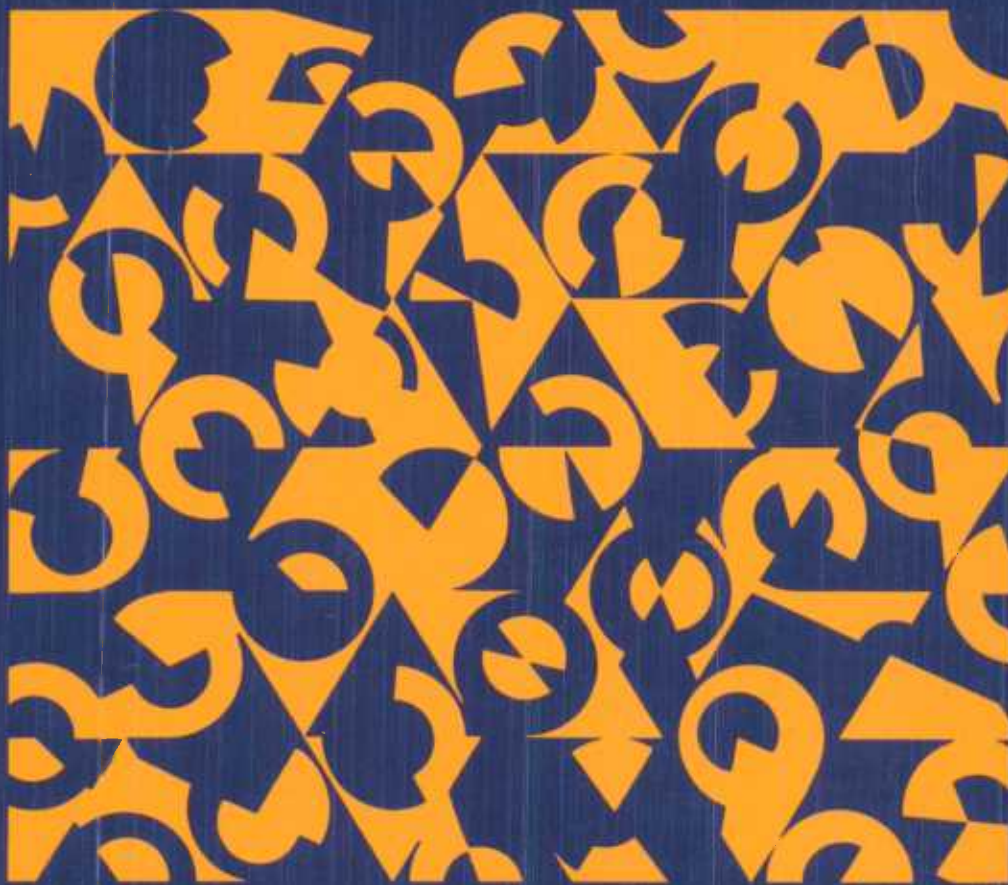




Statistics Canada Statistique Canada

Overview of Special Surveys 1983



conducted by the
Household Surveys Division of Statistics Canada

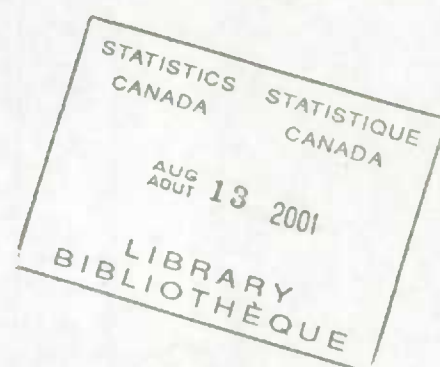
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Canada

Overview of Special Surveys 1983



conducted by the
Special Surveys Group of
the Household Surveys Division,
Statistics Canada

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1.1 INTRODUCTION

This report provides an overview of the Special Surveys capacity of the Household Surveys Division of Statistics Canada and focuses specifically on the operation as a potential source of national and provincial data. Section 2 highlights the overall mandate for the conduct of Special Surveys, while Section 3 outlines available survey capacities. Appendix A of this report contains an overview of each of the surveys conducted during the period January, 1983 to December, 1983.

Further information on the survey activities of the Household Surveys Division is available by contacting R. Ryan, Director, Household Surveys Division, 6th Floor, Jean Talon Building, Tunney's Pasture, Ottawa, Ontario, K1A 0T6. Telephone Number is (613) 990-0098.

2.1 DESCRIPTION OF SPECIAL SURVEY SERVICES OFFERED BY THE HOUSEHOLD
SURVEYS DIVISION (H.S.D.)

Resident within the Social, Labour and Institutions Statistics Field of Statistics Canada is a group of survey design and implementation specialists whose mandate is to manage surveys of a 'special' nature providing data not usually produced as part of the national program for major statistical series. These surveys, in most cases, are directed towards particular and immediate policy issues and are carried out for sponsors on a cost recovery basis. 'Manage' as mentioned above includes by definition a wide range of resource inputs and hence an equally wide range of potential outputs. Expertise on survey design, methodology, project management, field collection and data processing is amassed and co-ordinated by the group. This group, therefore, is able to provide outputs related to the design and implementation of full survey programs as well as tailored outputs for specific users related to any of the components in the overall survey process. All services are provided on a cost-recovery basis.

Co-locating with the special surveys staff are survey and sampling methodologists who not only play a key role in the survey design and implementation process offered by the Group but also offer on a cost recovery basis, services on specific sample design and selection strategies. These services are available by contacting the H.S.D. or calling or writing directly to Mr. M. Nargundkar at the address given on Page 1.

The term 'special' generally refers to the ad hoc or user specific character of the projects carried. The surveys are directed at data production of a special interest which are not normally produced as part of the national statistical program of Statistics Canada. The surveys are also special in that they provide information that cannot be easily obtained elsewhere. For example, for large surveys (producing small area estimates) or surveys where it is necessary to tie into other bureau data (supplements to the ongoing Labour Force Survey), the group may indeed be the only organization capable of performing the work.

3.1 SURVEY CAPACITIES

The Household Surveys Division (H.S.D.) has several survey capacities ranging from totally independent frames tailor made to specification, to existing sample frames such as the Labour Force Survey (LFS). For several reasons, including the size and range of possible samples, the relative cost-efficiency and the availability of socio-economic and demographic data, the L.F.S. provides the richest capacity. Because of its importance and relative role in the H.S.D. activities, a brief description of the survey itself and the options associated with the L.F.S. will follow. A brief description of other capacities is presented in Section 3.2.

While the H.S.D. can and has provided total survey designs to meet special survey interests, the ability to utilize the ongoing Labour Force Survey (LFS) vehicle provides one of the richest survey capacities. The brief description of the LFS which follows will provide the necessary perspective for discussion of the various survey options associated with this capacity.

(For a more detailed description of the Labour Force Survey vehicle, see Guide to Labour Force Survey Data, Statistics Canada Catalogue No. 71-528 Occasional.)

A. Survey Coverage

The LFS is a monthly household survey carried out by 1000 Statistics Canada interviewers throughout the country. Approximately 98% of the population 15 years of age and over is covered in the survey.

Excluded are populations in the Yukon and Northwest Territories, resident of Indian reserves, full-time members of the Canadian Armed Forces, and inmates of institutions. The exclusions of the populations of the Yukon, Northwest Territories and Indian reserves are based on both operational and statistical considerations, namely the difficulties involved in carrying out monthly surveys in such areas and the general inapplicability of the survey concepts and definitions to the measurement of labour market conditions in northern and isolated reserve communities. The exclusion of inmates of institutions and full-time members of the Canadian Armed Forces is not based on operational reasons, but rather because they are considered to exist outside the labour market to which the survey applies.

B. Sample Design

The selection of households for the sample is done on the basis of area sampling, using a stratified, multi-stage probability sample design*. Put simply, each province is divided into progressively

* See Methodology of the Canadian Labour Force Survey, 1976, Statistics Canada, Catalogue No. 71-526, for a more thorough discussion of sampling and related issues.

smaller representative units. Then a statistical selection (based on probability proportional to population size) is made of the areas to be included in the sample, followed by (systematic) selection of the dwellings. The term 'dwelling' refers to the selected living quarters while the term 'household' is applied to the person or persons occupying a dwelling. The distinction is important because it is the dwelling, and not the household, that is the final step in sample selection.

Each dwelling is retained in the sample for six consecutive months, and no substitution of dwellings takes place in event that information cannot be obtained for one of the sample units. Should household composition change during the course of the six months -- for example, one family leaving and another family moving in -- the new household members are included in the sample for the remainder of the six month period, replacing those who left.

The rotation of dwellings in the sample is carried out so that one-sixth of the sample is changed each month, i.e., one-sixth of the dwellings (those which have been included for six months) are replaced by others in the same or similar area. The six-month rotation period provides major operational and statistical advantages, particularly in terms of survey costs and timeliness, and has a definite statistical impact as well. It is therefore possible to conduct representative supplementary surveys using from one to five rotation groups depending on the cost/sample size trade-off involved in satisfying statistical data requirements. "Rotates in",

that is, persons in their first month are excluded from supplementary surveys.

By retaining households for six months, the costs of sample selection are also reduced. A further cost reduction for the Labour Force Survey is effected by asking demographic questions only once, at the time of the first interview (for example, name, age, sex, marital status, relationship to family head and educational attainment). This information is preprinted on the survey forms for subsequent interviews and is not altered unless there is a change in household composition.

At present some 53,000 households are included in the sample and allocated in a fashion which permits publication of estimates of selected Labour Force variables for all provinces. Of course, the estimates vary substantially in terms of their 'reliability' (sampling variability) due to the considerable differences which exist between provinces in terms of population size, sample size, and frequency of occurrence of the characteristics being measured. It is also possible that given the sample size and sample design, estimates for major characteristics can be produced for the economic regions (or groups of regions) which lies within provinces, or in some cases, for areas comprised of complete strata or major metropolitan areas within various economic regions.*

* See The Labour Force (Statistics Canada Cat. No. 71-001) for maps and tables describing economic regions.

C. Survey Reference Period and Data Collection Procedures

The Labour Force Survey (LFS) data in general refer to a particular week in the month, normally the week containing the 15th day. In analysing the data, it is important to consider the reference dates, particularly when comparisons are being made with data from other sources.

One aspect of data collection which should be borne in mind in the interpretation of some types of data is proxy response, i.e., the collection of information from one member of the household pertaining to all other household members. Given the high cost and extended time periods which would be involved in the repeated visits necessary to obtain information directly from each respondent, interviewers normally obtain all the data from one 'responsible' member of the household. The result is that proxy response accounts for roughly 55 per cent of the data collected.

D. Supplements to the Labour Force Survey

Depending on the length and complexity of the survey, one or more of three possible data collection methodologies can be employed.

The most common method is a personal telephone interview completed at the time of the regular labour force survey enumeration. Generally, one page of additional questions can be accommodated using this approach. These single page supplements can accommodate from 15 to



25 questions. Surveys of this type must be simple, straight-forward and therefore capable of bearing the approximately 55 percent proxy response associated with the main vehicle. In this way, only marginal costs are charged for questionnaire completion. Again, since the labour force is conducted to a large extent on the telephone, supplements which utilize this methodology must be of such a nature as not to require direct, personal contact for successful completion.

As was noted earlier, each rotation group provides an independent sample capable of producing representative statistics for Canada and each of its provinces. Depending on the level of reliability necessary to satisfy statistical requirements, from one to five groups can be used to provide supplementary survey estimates. Provincial LFS samples are also structured so as to produce representative estimates for provincial characteristics. The amount of data capable of being produced is a function both of the sub-populations being measured and the provincial sampling ratios. It should also be noted that response rates of 95% or better can be expected for personal telephone interview supplements done at the time of the ongoing L.F.S.

When surveys are large and complex and require self-enumeration (i.e., are not capable of bearing the proxy response inherent in the main frame), a separate multi-page questionnaire may be prepared for mail out or drop-off to respondents at the time of the regular labour force interview.

For telephone respondent households, arrangements are made for the enumerator to deliver or mail the documents. Documents are picked up or are returned by mail. It should be noted that costs vary not only by sample size but by subject-matter content as well. Response rates of over 80% can be expected on most respondent completed surveys.

In certain circumstances, the L.F.S. Household Record Docket is capable of being used to ask questions or as a screening mechanism for isolating specific, identifiable populations. Item 50 on the docket is used for recording the answers to about five very brief and straightforward inquiries.

New entrants to the labour force are not asked to complete supplementary surveys given the time consuming interview workload already required at first interview.

3.2 OTHER CAPACITIES

While the ongoing L.F.S. provides a cost efficient capacity for many surveys, there are certain topics or certain survey designs that cannot be addressed using this methodology.

In order to fill this gap the H.S.D. has developed a system for drawing representative samples using the technique of Random Digit Dialing (R.D.D.). The universal coverage of the telephone for personal use (about 98% of households in urban areas and 95% in rural areas) makes it possible to draw efficient samples which can represent Canada, the provinces or specific sub-provincial areas such as metropolitan areas. As well as its use as a sampling frame the telephone has been effectively used as a data collection technique providing reliable data at reasonable cost.

The sampling technique currently employed is a two-stage cluster sampling technique whereby banks of 100 consecutive telephone numbers are considered as clusters.

At the first stage, area code-prefix- bank combinations are randomly selected from among all area code-prefix-bank combinations in the survey area and a two-digit random number is appended to these combinations resulting in a sample of 10-digit "primary" telephone numbers.

Next these numbers are called to determine whether or not they reach a household. Those that do not reach a household (i.e. are not assigned for use, reach a business, institution, etc.) are dropped from further consideration.

Finally for those that reach a household, additional numbers referred to as secondary numbers and generated within the same bank (the first 8-digit combinations) and these numbers are also called to determine whether or not they reach a household.

Secondary numbers are generated on a continuing basis until (i) a pre-specified number of households are reached in a retained primary bank or (ii) the bank is exhausted, or (iii) the survey period ends. Interviews are conducted with all primary and secondary households reached.

This method produces a relatively high productivity rate; however, it requires close liaison between the sampling and interviewing operations. There are three components of the sampling operation:

- 1) A manual containing procedures for the regional office personnel.
- 2) The data capture and sample production software.
- 3) A progress report which provides frequent reports on the status of the survey.

Response rates for RDD surveys tend to be slightly lower than a similar survey conducted by personal visit. H.S.D. experience shows, however, that excellent response rates can be achieved. The response rates have varied from about 80% to as high as 90%. The success of a particular survey varies depending on the subject matter of the survey and the amount of training that interviewers receive.

For survey designs aimed at producing data for a select sub-population and where general area sampling frames like the L.F.S. and R.D.D. are not efficient, the SSG has used other sources such as administrative lists or the census to draw special samples.

While it is difficult to provide even crude cost estimates for surveys carried out using such capacities without specific design specifications, information on the criteria for assessing data requirements as well as the strategies for meeting these requirements can be obtained from Special Surveys Group on request.

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: January, March 1983

TITLE: The Ontario Child Health Study

SPONSOR: McMaster University and Statistics Canada

SURVEY METHOD: Selected households received an introductory letter and were then visited by a Statistics Canada interviewer. The parent completed the Child Behaviour Checklist and the Family Health & Activity Questionnaire, while the child completed the Youth Self-report. The interviewer completed the Child Health Questionnaire, the Family Background Questionnaire.

SAMPLE SIZE: The Province was divided into 4 regions - eastern Ontario, central Ontario, southwestern Ontario and northern Ontario. Province wide approximately 3,000 dwellings were selected for the study.

SURVEY OBJECTIVES: The survey is designed to produce prevalence rates for specific emotional and behavioural problems in children age 4 - 16. In addition, information was sought on risk factor and consequences of these disorders. The analysis of the data will provide the basis for developing programs aimed at the prevention of mental health problems, and to identify patterns of service utilization and to guide further research.

PROJECT MANAGER: Gary Catlin

MICRODATA:

YES

☐

NO

☒

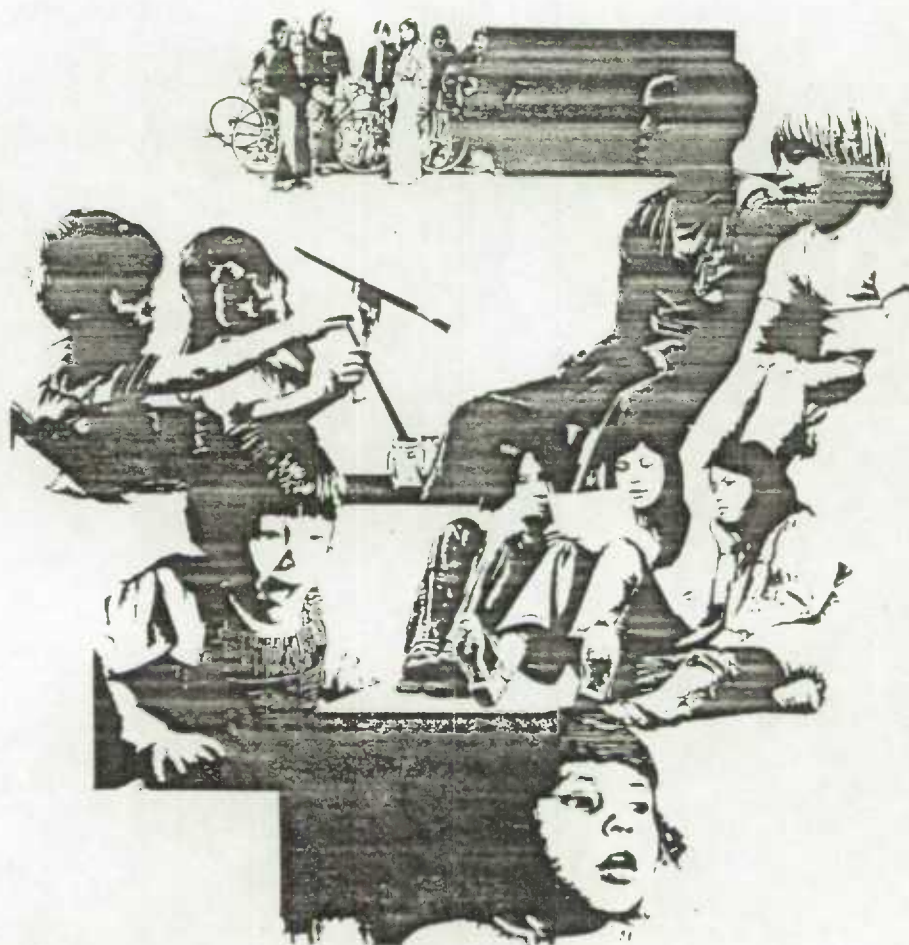
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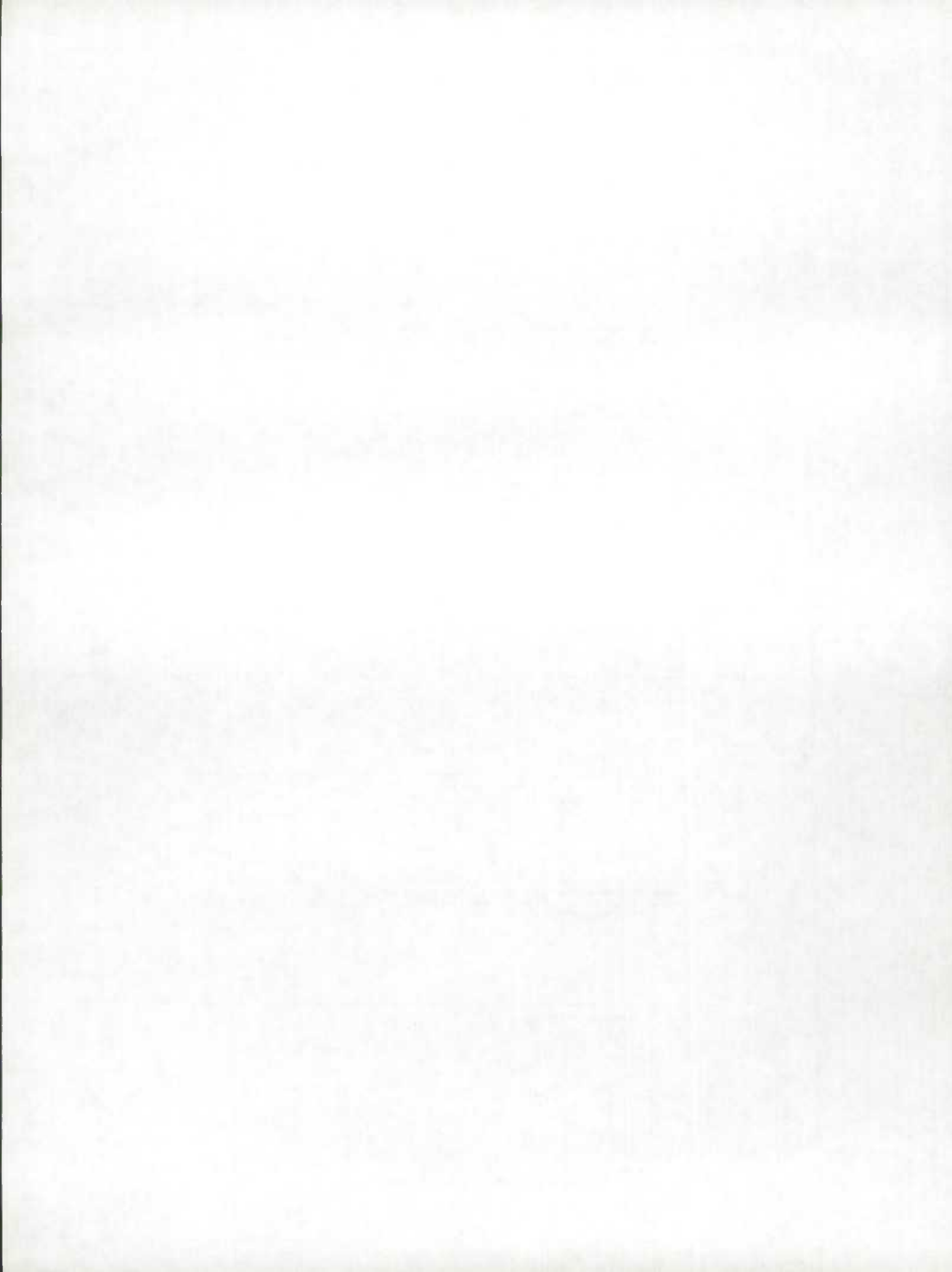
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Ontario Child Health Study Child Health Questionnaire



PART A: These next few questions are about your (child's/children's) back-ground and general health.	1	2
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px; text-align: center;">ORIGIN</div>	↓	↓
01. Please turn to page 1 of your booklet. What is your relationship to _____?	1 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Enter code	2 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Enter code
02. Was _____ born in Canada?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q.4. 13 <input type="radio"/> Don't Know → Go to Q.6.	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q.4. 23 <input type="radio"/> Don't Know → Go to Q.6.
03. In which province was _____ born?	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 1 Ontario 4 Man., Sask., Alta. 2 Quebec 5 British Columbia 3 N.B., N.S., P.E.I., Nfld. 6 Yukon, NWT </div> 1 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Enter code → Go to Q.6. (Enter 9 if "Don't know")	2 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Enter code → Go to Q.6. (Enter 9 if "Don't know")
04. In which country was _____ born?	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 1 USA 5 East Germany 2 United Kingdom 6 Poland 3 Italy 7 Other 4 West Germany </div> 1 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Enter code (Enter 9 if "Don't know")	2 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Enter code (Enter 9 if "Don't know")
05. In what year did _____ first come to Canada?	1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> (Enter 99 if "Don't know")	2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> (Enter 99 if "Don't know")
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px; text-align: center;">BIRTH</div>	↓	↓
06. Before _____ was born (were you/was _____'s natural mother) ever admitted to hospital for complication of that pregnancy?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> Don't know	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> Don't know
07. How much did _____ weigh when he/she was born? (PROBE: If you had to guess what would you say?)	11 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> lbs 12 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> ozs 13 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Kilograms (Enter 99 if "Don't know")	21 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> lbs 22 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> ozs 23 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Kilograms (Enter 99 if "Don't know")
08. Thinking back to the expected date of delivery, was _____ born more than one week early, within one week of the expected date of delivery, or more than one week late?	11 <input type="radio"/> Early 12 <input type="radio"/> Normal → Go to Q.10. 13 <input type="radio"/> Late 14 <input type="radio"/> Don't know → Go to Q.10.	21 <input type="radio"/> Early 22 <input type="radio"/> Normal → Go to Q.10. 23 <input type="radio"/> Late 24 <input type="radio"/> Don't know → Go to Q.10.
09. How many days (early/late) was _____?	1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> Days	2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> Days
10. Was _____ kept in the hospital after (you/ _____'s natural mother) went home?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> Don't know } Go to Q.12.	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> Don't know } Go to Q.12.
11. After (you/ _____'s natural mother) went home, how many extra days did _____ stay in hospital?	1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> Days (Enter 999 if "Don't know")	2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> Days (Enter 999 if "Don't know")



3	4	5	6
Child's name _____ C/I/n	Child's name _____ C/I/n	Child's name _____ C/I/n	Child's name _____ C/I/n









3	4	5	6
↓	↓	↓	↓
3 <input type="text"/> <input type="text"/> Enter code	4 <input type="text"/> <input type="text"/> Enter code	5 <input type="text"/> <input type="text"/> Enter code	6 <input type="text"/> <input type="text"/> Enter code
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.4 33 <input type="radio"/> Don't Know → Go to Q.6	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.4 43 <input type="radio"/> Don't Know → Go to Q.6	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.4 53 <input type="radio"/> Don't Know → Go to Q.6	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.4 63 <input type="radio"/> Don't Know → Go to Q.6
3 <input type="text"/> Enter code → Go to Q.6 (Enter 9 if "Don't know")	4 <input type="text"/> Enter code → Go to Q.6 (Enter 9 if "Don't know")	5 <input type="text"/> Enter code → Go to Q.6 (Enter 9 if "Don't know")	6 <input type="text"/> Enter code → Go to Q.6 (Enter 9 if "Don't know")
3 <input type="text"/> Enter code (Enter 9 if "Don't know")	4 <input type="text"/> Enter code (Enter 9 if "Don't know")	5 <input type="text"/> Enter code (Enter 9 if "Don't know")	6 <input type="text"/> Enter code (Enter 9 if "Don't know")
3 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> (Enter 99 if "Don't know")	4 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> (Enter 99 if "Don't know")	5 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> (Enter 99 if "Don't know")	6 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> (Enter 99 if "Don't know")
↓	↓	↓	↓
31 <input type="radio"/> Yes 32 <input type="radio"/> No 33 <input type="radio"/> Don't know	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> Don't know	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> Don't know	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> Don't know
31 <input type="text"/> <input type="text"/> lbs 32 <input type="text"/> <input type="text"/> ozs 33 <input type="text"/> <input type="text"/> Kilograms (Enter 99 if "Don't know")	41 <input type="text"/> <input type="text"/> lbs 42 <input type="text"/> <input type="text"/> ozs 43 <input type="text"/> <input type="text"/> Kilograms (Enter 99 if "Don't know")	51 <input type="text"/> <input type="text"/> lbs 52 <input type="text"/> <input type="text"/> ozs 53 <input type="text"/> <input type="text"/> Kilograms (Enter 99 if "Don't know")	61 <input type="text"/> <input type="text"/> lbs 62 <input type="text"/> <input type="text"/> ozs 63 <input type="text"/> <input type="text"/> Kilograms (Enter 99 if "Don't know")
31 <input type="radio"/> Early 32 <input type="radio"/> Normal → Go to Q.10 33 <input type="radio"/> Late 34 <input type="radio"/> Don't know → Go to Q.10	41 <input type="radio"/> Early 42 <input type="radio"/> Normal → Go to Q.10 43 <input type="radio"/> Late 44 <input type="radio"/> Don't know → Go to Q.10	51 <input type="radio"/> Early 52 <input type="radio"/> Normal → Go to Q.10 53 <input type="radio"/> Late 54 <input type="radio"/> Don't know → Go to Q.10	61 <input type="radio"/> Early 62 <input type="radio"/> Normal → Go to Q.10 63 <input type="radio"/> Late 64 <input type="radio"/> Don't know → Go to Q.10
3 <input type="text"/> <input type="text"/> <input type="text"/> Days	4 <input type="text"/> <input type="text"/> <input type="text"/> Days	5 <input type="text"/> <input type="text"/> <input type="text"/> Days	6 <input type="text"/> <input type="text"/> <input type="text"/> Days
31 <input type="radio"/> Yes 32 <input type="radio"/> No 33 <input type="radio"/> Don't know } Go to Q.12	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> Don't know } Go to Q.12	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> Don't know } Go to Q.12	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> Don't know } Go to Q.12
3 <input type="text"/> <input type="text"/> <input type="text"/> Days (Enter 999 if "Don't know")	4 <input type="text"/> <input type="text"/> <input type="text"/> Days (Enter 999 if "Don't know")	5 <input type="text"/> <input type="text"/> <input type="text"/> Days (Enter 999 if "Don't know")	6 <input type="text"/> <input type="text"/> <input type="text"/> Days (Enter 999 if "Don't know")

