBER:** \_\_\_\_\_

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### **RESIDENTIAL SCHOOL YEARS**

1. List the name(s) of the residential school or schools that you attended and indicate what years you were there.

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2. Please indicate if you lived in a hostel/dormitory or at home during for each residential school you attended. If you lived in a hostel/dormitory, what was the name of it?

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3. Have you received the Common Experience Payment for attending residential school?

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4. Do you have any current health conditions that a doctor's certificate would state your health is failing? (so that waiting any longer may prevent you from taking part in a hearing)

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5. Who worked at the residential school(s) where you were abused and what were their roles? (ie: Administrators, teachers, cooks, etc.)

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**ABUSE** - The following pertains to abuse suffered at the hands of persons in authority or by another student.

6. Did you suffer any physical or sexual abuse at the school? If so, what was the name of the person that abused you and his or her position in the school? (ie: teacher, supervisor, student). Where did the abuse take place?

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7. Did the abuse cause any physical injuries (ie. scars, broken bones, loss of consciousness)? If so, did you receive any treatment or medical care for these injuries? When did this happen, who provided treatment and where was treatment given?

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8. Did any other students witness the abuse? What are their names and addresses if you know?

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9. Did you ever tell anyone about the abuse? Who did you tell and when did you tell that person? If you did not report the abuse, why didn't you?

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10. When did the abuse take place (your age or years at school)? How many times did it happen?

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11. Did you or someone on your behalf make any complaint about your treatment at the school to any School authority or R.C.M.P? If so, who made the complaint, who was the complaint made to and when was the complaint made?

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12. In the residential school(s) you were abused please describe the buildings and living conditions (ie: sleeping, privacy, chores, etc.)

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**POST RESIDENTIAL SCHOOL**

13. Please list every school that you have attended during your life. This includes elementary, high schools, continuing education, up-grading, post secondary education or job training you've taken. Please fill in the table below indicating the name of the course, location of the course.

School, college, university or training facility attended	Location of Facility	Name of Course	Approximate Dates From/To		Level reached (degree, diploma or certificate) or state if you quit

14. This section deals with the kinds of jobs or positions you have held. Please give details of your work history, whether it was paid or volunteer. For the times you were not employed, describe your activities or write "unemployed".

Name of employer and job title.	Approximate Dates From/To		Income earned (Show if weekly, monthly, yearly)	Reason(s) why you changed jobs, left this work, or unemployed

**RECORDS INFORMATION**

15. Please fill in the following tables with as much information as you can. This will assist us greatly in obtaining the correct records.

**Counseling Records – Drug, Alcohol, Emotional, Traditional**

Facility	Location	Date	Counselor

**Hospital or Clinic Records – Family doctor, emergency doctor, other clinics**

<b>Facility</b>	<b>Location</b>	<b>Date</b>	<b>Doctor</b>	<b>Reason</b>

**Workers Compensation Claims**

<b>Province Claim was made in</b>	<b>Date of Claim</b>

**Criminal Record – all criminal activity, including criminal acts not detected by police and any arrests, even if not charged.**

<b>Charge</b>	<b>Conviction Date/Location</b>	<b>Correction Facility Provincial/Federal Date/Location</b>	<b>Probation/Parole Date/Location</b>

**To assist with your document collection, please provide the names of your**

**Sisters & Brothers:** \_\_\_\_\_

\_\_\_\_\_

**Spouses, Common-law partners, and/or previous relationships:** \_\_\_\_\_

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16. Depression, Anxiety or Post Traumatic Stress Disorder? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe. Were you ever diagnosed by a doctor?

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17. Marital or Relationship problems or breakdown Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe your current relationship and how many marriages or relationships you've had. Please describe the types of problems

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18. Inability to form or maintain relationships Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe

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19. Feelings of shame or guilt Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe

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20. Leaving home at an early age Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain why you left home, how old you were and when and where you went.

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