	1 ↓	2 ↓
SEPARATIONS		
12. From when _____ was born, has (he/she) ever lived away from you or out of your care for 3 consecutive months or longer? (INTERVIEWER: If not natural mother/father, any pre-adoption time of 3 months or longer should count as a separation)	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 18.	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 18.
FIRST SEPARATION		
13. Now, please turn to page 2 in your booklet. The first time that _____ was living away from you, where was he/she staying?	1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code	2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code
14. For how many months was _____ living away from you all that time?	1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Months	2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Months
15. How old was (he/she) at (the beginning of) that time?	1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Age in years	2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Age in years
OTHER SEPARATIONS		
16. Were there any other times that _____ lived away from you or out of your care for three consecutive months or longer?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 18.	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 18.
17. How many other times were there?	1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Times	2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Times
GENERAL HEALTH		
18. At what age did _____ first take 5 steps without any help? (PROBE: If you had to guess, what would you say?)	11 <input type="radio"/> < 1 yr (1-12 months) 12 <input type="radio"/> 1-1½ yrs (13-18 months) 13 <input type="radio"/> 1½-2 yrs (19-24 months) 14 <input type="radio"/> 2-3 yrs (25-36 months) 15 <input type="radio"/> 3+ yrs (36+ months) 16 <input type="radio"/> Don't know	21 <input type="radio"/> < 1 yr (1-12 months) 22 <input type="radio"/> 1-1½ yrs (13-18 months) 23 <input type="radio"/> 1½-2 yrs (19-24 months) 24 <input type="radio"/> 2-3 yrs (25-36 months) 25 <input type="radio"/> 3+ yrs (36+ months) 26 <input type="radio"/> Don't know
19. At what age was _____ first able to put at least three words together in a phrase? (PROBE: If you had to guess, what would you say?)	11 <input type="radio"/> < 2 yrs (1-24 months) 12 <input type="radio"/> 2-2½ yrs (25-30 months) 13 <input type="radio"/> 2½-3 yrs (31-36 months) 14 <input type="radio"/> 3+ yrs (36+ months) 15 <input type="radio"/> Don't know	21 <input type="radio"/> < 2 yrs (1-24 months) 22 <input type="radio"/> 2-2½ yrs (25-30 months) 23 <input type="radio"/> 2½-3 yrs (31-36 months) 24 <input type="radio"/> 3+ yrs (36+ months) 25 <input type="radio"/> Don't know
20. Please turn page 3 of your booklet. I am now going to read a set of four statements about the health of children. For each one, please give me the answer which best describes _____. (a) _____'s health is excellent (b) _____ seems to resist illness (c) _____ seems to be less healthy than other children you know (d) When there is something going around _____ usually catches it.	11 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code 12 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code 13 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code 14 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code	21 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code 22 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code 23 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code 24 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Enter code
21. Was _____ ever so sick that you thought (he/she) might die?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No
22. Has _____ ever had: (a) a head injury with loss of consciousness? (b) a burn requiring admission to hospital? (c) an accidental poisoning requiring admission to hospital? (d) an accident causing broken bones or fractures?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> Yes 14 <input type="radio"/> No 15 <input type="radio"/> Yes 16 <input type="radio"/> No 17 <input type="radio"/> Yes 18 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> Yes 24 <input type="radio"/> No 25 <input type="radio"/> Yes 26 <input type="radio"/> No 27 <input type="radio"/> Yes 28 <input type="radio"/> No

3	4	5	6
↓	↓	↓	↓
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q. 18.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q. 18.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q. 18.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q. 18.
3 <input type="text"/> <input type="text"/> Enter code	4 <input type="text"/> <input type="text"/> Enter code	5 <input type="text"/> <input type="text"/> Enter code	6 <input type="text"/> <input type="text"/> Enter code
3 <input type="text"/> <input type="text"/> Months	4 <input type="text"/> <input type="text"/> Months	5 <input type="text"/> <input type="text"/> Months	6 <input type="text"/> <input type="text"/> Months
3 <input type="text"/> <input type="text"/> Age in years	4 <input type="text"/> <input type="text"/> Age in years	5 <input type="text"/> <input type="text"/> Age in years	6 <input type="text"/> <input type="text"/> Age in years
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q. 18.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q. 18.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q. 18.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q. 18.
3 <input type="text"/> <input type="text"/> Times	4 <input type="text"/> <input type="text"/> Times	5 <input type="text"/> <input type="text"/> Times	6 <input type="text"/> <input type="text"/> Times
↓	↓	↓	↓
31 <input type="radio"/> < 1 yr (1-12 months) 32 <input type="radio"/> 1-1½ yrs (13-18 months) 33 <input type="radio"/> 1½-2 yrs (19-24 months) 34 <input type="radio"/> 2-3 yrs (25-36 months) 35 <input type="radio"/> 3+ yrs (36+ months) 36 <input type="radio"/> Don't know	41 <input type="radio"/> < 1 yr (1-12 months) 42 <input type="radio"/> 1-1½ yrs (13-18 months) 43 <input type="radio"/> 1½-2 yrs (19-24 months) 44 <input type="radio"/> 2-3 yrs (25-36 months) 45 <input type="radio"/> 3+ yrs (36+ months) 46 <input type="radio"/> Don't know	51 <input type="radio"/> < 1 yr (1-12 months) 52 <input type="radio"/> 1-1½ yrs (13-18 months) 53 <input type="radio"/> 1½-2 yrs (19-24 months) 54 <input type="radio"/> 2-3 yrs (25-36 months) 55 <input type="radio"/> 3+ yrs (36+ months) 56 <input type="radio"/> Don't know	61 <input type="radio"/> < 1 yr (1-12 months) 62 <input type="radio"/> 1-1½ yrs (13-18 months) 63 <input type="radio"/> 1½-2 yrs (19-24 months) 64 <input type="radio"/> 2-3 yrs (25-36 months) 65 <input type="radio"/> 3+ yrs (36+ months) 66 <input type="radio"/> Don't know
31 <input type="radio"/> < 2 yrs (1-24 months) 32 <input type="radio"/> 2-2½ yrs (25-30 months) 33 <input type="radio"/> 2½-3 yrs (31-36 months) 34 <input type="radio"/> 3+ yrs (36+ months) 35 <input type="radio"/> Don't know	41 <input type="radio"/> < 2 yrs (1-24 months) 42 <input type="radio"/> 2-2½ yrs (25-30 months) 43 <input type="radio"/> 2½-3 yrs (31-36 months) 44 <input type="radio"/> 3+ yrs (36+ months) 45 <input type="radio"/> Don't know	51 <input type="radio"/> < 2 yrs (1-24 months) 52 <input type="radio"/> 2-2½ yrs (25-30 months) 53 <input type="radio"/> 2½-3 yrs (31-36 months) 54 <input type="radio"/> 3+ yrs (36+ months) 55 <input type="radio"/> Don't know	61 <input type="radio"/> < 2 yrs (1-24 months) 62 <input type="radio"/> 2-2½ yrs (25-30 months) 63 <input type="radio"/> 2½-3 yrs (31-36 months) 64 <input type="radio"/> 3+ yrs (36+ months) 65 <input type="radio"/> Don't know
31 <input type="text"/> Enter code 32 <input type="text"/> Enter code 33 <input type="text"/> Enter code 34 <input type="text"/> Enter code	41 <input type="text"/> Enter code 42 <input type="text"/> Enter code 43 <input type="text"/> Enter code 44 <input type="text"/> Enter code	51 <input type="text"/> Enter code 52 <input type="text"/> Enter code 53 <input type="text"/> Enter code 54 <input type="text"/> Enter code	61 <input type="text"/> Enter code 62 <input type="text"/> Enter code 63 <input type="text"/> Enter code 64 <input type="text"/> Enter code
31 <input type="radio"/> Yes 32 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No
31 <input type="radio"/> Yes 32 <input type="radio"/> No 33 <input type="radio"/> Yes 34 <input type="radio"/> No 35 <input type="radio"/> Yes 36 <input type="radio"/> No 37 <input type="radio"/> Yes 38 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> Yes 44 <input type="radio"/> No 45 <input type="radio"/> Yes 46 <input type="radio"/> No 47 <input type="radio"/> Yes 48 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> Yes 54 <input type="radio"/> No 55 <input type="radio"/> Yes 56 <input type="radio"/> No 57 <input type="radio"/> Yes 58 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> Yes 64 <input type="radio"/> No 65 <input type="radio"/> Yes 66 <input type="radio"/> No 67 <input type="radio"/> Yes 68 <input type="radio"/> No

PART B: Now I'd like to ask you a few questions about _____'s vision, hearing and speech.

	1	2
VISION	↓	↓
23. Is _____ blind or unable to see at all in one or both eyes?	11 <input type="radio"/> Yes, one eye only 12 <input type="radio"/> Yes, both eyes 13 <input type="radio"/> No → Go to Q. 26.	21 <input type="radio"/> Yes, one eye only 22 <input type="radio"/> Yes, both eyes 23 <input type="radio"/> No → Go to Q. 26.
24. How long has _____ been blind or unable to see at all?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
25. INTERVIEWER CHECK ITEM: • If "Yes, both eyes" in Q. 23 • Otherwise	11 <input type="radio"/> Go to Q. 29. 12 <input type="radio"/> Go to Q. 26.	21 <input type="radio"/> Go to Q. 29. 22 <input type="radio"/> Go to Q. 26.
26. Presently does _____ use prescribed glasses or contact lenses?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No
27. Would _____ have any difficulty seeing clearly the print on this page or recognizing a friend on the other side of the street (even when wearing glasses or contact lenses)?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 29.	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 29.
28. How long has _____ had this problem?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
HEARING	↓	↓
29. Does _____ presently use a hearing aid?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No
30. Is _____ deaf or unable to hear at all in one or both ears?	11 <input type="radio"/> Yes, one ear only 12 <input type="radio"/> Yes, both ears 13 <input type="radio"/> No → Go to Q. 33.	21 <input type="radio"/> Yes, one ear only 22 <input type="radio"/> Yes, both ears 23 <input type="radio"/> No → Go to Q. 33.
31. How long has _____ been deaf or unable to hear at all?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
32. INTERVIEWER CHECK ITEM: • If "Yes, both ears" in Q. 30 • Otherwise	11 <input type="radio"/> Go to Q. 35. 12 <input type="radio"/> Go to Q. 33.	21 <input type="radio"/> Go to Q. 35. 22 <input type="radio"/> Go to Q. 33.
33. Does _____ have any difficulty hearing what is said in a normal conversation with one other person (even with a hearing aid)?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 35.	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 35.
34. How long has _____ had this problem?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know

3	4	5	6
			
31 <input type="radio"/> Yes, one eye only 32 <input type="radio"/> Yes, both eyes 33 <input type="radio"/> No → Go to Q.26.	41 <input type="radio"/> Yes, one eye only 42 <input type="radio"/> Yes, both eyes 43 <input type="radio"/> No → Go to Q.26.	51 <input type="radio"/> Yes, one eye only 52 <input type="radio"/> Yes, both eyes 53 <input type="radio"/> No → Go to Q.26.	61 <input type="radio"/> Yes, one eye only 62 <input type="radio"/> Yes, both eyes 63 <input type="radio"/> No → Go to Q.26.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Go to Q.29. 32 <input type="radio"/> Go to Q.26	41 <input type="radio"/> Go to Q.29. 42 <input type="radio"/> Go to Q.26.	51 <input type="radio"/> Go to Q.29. 52 <input type="radio"/> Go to Q.26	61 <input type="radio"/> Go to Q.29 62 <input type="radio"/> Go to Q.26
31 <input type="radio"/> Yes 32 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.29.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.29.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.29.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.29.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
			
31 <input type="radio"/> Yes 32 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No
31 <input type="radio"/> Yes, one ear only 32 <input type="radio"/> Yes, both ears 33 <input type="radio"/> No → Go to Q.33.	41 <input type="radio"/> Yes, one ear only 42 <input type="radio"/> Yes, both ears 43 <input type="radio"/> No → Go to Q.33.	51 <input type="radio"/> Yes, one ear only 52 <input type="radio"/> Yes, both ears 53 <input type="radio"/> No → Go to Q.33.	61 <input type="radio"/> Yes, one ear only 62 <input type="radio"/> Yes, both ears 63 <input type="radio"/> No → Go to Q.33.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Go to 35 32 <input type="radio"/> Go to 33	41 <input type="radio"/> Go to 35 42 <input type="radio"/> Go to 33	51 <input type="radio"/> Go to 35 52 <input type="radio"/> Go to 33	61 <input type="radio"/> Go to 35 62 <input type="radio"/> Go to 33
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.35.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.35.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.35.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.35.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know

	1	2
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">SPEECH</div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> ↓ </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> ↓ </div>
35. Is _____ unable to communicate at all using words or speech?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q.37.	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q.37.
36. How long has _____ been unable to communicate?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know <div style="display: flex; align-items: center; margin-left: 10px;"> Go to <div style="border-left: 1px solid black; padding-left: 5px; margin-left: 5px;"> part C </div> </div>	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know <div style="display: flex; align-items: center; margin-left: 10px;"> Go to <div style="border-left: 1px solid black; padding-left: 5px; margin-left: 5px;"> part C </div> </div>
37. Does _____ have any difficulty speaking or using words, such as stammering, stuttering, lisping or being hard to understand?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q.39	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q.39.
38. How long has _____ had this problem?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
39. Compared to other children (his/her) age, how well does _____ speak or use words? Would you say (he/she) is better, the same or worse?	11 <input type="radio"/> Better 12 <input type="radio"/> Same 13 <input type="radio"/> Worse	21 <input type="radio"/> Better 22 <input type="radio"/> Same 23 <input type="radio"/> Worse
PART C: I am now going to read you a list of health problems or conditions that some children have. For each one could you tell me whether or not _____ presently has it.		
40. Does _____ presently have: <div style="margin-top: 10px;"> (a) asthma? (b) hay fever or some other allergy? (c) a heart problem? (d) epilepsy or convulsions without fever? (e) kidney disease? (f) arthritis or rheumatism? (g) cerebral palsy? (h) diabetes? (i) cancer? (j) spina bifida? (k) muscular dystrophy or other muscle disease? (l) mental retardation? (m) developmental delay or lag? (n) cystic fibrosis? (o) missing fingers, hands, arms, toes, feet or legs? (p) any stiffness or deformity of the foot, leg, fingers, arms or back? (q) a condition present since birth such as club foot or cleft palate? (r) paralysis or weakness of any kind? (s) any difficulty with coordination or clumsiness? </div>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 101 <input type="radio"/> Yes 103 <input type="radio"/> Yes 105 <input type="radio"/> Yes 107 <input type="radio"/> Yes 109 <input type="radio"/> Yes 111 <input type="radio"/> Yes 113 <input type="radio"/> Yes 115 <input type="radio"/> Yes 117 <input type="radio"/> Yes 119 <input type="radio"/> Yes 121 <input type="radio"/> Yes 123 <input type="radio"/> Yes 125 <input type="radio"/> Yes 127 <input type="radio"/> Yes 129 <input type="radio"/> Yes 131 <input type="radio"/> Yes 133 <input type="radio"/> Yes 135 <input type="radio"/> Yes 137 <input type="radio"/> Yes </div> <div style="width: 50%;"> 102 <input type="radio"/> No 104 <input type="radio"/> No 106 <input type="radio"/> No 108 <input type="radio"/> No 110 <input type="radio"/> No 112 <input type="radio"/> No 114 <input type="radio"/> No 116 <input type="radio"/> No 118 <input type="radio"/> No 120 <input type="radio"/> No 122 <input type="radio"/> No 124 <input type="radio"/> No 126 <input type="radio"/> No 128 <input type="radio"/> No 130 <input type="radio"/> No 132 <input type="radio"/> No 134 <input type="radio"/> No 136 <input type="radio"/> No 138 <input type="radio"/> No </div> </div>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 201 <input type="radio"/> Yes 203 <input type="radio"/> Yes 205 <input type="radio"/> Yes 207 <input type="radio"/> Yes 209 <input type="radio"/> Yes 211 <input type="radio"/> Yes 213 <input type="radio"/> Yes 215 <input type="radio"/> Yes 217 <input type="radio"/> Yes 219 <input type="radio"/> Yes 221 <input type="radio"/> Yes 223 <input type="radio"/> Yes 225 <input type="radio"/> Yes 227 <input type="radio"/> Yes 229 <input type="radio"/> Yes 231 <input type="radio"/> Yes 233 <input type="radio"/> Yes 235 <input type="radio"/> Yes 237 <input type="radio"/> Yes </div> <div style="width: 50%;"> 202 <input type="radio"/> No 204 <input type="radio"/> No 206 <input type="radio"/> No 208 <input type="radio"/> No 210 <input type="radio"/> No 212 <input type="radio"/> No 214 <input type="radio"/> No 216 <input type="radio"/> No 218 <input type="radio"/> No 220 <input type="radio"/> No 222 <input type="radio"/> No 224 <input type="radio"/> No 226 <input type="radio"/> No 228 <input type="radio"/> No 230 <input type="radio"/> No 232 <input type="radio"/> No 234 <input type="radio"/> No 236 <input type="radio"/> No 238 <input type="radio"/> No </div> </div>
41. Does _____ presently have any other health problem or condition like this which I haven't mentioned?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No

3	4	5	6
Child's name <input type="text"/> C/Ln	Child's name <input type="text"/> C/Ln	Child's name <input type="text"/> C/Ln	Child's name <input type="text"/> C/Ln

3	4	5	6
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.37.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.37.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.37.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.37.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.39.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.39.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.39.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.39.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Better 32 <input type="radio"/> Same 33 <input type="radio"/> Worse	41 <input type="radio"/> Better 42 <input type="radio"/> Same 43 <input type="radio"/> Worse	51 <input type="radio"/> Better 52 <input type="radio"/> Same 53 <input type="radio"/> Worse	61 <input type="radio"/> Better 62 <input type="radio"/> Same 63 <input type="radio"/> Worse
301 <input type="radio"/> Yes 302 <input type="radio"/> No 303 <input type="radio"/> Yes 304 <input type="radio"/> No 305 <input type="radio"/> Yes 306 <input type="radio"/> No 307 <input type="radio"/> Yes 308 <input type="radio"/> No 309 <input type="radio"/> Yes 310 <input type="radio"/> No 311 <input type="radio"/> Yes 312 <input type="radio"/> No 313 <input type="radio"/> Yes 314 <input type="radio"/> No 315 <input type="radio"/> Yes 316 <input type="radio"/> No 317 <input type="radio"/> Yes 318 <input type="radio"/> No 319 <input type="radio"/> Yes 320 <input type="radio"/> No 321 <input type="radio"/> Yes 322 <input type="radio"/> No 323 <input type="radio"/> Yes 324 <input type="radio"/> No 325 <input type="radio"/> Yes 326 <input type="radio"/> No 327 <input type="radio"/> Yes 328 <input type="radio"/> No 329 <input type="radio"/> Yes 330 <input type="radio"/> No 331 <input type="radio"/> Yes 332 <input type="radio"/> No 333 <input type="radio"/> Yes 334 <input type="radio"/> No 335 <input type="radio"/> Yes 336 <input type="radio"/> No 337 <input type="radio"/> Yes 338 <input type="radio"/> No	401 <input type="radio"/> Yes 402 <input type="radio"/> No 403 <input type="radio"/> Yes 404 <input type="radio"/> No 405 <input type="radio"/> Yes 406 <input type="radio"/> No 407 <input type="radio"/> Yes 408 <input type="radio"/> No 409 <input type="radio"/> Yes 410 <input type="radio"/> No 411 <input type="radio"/> Yes 412 <input type="radio"/> No 413 <input type="radio"/> Yes 414 <input type="radio"/> No 415 <input type="radio"/> Yes 416 <input type="radio"/> No 417 <input type="radio"/> Yes 418 <input type="radio"/> No 419 <input type="radio"/> Yes 420 <input type="radio"/> No 421 <input type="radio"/> Yes 422 <input type="radio"/> No 423 <input type="radio"/> Yes 424 <input type="radio"/> No 425 <input type="radio"/> Yes 426 <input type="radio"/> No 427 <input type="radio"/> Yes 428 <input type="radio"/> No 429 <input type="radio"/> Yes 430 <input type="radio"/> No 431 <input type="radio"/> Yes 432 <input type="radio"/> No 433 <input type="radio"/> Yes 434 <input type="radio"/> No 435 <input type="radio"/> Yes 436 <input type="radio"/> No 437 <input type="radio"/> Yes 438 <input type="radio"/> No	501 <input type="radio"/> Yes 502 <input type="radio"/> No 503 <input type="radio"/> Yes 504 <input type="radio"/> No 505 <input type="radio"/> Yes 506 <input type="radio"/> No 507 <input type="radio"/> Yes 508 <input type="radio"/> No 509 <input type="radio"/> Yes 510 <input type="radio"/> No 511 <input type="radio"/> Yes 512 <input type="radio"/> No 513 <input type="radio"/> Yes 514 <input type="radio"/> No 515 <input type="radio"/> Yes 516 <input type="radio"/> No 517 <input type="radio"/> Yes 518 <input type="radio"/> No 519 <input type="radio"/> Yes 520 <input type="radio"/> No 521 <input type="radio"/> Yes 522 <input type="radio"/> No 523 <input type="radio"/> Yes 524 <input type="radio"/> No 525 <input type="radio"/> Yes 526 <input type="radio"/> No 527 <input type="radio"/> Yes 528 <input type="radio"/> No 529 <input type="radio"/> Yes 530 <input type="radio"/> No 531 <input type="radio"/> Yes 532 <input type="radio"/> No 533 <input type="radio"/> Yes 534 <input type="radio"/> No 535 <input type="radio"/> Yes 536 <input type="radio"/> No 537 <input type="radio"/> Yes 538 <input type="radio"/> No	601 <input type="radio"/> Yes 602 <input type="radio"/> No 603 <input type="radio"/> Yes 604 <input type="radio"/> No 605 <input type="radio"/> Yes 606 <input type="radio"/> No 607 <input type="radio"/> Yes 608 <input type="radio"/> No 609 <input type="radio"/> Yes 610 <input type="radio"/> No 611 <input type="radio"/> Yes 612 <input type="radio"/> No 613 <input type="radio"/> Yes 614 <input type="radio"/> No 615 <input type="radio"/> Yes 616 <input type="radio"/> No 617 <input type="radio"/> Yes 618 <input type="radio"/> No 619 <input type="radio"/> Yes 620 <input type="radio"/> No 621 <input type="radio"/> Yes 622 <input type="radio"/> No 623 <input type="radio"/> Yes 624 <input type="radio"/> No 625 <input type="radio"/> Yes 626 <input type="radio"/> No 627 <input type="radio"/> Yes 628 <input type="radio"/> No 629 <input type="radio"/> Yes 630 <input type="radio"/> No 631 <input type="radio"/> Yes 632 <input type="radio"/> No 633 <input type="radio"/> Yes 634 <input type="radio"/> No 635 <input type="radio"/> Yes 636 <input type="radio"/> No 637 <input type="radio"/> Yes 638 <input type="radio"/> No
31 <input type="radio"/> Yes 32 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No

	1	2
42. Does _____ presently use any of the following aids to get around: a wheel chair, artificial limbs, braces, a cane or crutches?	11 <input type="radio"/> Wheelchair 12 <input type="radio"/> Artificial limb or brace 13 <input type="radio"/> A cane or crutches	21 <input type="radio"/> Wheelchair 22 <input type="radio"/> Artificial limb or brace 23 <input type="radio"/> A cane or crutches
43. Does _____ take any prescribed medication at regular times, such as daily, weekly or monthly? Please do not count any vitamins or minerals that _____ takes.	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q 46.	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q 46
44. What does he/she take this medication for?	11 <input type="radio"/> Epilepsy 12 <input type="radio"/> Hyperactivity 13 <input type="radio"/> Behavioural problem 14 <input type="radio"/> Other (specify below) _____ _____ _____	21 <input type="radio"/> Epilepsy 22 <input type="radio"/> Hyperactivity 23 <input type="radio"/> Behavioural problem 24 <input type="radio"/> Other (specify below) _____ _____ _____
45. What prescribed medication does he/she take?	_____ _____ _____	_____ _____ _____
46. During the past 6 months — that is since August of last year — do you think that _____ has had any emotional or behavioural problems?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q 49	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q 49.
47. During that time, did (he/she) tend to have more emotional or behavioural problems than other (boys/girls) of (his/her) age?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> Don't know	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> Don't know
48. Do you think that _____ needs or needed any professional help with these problems?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No
49. During the past 6 months — that is, since August of last year — has _____ had any difficulty learning or remembering things?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> Don't know	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> Don't know
PART D: The next few questions ask about any limitations _____ may have in activities because of an illness, injury or medical condition. Do not count limitations that are due to young age. Include limitations _____ has had for a short time only, as well as limitations he/she has had for a long time.		
50. Does _____ need any help in using transportation such as a car or bus, because of an illness, injury or medical condition?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q 52.	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q 52.
51. How long has _____ needed help in using transportation?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
52. Other than for reasons of young age, does _____ need help or supervision from someone in getting around the neighbourhood?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q 54	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q 54
53. How long has _____ needed help to get around the neighbourhood?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know

3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Child's name _____ C/Ln _____	Child's name _____ C/Ln _____	Child's name _____ C/Ln _____	Child's name _____ C/Ln _____

3	4	5	6
31 <input type="radio"/> Wheelchair 32 <input type="radio"/> Artificial limb or brace 33 <input type="radio"/> A cane or crutches	41 <input type="radio"/> Wheelchair 42 <input type="radio"/> Artificial limb or brace 43 <input type="radio"/> A cane or crutches	51 <input type="radio"/> Wheelchair 52 <input type="radio"/> Artificial limb or brace 53 <input type="radio"/> A cane or crutches	61 <input type="radio"/> Wheelchair 62 <input type="radio"/> Artificial limb or brace 63 <input type="radio"/> A cane or crutches
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.46.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.46.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.46.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.46.
31 <input type="radio"/> Epilepsy 32 <input type="radio"/> Hyperactivity 33 <input type="radio"/> Behavioural problem 34 <input type="radio"/> Other (specify below) _____ _____ _____ _____	41 <input type="radio"/> Epilepsy 42 <input type="radio"/> Hyperactivity 43 <input type="radio"/> Behavioural problem 44 <input type="radio"/> Other (specify below) _____ _____ _____ _____	51 <input type="radio"/> Epilepsy 52 <input type="radio"/> Hyperactivity 53 <input type="radio"/> Behavioural problem 54 <input type="radio"/> Other (specify below) _____ _____ _____ _____	61 <input type="radio"/> Epilepsy 62 <input type="radio"/> Hyperactivity 63 <input type="radio"/> Behavioural problem 64 <input type="radio"/> Other (specify below) _____ _____ _____ _____
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.49	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.49	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.49	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.49
31 <input type="radio"/> Yes 32 <input type="radio"/> No 33 <input type="radio"/> Don't know	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> Don't know	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> Don't know	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No
31 <input type="radio"/> Yes 32 <input type="radio"/> No 33 <input type="radio"/> Don't know	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> Don't know	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> Don't know	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.52.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.52.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.52.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.52.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No → Go to Q.54.	41 <input type="radio"/> Yes 42 <input type="radio"/> No → Go to Q.54.	51 <input type="radio"/> Yes 52 <input type="radio"/> No → Go to Q.54.	61 <input type="radio"/> Yes 62 <input type="radio"/> No → Go to Q.54.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know

	1	2
54. Is _____ unable to walk unless assisted by someone?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q.56	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q.56.
55. How long has he been unable to walk without assistance?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
56. Does _____ have any trouble at all bending, lifting or stooping?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q.58	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q.58.
57. How long has _____ had trouble bending, lifting or stooping?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
58. Does _____ have any trouble at all either walking several blocks or climbing a few flights or stairs?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q.60.	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q.60.
59. How long has _____ had this trouble?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
60. Is _____ limited in any way in the kind or amount of vigorous activity he/she can do, such as running, jumping, lifting heavy objects or taking part in strenuous sports?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q.62.	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q.62.
61. How long has _____ been limited in these activities?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
62. (Because of an illness, injury or medical condition) Does _____ need physical help with eating, dressing, bathing or using the toilet other than for reasons of age?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q.64.	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q.64.
63. How long has _____ needed this kind of help?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know
64. Does _____ have any physical pain or discomfort?	11 <input type="radio"/> Yes 12 <input type="radio"/> No ➔ Go to Q.67.	21 <input type="radio"/> Yes 22 <input type="radio"/> No ➔ Go to Q.67.
65. How long has _____ had physical pain or discomfort?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know

3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Child's name C/Ln	Child's name C/Ln	Child's name C/Ln	Child's name C/Ln

3	4	5	6
31 <input type="radio"/> Yes 32 <input type="radio"/> No ➔ Go to Q.56.	41 <input type="radio"/> Yes 42 <input type="radio"/> No ➔ Go to Q.56.	51 <input type="radio"/> Yes 52 <input type="radio"/> No ➔ Go to Q.56.	61 <input type="radio"/> Yes 62 <input type="radio"/> No ➔ Go to Q.56.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No ➔ Go to Q.58.	41 <input type="radio"/> Yes 42 <input type="radio"/> No ➔ Go to Q.58.	51 <input type="radio"/> Yes 52 <input type="radio"/> No ➔ Go to Q.58.	61 <input type="radio"/> Yes 62 <input type="radio"/> No ➔ Go to Q.58.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No ➔ Go to Q.60.	41 <input type="radio"/> Yes 42 <input type="radio"/> No ➔ Go to Q.60.	51 <input type="radio"/> Yes 52 <input type="radio"/> No ➔ Go to Q.60.	61 <input type="radio"/> Yes 62 <input type="radio"/> No ➔ Go to Q.60.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No ➔ Go to Q.62.	41 <input type="radio"/> Yes 42 <input type="radio"/> No ➔ Go to Q.62.	51 <input type="radio"/> Yes 52 <input type="radio"/> No ➔ Go to Q.62.	61 <input type="radio"/> Yes 62 <input type="radio"/> No ➔ Go to Q.62.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No ➔ Go to Q.64.	41 <input type="radio"/> Yes 42 <input type="radio"/> No ➔ Go to Q.64.	51 <input type="radio"/> Yes 52 <input type="radio"/> No ➔ Go to Q.64.	61 <input type="radio"/> Yes 62 <input type="radio"/> No ➔ Go to Q.64.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes 32 <input type="radio"/> No ➔ Go to Q.67.	41 <input type="radio"/> Yes 42 <input type="radio"/> No ➔ Go to Q.67.	51 <input type="radio"/> Yes 52 <input type="radio"/> No ➔ Go to Q.67.	61 <input type="radio"/> Yes 62 <input type="radio"/> No ➔ Go to Q.67.
31 <input type="radio"/> Less than 1 month 32 <input type="radio"/> 1-6 months 33 <input type="radio"/> More than 6 months 34 <input type="radio"/> Always 35 <input type="radio"/> Don't know	41 <input type="radio"/> Less than 1 month 42 <input type="radio"/> 1-6 months 43 <input type="radio"/> More than 6 months 44 <input type="radio"/> Always 45 <input type="radio"/> Don't know	51 <input type="radio"/> Less than 1 month 52 <input type="radio"/> 1-6 months 53 <input type="radio"/> More than 6 months 54 <input type="radio"/> Always 55 <input type="radio"/> Don't know	61 <input type="radio"/> Less than 1 month 62 <input type="radio"/> 1-6 months 63 <input type="radio"/> More than 6 months 64 <input type="radio"/> Always 65 <input type="radio"/> Don't know

1		2	
Child's name C/Ln		Child's name C/Ln	
66. Does _____ have a great deal of pain, some pain or only a little pain?	11 <input type="radio"/> A great deal 12 <input type="radio"/> Some 13 <input type="radio"/> A little	21 <input type="radio"/> A great deal 22 <input type="radio"/> Some 23 <input type="radio"/> A little	
67. Is _____ limited in any way in the kind or amount of ordinary play or activity he/she can do with other children?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 69	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 69	
68. How long has _____ been limited in this way?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know	
69. Is _____ limited in any other way from doing anything he/she wants to do because of an illness, injury or medical condition?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 72	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 72	
70. In what way is _____ limited? (Describe)	_____ _____	_____ _____	
71. How long has _____ been limited in this way?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know	
PART E: Now I have a few questions about school. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">SCHOOL</div>	↓	↓	
72. Does _____ go to school? <small>INTERVIEWER: Include kindergarten, but exclude day care and nursery school.</small>	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 74	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 74	
73. What grade is _____ in?	1 Grade OR 199 <input type="radio"/> Ungraded special school <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } Go to Q. 76 </div>	2 Grade OR 299 <input type="radio"/> Ungraded special school <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } Go to Q. 76 </div>	
74. Why doesn't _____ go to school?	11 <input type="radio"/> Too young → Go to part F. 12 <input type="radio"/> Parental choice 13 <input type="radio"/> Dropped out 14 <input type="radio"/> Health reason 15 <input type="radio"/> Other	21 <input type="radio"/> Too young → Go to part F. 22 <input type="radio"/> Parental choice 23 <input type="radio"/> Dropped out 24 <input type="radio"/> Health reason 25 <input type="radio"/> Other	
75. Did _____ ever go to school?	11 <input type="radio"/> Yes → Go to Q. 79 12 <input type="radio"/> No → Go to part F.	21 <input type="radio"/> Yes → Go to Q. 79 22 <input type="radio"/> No → Go to part F.	
76. Excluding gym, is _____ limited in the kind or amount of school work (he/she) does because of physical, emotional or learning problems?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to Q. 78	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to Q. 78	
77. How long has _____ been limited in this way?	11 <input type="radio"/> Less than 1 month 12 <input type="radio"/> 1-6 months 13 <input type="radio"/> More than 6 months 14 <input type="radio"/> Always 15 <input type="radio"/> Don't know	21 <input type="radio"/> Less than 1 month 22 <input type="radio"/> 1-6 months 23 <input type="radio"/> More than 6 months 24 <input type="radio"/> Always 25 <input type="radio"/> Don't know	

3	4	5	6
Child's name C/Ln	Child's name C/Ln	Child's name C/Ln	Child's name C/Ln

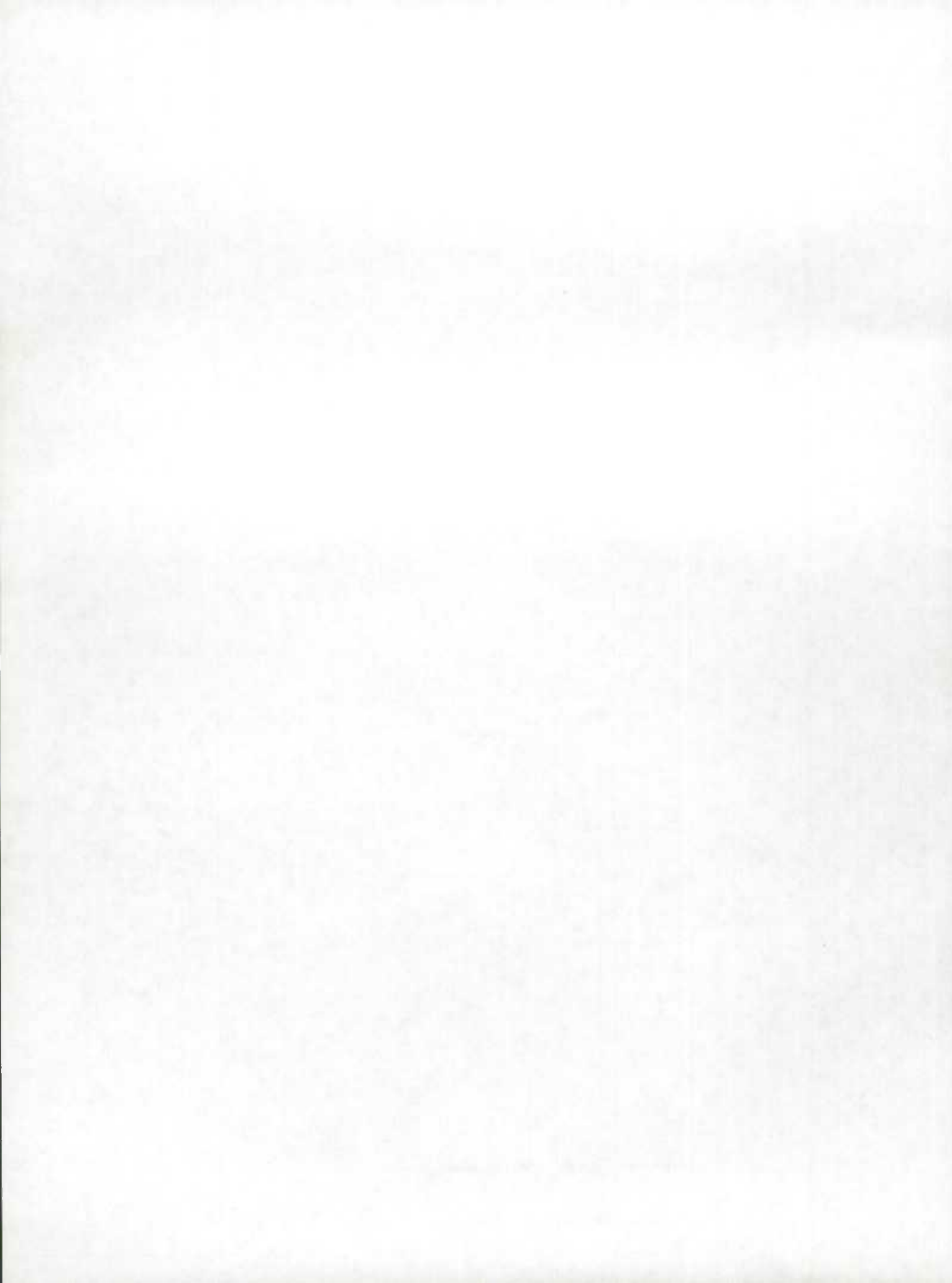
3	4	5	6
31 <input type="radio"/> A great deal	41 <input type="radio"/> A great deal	51 <input type="radio"/> A great deal	61 <input type="radio"/> A great deal
32 <input type="radio"/> Some	42 <input type="radio"/> Some	52 <input type="radio"/> Some	62 <input type="radio"/> Some
33 <input type="radio"/> A little	43 <input type="radio"/> A little	53 <input type="radio"/> A little	63 <input type="radio"/> A little
31 <input type="radio"/> Yes	41 <input type="radio"/> Yes	51 <input type="radio"/> Yes	61 <input type="radio"/> Yes
32 <input type="radio"/> No → Go to Q.69	42 <input type="radio"/> No → Go to Q.69	52 <input type="radio"/> No → Go to Q.69	62 <input type="radio"/> No → Go to Q.69
31 <input type="radio"/> Less than 1 month	41 <input type="radio"/> Less than 1 month	51 <input type="radio"/> Less than 1 month	61 <input type="radio"/> Less than 1 month
32 <input type="radio"/> 1-6 months	42 <input type="radio"/> 1-6 months	52 <input type="radio"/> 1-6 months	62 <input type="radio"/> 1-6 months
33 <input type="radio"/> More than 6 months	43 <input type="radio"/> More than 6 months	53 <input type="radio"/> More than 6 months	63 <input type="radio"/> More than 6 months
34 <input type="radio"/> Always	44 <input type="radio"/> Always	54 <input type="radio"/> Always	64 <input type="radio"/> Always
35 <input type="radio"/> Don't know	45 <input type="radio"/> Don't know	55 <input type="radio"/> Don't know	65 <input type="radio"/> Don't know
31 <input type="radio"/> Yes	41 <input type="radio"/> Yes	51 <input type="radio"/> Yes	61 <input type="radio"/> Yes
32 <input type="radio"/> No → Go to Q.72	42 <input type="radio"/> No → Go to Q.72	52 <input type="radio"/> No → Go to Q.72	62 <input type="radio"/> No → Go to Q.72
31 <input type="radio"/> Less than 1 month	41 <input type="radio"/> Less than 1 month	51 <input type="radio"/> Less than 1 month	61 <input type="radio"/> Less than 1 month
32 <input type="radio"/> 1-6 months	42 <input type="radio"/> 1-6 months	52 <input type="radio"/> 1-6 months	62 <input type="radio"/> 1-6 months
33 <input type="radio"/> More than 6 months	43 <input type="radio"/> More than 6 months	53 <input type="radio"/> More than 6 months	63 <input type="radio"/> More than 6 months
34 <input type="radio"/> Always	44 <input type="radio"/> Always	54 <input type="radio"/> Always	64 <input type="radio"/> Always
35 <input type="radio"/> Don't know	45 <input type="radio"/> Don't know	55 <input type="radio"/> Don't know	65 <input type="radio"/> Don't know
↓	↓	↓	↓
31 <input type="radio"/> Yes	41 <input type="radio"/> Yes	51 <input type="radio"/> Yes	61 <input type="radio"/> Yes
32 <input type="radio"/> No → Go to Q.74	42 <input type="radio"/> No → Go to Q.74	52 <input type="radio"/> No → Go to Q.74	62 <input type="radio"/> No → Go to Q.74
3 Grade OR 399 <input type="radio"/> Ungraded special school	4 Grade OR 499 <input type="radio"/> Ungraded special school	5 Grade OR 599 <input type="radio"/> Ungraded special school	6 Grade OR 699 <input type="radio"/> Ungraded special school
31 <input type="radio"/> Too young → Go to part F.	41 <input type="radio"/> Too young → Go to part F.	51 <input type="radio"/> Too young → Go to part F.	61 <input type="radio"/> Too young → Go to part F.
32 <input type="radio"/> Parental choice	42 <input type="radio"/> Parental choice	52 <input type="radio"/> Parental choice	62 <input type="radio"/> Parental choice
33 <input type="radio"/> Dropped out	43 <input type="radio"/> Dropped out	53 <input type="radio"/> Dropped out	63 <input type="radio"/> Dropped out
34 <input type="radio"/> Health reason	44 <input type="radio"/> Health reason	54 <input type="radio"/> Health reason	64 <input type="radio"/> Health reason
35 <input type="radio"/> Other	45 <input type="radio"/> Other	55 <input type="radio"/> Other	65 <input type="radio"/> Other
31 <input type="radio"/> Yes → Go to Q.79.	41 <input type="radio"/> Yes → Go to Q.79.	51 <input type="radio"/> Yes → Go to Q.79.	61 <input type="radio"/> Yes → Go to Q.79.
32 <input type="radio"/> No → Go to part F.	42 <input type="radio"/> No → Go to part F.	52 <input type="radio"/> No → Go to part F.	62 <input type="radio"/> No → Go to part F.
31 <input type="radio"/> Yes	41 <input type="radio"/> Yes	51 <input type="radio"/> Yes	61 <input type="radio"/> Yes
32 <input type="radio"/> No → Go to Q.78	42 <input type="radio"/> No → Go to Q.78	52 <input type="radio"/> No → Go to Q.78	62 <input type="radio"/> No → Go to Q.78
31 <input type="radio"/> Less than 1 month	41 <input type="radio"/> Less than 1 month	51 <input type="radio"/> Less than 1 month	61 <input type="radio"/> Less than 1 month
32 <input type="radio"/> 1-6 months	42 <input type="radio"/> 1-6 months	52 <input type="radio"/> 1-6 months	62 <input type="radio"/> 1-6 months
33 <input type="radio"/> More than 6 months	43 <input type="radio"/> More than 6 months	53 <input type="radio"/> More than 6 months	63 <input type="radio"/> More than 6 months
34 <input type="radio"/> Always	44 <input type="radio"/> Always	54 <input type="radio"/> Always	64 <input type="radio"/> Always
35 <input type="radio"/> Don't know	45 <input type="radio"/> Don't know	55 <input type="radio"/> Don't know	65 <input type="radio"/> Don't know

	1	2
78. Please turn to page 4 in your booklet. Which of the statements best describes how well _____ has done in school during the past 6 months?	<input type="checkbox"/> Enter code	<input type="checkbox"/> Enter code
79. Has _____ ever repeated or failed a grade?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> First year in school	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> First year in school
80. Has _____ ever received any of the following types of special education or special teaching? I'd like you to include any part-time as well as any full-time education or teaching. What about education or teaching for (a) perceptually handicapped children? (b) mentally retarded children? (c) emotionally or behaviourally disturbed children? (d) slow learners? (e) advanced learners? (f) any other type of remedial education?	101 <input type="radio"/> Yes, full-time 102 <input type="radio"/> Yes, part-time 103 <input type="radio"/> No 104 <input type="radio"/> Don't know 105 <input type="radio"/> Yes, full-time 106 <input type="radio"/> Yes, part-time 107 <input type="radio"/> No 108 <input type="radio"/> Don't know 109 <input type="radio"/> Yes, full-time 110 <input type="radio"/> Yes, part-time 111 <input type="radio"/> No 112 <input type="radio"/> Don't know 113 <input type="radio"/> Yes, full-time 114 <input type="radio"/> Yes, part-time 115 <input type="radio"/> No 116 <input type="radio"/> Don't know 117 <input type="radio"/> Yes, full-time 118 <input type="radio"/> Yes, part-time 119 <input type="radio"/> No 120 <input type="radio"/> Don't know 121 <input type="radio"/> Yes, full-time 122 <input type="radio"/> Yes, part-time 123 <input type="radio"/> No 124 <input type="radio"/> Don't know <div style="display: inline-block; vertical-align: middle; font-size: small;">Specify type below</div>	201 <input type="radio"/> Yes, full-time 202 <input type="radio"/> Yes, part-time 203 <input type="radio"/> No 204 <input type="radio"/> Don't know 205 <input type="radio"/> Yes, full-time 206 <input type="radio"/> Yes, part-time 207 <input type="radio"/> No 208 <input type="radio"/> Don't know 209 <input type="radio"/> Yes, full-time 210 <input type="radio"/> Yes, part-time 211 <input type="radio"/> No 212 <input type="radio"/> Don't know 213 <input type="radio"/> Yes, full-time 214 <input type="radio"/> Yes, part-time 215 <input type="radio"/> No 216 <input type="radio"/> Don't know 217 <input type="radio"/> Yes, full-time 218 <input type="radio"/> Yes, part-time 219 <input type="radio"/> No 220 <input type="radio"/> Don't know 221 <input type="radio"/> Yes, full-time 222 <input type="radio"/> Yes, part-time 223 <input type="radio"/> No 224 <input type="radio"/> Don't know <div style="display: inline-block; vertical-align: middle; font-size: small;">Specify type below</div>
PART F: This section asks about any times _____ may have spent in a hospital or other facility. <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px auto; width: 200px;">HOSPITAL AND FACILITIES</div>	↓	↓
81. Other than at birth, has _____ ever been an overnight patient in any of the following: (a) a regular or general hospital? (b) a hospital for the physically disabled or mentally retarded? (c) a treatment centre for the emotionally disturbed? (d) some other type of hospital or treatment facility?	101 <input type="radio"/> Yes 102 <input type="radio"/> No 103 <input type="radio"/> Don't know 104 <input type="radio"/> Yes 105 <input type="radio"/> No 106 <input type="radio"/> Don't know 107 <input type="radio"/> Yes 108 <input type="radio"/> No 109 <input type="radio"/> Don't know 110 <input type="radio"/> Yes 111 <input type="radio"/> No 112 <input type="radio"/> Don't know	201 <input type="radio"/> Yes 202 <input type="radio"/> No 203 <input type="radio"/> Don't know 204 <input type="radio"/> Yes 205 <input type="radio"/> No 206 <input type="radio"/> Don't know 207 <input type="radio"/> Yes 208 <input type="radio"/> No 209 <input type="radio"/> Don't know 210 <input type="radio"/> Yes 211 <input type="radio"/> No 212 <input type="radio"/> Don't know
82. INTERVIEWER CHECK ITEM: • If "Yes" to any part of Q81 • Otherwise	11 <input type="radio"/> Go to Q.83. 12 <input type="radio"/> Go to Q.87.	21 <input type="radio"/> Go to Q.83 22 <input type="radio"/> Go to Q.87

3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Child's name _____ C/Ln	Child's name _____ C/Ln	Child's name _____ C/Ln	Child's name _____ C/Ln

3	4	5	6
3 <input type="checkbox"/> Enter code	4 <input type="checkbox"/> Enter code	5 <input type="checkbox"/> Enter code	6 <input type="checkbox"/> Enter code
21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> First year in school	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> First year in school	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> First year in school	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> First year in school
301 <input type="radio"/> Yes, full-time 302 <input type="radio"/> Yes, part-time 303 <input type="radio"/> No 304 <input type="radio"/> Don't know 305 <input type="radio"/> Yes, full-time 306 <input type="radio"/> Yes, part-time 307 <input type="radio"/> No 308 <input type="radio"/> Don't know 309 <input type="radio"/> Yes, full-time 310 <input type="radio"/> Yes, part-time 311 <input type="radio"/> No 312 <input type="radio"/> Don't know 313 <input type="radio"/> Yes, full-time 314 <input type="radio"/> Yes, part-time 315 <input type="radio"/> No 316 <input type="radio"/> Don't know 317 <input type="radio"/> Yes, full-time 318 <input type="radio"/> Yes, part-time 319 <input type="radio"/> No 320 <input type="radio"/> Don't know 321 <input type="radio"/> Yes, full-time 322 <input type="radio"/> Yes, part-time 323 <input type="radio"/> No 324 <input type="radio"/> Don't know	401 <input type="radio"/> Yes, full-time 402 <input type="radio"/> Yes, part-time 403 <input type="radio"/> No 404 <input type="radio"/> Don't know 405 <input type="radio"/> Yes, full-time 406 <input type="radio"/> Yes, part-time 407 <input type="radio"/> No 408 <input type="radio"/> Don't know 409 <input type="radio"/> Yes, full-time 410 <input type="radio"/> Yes, part-time 411 <input type="radio"/> No 412 <input type="radio"/> Don't know 413 <input type="radio"/> Yes, full-time 414 <input type="radio"/> Yes, part-time 415 <input type="radio"/> No 416 <input type="radio"/> Don't know 417 <input type="radio"/> Yes, full-time 418 <input type="radio"/> Yes, part-time 419 <input type="radio"/> No 420 <input type="radio"/> Don't know 421 <input type="radio"/> Yes, full-time 422 <input type="radio"/> Yes, part-time 423 <input type="radio"/> No 424 <input type="radio"/> Don't know	501 <input type="radio"/> Yes, full-time 502 <input type="radio"/> Yes, part-time 503 <input type="radio"/> No 504 <input type="radio"/> Don't know 505 <input type="radio"/> Yes, full-time 506 <input type="radio"/> Yes, part-time 507 <input type="radio"/> No 508 <input type="radio"/> Don't know 509 <input type="radio"/> Yes, full-time 510 <input type="radio"/> Yes, part-time 511 <input type="radio"/> No 512 <input type="radio"/> Don't know 513 <input type="radio"/> Yes, full-time 514 <input type="radio"/> Yes, part-time 515 <input type="radio"/> No 516 <input type="radio"/> Don't know 517 <input type="radio"/> Yes, full-time 518 <input type="radio"/> Yes, part-time 519 <input type="radio"/> No 520 <input type="radio"/> Don't know 521 <input type="radio"/> Yes, full-time 522 <input type="radio"/> Yes, part-time 523 <input type="radio"/> No 524 <input type="radio"/> Don't know	601 <input type="radio"/> Yes, full-time 602 <input type="radio"/> Yes, part-time 603 <input type="radio"/> No 604 <input type="radio"/> Don't know 605 <input type="radio"/> Yes, full-time 606 <input type="radio"/> Yes, part-time 607 <input type="radio"/> No 608 <input type="radio"/> Don't know 609 <input type="radio"/> Yes, full-time 610 <input type="radio"/> Yes, part-time 611 <input type="radio"/> No 612 <input type="radio"/> Don't know 613 <input type="radio"/> Yes, full-time 614 <input type="radio"/> Yes, part-time 615 <input type="radio"/> No 616 <input type="radio"/> Don't know 617 <input type="radio"/> Yes, full-time 618 <input type="radio"/> Yes, part-time 619 <input type="radio"/> No 620 <input type="radio"/> Don't know 621 <input type="radio"/> Yes, full-time 622 <input type="radio"/> Yes, part-time 623 <input type="radio"/> No 624 <input type="radio"/> Don't know
↓	↓	↓	↓
301 <input type="radio"/> Yes 302 <input type="radio"/> No 303 <input type="radio"/> Don't know 304 <input type="radio"/> Yes 305 <input type="radio"/> No 306 <input type="radio"/> Don't know 307 <input type="radio"/> Yes 308 <input type="radio"/> No 309 <input type="radio"/> Don't know 310 <input type="radio"/> Yes 311 <input type="radio"/> No 312 <input type="radio"/> Don't know	401 <input type="radio"/> Yes 402 <input type="radio"/> No 403 <input type="radio"/> Don't know 404 <input type="radio"/> Yes 405 <input type="radio"/> No 406 <input type="radio"/> Don't know 407 <input type="radio"/> Yes 408 <input type="radio"/> No 409 <input type="radio"/> Don't know 410 <input type="radio"/> Yes 411 <input type="radio"/> No 412 <input type="radio"/> Don't know	501 <input type="radio"/> Yes 502 <input type="radio"/> No 503 <input type="radio"/> Don't know 504 <input type="radio"/> Yes 505 <input type="radio"/> No 506 <input type="radio"/> Don't know 507 <input type="radio"/> Yes 508 <input type="radio"/> No 509 <input type="radio"/> Don't know 510 <input type="radio"/> Yes 511 <input type="radio"/> No 512 <input type="radio"/> Don't know	601 <input type="radio"/> Yes 602 <input type="radio"/> No 603 <input type="radio"/> Don't know 604 <input type="radio"/> Yes 605 <input type="radio"/> No 606 <input type="radio"/> Don't know 607 <input type="radio"/> Yes 608 <input type="radio"/> No 609 <input type="radio"/> Don't know 610 <input type="radio"/> Yes 611 <input type="radio"/> No 612 <input type="radio"/> Don't know
31 <input type="radio"/> Go to Q.83. 32 <input type="radio"/> Go to Q.87.	41 <input type="radio"/> Go to Q.83. 42 <input type="radio"/> Go to Q.87.	51 <input type="radio"/> Go to Q.83. 52 <input type="radio"/> Go to Q.87.	61 <input type="radio"/> Go to Q.83. 62 <input type="radio"/> Go to Q.87.

	1	2
83. Other than at birth, was _____ ever an overnight patient in a hospital before he/she was four years old?	11 <input type="radio"/> Yes 12 <input type="radio"/> No 13 <input type="radio"/> Don't know Go to Q.87.	21 <input type="radio"/> Yes 22 <input type="radio"/> No 23 <input type="radio"/> Don't know Go to Q.87.
84. Before _____ was four years old how many different times was (he/she) in the hospital for one night or longer?	1 Times OR 199 <input type="radio"/> Don't know Go to Q.87.	2 Times OR 299 <input type="radio"/> Don't know Go to Q.87.
85. In total, how many nights was this?	1 Nights (Enter 999 if "Don't know")	2 Nights (Enter 999 if "Don't know")
86. During the past 6 months — that is, since August of last year — how many nights was _____ a patient in a hospital?	1 Nights (Enter 999 if "Don't know")	2 Nights (Enter 999 if "Don't know")
87. On how many occasions has _____ been away overnight at:	(Enter 99 if "Don't know")	(Enter 99 if "Don't know")
(a) a foster or group home?	11 Occasions	21 Occasions
(b) a detention centre or juvenile centre?	12 Occasions	22 Occasions
(c) a police station or jail?	13 Occasions	23 Occasions
88. During the past 6 months — that is since August of last year — how many times did you (or _____) see or talk to any one from the following places about _____? What about someone from:	(Enter 99 if "Don't know")	(Enter 99 if "Don't know")
(a) a hospital emergency room?	101 Times	201 Times
(b) a medical doctor's office?	102 Times	202 Times
(c) a mental health clinic?	103 Times	203 Times
(d) a hospital out-patient department or clinic (other than a mental health clinic)?	104 Times	204 Times
(e) the Children's Aid Society?	105 Times	205 Times
(f) the Family Services Association?	106 Times	206 Times
(g) the courts?	107 Times	207 Times
(h) a probation or after-care office?	108 Times	208 Times
(i) a private practice such as a psychiatrist, psychologist or social worker?	109 Times	209 Times
(j) some other organization or individual I haven't mentioned?	110 Times	210 Times



3	4	5	6
31 <input type="radio"/> Yes 32 <input type="radio"/> No 33 <input type="radio"/> Don't know } Go to Q. 87.	41 <input type="radio"/> Yes 42 <input type="radio"/> No 43 <input type="radio"/> Don't know } Go to Q. 87.	51 <input type="radio"/> Yes 52 <input type="radio"/> No 53 <input type="radio"/> Don't know } Go to Q. 87.	61 <input type="radio"/> Yes 62 <input type="radio"/> No 63 <input type="radio"/> Don't know } Go to Q. 87.
3 <input style="width: 30px;" type="text"/> Times OR 399 <input type="radio"/> Don't know → Go to Q. 87.	4 <input style="width: 30px;" type="text"/> Times OR 499 <input type="radio"/> Don't know → Go to Q. 87.	5 <input style="width: 30px;" type="text"/> Times OR 599 <input type="radio"/> Don't know → Go to Q. 87.	6 <input style="width: 30px;" type="text"/> Times OR 699 <input type="radio"/> Don't know → Go to Q. 87.
3 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")	4 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")	5 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")	6 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")
3 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")	4 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")	5 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")	6 <input style="width: 40px;" type="text"/> Nights (Enter 999 if "Don't know")
(Enter 99 if "Don't know") 31 <input style="width: 30px;" type="text"/> Occasions 32 <input style="width: 30px;" type="text"/> Occasions 33 <input style="width: 30px;" type="text"/> Occasions	(Enter 99 if "Don't know") 41 <input style="width: 30px;" type="text"/> Occasions 42 <input style="width: 30px;" type="text"/> Occasions 43 <input style="width: 30px;" type="text"/> Occasions	(Enter 99 if "Don't know") 51 <input style="width: 30px;" type="text"/> Occasions 52 <input style="width: 30px;" type="text"/> Occasions 53 <input style="width: 30px;" type="text"/> Occasions	(Enter 99 if "Don't know") 61 <input style="width: 30px;" type="text"/> Occasions 62 <input style="width: 30px;" type="text"/> Occasions 63 <input style="width: 30px;" type="text"/> Occasions
(Enter 99 if "Don't know") 301 <input style="width: 30px;" type="text"/> Times 302 <input style="width: 30px;" type="text"/> Times 303 <input style="width: 30px;" type="text"/> Times 304 <input style="width: 30px;" type="text"/> Times 305 <input style="width: 30px;" type="text"/> Times 306 <input style="width: 30px;" type="text"/> Times 307 <input style="width: 30px;" type="text"/> Times 308 <input style="width: 30px;" type="text"/> Times 309 <input style="width: 30px;" type="text"/> Times 310 <input style="width: 30px;" type="text"/> Times	(Enter 99 if "Don't know") 401 <input style="width: 30px;" type="text"/> Times 402 <input style="width: 30px;" type="text"/> Times 403 <input style="width: 30px;" type="text"/> Times 404 <input style="width: 30px;" type="text"/> Times 405 <input style="width: 30px;" type="text"/> Times 406 <input style="width: 30px;" type="text"/> Times 407 <input style="width: 30px;" type="text"/> Times 408 <input style="width: 30px;" type="text"/> Times 409 <input style="width: 30px;" type="text"/> Times 410 <input style="width: 30px;" type="text"/> Times	(Enter 99 if "Don't know") 501 <input style="width: 30px;" type="text"/> Times 502 <input style="width: 30px;" type="text"/> Times 503 <input style="width: 30px;" type="text"/> Times 504 <input style="width: 30px;" type="text"/> Times 505 <input style="width: 30px;" type="text"/> Times 506 <input style="width: 30px;" type="text"/> Times 507 <input style="width: 30px;" type="text"/> Times 508 <input style="width: 30px;" type="text"/> Times 509 <input style="width: 30px;" type="text"/> Times 510 <input style="width: 30px;" type="text"/> Times	(Enter 99 if "Don't know") 601 <input style="width: 30px;" type="text"/> Times 602 <input style="width: 30px;" type="text"/> Times 603 <input style="width: 30px;" type="text"/> Times 604 <input style="width: 30px;" type="text"/> Times 605 <input style="width: 30px;" type="text"/> Times 606 <input style="width: 30px;" type="text"/> Times 607 <input style="width: 30px;" type="text"/> Times 608 <input style="width: 30px;" type="text"/> Times 609 <input style="width: 30px;" type="text"/> Times 610 <input style="width: 30px;" type="text"/> Times

PART G: The last section of this questionnaire is about how you discipline your child/children.	1	2
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin: 0 auto;">DISCIPLINE</div>	↓	↓
89. Please turn to page 5 of your booklet. Within the past 6 months, how frequently have you punished or disciplined _____ for misbehaving or doing something wrong?	1 <input type="checkbox"/> Enter code	2 <input type="checkbox"/> Enter code
90. Now please turn to page 6 of your booklet. When _____ is being bad or doing something wrong, how often do you:		
(a) reason with _____ or explain to (him/her)?	11 <input type="checkbox"/> Enter code	21 <input type="checkbox"/> Enter code
(b) send _____ to his/her room?	12 <input type="checkbox"/> Enter code	22 <input type="checkbox"/> Enter code
(c) spank _____ with your hand?	13 <input type="checkbox"/> Enter code	23 <input type="checkbox"/> Enter code
(d) spank _____ with a strap, brush or something else?	14 <input type="checkbox"/> Enter code	24 <input type="checkbox"/> Enter code
(e) take away _____'s privileges?	15 <input type="checkbox"/> Enter code	25 <input type="checkbox"/> Enter code
(f) shake or shove _____ ?	16 <input type="checkbox"/> Enter code	26 <input type="checkbox"/> Enter code
91. During the past 6 months, have you ever felt you needed outside help in disciplining _____?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No

3	4	5	6
↓	↓	↓	↓
3 <input type="checkbox"/> Enter code	4 <input type="checkbox"/> Enter code	5 <input type="checkbox"/> Enter code	6 <input type="checkbox"/> Enter code
31 <input type="checkbox"/> Enter code	41 <input type="checkbox"/> Enter code	51 <input type="checkbox"/> Enter code	61 <input type="checkbox"/> Enter code
32 <input type="checkbox"/> Enter code	42 <input type="checkbox"/> Enter code	52 <input type="checkbox"/> Enter code	62 <input type="checkbox"/> Enter code
33 <input type="checkbox"/> Enter code	43 <input type="checkbox"/> Enter code	53 <input type="checkbox"/> Enter code	63 <input type="checkbox"/> Enter code
34 <input type="checkbox"/> Enter code	44 <input type="checkbox"/> Enter code	54 <input type="checkbox"/> Enter code	64 <input type="checkbox"/> Enter code
35 <input type="checkbox"/> Enter code	45 <input type="checkbox"/> Enter code	55 <input type="checkbox"/> Enter code	65 <input type="checkbox"/> Enter code
36 <input type="checkbox"/> Enter code	46 <input type="checkbox"/> Enter code	56 <input type="checkbox"/> Enter code	66 <input type="checkbox"/> Enter code
31 <input type="radio"/> Yes 32 <input type="radio"/> No	41 <input type="radio"/> Yes 42 <input type="radio"/> No	51 <input type="radio"/> Yes 52 <input type="radio"/> No	61 <input type="radio"/> Yes 62 <input type="radio"/> No

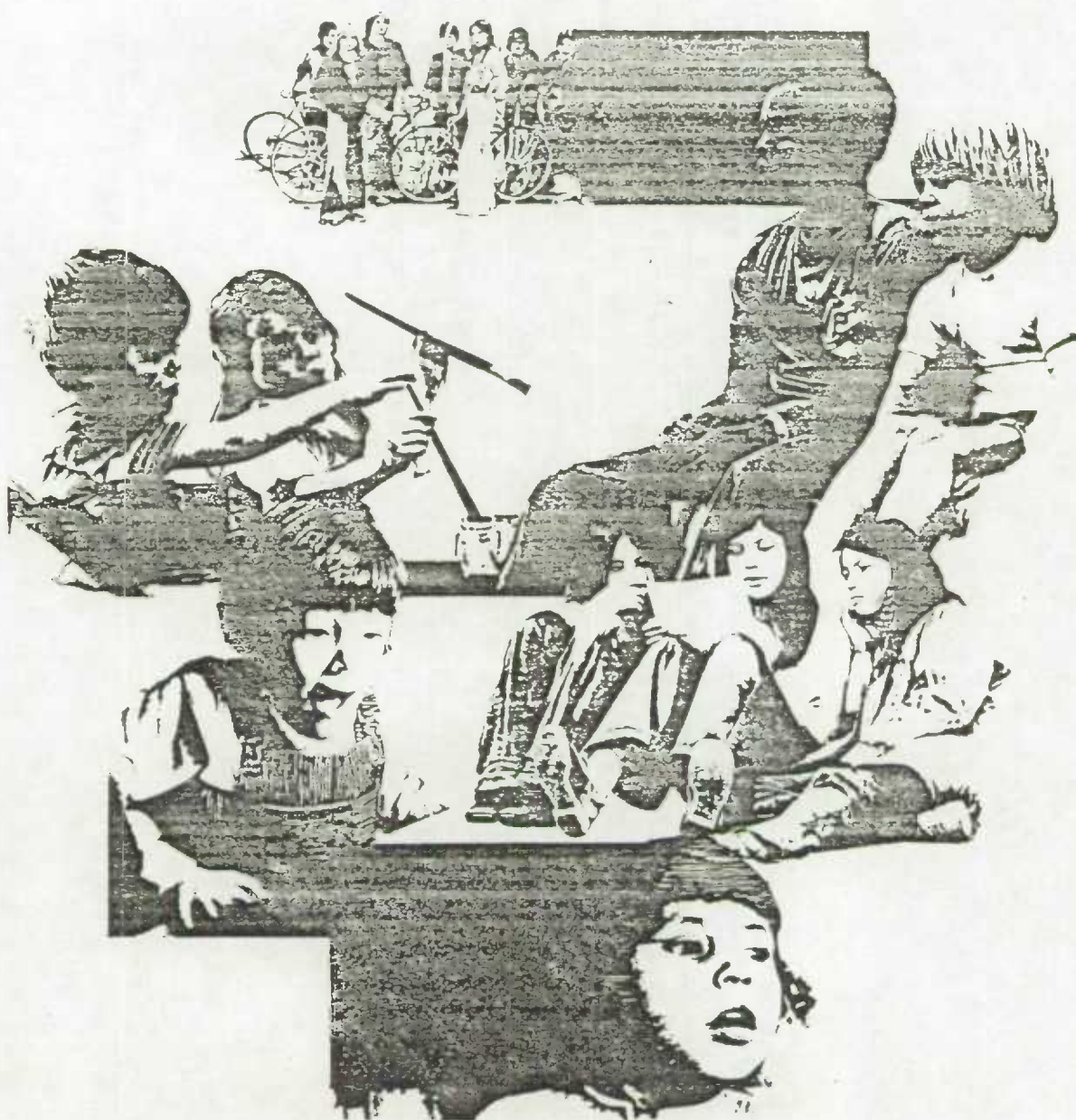


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Ontario Child Health Study Youth Self-report

(For ages 12 to 16)



PART A:

Below is a list of statements that describe some of the feelings and behaviour of kids and young people. For each statement, please mark the circle that best describes you now or within the past 6 months.

Please mark only one of the three circles for each statement. Mark your answers like this ⊗.

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
I act too young for my age	001 <input type="radio"/>	002 <input type="radio"/>	003 <input type="radio"/>	I destroy things belonging to others	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>
I have an allergy	004 <input type="radio"/>	005 <input type="radio"/>	006 <input type="radio"/>	I damage schools or other property	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>
I argue a lot	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	I disobey my parents	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>
I have asthma	010 <input type="radio"/>	011 <input type="radio"/>	012 <input type="radio"/>	I disobey at school	070 <input type="radio"/>	071 <input type="radio"/>	072 <input type="radio"/>
I like animals	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>	I don't eat as well as I should	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>
I brag	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	I don't get along with other kids ...	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>
I have trouble concentrating or paying attention	019 <input type="radio"/>	020 <input type="radio"/>	021 <input type="radio"/>	I don't feel guilty after doing something I shouldn't	079 <input type="radio"/>	080 <input type="radio"/>	081 <input type="radio"/>
I can't get my mind off certain thoughts	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	I am jealous of others	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>
I have trouble sitting still	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>	I am willing to help others when they need help	085 <input type="radio"/>	086 <input type="radio"/>	087 <input type="radio"/>
I'm too dependent on adults	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>	I am afraid of certain animals, situations, or places, other than school	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>
I feel lonely	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	I am afraid of going to school	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
I feel confused or in a fog	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>	I am afraid I might think or do something bad	094 <input type="radio"/>	095 <input type="radio"/>	096 <input type="radio"/>
I cry a lot	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	I feel that I have to be perfect	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
I am pretty honest	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>	I feel that no one loves me	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
I am mean to others	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>	I feel that others are out to get me	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
I am mean to animals	048 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	I feel worthless or inferior	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
I day dream a lot	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>	I accidentally get hurt a lot	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>
I deliberately try to hurt or kill myself	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	I get in many fights	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
I try to get a lot of attention	055 <input type="radio"/>	056 <input type="radio"/>	057 <input type="radio"/>	I get teased a lot	115 <input type="radio"/>	118 <input type="radio"/>	117 <input type="radio"/>
I destroy my own things	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>	I hang around with kids who get in trouble	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
I hear things that nobody else seems able to hear	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	I would rather be with older kids than with kids my own age	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>
I act without stopping to think	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>	I would rather be with younger kids than with kids my own age	211 <input type="radio"/>	212 <input type="radio"/>	213 <input type="radio"/>
I like to be alone	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	I refuse to talk	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>
I lie and cheat	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>	I repeat certain actions over and over	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>
I am nervous or tense	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>	I run away from home	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>
Parts of my body twitch or make nervous movements	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>	I scream a lot	223 <input type="radio"/>	224 <input type="radio"/>	225 <input type="radio"/>
I have nightmares	139 <input type="radio"/>	140 <input type="radio"/>	141 <input type="radio"/>	I am secretive or keep things to myself	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>
I am not liked by other kids	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>	I see things that nobody else seems able to see	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>
I can do certain things better than most kids	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>	I am self-conscious or easily embarrassed	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>
I am too fearful or anxious	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>	I set fires	235 <input type="radio"/>	236 <input type="radio"/>	237 <input type="radio"/>
I feel dizzy	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	I can work well with my hands	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>
I feel too guilty	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>	I show off or clown	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>
I eat too much	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	I am shy	244 <input type="radio"/>	245 <input type="radio"/>	246 <input type="radio"/>
I feel overtired	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>	I sleep less than most kids	247 <input type="radio"/>	248 <input type="radio"/>	249 <input type="radio"/>
I am overweight	163 <input type="radio"/>	164 <input type="radio"/>	165 <input type="radio"/>	I sleep more than most kids during day and/or night	250 <input type="radio"/>	251 <input type="radio"/>	252 <input type="radio"/>
I physically attack people	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>	I have a good imagination	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>
Physical problems without known medical cause:				I have a speech problem	256 <input type="radio"/>	257 <input type="radio"/>	258 <input type="radio"/>
a. Aches or pains	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	I stand up for my rights	259 <input type="radio"/>	260 <input type="radio"/>	261 <input type="radio"/>
b. Headaches	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>	I steal things at home	262 <input type="radio"/>	263 <input type="radio"/>	264 <input type="radio"/>
c. Nausea, feel sick	175 <input type="radio"/>	176 <input type="radio"/>	177 <input type="radio"/>	I steal things from places other than home	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>
d. Problems with eyes	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>	I store up things I don't need	268 <input type="radio"/>	269 <input type="radio"/>	270 <input type="radio"/>
e. Rashes or other skin problems	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>	I do things other people think are strange	271 <input type="radio"/>	272 <input type="radio"/>	273 <input type="radio"/>
f. Stomachaches or cramps	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>	I have thoughts that other people would think are strange	274 <input type="radio"/>	275 <input type="radio"/>	276 <input type="radio"/>
g. Vomiting, throwing up	187 <input type="radio"/>	188 <input type="radio"/>	189 <input type="radio"/>	I am stubborn	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>
h. Other (describe)	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>	My moods or feelings change suddenly	280 <input type="radio"/>	281 <input type="radio"/>	282 <input type="radio"/>
I pick my skin or other parts of my body	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>				
I can be pretty friendly	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>				
I like to try new things	199 <input type="radio"/>	200 <input type="radio"/>	201 <input type="radio"/>				
My school work is poor	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>				
I am poorly coordinated or clumsy	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>				

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
I enjoy being with other people ...	283 <input type="radio"/>	284 <input type="radio"/>	285 <input type="radio"/>	I see myself as more unwell or sickly than I really am	358 <input type="radio"/>	359 <input type="radio"/>	360 <input type="radio"/>
I am suspicious	286 <input type="radio"/>	287 <input type="radio"/>	288 <input type="radio"/>	I worry that terrible things might happen	361 <input type="radio"/>	362 <input type="radio"/>	363 <input type="radio"/>
I swear or use dirty language	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>	I am not as happy as other children	364 <input type="radio"/>	365 <input type="radio"/>	366 <input type="radio"/>
I think about killing myself	292 <input type="radio"/>	293 <input type="radio"/>	294 <input type="radio"/>	I am easily distracted, have difficulty sticking to any activity	367 <input type="radio"/>	368 <input type="radio"/>	369 <input type="radio"/>
I like to make others laugh	295 <input type="radio"/>	296 <input type="radio"/>	297 <input type="radio"/>	I have a poor appetite, am not hungry	370 <input type="radio"/>	371 <input type="radio"/>	372 <input type="radio"/>
I talk too much	298 <input type="radio"/>	299 <input type="radio"/>	300 <input type="radio"/>	I have without physical cause suddenly lost my:			
I tease others a lot	301 <input type="radio"/>	302 <input type="radio"/>	303 <input type="radio"/>	a. sight	373 <input type="radio"/>	374 <input type="radio"/>	375 <input type="radio"/>
I have a hot temper	304 <input type="radio"/>	305 <input type="radio"/>	306 <input type="radio"/>	b. ability to move my arms or legs	376 <input type="radio"/>	377 <input type="radio"/>	378 <input type="radio"/>
I threaten to hurt people	307 <input type="radio"/>	308 <input type="radio"/>	309 <input type="radio"/>	c. hearing	379 <input type="radio"/>	380 <input type="radio"/>	381 <input type="radio"/>
I like to help others	310 <input type="radio"/>	311 <input type="radio"/>	312 <input type="radio"/>	d. voice	382 <input type="radio"/>	383 <input type="radio"/>	384 <input type="radio"/>
I am too concerned about being neat or clean	313 <input type="radio"/>	314 <input type="radio"/>	315 <input type="radio"/>	e. ability to swallow	385 <input type="radio"/>	386 <input type="radio"/>	387 <input type="radio"/>
I have trouble sleeping	316 <input type="radio"/>	317 <input type="radio"/>	318 <input type="radio"/>	f. consciousness	388 <input type="radio"/>	389 <input type="radio"/>	390 <input type="radio"/>
I cut classes or skip school	319 <input type="radio"/>	320 <input type="radio"/>	321 <input type="radio"/>	g. feeling on my skin	391 <input type="radio"/>	392 <input type="radio"/>	393 <input type="radio"/>
I don't have much energy	322 <input type="radio"/>	323 <input type="radio"/>	324 <input type="radio"/>	h. other (describe)	394 <input type="radio"/>	395 <input type="radio"/>	396 <input type="radio"/>
I am unhappy, sad, or depressed ..	325 <input type="radio"/>	326 <input type="radio"/>	327 <input type="radio"/>	I feel that my health should be better	397 <input type="radio"/>	398 <input type="radio"/>	399 <input type="radio"/>
I am louder than other kids	328 <input type="radio"/>	329 <input type="radio"/>	330 <input type="radio"/>	I worry that something bad will happen to people I am close to	400 <input type="radio"/>	401 <input type="radio"/>	402 <input type="radio"/>
I use alcohol or drugs other than for medical conditions	331 <input type="radio"/>	332 <input type="radio"/>	333 <input type="radio"/>	I am cranky	403 <input type="radio"/>	404 <input type="radio"/>	405 <input type="radio"/>
I try to be fair to others	334 <input type="radio"/>	335 <input type="radio"/>	336 <input type="radio"/>	I bite my fingernails	406 <input type="radio"/>	407 <input type="radio"/>	408 <input type="radio"/>
I enjoy a good joke	337 <input type="radio"/>	338 <input type="radio"/>	339 <input type="radio"/>	I have trouble enjoying myself	409 <input type="radio"/>	410 <input type="radio"/>	411 <input type="radio"/>
I like to take life easy	340 <input type="radio"/>	341 <input type="radio"/>	342 <input type="radio"/>	I worry a lot about my health	412 <input type="radio"/>	413 <input type="radio"/>	414 <input type="radio"/>
I try to help other people when I can	343 <input type="radio"/>	344 <input type="radio"/>	345 <input type="radio"/>	I have difficulty awaiting my turn in games or groups	415 <input type="radio"/>	416 <input type="radio"/>	417 <input type="radio"/>
I keep from getting involved with others	346 <input type="radio"/>	347 <input type="radio"/>	348 <input type="radio"/>	I worry about doing the wrong thing	418 <input type="radio"/>	419 <input type="radio"/>	420 <input type="radio"/>
I worry a lot	349 <input type="radio"/>	350 <input type="radio"/>	351 <input type="radio"/>	I cannot keep friends	421 <input type="radio"/>	422 <input type="radio"/>	423 <input type="radio"/>
I become overly upset when leaving someone I am close to	352 <input type="radio"/>	353 <input type="radio"/>	354 <input type="radio"/>	I fidget	424 <input type="radio"/>	425 <input type="radio"/>	426 <input type="radio"/>
I become overly upset while away from someone I am close to	355 <input type="radio"/>	356 <input type="radio"/>	357 <input type="radio"/>	I am constipated, have trouble moving my bowels	427 <input type="radio"/>	428 <input type="radio"/>	429 <input type="radio"/>

PLEASE BE SURE YOU HAVE MARKED ONE CIRCLE FOR EACH STATEMENT

PART B:

The following questions ask about your friendships, and social activities. For each question, please mark the answer you think comes closest. Mark your answers like this ⊗.

01. About how many days a week do you do things with friends?

- 1 ☐ Never
2 ☐ 1 day a week
3 ☐ 2-3 days a week
4 ☐ 4-5 days a week
5 ☐ 6-7 days a week

02. About how many close friends do you have?

- 1 ☐ None
2 ☐ 1
3 ☐ 2 or 3
4 ☐ 4 or 5
5 ☐ 6 or more

03. During the past 6 months, how well have you gotten along with other kids, such as friends or classmates?

- 1 ☐ Very well, no problems
2 ☐ Quite well, hardly any problems
3 ☐ Pretty well, occasional problems
4 ☐ Not too well, frequent problems
5 ☐ Not well at all, constant problems

04. During the past 6 months, how well have you gotten along with your teacher(s) at school?

- 1 ☐ Very well, no problems
2 ☐ Quite well, hardly any problems
3 ☐ Pretty well, occasional problems
4 ☐ Not too well, frequent problems
5 ☐ Not well at all, constant problems
6 ☐ Not in school

05. During the past 6 months, how well have you gotten along with the family?

- 1 ☐ Very well, no problems
2 ☐ Quite well, hardly any problems
3 ☐ Pretty well, occasional problems
4 ☐ Not too well, frequent problems
5 ☐ Not well at all, constant problems

06. How well do you do in sports compared to other kids your age?

- 1 ☐ Way below average
2 ☐ Below average
3 ☐ Average
4 ☐ Above average
5 ☐ Way above average

07. Outside of regular physical education classes, did you take part in any sports during the past year which involved adult coaching or instruction?

- 1 ☐ Yes →
2 ☐ No

How many such sports did you take part in?

08. For activities such as music, dance, art and individual hobbies, how well do you do compared to other kids your age?

- 1 ☐ Way below average
2 ☐ Below average
3 ☐ Average
4 ☐ Above average
5 ☐ Way above average

09. Outside of regular classes in school, did you take any lessons or instruction during the past year in music, dance, or other non-sport activities?

- 1 ☐ Yes →
2 ☐ No

How many such activities did you take lessons or instruction in?

10. During the past year did you belong to any clubs or groups with adult leadership such as cubs, scouts, brownies, a church group or community programs?

- 1 ☐ Yes →
2 ☐ No

How many such clubs or groups did you belong to?

PART C:

11. Since last August, do you think that you have had any emotional or behavioural problems?

1 ☐ Yes

2 ☐ No → Go to 14

12. During that time, did you tend to have more problems than other boys/girls your age?

1 ☐ Yes

2 ☐ No

13. Do you think you need or needed professional help with these problems?
(If you are now getting help, please mark Yes)

1 ☐ Yes

2 ☐ No

14. Do you have anyone in particular you can talk to or confide in about yourself or your problems?

1 ☐ Yes

2 ☐ No → Go to 16

15. What is their relationship to you?
(Mark all that apply)

1 ☐ Parent/guardian

2 ☐ Brother/sister

3 ☐ Other family member

4 ☐ Friend

5 ☐ Teacher

6 ☐ Other professional

7 ☐ Someone else

16. Since last August, have you been questioned by the police about anything you might have done such as stealing, damaging property, or something else?

1 ☐ Yes

2 ☐ No

17. Since last August, have you been to Juvenile Court or some other court for anything you have done?

1 ☐ Yes → How many times?

2 ☐ No

18. Since last August, have you tried or smoked any cigarettes or cigars?

1 ☐ Yes

2 ☐ No → Go to 23

19. Since last August, have you smoked every day for a month or longer?

1 ☐ Yes

2 ☐ No → Go to 23

20. On average, were you smoking 10 or more cigarettes a day during that period?

1 ☐ Yes

2 ☐ No

21. Since last August, have you tried hard to quit or reduce your smoking?

1 ☐ Yes →

2 ☐ No

Were you
successful?

1 ☐ Yes

2 ☐ No

22. How old were you the first time you smoked daily for a month or longer?

Age

23. Since last August, have you drunk any beer, wine or other alcoholic beverages, not counting drinks given to you by your parents on special occasions?

1 ☐ Yes

2 ☐ No → Go to 29

24. Since last August, have you had at least one drink of beer, wine or other alcoholic beverages four or more weeks in a row?

1 ☐ Yes

2 ☐ No

25. Since last August, did you have more than two drinks of beer, wine or other alcoholic beverages at one time?

1 ☐ Yes

2 ☐ No

26. Have you been drunk at any time since last August?

1 ☐ Yes

2 ☐ No

27. How old were you the first time you drank on your own or had more than just a small amount allowed by your parents?

--	--

Age

28. Have you ever worried that you drink too much?

1 ☐ Yes

2 ☐ No

29. From the following list, mark "Yes" for those drugs you have used in the last 6 months and "No" for those drugs you have not used in the past 6 months.

	Yes	No
--	-----	----

Sniffed or inhaled glue, gasoline or other fumes	01 <input type="radio"/>	02 <input type="radio"/>
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Marijuana (pot/grass), hashish	03 <input type="radio"/>	04 <input type="radio"/>
--------------------------------------	--------------------------	--------------------------

Amphetamines, stimulants (uppers, speed)	05 <input type="radio"/>	06 <input type="radio"/>
--	--------------------------	--------------------------

Barbituates, sedatives, tranquilizers (downers)	07 <input type="radio"/>	08 <input type="radio"/>
---	--------------------------	--------------------------

Cocaine (snow, coke)	09 <input type="radio"/>	10 <input type="radio"/>
----------------------------	--------------------------	--------------------------

PCP (angel dust)	11 <input type="radio"/>	12 <input type="radio"/>
------------------------	--------------------------	--------------------------

Hallucinogens, psychedelics (LSD, mescaline, peyote, acid)	13 <input type="radio"/>	14 <input type="radio"/>
--	--------------------------	--------------------------

Heroin, opiates (Horse, H, junk)	15 <input type="radio"/>	16 <input type="radio"/>
--	--------------------------	--------------------------

Something else (specify) _____	17 <input type="radio"/>	18 <input type="radio"/>
--------------------------------	--------------------------	--------------------------

30. Altogether, how many times in the past 6 months did you use any of the kinds of drugs listed above?

99 ☐ Never

OR

--	--

Number of times

31. Have you ever worried that you used these kinds of drugs too much?

1 ☐ Yes

2 ☐ No

THANK YOU FOR ANSWERING THESE QUESTIONS. IF YOU WISH YOU MAY PUT THE COMPLETED FORM IN THE ENVELOPE PROVIDED BEFORE HANDING IT BACK TO YOUR INTERVIEWER.

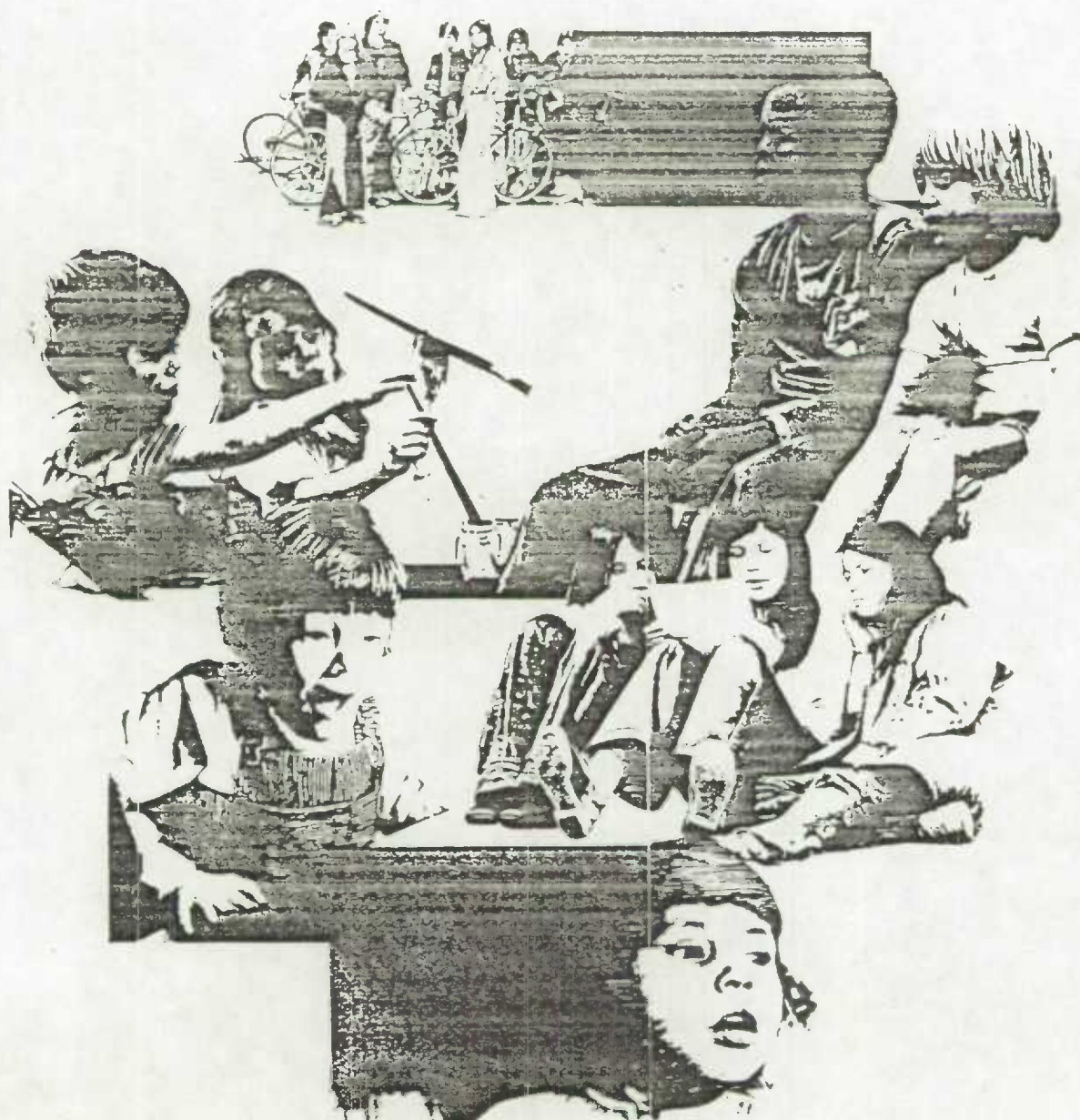


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Ontario Child Health Study Child Behaviour Checklist

(For ages 4 to 16)



PART A:

Below is a list of statements that describe some of the feelings and behaviour of children. For each statement, please mark the circle that best describes _____ now or within the past 6 months. Please mark only one of the three circles for each statement. Mark your answers like this .

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
Acts too young for his/her age	001 <input type="radio"/>	002 <input type="radio"/>	003 <input type="radio"/>	Eats or drinks things that are not food (eg: crayons, dirt, etc.)	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>
Allergy	004 <input type="radio"/>	005 <input type="radio"/>	006 <input type="radio"/>	Fears certain animals, situations, or places other than school	079 <input type="radio"/>	080 <input type="radio"/>	081 <input type="radio"/>
Argues a lot	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	Fears going to school	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>
Asthma	010 <input type="radio"/>	011 <input type="radio"/>	012 <input type="radio"/>	Fears he/she might think or do something bad	085 <input type="radio"/>	086 <input type="radio"/>	087 <input type="radio"/>
Bragging, boasting	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>	Feels he/she has to be perfect	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>
Can't concentrate, can't pay attention for long	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	Feels or complains that no one loves him/her	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
Can't get his/her mind off certain thoughts, obsessions	019 <input type="radio"/>	020 <input type="radio"/>	021 <input type="radio"/>	Feels others are out to get him/her	094 <input type="radio"/>	095 <input type="radio"/>	096 <input type="radio"/>
Can't sit still, restless or hyperactive	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	Feels worthless or inferior	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
Clings to adults or too dependent	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>	Gets hurt a lot, accident-prone	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
Complains of loneliness	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>	Gets in many fights	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
Confused or seems to be in a fog	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	Gets teased a lot	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
Cries a lot	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>	Hangs around with children who get in trouble	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>
Cruel to animals	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	Hears things that aren't there	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
Cruelty, bullying, or meanness to others	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>	Impulsive or acts without thinking	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>
Daydreams or gets lost in his/her thoughts	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>	Likes to be alone	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
Deliberately harms self or attempts suicide	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	Lying or cheating	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>
Demands a lot of attention	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>	Bites fingernails	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>
Destroys his/her own things	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	Nervous, highstrung, or tense	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>
Destroys things belonging to his/her family or other children	055 <input type="radio"/>	056 <input type="radio"/>	057 <input type="radio"/>	Nervous movements or twitching	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>
Disobedient at home	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>	Nightmares	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>
Disobedient at school	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>	Not liked by other children	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>
Doesn't eat well	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>	Constipated, doesn't move bowels	139 <input type="radio"/>	140 <input type="radio"/>	141 <input type="radio"/>
Doesn't get along with other children	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>	Too fearful or anxious	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>
Doesn't seem to feel guilty after misbehaving	070 <input type="radio"/>	071 <input type="radio"/>	072 <input type="radio"/>	Feels dizzy	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>
Easily jealous	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>	Feels too guilty	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
Overeating	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	Sees things that aren't there	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>
Overtired	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>	Self-conscious or easily embarrassed	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>
Overweight	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	Sets fires	223 <input type="radio"/>	224 <input type="radio"/>	225 <input type="radio"/>
Physically attacks people	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>	Shy or timid	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>
Physical problems without known medical cause:				Sleeps less than most children	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>
a. Aches or pains	163 <input type="radio"/>	164 <input type="radio"/>	165 <input type="radio"/>	Showing off or clowning	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>
b. Headaches	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>	Sleeps more than most children during day and/or night	235 <input type="radio"/>	236 <input type="radio"/>	237 <input type="radio"/>
c. Nausea, feels sick	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	Speech problem	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>
d. Problems with eyes	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>	Stares blankly	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>
e. Rashes or other skin problems	175 <input type="radio"/>	176 <input type="radio"/>	177 <input type="radio"/>	Steals at home	244 <input type="radio"/>	245 <input type="radio"/>	246 <input type="radio"/>
f. Stomachaches or cramps	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>	Steals outside the home	247 <input type="radio"/>	248 <input type="radio"/>	249 <input type="radio"/>
g. Vomiting, throwing up	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>	Stores up things he/she doesn't need	250 <input type="radio"/>	251 <input type="radio"/>	252 <input type="radio"/>
h. Other	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>	Strange behaviour	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>
(describe)				Strange ideas	256 <input type="radio"/>	257 <input type="radio"/>	258 <input type="radio"/>
.....				Stubborn, sullen, or irritable	259 <input type="radio"/>	260 <input type="radio"/>	261 <input type="radio"/>
.....				Sudden changes in mood or feelings	262 <input type="radio"/>	263 <input type="radio"/>	264 <input type="radio"/>
Picks nose, skin, or other parts of body	187 <input type="radio"/>	188 <input type="radio"/>	189 <input type="radio"/>	Sulks a lot	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>
Poor school work	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>	Suspicious	268 <input type="radio"/>	269 <input type="radio"/>	270 <input type="radio"/>
Poorly coordinated or clumsy	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>	Swearing or obscene language	271 <input type="radio"/>	272 <input type="radio"/>	273 <input type="radio"/>
Prefers playing with older children	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>	Talks about killing self	274 <input type="radio"/>	275 <input type="radio"/>	276 <input type="radio"/>
Prefers playing with younger children	199 <input type="radio"/>	200 <input type="radio"/>	201 <input type="radio"/>	Talks or walks in sleep	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>
Refuses to talk	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>	Talks too much	280 <input type="radio"/>	281 <input type="radio"/>	282 <input type="radio"/>
Repeats certain acts over and over; compulsions	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>	Teases a lot	283 <input type="radio"/>	284 <input type="radio"/>	285 <input type="radio"/>
Runs away from home	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>	Temper tantrums or hot temper	286 <input type="radio"/>	287 <input type="radio"/>	288 <input type="radio"/>
Screams a lot	211 <input type="radio"/>	212 <input type="radio"/>	213 <input type="radio"/>	Threatens people	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>
Secretive, keeps things to self	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>				

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
Thumb-sucking	292 <input type="radio"/>	293 <input type="radio"/>	294 <input type="radio"/>	Without physical cause suddenly loses:			
Too concerned with neatness or cleanliness	295 <input type="radio"/>	296 <input type="radio"/>	297 <input type="radio"/>	a. sight	358 <input type="radio"/>	359 <input type="radio"/>	360 <input type="radio"/>
Trouble sleeping	298 <input type="radio"/>	299 <input type="radio"/>	300 <input type="radio"/>	b. ability to move arms or legs	361 <input type="radio"/>	362 <input type="radio"/>	363 <input type="radio"/>
Truancy, skips school	301 <input type="radio"/>	302 <input type="radio"/>	303 <input type="radio"/>	c. hearing	364 <input type="radio"/>	365 <input type="radio"/>	366 <input type="radio"/>
Underactive, slow moving, or lacks energy	304 <input type="radio"/>	305 <input type="radio"/>	306 <input type="radio"/>	d. voice	367 <input type="radio"/>	368 <input type="radio"/>	369 <input type="radio"/>
Unhappy, sad or depressed	307 <input type="radio"/>	308 <input type="radio"/>	309 <input type="radio"/>	e. ability to swallow	370 <input type="radio"/>	371 <input type="radio"/>	372 <input type="radio"/>
Uses alcohol or drugs	310 <input type="radio"/>	311 <input type="radio"/>	312 <input type="radio"/>	f. consciousness	373 <input type="radio"/>	374 <input type="radio"/>	375 <input type="radio"/>
Unusually loud	313 <input type="radio"/>	314 <input type="radio"/>	315 <input type="radio"/>	g. feeling on skin	376 <input type="radio"/>	377 <input type="radio"/>	378 <input type="radio"/>
Vandalism	316 <input type="radio"/>	317 <input type="radio"/>	318 <input type="radio"/>	h. other	379 <input type="radio"/>	380 <input type="radio"/>	381 <input type="radio"/>
Wets self during the day	319 <input type="radio"/>	320 <input type="radio"/>	321 <input type="radio"/>	(describe) _____			
Wets the bed	322 <input type="radio"/>	323 <input type="radio"/>	324 <input type="radio"/>	_____			
Whining	325 <input type="radio"/>	326 <input type="radio"/>	327 <input type="radio"/>	_____			
Withdrawn, doesn't get involved with others	328 <input type="radio"/>	329 <input type="radio"/>	330 <input type="radio"/>	_____			
Worrying	331 <input type="radio"/>	332 <input type="radio"/>	333 <input type="radio"/>	_____			
Overly upset when leaving someone he/she is close to	334 <input type="radio"/>	335 <input type="radio"/>	336 <input type="radio"/>	Worries that something bad will hap- pen to people he/she is close to ..	382 <input type="radio"/>	383 <input type="radio"/>	384 <input type="radio"/>
Overly upset while away from someone he/she is close to	337 <input type="radio"/>	338 <input type="radio"/>	339 <input type="radio"/>	Cranky	385 <input type="radio"/>	386 <input type="radio"/>	387 <input type="radio"/>
Sees self as more unwell or sickly than really is	340 <input type="radio"/>	341 <input type="radio"/>	342 <input type="radio"/>	Has trouble enjoying self	388 <input type="radio"/>	389 <input type="radio"/>	390 <input type="radio"/>
Worries that terrible things might happen	343 <input type="radio"/>	344 <input type="radio"/>	345 <input type="radio"/>	Worries a lot about health	391 <input type="radio"/>	392 <input type="radio"/>	393 <input type="radio"/>
Not as happy as other children	346 <input type="radio"/>	347 <input type="radio"/>	348 <input type="radio"/>	Has difficulty awaiting turn in games or groups	394 <input type="radio"/>	395 <input type="radio"/>	396 <input type="radio"/>
Distractable, has trouble sticking to any activity	349 <input type="radio"/>	350 <input type="radio"/>	351 <input type="radio"/>	Worries about doing the wrong thing	397 <input type="radio"/>	398 <input type="radio"/>	399 <input type="radio"/>
Poor appetite, not hungry	352 <input type="radio"/>	353 <input type="radio"/>	354 <input type="radio"/>	Cannot keep friends	400 <input type="radio"/>	401 <input type="radio"/>	402 <input type="radio"/>
Feels his/her health should be better	355 <input type="radio"/>	356 <input type="radio"/>	357 <input type="radio"/>	Fidgets	403 <input type="radio"/>	404 <input type="radio"/>	405 <input type="radio"/>

PLEASE BE SURE YOU HAVE MARKED ONE CIRCLE FOR EACH STATEMENT

PART B:

The following questions ask about your child's friendships and social activities. For each question, please mark the answer you think comes closest. Mark your answers like this ⊗.

01. About how many days a week does he/she do things with friends?

- 1 ☐ Never
2 ☐ 1 day a week
3 ☐ 2-3 days a week
4 ☐ 4-5 days a week
5 ☐ 6-7 days a week

02. About how many close friends does he/she have?

- 1 ☐ None
2 ☐ 1
3 ☐ 2 or 3
4 ☐ 4 or 5
5 ☐ 6 or more

03. During the past 6 months, how well has he/she gotten along with other kids such as friends or classmates?

- 1 ☐ Very well, no problems
2 ☐ Quite well, hardly any problems
3 ☐ Pretty well, occasional problems
4 ☐ Not too well, frequent problems
5 ☐ Not well at all, constant problems

04. During the past 6 months, how well has he/she gotten along with his/her teacher(s) at school?

- 1 ☐ Very well, no problems
2 ☐ Quite well, hardly any problems
3 ☐ Pretty well, occasional problems
4 ☐ Not too well, frequent problems
5 ☐ Not well at all, constant problems
6 ☐ Not in school

05. During the past 6 months, how well has he/she gotten along with the family?

- 1 ☐ Very well, no problems
2 ☐ Quite well, hardly any problems
3 ☐ Pretty well, occasional problems
4 ☐ Not too well, frequent problems
5 ☐ Not well at all, constant problems

06. How well does he/she do in sports compared to other kids his/her age?

- 1 ☐ Way below average
2 ☐ Below average
3 ☐ Average
4 ☐ Above average
5 ☐ Way above average

07. Outside of regular physical education classes, did he/she take part in any sports during the past year which involved practice, coaching or instruction?

- 1 ☐ Yes
2 ☐ No

How many such sports did he/she take part in?

08. For activities such as music, dance, art and individual hobbies, how well does he/she do compared to other kids his/her age?

- 1 ☐ Way below average
2 ☐ Below average
3 ☐ Average
4 ☐ Above average
5 ☐ Way above average

09. Outside of regular classes in school, did he/she take any lessons or instruction during the past year in music, dance, art or other non-sport activities?

- 1 ☐ Yes
2 ☐ No

How many such activities did he/she take lessons or instruction in?

10. During the past year has he/she belonged to any clubs or groups with adult leadership such as cubs, scouts, brownies, a church group or community programs?

- 1 ☐ Yes
2 ☐ No

How many such clubs or groups did he/she belong to?

THANK YOU FOR ANSWERING THESE QUESTIONS. IF YOU WISH, YOU MAY PUT THE COMPLETED FORM IN THE ENVELOPE PROVIDED BEFORE HANDING IT BACK TO YOUR INTERVIEWER.



CONFIDENTIAL
(when completed)

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S ED EA HHNUM P/Ln

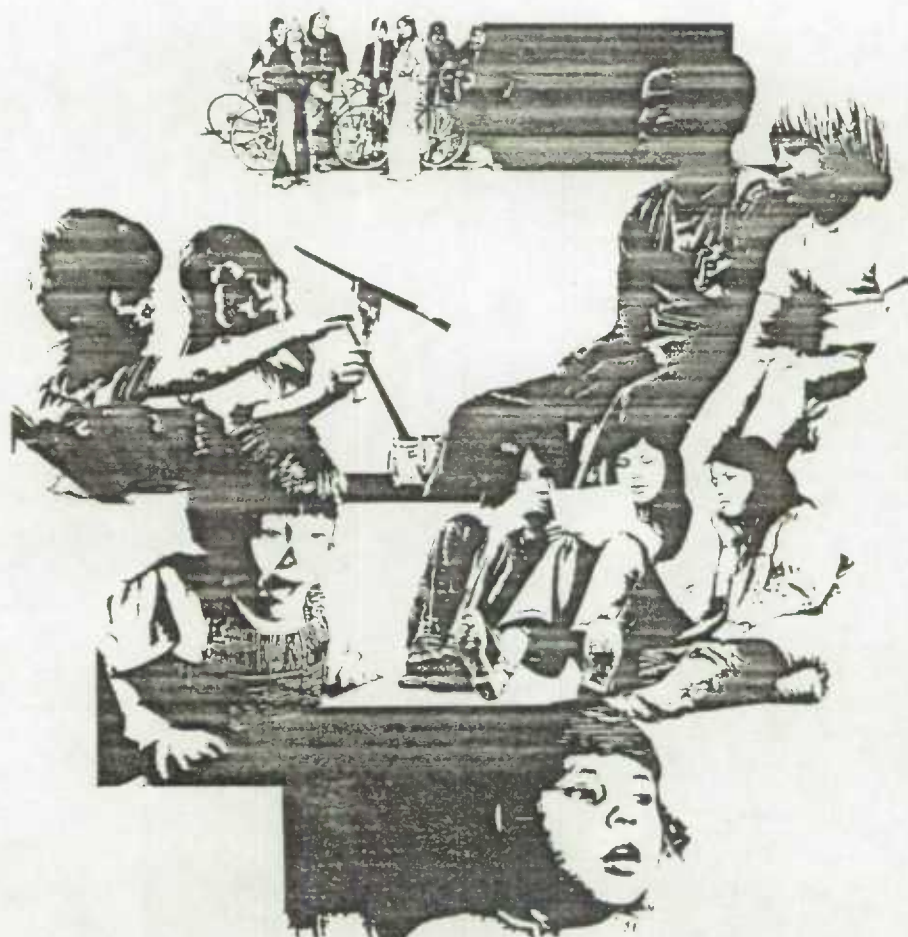
Ontario Child Health Study Family Health and Activity Questionnaire

The questions on this form are about the general health of the family and about family activities.

Some of the questions have simple "yes" or "no" answers. For others, you should mark the answer that comes closest to describing your situation or feelings.

When answering, put an "x" in the circle ⊗.

All answers you give will be treated as confidential. If you wish, you may place the completed form in the envelope provided before handing it back to your interviewer.



QUESTIONS 1 TO 6 ASK ABOUT YOUR HEALTH.	
<p>01. Do you have any medical conditions or health problems of a permanent or long-term nature (more than six months)?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>10. Has he/she been treated for "nerves" or a nervous condition within the past 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p>
<p>02. Are you limited in any way in carrying out normal daily activities at home, at a job or in school, because of a medical condition or health problem?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>11. Has he/she ever been hospitalized for "nerves" or a nervous condition?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p>
<p>03. Have you ever been treated for "nerves" or a nervous condition?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to question 6.</p>	<p>12. On average, over the past 6 months, about how many drinks of beer, wine, liquor or other alcoholic beverage has he/she taken?</p> <p>1 <input type="radio"/> More than 6 drinks a day</p> <p>2 <input type="radio"/> 3-6 drinks a day</p> <p>3 <input type="radio"/> 1 or 2 drinks a day</p> <p>4 <input type="radio"/> 3-6 drinks a week</p> <p>5 <input type="radio"/> Less than 3 drinks a week</p> <p>6 <input type="radio"/> Spouse/partner doesn't drink</p> <p>7 <input type="radio"/> Don't know</p>
<p>04. Have you been treated for "nerves" or a nervous condition within the past 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	
<p>05. Have you ever been hospitalized for "nerves" or a nervous condition?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	
<p>06. On average, over the past 6 months, about how many drinks of beer, wine, liquor or other alcoholic beverage have you taken?</p> <p>1 <input type="radio"/> More than 6 drinks a day</p> <p>2 <input type="radio"/> 3-6 drinks a day</p> <p>3 <input type="radio"/> 1 or 2 drinks a day</p> <p>4 <input type="radio"/> 3-6 drinks a week</p> <p>5 <input type="radio"/> Less than 3 drinks a week</p> <p>6 <input type="radio"/> I don't drink</p>	<p>13. How often do you and your spouse/partner do things together for enjoyment?</p> <p>1 <input type="radio"/> Once or more a day</p> <p>2 <input type="radio"/> 2-6 times a week</p> <p>3 <input type="radio"/> About once a week</p> <p>4 <input type="radio"/> 2-4 times a month</p> <p>5 <input type="radio"/> About once a month</p> <p>6 <input type="radio"/> Less than once a month</p>
<p>QUESTIONS 7 TO 20 ASK ABOUT THE HEALTH OF YOUR SPOUSE OR PARTNER AND ABOUT YOUR RELATIONSHIP TOGETHER. IF YOU HAVE NO SPOUSE OR PARTNER, PLEASE GO DIRECTLY TO ITEM 21.</p>	
<p>07. Does your spouse/partner have any medical conditions or health problems of a permanent or long-term nature (more than 6 months)?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p>	<p>14. How often do you and your spouse/partner show signs that you care for each other?</p> <p>1 <input type="radio"/> Once or more a day</p> <p>2 <input type="radio"/> 2-6 times a week</p> <p>3 <input type="radio"/> About once a week</p> <p>4 <input type="radio"/> 2-4 times a month</p> <p>5 <input type="radio"/> About once a month</p> <p>6 <input type="radio"/> Less than once a month</p>
<p>08. Is your spouse/partner limited in any way in carrying out normal daily activities at home, at a job or in school, because of a medical condition or health problem?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p>	<p>15. How often do you and your spouse/partner quarrel?</p> <p>1 <input type="radio"/> Once or more a day</p> <p>2 <input type="radio"/> 2-6 times a week</p> <p>3 <input type="radio"/> About once a week</p> <p>4 <input type="radio"/> 2-4 times a month</p> <p>5 <input type="radio"/> About once a month</p> <p>6 <input type="radio"/> Less than once a month</p> <p>7 <input type="radio"/> Never → Skip to question 18</p>
<p>09. Has he/she ever been treated for "nerves" or a nervous condition?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know → Go to question 12.</p>	

<p>16. Do you ever hit each other when you quarrel?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Skip to question 18.</p>	<p>24. Individuals (in the family) are accepted for what they are.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>17. How often does this happen?</p> <p>1 <input type="radio"/> Once or more a day</p> <p>2 <input type="radio"/> 2-6 times a week</p> <p>3 <input type="radio"/> About once a week</p> <p>4 <input type="radio"/> 2-4 times a month</p> <p>5 <input type="radio"/> About once a month</p> <p>6 <input type="radio"/> Less than once a month</p>	<p>25. We avoid discussing our fears and concerns.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>18. Overall, how would you rate your relationship?</p> <p>1 <input type="radio"/> Excellent</p> <p>2 <input type="radio"/> Good</p> <p>3 <input type="radio"/> Fair</p> <p>4 <input type="radio"/> Poor</p>	<p>26. We express feelings to each other.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>19. Is this your first marriage or common-law relationship?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>27. There are lots of bad feelings in our family.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>20. Have you and your current spouse/partner ever separated or left each other for one or more consecutive months, other than for job related reasons?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Married or living together for less than one month</p>	<p>28. We feel accepted for what we are.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>ITEMS 21 TO 33 ARE STATEMENTS ABOUT FAMILIES AND FAMILY RELATIONSHIPS. FOR EACH ONE, MARK THE CIRCLE BESIDE THE CATEGORY WHICH BEST DESCRIBES YOUR FAMILY.</p>	
<p>21. Planning family activities is difficult because we misunderstand each other.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>	<p>29. Making decisions is a problem for our family.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>22. In times of crisis we can turn to each other for support.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>	<p>30. We are able to make decisions about how to solve problems.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>
<p>23. We cannot talk to each other about sadness we feel.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>	<p>31. We don't get along well together.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>

<p>32. We confide in each other.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>	<p>38. Has your spouse/partner ever been arrested or charged for an offence other than for a traffic violation?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> No spouse/partner</p> <p>4 <input type="radio"/> Don't know</p>																																		
<p>33. Drinking is a source of tension or disagreement in our family.</p> <p>1 <input type="radio"/> Strongly agree</p> <p>2 <input type="radio"/> Agree</p> <p>3 <input type="radio"/> Disagree</p> <p>4 <input type="radio"/> Strongly disagree</p>	<p>39. The following list describes some of the ways people feel at different times. During the past few weeks, how often have you felt...</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Always</th> <th style="text-align: center;">Sometimes</th> <th style="text-align: center;">Never</th> </tr> </thead> <tbody> <tr> <td>• on top of the world? 01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> </tr> <tr> <td>• very lonely or remote from other people? 04 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>• particularly excited or interested in something? 07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> <tr> <td>• depressed or very unhappy? 10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>• pleased about having accomplished something? 13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>• bored? 16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> <tr> <td>• proud because someone complimented you on something you had done? 19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> <td style="text-align: center;">21 <input type="radio"/></td> </tr> <tr> <td>• so restless you couldn't sit long in a chair? 22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>• that things were going your way? 25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> </tr> <tr> <td>• upset because someone criticized you? 28 <input type="radio"/></td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> </tr> </tbody> </table>		Always	Sometimes	Never	• on top of the world? 01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	• very lonely or remote from other people? 04 <input type="radio"/>	06 <input type="radio"/>	06 <input type="radio"/>	• particularly excited or interested in something? 07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	• depressed or very unhappy? 10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	• pleased about having accomplished something? 13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	• bored? 16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	• proud because someone complimented you on something you had done? 19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	• so restless you couldn't sit long in a chair? 22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	• that things were going your way? 25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	• upset because someone criticized you? 28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
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<p>FINALLY, QUESTIONS 34 TO 41 ASK ABOUT SITUATIONS THAT CAN AFFECT THE WAY YOU FEEL ABOUT THINGS.</p>																																			
<p>34. Do you have anyone in particular that you can talk to or confide in about yourself or your problems?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Skip to question 36</p>																																			
<p>35. What is their relationship to you? (Mark all answers that apply.)</p> <p>1 <input type="radio"/> My spouse/partner</p> <p>2 <input type="radio"/> Son or daughter</p> <p>3 <input type="radio"/> Some other person in my family</p> <p>4 <input type="radio"/> Some one in my spouse/partner family</p> <p>5 <input type="radio"/> A friend</p> <p>6 <input type="radio"/> A professional</p> <p>7 <input type="radio"/> Someone else</p>																																			
<p>36. Please indicate which of the following has happened to you or your spouse/partner during the past 12 months. (Mark all answers that apply.)</p> <p>01 <input type="radio"/> Stopped full-time schooling</p> <p>02 <input type="radio"/> Lost job or was unemployed</p> <p>03 <input type="radio"/> Got married</p> <p>04 <input type="radio"/> Someone moved into our home</p> <p>06 <input type="radio"/> Had financial problems</p> <p>06 <input type="radio"/> My spouse/partner and I separated</p> <p>07 <input type="radio"/> Arrival of baby at home</p> <p>08 <input type="radio"/> Someone moved out of our home</p> <p>09 <input type="radio"/> Serious illness</p> <p>10 <input type="radio"/> Serious illness of someone dear</p> <p>11 <input type="radio"/> Quit or retired from full-time work</p> <p>12 <input type="radio"/> Started working or changed jobs</p> <p>13 <input type="radio"/> Death of someone dear</p> <p>14 <input type="radio"/> None of the above</p>	<p>40. Taking things all together, how would you say things are for you these days?</p> <p>1 <input type="radio"/> Very happy</p> <p>2 <input type="radio"/> Pretty happy</p> <p>3 <input type="radio"/> Not too happy</p>																																		
<p>37. Have you ever been arrested or charged for an offence other than for a traffic violation?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>41. And how would you say things are for your spouse/partner?</p> <p>1 <input type="radio"/> Very happy</p> <p>2 <input type="radio"/> Pretty happy</p> <p>3 <input type="radio"/> Not too happy</p> <p>4 <input type="radio"/> No spouse/partner</p>																																		
<p>THANK YOU FOR ANSWERING THESE QUESTIONS</p> <p>PLEASE HAND THE COMPLETED FORM TO YOUR INTERVIEWER, IF YOU WISH. YOU MAY PUT IT IN THE ENVELOPE PROVIDED.</p>																																			

OCHS 5

- - - -
 S ED EA HHNUM P/L

Now some questions about your background and work.	Female Parent/Guardian	Male Parent/Guardian																										
Q1. In what province or country were you born? <table border="0"> <tr> <td>PROVINCE</td> <td>COUNTRY</td> </tr> <tr> <td>01 Nfld.</td> <td>13 United Kingdom</td> </tr> <tr> <td>02 P.E.I.</td> <td>14 Italy</td> </tr> <tr> <td>03 N.S.</td> <td>15 U.S.A.</td> </tr> <tr> <td>04 N.B.</td> <td>16 West Germany</td> </tr> <tr> <td>05 Que.</td> <td>17 East Germany</td> </tr> <tr> <td>06 Ont.</td> <td>18 Poland</td> </tr> <tr> <td>07 Man.</td> <td></td> </tr> <tr> <td>08 Sask.</td> <td></td> </tr> <tr> <td>09 Alta.</td> <td></td> </tr> <tr> <td>10 B.C.</td> <td></td> </tr> <tr> <td>11 Yukon</td> <td></td> </tr> <tr> <td>12 N.W.T.</td> <td></td> </tr> </table>	PROVINCE	COUNTRY	01 Nfld.	13 United Kingdom	02 P.E.I.	14 Italy	03 N.S.	15 U.S.A.	04 N.B.	16 West Germany	05 Que.	17 East Germany	06 Ont.	18 Poland	07 Man.		08 Sask.		09 Alta.		10 B.C.		11 Yukon		12 N.W.T.		1 <input type="text"/> <input type="text"/> Enter code 119 <input type="radio"/> Other _____ specify _____ 199 <input type="radio"/> Don't know	2 <input type="text"/> <input type="text"/> Enter code 219 <input type="radio"/> Other _____ specify _____ 299 <input type="radio"/> Don't know
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Q2. In what year were you born?	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year																										
Q3. What is the language you first learned in childhood and still understand? 1 English 2 French 3 German 4 Italian 5 Ukrainian	1 <input type="text"/> Enter code 16 <input type="radio"/> Other _____ specify _____ 17 <input type="radio"/> Don't know	2 <input type="text"/> Enter code 26 <input type="radio"/> Other _____ specify _____ 27 <input type="radio"/> Don't know																										
Q4. What is the highest grade or level of education you ever completed? 01 No schooling 02 Some } 03 Completed } Primary or Elementary 04 Some } 05 Completed } Secondary 06 Some } 07 Completed } Community or Technical college, CEGEP, Nurse's Training 08 Some } 09 Completed } University or Teachers' College	1 <input type="text"/> <input type="text"/> Enter code 110 <input type="radio"/> Other 111 <input type="radio"/> Don't know	2 <input type="text"/> <input type="text"/> Enter code 220 <input type="radio"/> Other 221 <input type="radio"/> Don't know																										
Q5. Did..... work at a job or business at anytime during 1982?	11 <input type="radio"/> Yes 12 <input type="radio"/> No → Go to 9. 13 <input type="radio"/> Don't know	21 <input type="radio"/> Yes 22 <input type="radio"/> No → Go to 9. 23 <input type="radio"/> Don't know																										
Q6. Was..... work in 1982 entirely full-time, entirely part-time or some of each? (By full-time I mean 30 hours or more a week)	11 <input type="radio"/> Full-time 12 <input type="radio"/> Part-time 13 <input type="radio"/> Both 14 <input type="radio"/> Don't know	21 <input type="radio"/> Full-time 22 <input type="radio"/> Part-time 23 <input type="radio"/> Both 24 <input type="radio"/> Don't know																										
Q7. Did..... work in every month in 1982? (Include as work all paid absences)	11 <input type="radio"/> Yes → Go to 12. 12 <input type="radio"/> No	21 <input type="radio"/> Yes → Go to 12. 22 <input type="radio"/> No																										
Q8. In how many months did..... work in 1982?	1 <input type="text"/> <input type="text"/> Go to 10.	2 <input type="text"/> <input type="text"/> Go to 10																										
Q9. Have you/has..... ever worked?	11 <input type="radio"/> Yes 12 <input type="radio"/> No	21 <input type="radio"/> Yes 22 <input type="radio"/> No																										
Q10. What was..... main activity during 1982? (When not working)	11 <input type="radio"/> Student 12 <input type="radio"/> Retired 13 <input type="radio"/> Homemaker 14 <input type="radio"/> Looking for work 15 <input type="radio"/> Lay off	21 <input type="radio"/> Student 22 <input type="radio"/> Retired 23 <input type="radio"/> Homemaker 24 <input type="radio"/> Looking for work 25 <input type="radio"/> Lay off																										
11. INTERVIEWER CHECK ITEM:	If "No" in Q.9 11 <input type="radio"/> → Go to Q.15 Otherwise 12 <input type="radio"/> → Go to Q.12	If "No" in Q.9 21 <input type="radio"/> → Go to Q.15 Otherwise 22 <input type="radio"/> → Go to Q.12																										

<p>12. For whom did... last work? (Name of business, government department, or agency or person.)</p>	<p>Female Parent/Guardian</p> <p>1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Male Parent/Guardian</p> <p>2</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13. What kind of business industry or service was this? (Give full description; e.g. paperbox manufacturing, retail shoe store, municipal board of education.)</p>	<p>1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>14. What kind of work were you/was... doing? (Give full description; e.g. posting invoices, selling shoes, teaching primary school)</p>	<p>1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>15. What language is most often spoken at home?</p> <p>1 <input type="radio"/> English</p> <p>2 <input type="radio"/> French</p> <p>3 <input type="radio"/> German</p> <p>4 <input type="radio"/> Italian</p> <p>5 <input type="radio"/> Ukrainian</p> <p>6 <input type="radio"/> Other</p>	<p>20. Is the rent for this dwelling subsidized by the government for any reason?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p> <p>Interviewer: Examples of government subsidization are: low-income housing projects, cooperative housing projects, public housing.</p>	
<p>16. How long have you lived in this (house/apartment/unit)?</p> <p>1 <input type="radio"/> Less than one year</p> <p>2 <input type="radio"/> One to two years</p> <p>3 <input type="radio"/> Three to five years</p> <p>4 <input type="radio"/> Six to ten years</p> <p>5 <input type="radio"/> More than ten years</p> <p>Go to Q.18.</p>	<p>21. Please turn to page 7 of your booklet. Thinking about your total family income, from which of the sources listed did your family receive any income during 1982?</p> <p>1 <input type="radio"/> Wages and salaries</p> <p>2 <input type="radio"/> Income from self-employment</p> <p>3 <input type="radio"/> Family allowance (baby bonus)</p> <p>4 <input type="radio"/> Unemployment insurance or strike pay</p> <p>5 <input type="radio"/> Worker's compensation</p> <p>6 <input type="radio"/> Old Age Security, Guaranteed Income Supplement, Canada or Quebec Pension Plan, Retirement Pension Plan, Super-annuation</p> <p>7 <input type="radio"/> Dividends and interest on bonds, deposits and savings certificates</p> <p>8 <input type="radio"/> Other government sources such as welfare, mother's allowance, etc.</p> <p>9 <input type="radio"/> Other</p>	
<p>17. During the past two years, in how many different dwellings have you lived?</p> <p><input type="text"/> <input type="text"/> Dwellings</p>		
<p>18. How many rooms are there in this (house/apartment/unit)? Include kitchen, bedrooms, finished rooms in basement or attic, etc. Do not include bathrooms, halls, vestibules and rooms used solely for business purposes.</p> <p><input type="text"/> <input type="text"/> Rooms</p>	<p>22. Please turn to page 8 of your booklet. Which category on this page represents the total family income, before taxes, for 1982? Please include income from all sources such as wages, salaries, commissions, pensions, family allowance, rental income and so forth.</p> <p><input type="text"/> <input type="text"/> Income code</p>	
<p>19. Is this (house/apartment/unit) owned or being rented by a member of this household?</p> <p>1 <input type="radio"/> Owned → Go to Q.21.</p> <p>2 <input type="radio"/> Rented</p>		

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: January, 1983

TITLE: Canadian Travel Survey

SPONSOR: Canadian Government of Tourism

SURVEY METHOD: Personal/Telephone Interview

SAMPLE SIZE: Head Office Methodology personnel selected at random one person to be interviewed from each household in Rotation Group 1 throughout Canada.

SAMPLE OBJECTIVES: The data collected will provide the Canadian Government Office of Tourism with information on the importance and significance of travel by Canadians in terms of its contribution to the Canadian economy and its utilization of travel plans (i.e., transportation, accommodation and other travel facilities and services). The data will also be analyzed (i.e., purpose of the trip, distance travelled, length of stay, etc.) and the socio-economic characteristics of travel by Canadians in Canada and abroad during the first quarter of 1984 (January, February and March).

PROJECT MANAGER: Denis Lefebvre

MICRODATA:

YES

☒

NO

☐

PRICE

\$300.00

CONFIDENTIAL
when completed

TRAVEL SURVEY (FOURTH QUARTER)

1	0 6	2		3	0 1 8 3
Form No.		Docket No.		Survey Date	
4		5		6	
Assignment No.		HRD page-line No.		Household Size	
7	Given Name				
8	Surname				

INTRODUCTION AT TIME OF LABOUR FORCE SURVEY

... has been randomly selected from your household as a respondent for the 1982 Travel Survey. This survey is being conducted in order to obtain information on travel and tourism, one of Canada's major industries.

I would like to ask whether ... took any trips which ended during the three month period from October 1st to December 31, 1982. By trip I mean each time ... went to a place 50 miles (80 km) or more away from home and then returned. Do not include trips ... took:

as a member of an operating crew of a bus, plane, truck, etc.;
commuting to work or school;
moving to a new residence.

9. DID ... TAKE ANY TRIPS OF 50 MILES (80 KM) OR MORE WHICH ENDED DURING THE THREE MONTH PERIOD, OCTOBER 1st TO DECEMBER 31, 1982?

Yes ☐No ☐

IF SELECTED RESPONDENT IS NOT AVAILABLE,
MAKE AN APPOINTMENT TO INTERVIEW THE SELECTED
RESPONDENT AS PER THE INSTRUCTIONS IN YOUR
INTERVIEWER'S MANUAL.

Date:	Time:
Call Back:	Call Back:
Address:	Telephone No.

Go to Question 26.

INTRODUCTION AT TIME OF PERSONAL OR TELEPHONE INTERVIEW

You have been randomly selected from your household as a respondent for the 1982 Travel Survey. This survey is being conducted in order to obtain information on travel and tourism, one of Canada's major industries.

I would like to ask some questions about any trips you may have taken which ended during the three month period from October 1st to December 31, 1982. By trip I mean each time you travelled to a place 50 (80 km) or more away from your home and then returned. Please do not include any trips you took:

as a member of an operating crew of a bus, plane, truck, etc.;
commuting to work or school;
moving to a new residence.

10. IN TOTAL, HOW MANY TRIPS OF 50 MILES (80 KM) OR MORE DID YOU TAKE WHICH ENDED DURING THE THREE MONTH PERIOD, OCTOBER 1st TO DECEMBER 31, 1982?

ENTER NUMBER OF TRIPS

TRIP 1

BEGINNING WITH THE FIRST TRIP THAT ENDED
DURING THIS PERIOD:

11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?

(nearest) CITY/TOWN

PROVINCE

FOR OFFICE USE ONLY

12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)

(nearest) CITY/TOWN

COUNTRY (if outside Canada)

PROVINCE/STATE
FOR OFFICE USE ONLY

13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____ ? (REPEAT DESTINATION FROM QUESTION 12)

Miles 1 0 } Enter number [] [] []
Kilometres 2 0 }

14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?

under 15 years 15 years and over
[] [] [] []

15. WAS THIS A WEEK-END TRIP?

Yes 1 0 No 2 0

16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?

Enter number [] [] [] If 000 go to 19

17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?

Newfoundland 01 [] []	Saskatchewan 08 [] []
P.E.I. 02 [] []	Alberta 09 [] []
Nova Scotia 03 [] []	British Columbia 10 [] []
New Brunswick 04 [] []	N.W.T. or Yukon 11 [] []
Quebec 05 [] []	
Ontario 06 [] []	United States 12 [] []
Manitoba 07 [] []	All other countries 13 [] []

18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?

Hotel (including tourist homes) 1 [] []
Motel 2 [] []
Camping or trailer park 3 [] []
Home of friends or relatives 4 [] []
Private cottage or vacation home 5 [] []
Commercial cottage or cabin 6 [] []
Other (hostels, universities, etc.) 7 [] []

19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP? Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only)

Automobile 1 0 Rail 3 0 Other 4 0

Bus 2 0 Boat 5 0

Air 6 0 → Did you rent a car? Yes 7 0 No 8 0

20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP? (Mark one only)

Business 1 0	Pleasure 2 0
Visiting friends/relatives 3 0	Personal 4 0

21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES? (Read list and mark all that apply)

Visiting friends or relatives 01 0	Attend sports events 09 0
Convention 02 0	Participate in sports or outdoor activity (specify) 10 0
Shopping 03 0	Swimming 11 0
Sightseeing 04 0	Other water sports 12 0
Attend cultural events 05 0	Hunting or fishing 13 0
Nightlife/recreational activities 06 0	Cross country skiing 14 0
Visit zoo/historic site/natural display 07 0	Downhill skiing 15 0
Visit National Park 08 0	Other 16 0

None of the above 17 0

22. IF "VISIT NATIONAL PARK" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE PARK(S) YOU VISITED?

[] [] [] [] enter code(s)

23. INCLUDING CHARGES ON CREDIT CARDS, HOW MUCH DID YOU PERSONALLY SPEND ON THIS TRIP FOR _____

Prepaid packages (i.e. package tours) 1	\$ [] [] [] []
Transportation to and from destination 2	\$ [] [] [] []
Local transportation (i.e. taxis, bus, etc.) 3	\$ [] [] [] []
Accommodation 4	\$ [] [] [] []
Food and beverages 5	\$ [] [] [] []
Recreation and entertainment 6	\$ [] [] [] []
Other (souvenirs, etc.) 7	\$ [] [] [] []
Total (if no breakdown given) 8	\$ [] [] [] []

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1 TO DECEMBER 31, 1982?

None 1 0 OR (Enter number) [] []

25. INTERVIEWER CHECK ITEM:

If last trip 1 0 Go to 26
Otherwise 2 0 Go to TRIP

TRIP 2

CONTINUING WITH THE NEXT TRIP

11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?

(nearest) CITY/TOWN

PROVINCE

--	--	--	--	--	--

FOR OFFICE USE ONLY

12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)

(nearest) CITY/TOWN

PROVINCE/STATE

COUNTRY (if outside Canada)

--	--	--	--	--	--

FOR OFFICE USE ONLY

13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____? (REPEAT DESTINATION FROM QUESTION 12)

Miles ¹○

Kilometres ²○

Enter number

14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?

under 15 years

15 years and over

15. WAS THIS A WEEK-END TRIP?

Yes ¹○

No ²○

16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?

Enter number

 If 000 go to 19

17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?

Newfoundland 01

 Saskatchewan 08

P.E.I. 02

 Alberta 09

Nova Scotia 03

 British Columbia 10

New Brunswick 04

 N.W.T. or Yukon 11

Quebec 05

Ontario 06

 United States 12

Manitoba 07

 All other countries 13

18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?

Hotel (including tourist homes) 1

Motel 2

Camping or trailer park 3

Home of friends or relatives 4

Private cottage or vacation home 5

Commercial cottage or cabin 6

Other (hostels, universities, etc.) 7

19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP? Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only)

Automobile ¹○ Rail ³○ Other ⁵○

Bus ²○ Boat ⁴○

Air ⁶○ → Did you rent a car? Yes ¹○ No ²○

20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP? (Mark one only)

Business ¹○ Pleasure ³○

Visiting friends/relatives ²○ Personal ⁴○

21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES? (Read list and mark all that apply)

Visiting friends or relatives ⁰¹○ Attend sports events ⁰⁹○

Convention ⁰²○ Participate in sports or outdoor activity (specify) ¹⁰○

Shopping ⁰³○ Swimming ¹¹○

Sightseeing ⁰⁴○ Other water sports ¹²○

Attend cultural events ⁰⁵○ Hunting or fishing ¹³○

Nightlife/recreational activities ⁰⁶○ Cross country skiing ¹⁴○

Visit zoo/historic site/natural display ⁰⁷○ Downhill skiing ¹⁵○

Visit National Park ⁰⁸○ Other ¹⁶○

None of the above ¹⁷○

22. IF "VISIT NATIONAL PARK" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE PARK(S) YOU VISITED?

enter code(s)

23. INCLUDING CHARGES ON CREDIT CARDS, HOW MUCH DID YOU PERSONALLY SPEND ON THIS TRIP FOR _____?

Prepaid packages (i.e. package tours) 1 \$

 00

Transportation to and from destination 2 \$

 00

Local transportation (i.e. taxis, bus, etc.) 3 \$

 00

Accommodation 4 \$

 00

Food and beverages 5 \$

 00

Recreation and entertainment 6 \$

 00

Other (souvenirs, etc.) 7 \$

 00

Total (if no breakdown given) 8 \$

 00

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1st TO DECEMBER 31, 1982?

None ¹○ OR (Enter number)

25. INTERVIEWER CHECK ITEM:

If last trip ¹○ Go to 26

Otherwise ²○ Go to TRIP 3

TRIP 3

CONTINUING WITH THE NEXT TRIP:

11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?

(nearest) CITY/TOWN

PROVINCE

FOR OFFICE USE ONLY

12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)

(nearest) CITY/TOWN

COUNTRY (if outside Canada)

PROVINCE/STATE
FOR OFFICE USE ONLY

13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____ ? (REPEAT DESTINATION FROM QUESTION 12)

Miles 1 ☐ } Enter number
Kilometres 2 ☐ }

14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?

under 15 years 15 years and over

15. WAS THIS A WEEK-END TRIP?

Yes 1 ☐ No 2 ☐

16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?

Enter number If 000 go to 19

17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?

Newfoundland 01 <input type="text"/> <input type="text"/> <input type="text"/>	Saskatchewan 08 <input type="text"/> <input type="text"/> <input type="text"/>
P.E.I. 02 <input type="text"/> <input type="text"/> <input type="text"/>	Alberta 09 <input type="text"/> <input type="text"/> <input type="text"/>
Nova Scotia 03 <input type="text"/> <input type="text"/> <input type="text"/>	British Columbia 10 <input type="text"/> <input type="text"/> <input type="text"/>
New Brunswick 04 <input type="text"/> <input type="text"/> <input type="text"/>	N.W.T. or Yukon 11 <input type="text"/> <input type="text"/> <input type="text"/>
Quebec 05 <input type="text"/> <input type="text"/> <input type="text"/>	
Ontario 06 <input type="text"/> <input type="text"/> <input type="text"/>	United States 12 <input type="text"/> <input type="text"/> <input type="text"/>
Manitoba 07 <input type="text"/> <input type="text"/> <input type="text"/>	All other countries 13 <input type="text"/> <input type="text"/> <input type="text"/>

18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?

Hotel (including tourist homes) 1 <input type="text"/> <input type="text"/> <input type="text"/>
Motel 2 <input type="text"/> <input type="text"/> <input type="text"/>
Camping or trailer park 3 <input type="text"/> <input type="text"/> <input type="text"/>
Home of friends or relatives 4 <input type="text"/> <input type="text"/> <input type="text"/>
Private cottage or vacation home 5 <input type="text"/> <input type="text"/> <input type="text"/>
Commercial cottage or cabin 6 <input type="text"/> <input type="text"/> <input type="text"/>
Other (hostels, universities, etc.) 7 <input type="text"/> <input type="text"/> <input type="text"/>

19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP? Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only)

Automobile 1 ☐ Rail 3 ☐ Other 6 ☐

Bus 2 ☐ Boat 4 ☐

Air 5 ☐ Did you rent a car? Yes 7 ☐ No 8 ☐

20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP? (Mark one only)

Business 1 ☐ Pleasure 3 ☐
Visiting friends/relatives 2 ☐ Personal 4 ☐

21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES? (Read list and mark all that apply)

Visiting friends or relatives 01 <input type="radio"/>	Attend sports events 09 <input type="radio"/>
Convention 02 <input type="radio"/>	Participate in sports or outdoor activity (specify) 10 <input type="radio"/>
Shopping 03 <input type="radio"/>	Swimming 11 <input type="radio"/>
Sightseeing 04 <input type="radio"/>	Other water sports 12 <input type="radio"/>
Attend cultural events 05 <input type="radio"/>	Hunting or fishing 13 <input type="radio"/>
Nightlife/recreational activities 06 <input type="radio"/>	Cross country skiing 14 <input type="radio"/>
Visit zoo/historic site/natural display 07 <input type="radio"/>	Downhill skiing 15 <input type="radio"/>
Visit National Park 08 <input type="radio"/>	Other 16 <input type="radio"/>

None of the above 17 ☐

22. IF "VISIT NATIONAL PARK" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE PARK(S) YOU VISITED?

enter code(s)

23. INCLUDING CHARGES ON CREDIT CARDS, HOW MUCH DID YOU PERSONALLY SPEND ON THIS TRIP FOR _____

Prepaid packages (i.e. package tours) 1	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transportation to and from destination 2	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Local transportation (i.e. taxis, bus, etc.) 3	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Accommodation 4	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Food and beverages 5	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Recreation and entertainment 6	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other (souvenirs, etc.) 7	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total (if no breakdown given) 8	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1 TO DECEMBER 31, 1982?

None 1 ☐ OR (Enter number)

25. INTERVIEWER CHECK ITEM:

If last trip 1 ☐ Go to 26
Otherwise 2 ☐ Go to TRIP 4

TRIP 4

CONTINUING WITH THE NEXT TRIP:

11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?

(nearest) CITY/TOWN _____

PROVINCE _____

FOR OFFICE USE ONLY

12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)

(Nearest) CITY/TOWN _____

PROVINCE/STATE _____

COUNTRY (if outside Canada) _____

FOR OFFICE USE ONLY

13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____ ? (REPEAT DESTINATION FROM QUESTION 12)

Miles 1 0 } Enter number

Kilometres 2 0 }

14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?

under 15 years 15 years and over

15. WAS THIS A WEEK-END TRIP?

Yes 1 0 No 2 0

16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?

Enter number If 000 go to 19

17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?

Newfoundland 01	Saskatchewan 08
P.E.I. 02	Alberta 09
Nova Scotia 03	British Columbia 10
New Brunswick 04	N.W.T. or Yukon 11
Quebec 06	
Ontario 06	United States 12
Manitoba 07	All other countries 13

18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?

Hotel (including tourist homes)	1	
Motel	2	
Camping or trailer park	3	
Home of friends or relatives	4	
Private cottage or vacation home	5	
Commercial cottage or cabin	6	
Other (hostels, universities, etc.)	7	

19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP? Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only)

Automobile 1 0 Rail 3 0 Other 5 0

Bus 2 0 Boat 4 0

Air 6 0 Did you rent a car? Yes 7 0 No 8 0

20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP? (Mark one only)

Business 1 0	Pleasure 3 0
Visiting friends/relatives 2 0	Personal 4 0

21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES? (Read list and mark all that apply)

Visiting friends or relatives 01 0	Attend sports events 09 0
Convention 02 0	Participate in sports or outdoor activity (specify) 10 0
Shopping 03 0	Swimming 11 0
Sightseeing 04 0	Other water sports 12 0
Attend cultural events 05 0	Hunting or fishing 13 0
Nightlife/recreational activities 06 0	Cross country skiing 14 0
Visit zoo/historic site/natural display 07 0	Downhill skiing 15 0
Visit National Park 08 0	Other 16 0
None of the above 17 0	

22. IF "VISIT NATIONAL PARK" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE PARK(S) YOU VISITED?

enter code(s)

23. INCLUDING CHARGES ON CREDIT CARDS, HOW MUCH DID YOU PERSONALLY SPEND ON THIS TRIP FOR

Prepaid packages (i.e. package tours)	1	\$		00
Transportation to and from destination	2	\$		00
Local transportation (i.e. taxis, bus, etc.)	3	\$		00
Accommodation	4	\$		00
Food and beverages	5	\$		00
Recreation and entertainment	6	\$		00
Other (souvenirs, etc.)	7	\$		00
Total (if no breakdown given)	8	\$		00

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1st TO DECEMBER 31, 1982?

None 1 0 OR (Enter number) _____

25. INTERVIEWER CHECK ITEM:

If last trip 1 0 Go to 26

Otherwise 2 0 Go to TRIP 5

TRIP 5

CONTINUING WITH THE NEXT TRIP:

11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?

(nearest) CITY/TOWN _____

PROVINCE _____

FOR OFFICE USE ONLY

12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)

(Nearest) CITY/TOWN _____

PROVINCE/STATE _____

COUNTRY (if outside Canada) _____

FOR OFFICE USE ONLY

13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____ ? (REPEAT DESTINATION FROM QUESTION 12)

Miles 1

Kilometres 2

Enter number

14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?

under 15 years 15 years and over

Enter number

15. WAS THIS A WEEK-END TRIP?

Yes 1 No 2

16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?

Enter number If 000 go to 19

17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?

Newfoundland 01	Saskatchewan 08
P.E.I. 02	Alberta 09
Nova Scotia 03	British Columbia 10
New Brunswick 04	N.W.T. or Yukon 11
Quebec 05	United States 12
Ontario 06	All other countries 13
Manitoba 07	

18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?

Hotel (including tourist homes) 1	
Motel 2	
Camping or trailer park 3	
Home of friends or relatives 4	
Private cottage or vacation home 5	
Commercial cottage or cabin 6	
Other (hostels, universities, etc.) 7	

19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP? Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only)

Automobile 1 Rail 3 Other 5

Bus 2 Boat 4

Air 6 Did you rent a car? Yes 7 No 8

20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP? (Mark one only)

Business 1 Pleasure 3

Visiting friends/relatives 2 Personal 4

21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES? (Read list and mark all that apply)

Visiting friends or relatives 01	Attend sports events 09
Convention 02	Participate in sports or outdoor activity (specify) 10
Shopping 03	Swimming 11
Sightseeing 04	Other water sports 12
Attend cultural events 05	Hunting or fishing 13
Nightlife/recreational activities 06	Cross country skiing 14
Visit zoo/historic site/natural display 07	Downhill skiing 15
Visit National Park 08	Other 16
None of the above 17	

22. IF "VISIT NATIONAL PARK" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE PARK(S) YOU VISITED?

Enter code(s)

23. INCLUDING CHARGES ON CREDIT CARDS, HOW MUCH DID YOU PERSONALLY SPEND ON THIS TRIP FOR

Prepaid packages (i.e. package tours) 1	\$
Transportation to and from destination 2	\$
Local transportation (i.e. taxis, bus, etc.) 3	\$
Accommodation 4	\$
Food and beverages 5	\$
Recreation and entertainment 6	\$
Other (souvenirs, etc.) 7	\$
Total (if no breakdown given) 8	\$

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1 TO DECEMBER 31, 1982?

None 1 OR (Enter number) 2

25. INTERVIEWER CHECK ITEM:

If last trip 1 Go to 26

Otherwise 2 Go to TRIP

CONTINUING WITH THE NEXT TRIP:

(nearest) CITY/TOWN

PROVINCE

FOR OFFICE USE ONLY

(Nearest) CITY/TOWN

PROVINCE/STATE

COUNTRY (if outside Canada)

FOR OFFICE USE ONLY

Miles. 1 ☐

Kilometres. 1 ☐

Enter number

--	--	--	--

under 15 years

15 years and over

Yes ☒

 $\text{Na}^+ \bigcirc$

Enter number if 000 go to 19

Newfoundland 01	<input type="text"/>	<input type="text"/>	Saskatchewan 08	<input type="text"/>	<input type="text"/>
P.E.I. 02	<input type="text"/>	<input type="text"/>	Alberta 09	<input type="text"/>	<input type="text"/>
Nova Scotia 03	<input type="text"/>	<input type="text"/>	British Columbia 10	<input type="text"/>	<input type="text"/>
New Brunswick 04	<input type="text"/>	<input type="text"/>	N.W.T. or Yukon 11	<input type="text"/>	<input type="text"/>
Quebec 05	<input type="text"/>	<input type="text"/>			
Ontario 06	<input type="text"/>	<input type="text"/>	United States 12	<input type="text"/>	<input type="text"/>
Manitoba 07	<input type="text"/>	<input type="text"/>	All other countries 13	<input type="text"/>	<input type="text"/>

Hotel (including tourist homes)	1	<input type="text"/>	<input type="text"/>
Motel	2	<input type="text"/>	<input type="text"/>
Camping or trailer park	3	<input type="text"/>	<input type="text"/>
Home of friends or relatives	4	<input type="text"/>	<input type="text"/>
Private cottage or vacation home	5	<input type="text"/>	<input type="text"/>
Commercial cottage or cabin	6	<input type="text"/>	<input type="text"/>
Other (hostels, universities, etc.)	7	<input type="text"/>	<input type="text"/>

Automobile ¹○ Rail ³○ Other ¹○

Bus ²○ Boat ⁴○

Air ⁶☐ → Did you rent a car? Yes ⁷☐ No ⁸☐

Business. 1 ☐ Pleasure. 3 ☐
Visiting friends/
relatives. 2 ☐ Personal. 4 ☐

Visiting friends or relatives 01 ☐

Convention 02 ☐

Shopping 03 ☐

Sightseeing 04 ☐

Attend cultural events 05 ☐

Nightlife/recreational activities 06 ☐

Visit zoo/historic site/natural display 07 ☐

Visit National Park 08 ☐

Attend sports events 09 ☐

Participate in sports or outdoor activity (specify) 10 ☐

Swimming 11 ☐

Other water sports 12 ☐

Hunting or fishing 13 ☐

Cross country skiing 14 ☐

Downhill skiing 15 ☐

Other 16 ☐

None of the above 17 ☐

☐ ☐ ☐ ☐ enter code(s)

Prepaid packages (i.e. package tours)	1	\$.00
Transportation to and from destination	2	\$.00
Local transportation (i.e. taxis, bus, etc.)	3	\$.00
Accommodation	4	\$.00
Food and beverages	5	\$.00
Recreation and entertainment	6	\$.00
Other (souvenirs, etc.)	7	\$.00
Total (if no breakdown given)	8	\$.00

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1st TO DECEMBER 31, 1982?

None¹ ☐ OR (Enter number)

25. INTERVIEWER CHECK ITEM:

If last trip ☐ Go to 26

Otherwise² ☐ Go to TRIP 7

TRIP 7

CONTINUING WITH THE NEXT TRIP:

11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?

(nearest) CITY/TOWN

PROVINCE

FOR OFFICE USE ONLY

12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)

(nearest) CITY/TOWN

PROVINCE/STATE

COUNTRY (if outside Canada)

FOR OFFICE USE ONLY

13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____ ? (REPEAT DESTINATION FROM QUESTION 12)

Miles 1

Kilometres 2

Enter number

14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?

under 15 years

15 years and over

15. WAS THIS A WEEK-END TRIP?

Yes 1

No 2

16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?

Enter number If 000 go to 19

17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?

Newfoundland 01	Saskatchewan 08
P.E.I. 02	Alberta 09
Nova Scotia 03	British Columbia 10
New Brunswick 04	N.W.T. or Yukon 11
Quebec 05	
Ontario 06	United States 12
Manitoba 07	All other countries 13

18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?

Hotel (including tourist homes) 1	
Motel 2	
Camping or trailer park 3	
Home of friends or relatives 4	
Private cottage or vacation home 5	
Commercial cottage or cabin 6	
Other (hostels, universities, etc.) 7	

19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP? Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only)

Automobile 1 Rail 2 Other 3

Bus 2 Boat 4

Air 4 Did you rent a car? Yes 2 No 3

20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP? (Mark one only)

Business 1 Pleasure 3

Visiting friends/relatives 2 Personal 4

21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES? (Read list and mark all that apply)

Visiting friends or relatives 01	Attend sports events 09
Convention 02	Participate in sports or outdoor activity (specify) 10
Shopping 03	Swimming 11
Sightseeing 04	Other water sports 12
Attend cultural events 05	Hunting or fishing 13
Nightlife/recreational activities 06	Cross country skiing 14
Visit zoo/historic site/natural display 07	Downhill skiing 15
Visit National Park 08	Other 16

None of the above 17

22. IF "VISIT NATIONAL PARK" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE PARK(S) YOU VISITED?

enter code(s)

23. INCLUDING CHARGES ON CREDIT CARDS, HOW MUCH DID YOU PERSONALLY SPEND ON THIS TRIP FOR

Prepaid packages (i.e. package tours) 1	\$	
Transportation to and from destination 2	\$	
Local transportation (i.e. taxis, bus, etc.) 3	\$	
Accommodation 4	\$	
Food and beverages 5	\$	
Recreation and entertainment 6	\$	
Other (souvenirs, etc.) 7	\$	
Total (if no breakdown given) 8	\$	

24. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE ENDING DURING THE PERIOD OCTOBER 1 TO DECEMBER 31, 1982?

None 1 OR (Enter number) 2

25. INTERVIEWER CHECK ITEM:

If last trip 1 Go to 26

Otherwise 2 Go to TRIP 8

26. DURING THE NINE MONTH PERIOD FROM JANUARY 1st, 1982 TO SEPTEMBER 30, 1982 DID ... TAKE ANY NON BUSINESS TRIP OF AT LEAST 50 MILES (80 km)?

Yes ¹○

No ²○ Go to 28

27. WERE THESE TRIPS TO DESTINATIONS IN CANADA, THE UNITED STATES OR SOME OTHER COUNTRY? (MARK ALL THAT APPLY).

Canada ¹○

United States ²○

Other Country ³○

28. FOR THE YEAR 1982, IN WHICH OF THE FOLLOWING RANGES WAS YOUR TOTAL HOUSEHOLD INCOME BEFORE TAXES AND DEDUCTIONS? INCLUDE INCOME FROM WAGES, SALARIES, TIPS, COMMISSIONS, PENSIONS, INTEREST AND RENTS, ETC.

Less than \$9,000. ¹○

\$20,000 to \$24,999. ⁴○

\$35,000 to \$39,999. ⁷○

\$9,000 to \$14,999. ²○

\$25,000 to \$29,999. ⁵○

\$40,000 to \$44,999. ⁸○

\$15,000 to \$19,999. ³○

\$30,000 to \$34,999. ⁶○

\$45,000 and over ⁹○

Not Stated ⁰○

29. HOW MANY PEOPLE CONTRIBUTED TO THIS HOUSEHOLD INCOME?

One ¹○

Three ³○

Two ²○

Four or more ⁴○

30. HAS ... EVER FLOWN ON A COMMERCIAL AIR LINE?

Yes ¹○

No ²○

Don't know ³○

NOTES:

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: February 1983

TITLE: Absence from Work

SPONSOR: Actuarial Services Branch of Employment and Immigration
Canada

SURVEY METHOD: Personal/Telephone Interview

SAMPLE SIZE: Rotation groups 1, 3, and 4.

SURVEY OBJECTIVES: To obtain information about the absences from work, by
paid employees during 1982, which were due to illness,
accident or pregnancy and about the financial
compensation received for such absences.

PROJECT MANAGER: Denis Lefebvre

MICRODATA:

YES

NO

PRICE

☒☐

\$300.00

Docket No 2 Survey date 3 Assignment No 4
 HMD page - line No Given name Mo Yr Surname
 5 6 7

DECEMBER'S SUPPLEMENTARY QUESTIONS LARGELY CONCERNED ... 'S WORK LAST YEAR, WHILE THE FOLLOWING QUESTIONS CONCERN ... 'S ABSENCES FROM WORK DURING THE LAST YEAR, THAT IS, FROM JANUARY 1, 1982 TO DECEMBER 31, 1982.

10 DID ... WORK AS A PAID EMPLOYEE IN 1982?

Yes ¹ ☐ No ² ☐ Go to 23

11 HOW MANY HOURS A WEEK DID ... USUALLY WORK AS A PAID EMPLOYEE?

No. of hours

12 HOW MANY WEEKS IN 1982 WAS ... A PAID EMPLOYEE? DO NOT INCLUDE ABSENCES OF 2 OR MORE CONSECUTIVE WEEKS DUE TO OWN ILLNESS, ACCIDENT OR PREGNANCY.

No. of weeks

13 AT ANY TIME IN 1982 DID ... LEAVE A JOB, OR WAS ... ABSENT FROM WORK FOR 2 OR MORE CONSECUTIVE WEEKS BECAUSE OF HIS/HER OWN ILLNESS, ACCIDENT OR PREGNANCY?

Yes ¹ ☐ No ² ☐ Go to 23

14 HOW MANY SEPARATE PERIODS OF 2 OR MORE CONSECUTIVE WEEKS WAS ... UNABLE TO WORK DUE TO HIS/HER OWN ILLNESS, ACCIDENT OR PREGNANCY? DO NOT INCLUDE ANY PERIOD THAT BEGAN BEFORE JANUARY 1, 1982.

No. of periods
 If none, enter 00, and go to 23

15 OF THESE PERIODS, WAS THE LAST PERIOD DUE TO ILLNESS, DUE TO ACCIDENT OR DUE TO PREGNANCY?

Illness ¹ ☐ Accident ² ☐ Pregnancy ⁴ ☐

16 HOW MANY CONSECUTIVE WEEKS WAS THIS LAST ABSENCE FROM BEGINNING TO END?

No. of weeks
 Go to 18

Absence not ended ² ☐ Go to 17

17 UP TO THE END OF LAST WEEK, HOW MANY WEEKS HAS ... BEEN CONTINUOUSLY ABSENT FROM WORK?

No. of weeks

18 WHAT KIND OF FINANCIAL COMPENSATION DID ... RECEIVE FOR THIS LAST PERIOD? (Mark all types of compensation received)

None ¹ ☐ Go to 19

ARE THERE ANY OTHERS? (Mark all other types of compensation received)

For each type of compensation received, ask:
HOW MANY WEEKS OF ... DID ... RECEIVE?
(Repeat type of compensation)

	No. of weeks
Unemployment insurance	² <input type="radio"/> <input type="text"/>
Workmen's Compensation	³ <input type="radio"/> <input type="text"/>
Group Insurance	⁴ <input type="radio"/> <input type="text"/>
Automobile Insurance	⁵ <input type="radio"/> <input type="text"/>
Full pay from employer	⁶ <input type="radio"/> <input type="text"/>
Partial pay from employer	⁷ <input type="radio"/> <input type="text"/>
Other financial compensation	⁸ <input type="radio"/> <input type="text"/>

19 INTERVIEWER CHECK ITEM:

• If 0 2 or more periods in 14 ¹ ☐ Go to 20
 • Otherwise ² ☐ Go to 23

20 THE FIRST QUESTIONS ASKED ABOUT ... 'S LAST ABSENCE. THE NEXT 2 QUESTIONS CONCERN THE ABSENCE BEFORE THAT.

21 WAS THIS PREVIOUS PERIOD OF ABSENCE DUE TO ILLNESS, DUE TO ACCIDENT OR DUE TO PREGNANCY?

Illness ¹ ☐ Accident ² ☐ Pregnancy ⁴ ☐

22 HOW MANY CONSECUTIVE WEEKS WAS THIS PREVIOUS ABSENCE?

No. of weeks

23 INTERVIEW:

Proxy ¹ ☐ Non-proxy ² ☐

NOTES

See over for additional NOTES

Forming

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SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: March 1983

TITLE: Survey of Job Opportunities

SPONSOR: Labour Force Activities Section, Statistics Canada

SURVEY METHOD: Personal/Telephone Interview.

SAMPLE SIZE: All Rotation Groups

SURVEY OBJECTIVES: This survey will obtain supplementary information about persons who are currently not employed and have not actively looked for work in the past four weeks.

PROJECT MANAGER: Denis Lefebvre

MICRODATA:

YES

☒

NO

☐

PRICE

\$300.00



Docket No. 2 Survey date 3 Assignment No. 4
HRD page - line No. Given name Surname
5 6 7

1 FORM NO 06

INTERVIEWER CHECK ITEM: On FORM 05• If blank in item 50..... ☐ END.• If "Yes" or "No" in item 50..... ☐
Complete the 2
reference items
below by copying
from the FORM 05**56** IN THE PAST 6 MONTHS HAS ... LOOKED FOR WORK?Yes ☐ No ☐**57** IN THE PAST 4 WEEKS WHAT HAS ... DONE TO FIND WORK?Nothing ☐COMPLETE THE REMAINING ITEMS ON THIS FORM 06,
REFERRING TO ITEMS 56 AND 57 ABOVE,
AS NECESSARY.**10** **INTERVIEWER CHECK ITEM:**• If "Yes" in item 56 ... ☐ go to 11• If "No" in item 56 ... ☐ go to 12• If blank in item 56 ... ☐ END**11** **INTERVIEWER CHECK ITEM:**• If "Nothing" circle marked
in item 57 ☐ go to 14• Otherwise ☐ END.**12** HAS ... LOOKED FOR WORK AT ANYTIME IN THE
PAST 12 MONTHS?Yes ☐ No ☐ go to 14**13** WHAT WAS THE MAIN REASON THAT ... STOPPED
LOOKING FOR WORK?☐ Enter code**14** DID ... WANT A JOB LAST
WEEK?Yes ☐ No ☐ go to 24**15** WHAT WAS THE MAIN REASON
THAT ... DID NOT LOOK FOR
WORK LAST WEEK?☐ Enter code**16** WAS THERE ANY REASON
THAT ... COULD NOT TAKE A
JOB LAST WEEK?☐ Enter code and
if code 0 or 3
go to 24**17** DOES ... WANT A JOB TO
LAST FOR LESS THAN 6
MONTHS OR MORE THAN
6 MONTHS?8 months or less.... ☐ go to 18More than 6 months ☐Length of employ-
ment does not
matter ☐ go to 19**18** WHAT IS THE MAIN REASON
THAT ... WANTS A JOB TO
LAST FOR LESS THAN 6
MONTHS?☐ Enter code**19** DOES ... WANT A FULL-TIME
JOB OR A PART-TIME JOB?Full time ☐Part time ☐Either full time or
part time ☐**20** WOULD ... MOVE TO
ANOTHER LOCATION IN THIS
PROVINCE IF A SUITABLE JOB
WERE OFFERED?Yes ☐ No ☐**21** WOULD ... MOVE TO
ANOTHER PROVINCE IF A
SUITABLE JOB WERE
OFFERED?Yes ☐ No ☐**22** DOES ... EXPECT TO BE
WORKING AT ANYTIME IN
THE NEXT 6 MONTHS?Yes ☐ No ☐ go to 24**23** DOES ... EXPECT TO BE
WORKING FOR A FORMER
EMPLOYER?Yes ☐ No ☐**24** **INFORMATION SOURCE:**Enter HRD page-line
number of person
providing the above
information.

CODES - MARCH 1983

13 1 Own illness or disability
15 2 Personal or family responsibilities
3 Going to school
4 No longer interested in finding work
5 Waiting for recall (to former job)
6 Has found new job
7 Waiting for replies from employers
8 Believes no work available (in area,
or suited to skills)
9 No reason given
0 Other - Do not specify in NOTES

16 1 Own illness or disability
2 Personal or family responsibilities
3 Going to school
4 Already has a job
5 No reason
0 Other - Specify in NOTES

18 1 Own illness or disability
2 Personal or family responsibilities
3 Continuing with Education or Returning
to School
4 No jobs available (in area or suited to
skills which last more than six months)
5 Expects to return to a former job or
employer
0 Other - Specify in NOTES

99 NOTES

See over for additional NOTES

☐ ☐
☐ ☐

☐ ☐
☐ ☐

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: August 1983

TITLE: Special Needs in Public Transportation Survey

SPONSOR: Canadian Transport Commission

SURVEY METHOD: Personal/Telephone Interview.

SAMPLE SIZE: Rotations 3 and 4.

SURVEY OBJECTIVES: The objective is to determine the extent to which disabled Canadians travel, the difficulties they encounter and the kinds of assistance they require when travelling. As well, the CTC hopes to determine the extent to which disabled persons are unable to travel because the existing services provided by the carriers do not meet their needs.

PROJECT MANAGER: Mike Sheridan

MICRODATA:

YES

☐

NO

☒

PRICE

District No. **2** Survey date **3** Assignment No. **4**
 HRC code: **5** Given name **6** Surname **7**

10. DO YOU HAVE ANY PHYSICAL CONDITION OR HEALTH PROBLEM WHICH MAKES IT DIFFICULT FOR YOU TO TRAVEL WITHOUT SOME FORM OF ASSISTANCE OR AID? (e.g., wheelchair, cane, attendant assistance)

Yes ¹ ☐ No ² ☐ END

11. IS YOUR PHYSICAL CONDITION OR HEALTH PROBLEM RELATED TO ANY OF THE FOLLOWING?

	Yes	No
Seeing	¹ <input type="radio"/>	² <input type="radio"/>
Hearing	³ <input type="radio"/>	⁴ <input type="radio"/>
Mobility	⁵ <input type="radio"/>	⁶ <input type="radio"/>
Other (specify in NOTE)	⁷ <input type="radio"/>	⁸ <input type="radio"/>

12. ARE YOU PREVENTED FROM USING ANY OF THESE FORMS OF TRANSPORTATION BECAUSE OF YOUR PHYSICAL CONDITION OR HEALTH PROBLEM?

	Yes	No
Airplane	¹ <input type="radio"/>	² <input type="radio"/>
Train	³ <input type="radio"/>	⁴ <input type="radio"/>
Bus excluding city bus	⁵ <input type="radio"/>	⁶ <input type="radio"/>

If all "Yes" END

13. SINCE THE ONSET OF YOUR PHYSICAL CONDITION OR HEALTH PROBLEM, HAVE YOU USED ANY OF THE FOLLOWING FORMS OF TRANSPORTATION? (Mark all that apply)

Airplane	¹ <input type="radio"/>	
Train	² <input type="radio"/>	Go to 14
Bus excluding city bus	³ <input type="radio"/>	
None of the above	⁴ <input type="radio"/>	END

14. WHEN TRAVELLING ON AN AIRPLANE, TRAIN OR BUS, DID YOU ENCOUNTER DIFFICULTIES WITH ANY OF THE FOLLOWING? (Mark all that apply)

Hearing announcements	⁰¹ <input type="radio"/>
Seeing signs, notices or announcements	⁰² <input type="radio"/>
Going up and down stairs/escalators	⁰³ <input type="radio"/>
Moving about the terminal	⁰⁴ <input type="radio"/>
Boarding/disembarking	⁰⁵ <input type="radio"/>
Seating on board	⁰⁶ <input type="radio"/>
Washroom facilities	⁰⁷ <input type="radio"/>
Transporting wheelchair	⁰⁸ <input type="radio"/>
Transportation staff	⁰⁹ <input type="radio"/>
Carrier rules and regulations	¹⁰ <input type="radio"/>
Other (specify in NOTES)	¹¹ <input type="radio"/>
None of the above	¹² <input type="radio"/>

15. WHICH OF THE FOLLOWING AIDS OR ASSISTANCE HAVE YOU USED WHEN TRAVELLING ON AN AIRPLANE, TRAIN OR BUS? (Mark all that apply)

Wheelchair owned by you	⁰¹ <input type="radio"/>
Wheelchair provided by terminal or carrier	⁰² <input type="radio"/>
Special assistance provided by staff	⁰³ <input type="radio"/>
Personal attendant accompanying you	⁰⁴ <input type="radio"/>
Manual or mechanical lift to board or disembark	⁰⁵ <input type="radio"/>
White cane	⁰⁶ <input type="radio"/>
Guide dog	⁰⁷ <input type="radio"/>
Walking aid (cane, walker or crutches)	⁰⁸ <input type="radio"/>
Other (specify in NOTES)	⁰⁹ <input type="radio"/>
None of the above	¹⁰ <input type="radio"/>

99 NOTES

Item no.

Item no.

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: September 1983

TITLE: Tourism Attitude and Motivation Study

SPONSOR: Tourism Canada

SURVEY METHOD: Personal/Telephone Interview.

SAMPLE SIZE: From 1 to 4 Rotations Groups, varied by province.

SURVEY OBJECTIVES: The Tourism Attitude and Motivation Study has been designed to discover not only the reasons why trips were taken, but what motivated the traveller in the first place. The answers provided will be an indication of how important, people, places and things were to each trip; how pleased or displeased the person was with the trip; and, what people look for and/or expect when they travel. This information can be used for the improvement of services to the travellers and to make the travel experience even for short trips a better value for dollars spent.

PROJECT MANAGER: Denis Lefebvre

MICRODATA:

YES

NO

PRICE

☒☐

\$500.00

CONFIDENTIAL
when completed

TOURISM ATTITUDE AND MOTIVATION STUDY

Authority - Statistics Act, Statutes of
Canada, 1970-71-72, Chapter 15.

1	0 6	2		3	0 9 8 3
	Form No.		Docket No.		Survey Date
4		5		6	
	Assignment No.		HRD page line No.		Household Size
7	Given Name				
8	Surname				

AT THE TIME OF LABOUR FORCE SURVEY

INTRODUCTION: ... has been randomly selected from your household as a respondent for a survey concerning peoples' attitudes and motivation to travel. The questionnaire must be completed in a **personal interview** for which I need to arrange an appointment.

INTERVIEWER INSTRUCTION

IN TELEPHONE AND PERSONAL INTERVIEW ASSIGNMENTS:

- Arrange the appointment with the selected respondent whenever it is appropriate; otherwise, ask for a convenient time to telephone when the selected respondent would be at home.

Telephone No.	Date/Time for Call-Back (if required)
Call-back	

- (In personal interview assignments, avoid completing this questionnaire during the LFS interview unless this is the only alternative to a non-response.)

APPOINTMENT FOR PERSONAL INTERVIEW	
Date	Time
Call-back	
Call-back	
Address	Telephone No.

INTRODUCTION AT TIME OF THE INTERVIEW FOR THE TOURISM ATTITUDE AND
MOTIVATION STUDY

As I mentioned to you earlier, this survey concerns your attitudes and motivation to travel. The questions are intended to determine Canadians' preferences and dislikes about vacation and pleasure travel as well as the reasons they may or may not travel. The responses provided to this survey will be used by both the government and private firms to plan facilities and attractions in the future.

1. IN THE PAST THREE YEARS, HAVE YOU TAKEN ANY BUSINESS TRIPS WHERE YOU WERE AWAY FROM HOME, FOR AT LEAST ONE NIGHT?

Yes ¹ ☐ No ² ☐

2. IN THE PAST THREE YEARS, HAVE YOU TAKEN ANY TRIPS OF AT LEAST ONE NIGHT JUST FOR PERSONAL MATTERS, SUCH AS, FAMILY EMERGENCIES, ILLNESS, FUNERALS, ETC.?

Yes ¹ ☐ No ² ☐

3. IN THE PAST THREE YEARS, HAVE YOU TAKEN ANY VACATION OR PLEASURE TRIPS, OF AT LEAST ONE NIGHT, INCLUDING TRIPS TO VISIT FRIENDS AND RELATIVES?

Yes ¹ ☐ Go to 5
No ² ☐

4. HAVE YOU EVER TAKEN ANY VACATION OR PLEASURE TRIPS, OF AT LEAST ONE NIGHT, INCLUDING TRIPS TO VISIT FRIENDS AND RELATIVES?

Yes ¹ ☐ } Go to 11
No ² ☐

5. WERE ANY OF THESE VACATION OR PLEASURE TRIPS TO DESTINATIONS IN CANADA?

Yes ¹ ☐ No ² ☐

6. WERE ANY OF THESE VACATION OR PLEASURE TRIPS TO DESTINATIONS IN THE U.S.A.?

Yes ¹ ☐
No ² ☐ Go to 8

7. IN WHICH PART(S) OF THE U.S.A. WAS/WERE YOUR DESTINATION(S)?

North ¹ ☐ South ² ☐ Both ³ ☐

8. WERE ANY OF THESE VACATION OR PLEASURE TRIPS TO COUNTRIES OTHER THAN CANADA OR THE U.S.A.?

Yes ¹ ☐ No ² ☐

9. WHICH OF THE FOLLOWING THINGS DID YOU MOST ENJOY DOING ON THESE VACATION OR PLEASURE TRIPS?

Visiting friends or relatives.	⁰¹ <input type="radio"/>	Participating in sports activities	⁰⁷ <input type="radio"/>
Sightseeing/scenery.	⁰² <input type="radio"/>	Attending sports events	⁰⁸ <input type="radio"/>
Shopping	⁰³ <input type="radio"/>	Attending cultural events	⁰⁹ <input type="radio"/>
Walking	⁰⁴ <input type="radio"/>	Nightlife/recreation	¹⁰ <input type="radio"/>
Swimming/sunbathing.	⁰⁵ <input type="radio"/>	Resting/relaxing	¹¹ <input type="radio"/>
Camping.	⁰⁶ <input type="radio"/>	Other _____	¹² <input type="radio"/>

Specify

10. FOR VACATION/PLEASURE TRIPS, DO YOU REGULARLY RETURN TO A VACATION HOME, MOBILE HOME OR A CAMPING PLACE OF YOUR OWN?

Yes ¹ ☐ No ² ☐

TURN THE PAGE AND READ QUESTION 11 AND THEN HAND QUESTIONNAIRE TO THE RESPONDENT.

11. HERE ARE SOME STATEMENTS CONCERNING HOW PEOPLE FEEL ABOUT VACATION PLEASURE TRAVEL. FOR EACH STATEMENT LISTED BELOW, PLEASE PUT AN "X" IN THE CIRCLE WHICH BEST INDICATES HOW MUCH YOU AGREE OR DISAGREE.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
(a) I like to make all my arrangements before I start out on vacation.	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
(b) I take short pleasure trips whenever I have the opportunity	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
(c) Making arrangements for major trips can be such a bother that I end up not travelling	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
(d) I usually choose vacation places where I have been before	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
(e) For me, money spent on travel is money well spent.	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
(f) I would just as soon spend my money on things other than vacation travel	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
(g) I think it's worth paying more to get luxuries and extras on a vacation trip	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
(h) I don't have to travel to enjoy a vacation.	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
(i) I don't have to spend a lot of money to enjoy a vacation	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
(j) I like to go to a different place on each new vacation trip.	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
(k) I often choose vacation places that I have heard about from friends who have been there	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
(l) In any one year I would rather take a number of short vacation trips instead of one long vacation trip	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
(m) It is important that the people I encounter on a vacation trip speak my language	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
(n) There are many different places in Canada I would like to visit	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>
(o) I like to make my arrangements as I go along on a vacation.	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>
(p) I sometimes use a travel agent to help me select a vacation destination	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
(q) I really have not travelled much in Canada.	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>

12. INTERVIEWER CHECK ITEM

If 'No' in Q. 3 ¹○ Go to 36
Otherwise ²○ Go to 13

13. DURING THE PAST 12 MONTHS HAVE YOU TAKEN ANY VACATION OR PLEASURE TRIPS OF AT LEAST ONE NIGHT, INCLUDING TRIPS TO VISIT FRIENDS AND RELATIVES?

Yes ¹○ Go to 15
No ²○ Go to 14

14. I WOULD LIKE TO KNOW HOW IMPORTANT EACH OF THESE FACTORS WERE IN YOUR DECISION TO TAKE YOUR MOST RECENT VACATION OR PLEASURE TRIP. PLEASE READ OVER THIS LIST OF STATEMENTS AND MARK HOW IMPORTANT EACH WAS TO YOU. (GO TO PAGE 6, HAND QUESTIONNAIRE TO RESPONDENT TO COMPLETE ITEMS 34 AND 35.)

	A	B	C	D
	July, August, September 1983	April, May, June 1983	January, February, March 1983	October, November, December 1982
15. WERE ANY OF THESE TRIPS TAKEN DURING THE MONTHS OF	Yes ¹ ○	No ² ○	Yes ³ ○	No ⁴ ○
FOR EACH 'YES' ASK Q. 16, 17 AND 18.				
16. HOW MANY NIGHTS WERE YOU AWAY ON THE TRIP OF THE LONGEST DURATION IN ... (MONTHS)?	No. of Nights <input type="text"/>	No. of Nights <input type="text"/>	No. of Nights <input type="text"/>	No. of Nights <input type="text"/>
17. IN WHICH MONTH DID YOU START THIS TRIP?	Enter code for month <input type="text"/>	Enter code for month <input type="text"/>	Enter code for month <input type="text"/>	Enter code for month <input type="text"/>
18. WHAT WAS YOUR DESTINATION ON THIS TRIP? (FURTHEST POINT AWAY FROM HOME.)	City or town:	City or town:	City or town:	City or town:
	Prov. or state	Prov. or state	Prov. or state	Prov. or state
	Country:	Country:	Country:	Country:
	For office use only <input type="text"/>	For office use only <input type="text"/>	For office use only <input type="text"/>	For office use only <input type="text"/>
19. INTERVIEWER CHECK ITEM MARK TRIP SELECTED FROM "Q" CARD	¹ ○	² ○	³ ○	⁴ ○

20. THE NEXT FEW QUESTIONS PERTAIN TO YOUR TRIP TO _____ WHICH STARTED IN _____ (Location)
_____ AND LASTED FOR _____ (Month) _____ (No. of nights)

21. HOW LONG BEFORE YOU STARTED THIS TRIP DID YOU DECIDE ON THE DESTINATION?

During the trip ⁰¹ ○	4 weeks ⁰⁸ ○
Same day as departure ⁰² ○	5 to 7 weeks ⁰⁹ ○
1 to 3 days ⁰³ ○	2 to 3 months ¹⁰ ○
4 to 6 days ⁰⁴ ○	4 to 6 months ¹¹ ○
1 week ⁰⁵ ○	7 to 11 months ¹² ○
2 weeks ⁰⁶ ○	12 or more months ¹³ ○
3 weeks ⁰⁷ ○	

22. BEFORE YOU STARTED THIS TRIP DID YOU TRY TO OBTAIN ANY INFORMATION ABOUT THE DESTINATION?

Yes ¹○
No ²○ Go to 25

23. DID YOU RECEIVE ALL, SOME OR NONE OF THE INFORMATION YOU REQUESTED?

All ¹☐

Some ²☐

None ³☐

Go to 25

24. WERE YOU SATISFIED WITH THE INFORMATION YOU RECEIVED?

Yes ¹☐

No ²☐

25. WAS THIS TRIP A PACKAGE DEAL, COVERING BOTH TRANSPORTATION AND ACCOMMODATION?

Yes ¹☐

No ²☐

26. DID A TRAVEL AGENT BOOK THE TRANSPORTATION AND/OR ACCOMMODATION OR SOME OTHER ACTIVITY ON THIS TRIP?

Yes ¹☐

No ²☐

27. WHAT TYPE(S) OF TRANSPORTATION DID YOU USE TO GET TO _____

(repeat destination of selected trip)

AND RETURN? (MARK ALL THAT APPLY.)

- Plane ¹☐
- Train ²☐
- Bus ³☐
- Cruise Ship ⁴☐
- Car/Truck/Van/R.V. ⁵☐
- Motorcycle/Bicycle ⁶☐
- Ferry ⁷☐
- Other ⁸☐

28. Did you rent a car on this trip?

Yes ⁰¹☐

No ⁰²☐

29. WHAT TYPE(S) OF ACCOMMODATION DID YOU USE ON THIS TRIP? (MARK ALL THAT APPLY.)

- Home of friends/relatives ¹☐
- Hotel/Motel/Resort Lodge ²☐
- Tourist home/Guest house ³☐
- Commercial cottage/Cabin ⁴☐

- Campground/Trailer park ⁵☐
- Cruise ship ⁶☐
- Private cottage/Cabin ⁷☐
- Other (specify) ⁸☐

30. WITH WHOM DID YOU TRAVEL ON THIS TRIP? (READ CATEGORIES TO RESPONDENT)

Alone ¹☐

Go to 32

- Family (including spouse/partner, children,
other family member) ²☐
- Friends ³☐

- Both family and friends ⁴☐
- Other ⁵☐

31. OF THE PEOPLE YOU TRAVELLED WITH, WERE ANY IN THE FOLLOWING AGE GROUPS?

- 6 years and under ¹☐
- 7 years - 12 years ²☐
- 13 years - 17 years ³☐

- 18 years - 64 years ⁴☐
- 65 and over ⁵☐

32. ON THIS TRIP, WHAT WAS LACKING OR NOT AS GOOD AS YOU HAD EXPECTED IT TO BE?

- Nothing ¹☐
- Weather ²☐
- Accommodation ³☐
- Transportation ⁴☐
- Service ⁵☐

- Food ⁶☐
- Recreation ⁷☐
- Entertainment ⁸☐
- Other (specify) ⁹☐

33. STILL TALKING ABOUT YOUR TRIP TO _____

(repeat destination of selected trip)

I WOULD LIKE TO KNOW HOW IMPORTANT EACH OF THESE FACTORS WAS IN YOUR DECISION TO TAKE THIS TRIP. PLEASE READ OVER THIS LIST OF STATEMENTS AND MARK HOW IMPORTANT EACH WAS TO YOU (HAND QUESTIONNAIRE TO RESPONDENT TO COMPLETE ITEMS 34 AND 35.)

34. FOR EACH STATEMENT ON THIS PAGE, MARK THE CIRCLE THAT BEST DESCRIBES HOW IMPORTANT THAT REASON WAS TO YOU WHEN YOU WERE PLANNING YOUR TRIP.

	Very important	Somewhat important	Not very important	Not at all important
(a) Getting away from the demands at home	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
(b) Reliving past good times	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
(c) Experiencing new and different lifestyles	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(d) Trying new foods	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
(e) Visiting places that are important in history	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
(f) Being free to act the way I feel	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
(g) Finding thrills and excitement	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
(h) Experiencing a simpler lifestyle	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
(i) Being together as a family	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
(j) Meeting people with similar interests	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
(k) Feeling at home away from home	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
(l) Going places my friends haven't been	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
(m) Talking about the trip after I return home	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
(n) Participating in sports	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
(o) Watching sports events	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
(p) Travelling to places where I feel safe and secure	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
(q) Having fun, being entertained	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
(r) Seeing as much as possible in the time available	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
(s) Rediscovering myself	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
(t) Visiting friends and relatives	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
(u) Visiting places my family came from	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>
(v) Being physically active	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
(w) Getting a change from a busy job	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>
(x) Being daring and adventuresome	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>
(y) Doing nothing at all	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>	100 <input type="radio"/>
(z) Taking advantage of reduced fares	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>

35. THE FOLLOWING IS A LIST OF ITEMS THAT ATTRACT PEOPLE TO CHOOSE A PARTICULAR VACATION. PLEASE CONTINUE AS BEFORE AND MARK THE CIRCLE THAT BEST DESCRIBES HOW IMPORTANT EACH ITEM WAS TO YOU.

	Very important	Somewhat important	Not very important	Not at all important
(i) Big cities	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
(ii) Smaller towns and villages	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
(iii) Rural areas	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(iv) Wilderness/undisturbed nature	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
(v) Mountains	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
(vi) Oceanside	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
(vii) Lakes and streams	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
(viii) National/provincial parks	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
(ix) Beaches for swimming and sunning	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
(x) Warm climate	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
(xi) Predictable weather	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
(xii) Resort areas	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
(xiii) High quality restaurants	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
(xiv) Inexpensive meals	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
(xv) First class hotels	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
(xvi) Budget accommodation	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
(xvii) Shopping	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
(xviii) Nightlife and entertainment	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
(xix) Gambling	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
(xx) Live theatre and musicals	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
(xxi) Local festivals and events	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>
(xxii) Museums, art galleries	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
(xxiii) Historic sites/historic parks	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>
(xxiv) Amusement/theme parks	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>
(xxv) Local crafts	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>	100 <input type="radio"/>
(xxvi) Cultural activities	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>
(xxvii) Outdoor recreation	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
(xxviii) Indoor sports	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>
(xxix) Other indoor activities i.e., cards, reading, etc.	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>

36. ARE YOU LIKELY TO TAKE A VACATION OR PLEASURE TRIP OF AT LEAST ONE NIGHT AWAY FROM HOME IN THE NEXT 3 YEARS?

Yes ¹○

No ²○ Go to 38

37. WHAT ARE YOUR MOST LIKELY DESTINATIONS?

	City or town	Prov. or State	Country
1.			
2.			
3.			

For office
use only

38. COMPARED WITH THE PAST FEW YEARS, WILL YOU TAKE FEWER, THE SAME OR MORE VACATION OR PLEASURE TRIPS OF AT LEAST ONE NIGHT IN THE NEXT FEW YEARS?

Fewer ¹○

More ³○

Same ²○

Have taken no trips ⁴○ Go to 40

39. COMPARED WITH THE PAST FEW YEARS, WILL YOU SPEND LESS, THE SAME OR MORE MONEY ON VACATION TRIPS IN THE NEXT FEW YEARS?

Less ¹○

Same ²○

More ³○

40. WHAT INDOOR AND OUTDOOR HOBBIES, SPORTS, LEISURE AND RECREATIONAL INTERESTS DO YOU MOST ENJOY? - ARE THERE ANY OTHERS?

Sports (swimming, tennis, jogging, etc.) ¹○

Hobbies (gardening, cooking, handiwork, etc.) ²○

Popular pastimes (watching T.V., reading, etc.) ³○

Social pastimes (visiting friends and relatives, eating out, etc.) ⁴○

Cultural pastimes (listening to music, reading, etc.) ⁵○

Family pastimes (taking a drive, shopping, etc.) ⁶○

Self-improvement pastimes (volunteer work, night school, etc.) ⁷○

Other (specify) _____ ⁸○

41. FOR THE YEAR 1982, IN WHICH OF THE FOLLOWING RANGES WAS YOUR TOTAL HOUSEHOLD INCOME BEFORE TAXES AND DEDUCTIONS? INCLUDE INCOME FROM WAGES, SALARIES, TIPS, COMMISSIONS, PENSIONS, INTEREST AND RENTS, ETC.

Less than \$9,000 ¹○

\$20,000 to \$24,999 ⁴○

\$35,000 to \$39,999 ⁷○

\$ 9,000 to \$14,999 ²○

\$25,000 to \$29,999 ⁵○

\$40,000 to \$44,999 ⁸○

\$15,000 to \$19,999 ³○

\$30,000 to \$34,999 ⁶○

\$45,000 and over ⁹○

Not stated ⁰○

42. HOW MANY PEOPLE CONTRIBUTED TO THIS HOUSEHOLD INCOME?

One ¹○

Two ²○

Three ³○

Four or more ⁴○

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: October 1983

TITLE: The Canadian Health and Disability Survey

SPONSOR: Health Division of Statistics Canada

SURVEY METHOD: The Health and Disability Survey was conducted in two stages. First, "screening" questions were asked in household in Rotations 1, 2, 3, 5 and 6 during LFS week. Secondly persons identified received a follow-up visit and the detailed sections of the questionnaire was completed.

SAMPLE SIZE: Rotation Groups 1, 2, 3, 5 and 6.

SURVEY OBJECTIVES: This survey is designed to collect more extensive information on the nature of the disability and the limitations it imposes on the individual in areas such as employment, education, transportation etc. As well, data on social and economic status and special needs of these individuals was collected.

PROJECT MANAGER: Mike Sheridan

MICRODATA:	YES	NO	PRICE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



CANADIAN HEALTH AND DISABILITY SURVEY – ADULTS

CONFIDENTIAL
when completed"Authority Statistics Act, Statutes of
Canada, 1970 - 71 - 72, Chapter 15."1 0 6
Form No.2
Docket No.3 1 0 8 3
Survey Date4
Assignment No.5
HRD page-
line No.6
Age7 Given Name
8 Surname

INTRODUCTION AT TIME OF LABOUR FORCE SURVEY

The supplementary questions this month are about health conditions, disabilities and handicaps.

Please report only those long-term difficulties which are expected to last more than 6 months.

INSTRUCTION TO INTERVIEWER AT TIME OF LFS INTERVIEW:

Ask SECTION A, Item 10 to Item 28.

9. INTERVIEWER CHECK ITEM:

- If "Yes" to any item in SECTION A 1 ☐
- Otherwise 2 ☐ END

Make an appointment to interview this respondent as per instructions
in your Interviewer's Manual.

Date:

Time:

Call Back:

Call Back:

30.

Information Source for Screening Questions

HRO page-line No. of persons providing
information for this interview

Address:

Telephone No.:

31.

Screening Questions non-interview code

INSTRUCTION AT THE TIME OF THE PERSONAL FOLLOW-UP INTERVIEW:

Verify all "Yes" responses in SECTION A and complete appropriate questions in SECTION B.

32.

Follow-up non interview code

SECTION A (Screen)	Yes	SECTION B (Survey)
<p>10. DOES HAVE ANY TROUBLE WALKING 400 METRES WITHOUT RESTING (about 3 city blocks)?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>	<p>101. IS COMPLETELY UNABLE TO WALK 400 METRES WITHOUT RESTING?</p> <p>Completely unable 01 <input type="radio"/> Able 02 <input type="radio"/></p> <p>102. AT WHAT AGE DID FIRST HAVE TROUBLE WALKING 400 METRES WITHOUT RESTING?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 0)</p> <p>103. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES TROUBLE WALKING 400 METRES WITHOUT RESTING? Specify in notes below.</p> <p>104. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE TROUBLE WALKING 400 METRES WITHOUT RESTING?</p> <p>No 03 <input type="radio"/> Yes 04 <input type="radio"/> Specify in notes below</p>	
<p>11. DOES HAVE ANY TROUBLE WALKING UP AND DOWN A FLIGHT OF STAIRS?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>	<p>111. IS COMPLETELY UNABLE TO WALK UP AND DOWN A FLIGHT OF STAIRS?</p> <p>Completely unable 05 <input type="radio"/> Able 06 <input type="radio"/></p> <p>112. AT WHAT AGE DID FIRST HAVE TROUBLE WALKING UP AND DOWN A FLIGHT OF STAIRS?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 0)</p> <p>113. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES TROUBLE WALKING UP AND DOWN A FLIGHT OF STAIRS?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>114. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE TROUBLE WALKING UP AND DOWN A FLIGHT OF STAIRS?</p> <p>No 07 <input type="radio"/> Yes 08 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.</p>	
<p>12. DOES HAVE ANY TROUBLE CARRYING AN OBJECT OF 5 KG. 10 METRES (e.g., carrying a 12-pound bag of groceries 30 ft)?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>	<p>121. IS COMPLETELY UNABLE TO CARRY AN OBJECT OF 5 KG. 10 METRES?</p> <p>Completely unable 09 <input type="radio"/> Able 10 <input type="radio"/></p> <p>122. AT WHAT AGE DID FIRST HAVE TROUBLE CARRYING AN OBJECT OF 5 KG. 10 METRES?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 0)</p> <p>123. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES TROUBLE CARRYING AN OBJECT OF 5 KG. 10 METRES?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>124. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE TROUBLE CARRYING AN OBJECT OF 5 KG. 10 METRES?</p> <p>No 11 <input type="radio"/> Yes 12 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.</p>	
<p>13. DOES HAVE ANY TROUBLE MOVING FROM ONE ROOM TO ANOTHER?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>	<p>131. IS COMPLETELY UNABLE TO MOVE FROM ONE ROOM TO ANOTHER?</p> <p>Completely unable 13 <input type="radio"/> Able 14 <input type="radio"/></p> <p>132. AT WHAT AGE DID FIRST HAVE TROUBLE MOVING FROM ONE ROOM TO ANOTHER?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 0)</p> <p>133. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES TROUBLE MOVING FROM ONE ROOM TO ANOTHER?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>134. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE TROUBLE MOVING FROM ONE ROOM TO ANOTHER?</p> <p>No 15 <input type="radio"/> Yes 16 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.</p>	
<p>14. DOES HAVE ANY TROUBLE STANDING FOR LONG PERIODS OF TIME (e.g., more than 20 minutes)?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>	<p>141. IS COMPLETELY UNABLE TO STAND FOR LONG PERIODS OF TIME?</p> <p>Completely unable 17 <input type="radio"/> Able 18 <input type="radio"/></p> <p>142. AT WHAT AGE DID FIRST HAVE TROUBLE STANDING FOR LONG PERIODS OF TIME?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 0)</p> <p>143. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES TROUBLE STANDING FOR LONG PERIODS OF TIME?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>144. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE TROUBLE STANDING FOR LONG PERIODS OF TIME?</p> <p>No 19 <input type="radio"/> Yes 20 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.</p>	

SECTION A (Screen)	Yes	SECTION B (Survey)	
<p>15. DOES ... HAVE ANY TROUBLE WHEN STANDING, BENDING DOWN AND PICKING UP AN OBJECT FROM THE FLOOR (e.g. a shoe)?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>		<p>151. IS ... COMPLETELY UNABLE WHEN STANDING, TO BEND DOWN AND PICK UP AN OBJECT FROM THE FLOOR?</p> <p>Completely unable 21 <input type="radio"/> Able 22 <input type="radio"/></p>	<p>152. AT WHAT AGE DID ... FIRST HAVE TROUBLE WHEN STANDING, BENDING DOWN AND PICKING UP AN OBJECT FROM THE FLOOR?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p>
		<p>153. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE WHEN STANDING, BENDING DOWN AND PICKING UP AN OBJECT FROM THE FLOOR?</p> <p>Same condition(s) as question <input type="text"/> or specify below</p>	
		<p>154. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE WHEN STANDING, BENDING DOWN AND PICKING UP AN OBJECT FROM THE FLOOR?</p> <p>No 23 <input type="radio"/> Yes 24 <input type="radio"/> Same condition as question <input type="text"/> or specify below.</p>	
<p>16. DOES ... HAVE ANY TROUBLE DRESSING AND UNDRESSING HIMSELF/HERSELF?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>		<p>161. IS ... COMPLETELY UNABLE TO DRESS AND UNDRRESS HIMSELF/HERSELF?</p> <p>Completely unable 25 <input type="radio"/> Able 26 <input type="radio"/></p>	<p>162. AT WHAT AGE DID ... FIRST HAVE TROUBLE DRESSING AND UNDRRESSING HIMSELF/HERSELF?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p>
		<p>163. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE DRESSING AND UNDRRESSING HIMSELF/HERSELF?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p>	
		<p>164. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE DRESSING AND UNDRRESSING HIMSELF/HERSELF?</p> <p>No 27 <input type="radio"/> Yes 28 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.</p>	
<p>17. DOES ... HAVE ANY TROUBLE GETTING IN AND OUT OF BED?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>		<p>171. IS ... COMPLETELY UNABLE TO GET IN AND OUT OF BED?</p> <p>Completely unable 29 <input type="radio"/> Able 30 <input type="radio"/></p>	<p>172. AT WHAT AGE DID ... FIRST HAVE TROUBLE GETTING IN AND OUT OF BED?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p>
		<p>173. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE GETTING IN AND OUT OF BED?</p> <p>Same condition(s) as question <input type="text"/> or specify below</p>	
		<p>174. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE GETTING IN AND OUT OF BED?</p> <p>No 31 <input type="radio"/> Yes 32 <input type="radio"/> Same condition as question <input type="text"/> or specify below.</p>	
<p>18. DOES ... HAVE ANY TROUBLE CUTTING OWN TOENAILS?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>		<p>181. IS ... COMPLETELY UNABLE TO CUT OWN TOENAILS?</p> <p>Completely unable 33 <input type="radio"/> Able 34 <input type="radio"/></p>	<p>182. AT WHAT AGE DID ... FIRST HAVE TROUBLE CUTTING OWN TOENAILS?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p>
		<p>183. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE CUTTING OWN TOENAILS?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p>	
		<p>184. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE CUTTING OWN TOENAILS?</p> <p>No 35 <input type="radio"/> Yes 36 <input type="radio"/> Same condition as question <input type="text"/> or specify below.</p>	
<p>19. DOES ... HAVE ANY TROUBLE USING FINGERS TO GRASP OR HANDLE?</p> <p>No trouble 1 <input type="radio"/></p> <p>Yes, has trouble 2 <input type="radio"/></p>		<p>191. IS ... COMPLETELY UNABLE TO USE FINGERS TO GRASP OR HANDLE?</p> <p>Completely unable 37 <input type="radio"/> Able 38 <input type="radio"/></p>	<p>192. AT WHAT AGE DID ... FIRST HAVE TROUBLE USING FINGERS TO GRASP OR HANDLE?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p>
		<p>193. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE USING FINGERS TO GRASP OR HANDLE?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p>	
		<p>194. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE USING FINGERS TO GRASP OR HANDLE?</p> <p>No 39 <input type="radio"/> Yes 40 <input type="radio"/> Same condition as question <input type="text"/> or specify below.</p>	

SECTION A (Screen)	Yes	SECTION B (Survey)
20. DOES ... HAVE ANY TROUBLE REACHING? No trouble 1 <input type="radio"/> Yes, has trouble 2 <input type="radio"/>	201. IS ... COMPLETELY UNABLE TO REACH? Completely unable 41 <input type="radio"/> Able 42 <input type="radio"/> 203. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE REACHING? Same condition(s) as question <input type="text"/> or specify below 204. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE REACHING? No 43 <input type="radio"/> Yes 44 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.	202. AT WHAT AGE DID ... FIRST HAVE TROUBLE REACHING? Enter age <input type="text"/> (if age less than 1 year, enter 0)
21. DOES ... HAVE ANY TROUBLE CUTTING OWN FOOD? No trouble 1 <input type="radio"/> Yes, has trouble 2 <input type="radio"/>	211. IS ... COMPLETELY UNABLE TO CUT OWN FOOD? Completely unable 45 <input type="radio"/> Able 46 <input type="radio"/> 213. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE CUTTING OWN FOOD? Same condition(s) as question <input type="text"/> or specify below. 214. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE CUTTING OWN FOOD? No 47 <input type="radio"/> Yes 48 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.	212. AT WHAT AGE DID ... FIRST HAVE TROUBLE CUTTING OWN FOOD? Enter age <input type="text"/> (if age less than 1 year, enter 0)
22. DOES ... HAVE ANY TROUBLE READING ORDINARY NEWSPRINT (with glasses if normally worn)? No trouble 1 <input type="radio"/> Yes, has trouble 2 <input type="radio"/>	221. IS ... COMPLETELY UNABLE TO READ ORDINARY NEWSPRINT? Completely unable 49 <input type="radio"/> Able 50 <input type="radio"/> 223. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE READING ORDINARY NEWSPRINT? Same condition(s) as question <input type="text"/> or specify below. 224. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE READING ORDINARY NEWSPRINT? No 51 <input type="radio"/> Yes 52 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.	222. AT WHAT AGE DID ... FIRST HAVE TROUBLE READING ORDINARY NEWSPRINT? Enter age <input type="text"/> (if age less than 1 year, enter 0)
23. DOES ... HAVE ANY TROUBLE SEEING CLEARLY THE FACE OF SOMEONE FROM 4 METRES (e.g., across a room) (with glasses if normally worn)? No trouble 1 <input type="radio"/> Yes, has trouble 2 <input type="radio"/>	231. IS ... COMPLETELY UNABLE TO SEE CLEARLY THE FACE OF SOMEONE FROM 4 METRES? Completely unable 53 <input type="radio"/> Able 54 <input type="radio"/> 233. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE SEEING CLEARLY THE FACE OF SOMEONE FROM 4 METRES? Same condition(s) as question <input type="text"/> or specify below. 234. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE SEEING CLEARLY THE FACE OF SOMEONE FROM 4 METRES? No 55 <input type="radio"/> Yes 56 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.	232. AT WHAT AGE DID ... FIRST HAVE TROUBLE SEEING CLEARLY THE FACE OF SOMEONE FROM 4 METRES? Enter age <input type="text"/> (if age less than 1 year, enter 0)
24. DOES ... HAVE ANY TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON? No trouble 1 <input type="radio"/> Yes, has trouble 2 <input type="radio"/>	241. IS ... COMPLETELY UNABLE TO HEAR WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON? Completely unable 57 <input type="radio"/> Able 58 <input type="radio"/> 243. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON? Same condition(s) as question <input type="text"/> or specify below. 244. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON? No 59 <input type="radio"/> Yes 60 <input type="radio"/> Same condition(s) as question <input type="text"/> or specify below.	242. AT WHAT AGE DID ... FIRST HAVE TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON? Enter age <input type="text"/> (if age less than 1 year, enter 0)

SECTION A (Screen)	Yes	SECTION B (Survey)
<p>25. DOES ... HAVE ANY TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH AT LEAST TWO OTHER PERSONS?</p> <p>No trouble 1 ○</p> <p>Yes, has trouble 2 ○</p>		<p>251. IS ... COMPLETELY UNABLE TO HEAR WHAT IS SAID IN A NORMAL CONVERSATION WITH AT LEAST TWO OTHER PERSONS?</p> <p>Completely unable ⁶¹ ○ Able ⁶² ○</p> <p>252. AT WHAT AGE DID ... FIRST HAVE TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH AT LEAST TWO OTHER PERSONS?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p> <p>253. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH AT LEAST TWO OTHER PERSONS?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>254. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH AT LEAST TWO OTHER PERSONS?</p> <p>No ⁶³ ○ Yes ⁶⁴ ○ Same condition(s) as question <input type="text"/> or specify below.</p>
<p>26. DOES ... HAVE ANY TROUBLE SPEAKING AND BEING UNDERSTOOD?</p> <p>No trouble 1 ○</p> <p>Yes, has trouble 2 ○</p>		<p>261. IS ... COMPLETELY UNABLE TO SPEAK AND BE UNDERSTOOD?</p> <p>Completely unable ⁶⁵ ○ Able ⁶⁶ ○</p> <p>262. AT WHAT AGE DID ... FIRST HAVE TROUBLE SPEAKING AND BEING UNDERSTOOD?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p> <p>263. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH CAUSES ... TROUBLE SPEAKING AND BEING UNDERSTOOD?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>264. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH CAUSE ... TROUBLE SPEAKING AND BEING UNDERSTOOD?</p> <p>No ⁶⁷ ○ Yes ⁶⁸ ○ Same condition(s) as question <input type="text"/> or specify below.</p>
<p>27. IS ... LIMITED IN THE KIND OR AMOUNT OF ACTIVITY HE/SHE CAN DO AT HOME, AT WORK OR GOING TO SCHOOL BECAUSE OF A LONG-TERM PHYSICAL CONDITION OR HEALTH PROBLEM?</p> <p>No 1 ○</p> <p>Yes 2 ○</p>		<p>271. AT WHAT AGE DID THIS LIMITATION IN ... ACTIVITIES BEGIN?</p> <p>Enter age <input type="text"/> (if age less than 1 year enter 00)</p> <p>272. WHAT IS THE MAIN CONDITION OR HEALTH PROBLEM WHICH LIMITS THE KIND OR AMOUNT OF ACTIVITY ... CAN DO?</p> <p>Same condition(s) as question <input type="text"/> or specify below.</p> <p>273. ARE THERE ANY OTHER CONDITIONS OR HEALTH PROBLEMS WHICH LIMIT THE KIND OR AMOUNT OF ACTIVITY ... CAN DO?</p> <p>No ⁶⁹ ○ Yes ⁷⁰ ○ Same condition(s) as question <input type="text"/> or specify below.</p>
<p>28. DOES ... HAVE A MENTAL HANDICAP?</p> <p>No 1 ○</p> <p>Yes 2 ○</p>		<p style="text-align: center;">↓</p>
<p>29. TURN TO COVER PAGE AND COMPLETE CHECK ITEM "9"</p>		<p>291. IF, AFTER VERIFYING THE "YES" RESPONSE(S) IN SECTION A, THEY ALL BECOME "NO" CHECK HERE ⁷¹ ○ END OTHERWISE ⁷² ○ CONTINUE WITH SECTION C</p>

NATURE OF DISABILITY - SECTION C

C1. Interviewer: Copy each different MAIN CONDITION, along with its Item Number, 103, 113, 123, etc., from Section B on pages 2 to 5, into the appropriate spaces provided below.

For each different MAIN CONDITION, ask the subsequent detail question(s).

If there are more than six different MAIN CONDITIONS, copy the first six only.

The following questions deal specifically with main condition(s) or health problem(s).

MAIN CONDITIONS

Which number on this "Q" Card refers to the best description of your CONDITION, (name condition)?

C2. Item no.

Condition

If "4" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

C3. Item no.

Condition

If "4" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

C4. Item no.

Condition

If "4" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

C5. Item no.

Condition

If "4" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

C6. Item no.

Condition

If "4" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

C7. Item no.

Condition

If "4" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

Now we would like to find out if the condition(s), which you just described, cause(s) you any difficulty in carrying out certain everyday tasks.

C8. Which number on the "Q" Card refers to the best description of how you manage to ...

- (a) shop for groceries or other necessities? ☐
- (b) get around in your own neighbourhood or area? ☐
- (c) do heavy household chores, gardening or yardwork? ☐
- (d) do everyday work within the home including cooking? ☐
- (e) get around within your own home? ☐
- (f) take personal care of yourself - i.e. washing, grooming, dressing and feeding yourself? ☐

C9. Interviewer If "Yes" is checked in Item 22 or 23 on page 4, then ...

- ☐ go to C10
- Otherwise ☐ go to C19

Trouble Seeing or Reading

You indicated previously that you had trouble with your sight.

C10. Have you been diagnosed by an ophthalmologist as being legally blind?

- Yes ☐ No ☐ go to C15 Don't know/Not sure ☐

C11. Are you able to recognize a hand in front of your eyes and count the number of fingers being shown?

- Yes ☐ No ☐

C12. Do you know braille?

- Yes ☐ go to C15 No ☐

C13. Do you need to learn braille?

- Yes ☐ No ☐ go to C15

C14. What is the main reason for your not having learned braille?

Interviewer: Do not read list. Mark only one response.

- Condition wasn't serious enough ☐ 1
- Didn't know where to go to learn ☐ 2
- Physically prevented from using braille ☐ 3
- Can't learn/Too old to learn ☐ 4
- Too far to go/Too much trouble ☐ 5
- Didn't have the time ☐ 6
- No special reason ☐ 7
- Other reason ☐ 8

C15. I would like to ask you about your use of special aids for the visually impaired. Do you now use ...

Interviewer: Read list. Mark all that apply.

- Glasses/spectacles/contact lenses? ☐ 01
- Hand-held magnifiers? ☐ 02
- Print reading systems? ☐ 03
- Recording equipment (tape, cassette, etc.)? ☐ 04
- Braille writing equipment? ☐ 05
- Typewriter? ☐ 06
- White cane? ☐ 07
- Guide dog? ☐ 08
- Other aid(s) for the visually impaired? ☐ 09
- None? ☐ 10

C16. Are there any aids for the visually impaired which you need but do not have?

- Yes ☐ No ☐ go to C19

C17. Which aid(s) do you require?

Interviewer: Do not read list. Mark all that apply.

- Glasses/spectacles/contact lenses. ☐ 1
- Hand-held magnifiers ☐ 2
- Print reading systems ☐ 3
- Recording equipment (tape, cassette, etc.) ☐ 4
- Braille writing equipment ☐ 5
- Typewriter ☐ 6
- White cane ☐ 7
- Guide dog ☐ 8
- Other aid(s) for the visually impaired ☐ 9

C18. What is the main reason for your not having this (these) aid(s)?

Interviewer: Do not read list. Mark only one response.

- Condition wasn't serious enough ☐ 01
- Awaiting delivery/manufacture ☐ 02
- Didn't know where to obtain it ☐ 03
- Too costly/Couldn't afford it ☐ 04
- Too far/Too much trouble to get it ☐ 05
- Wasn't available ☐ 06
- Never prescribed ☐ 07
- Didn't have the time ☐ 08
- No special reason ☐ 09
- Other reason ☐ 10

C19. Interviewer: If "Yes" is checked in Item 24 on page 4 or in item 25 on page 5, then ...

- 1 ☐ go to C20.
Otherwise 2 ☐ go to C30.

Trouble Hearing

C20. You indicated previously that you had trouble with your hearing.

With the use of an aid, are you able to listen to, and to understand, what is being said over a normal telephone?

Yes 1 ☐ No 2 ☐

C21. I would like to ask you about your use of special aids for the hearing impaired. Do you now use ...

Interviewer: Read list. Mark all that apply.

- a hearing aid? 1 ☐
a Telecommunications Device for the Deaf (T.D.D.)
— example: T.T.Y., Visual Ear? 2 ☐
a visual signalling device for the deaf — example: baby cry,
flashing doorbell light? 3 ☐
a telecaption decoder? 4 ☐
a special amplification system — example: personal F.M.
system? 5 ☐
a volume control telephone? 6 ☐
other aid(s) for the hearing impaired? 7 ☐
none 8 ☐

C22. Are there any aids for the hearing impaired which you need but do not have?

Yes 1 ☐ No 2 ☐ go to C25.

C23. Which aids do you require?

Interviewer: Do not read list. Mark all that apply.

- a hearing aid. 1 ☐
a Telecommunications Device for the Deaf (T.D.D.)
— example: T.T.Y., Visual Ear. 2 ☐
a visual signalling device for the deaf — example: baby cry,
flashing doorbell light. 3 ☐
a telecaption decoder. 4 ☐
a special amplification system — example: personal F.M.
system. 5 ☐
a volume control telephone. 6 ☐
any other aid(s) for the hearing impaired 7 ☐

C24. What is the main reason for your not having this (these) aid(s)?

Interviewer: Do not read list. Mark only one response.

- Condition wasn't serious enough 01 ☐
Awaiting delivery/manufacture 02 ☐
Didn't know where to obtain it 03 ☐
Too costly/Couldn't afford it. 04 ☐
Too far/Too much trouble to get it. 05 ☐
Wasn't available. 06 ☐
Never prescribed 07 ☐
Didn't have the time 08 ☐
No special reason. 09 ☐
Other reason. 10 ☐

C25. This section deals with certain communication skills which you may have. Are you able to ...

Interviewer: Read list. Mark all that apply.

- use sign language? 1 ☐
fingerspell? 2 ☐
lip read? 3 ☐
none (go to C27) 4 ☐

C26. Interviewer: If all three (3) skills are marked in question C25, then ...

- 1 ☐ go to C30.
Otherwise 2 ☐ go to C27.

C27. Are there any of these three skills which you need but do not have?

Yes 1 ☐ No 2 ☐ go to C30.

C28. What skill(s) do you require?

Interviewer: Read list. Mark all that apply.

- Sign language 1 ☐
Finger spelling 2 ☐
Lip reading. 3 ☐

C29. What is the main reason for your not having this (these) skill(s)?

Interviewer: Do not read list. Mark only one response.

- Condition wasn't serious enough 1 ☐
Didn't know where to go to learn. 2 ☐
Classes weren't available 3 ☐
Can't learn/Too old to learn 4 ☐
Too far to go/Too much trouble. 5 ☐
Didn't have the time 6 ☐
No special reason. 7 ☐
Other reason. 8 ☐

C30. Interviewer: If "Yes" is checked in Item 26 on page 5, then ...

1 ☐ go to C31

Otherwise 2 ☐ go to C42

Trouble Speaking

C31. You have indicated previously that you have trouble speaking and being understood. How well do you feel you are able to make yourself understood by speaking with ...

	Completely	Partially	Not at all
(a) members of your family?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
(b) your friends?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
(c) other people?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

C32. I would like to ask you about your use of special aids and assistance for the speaking impaired. Do you now use ...

Interviewer: Read list. Mark all that apply.

an artificial larynx? 1 ☐

any non-verbal communication aids — example: symbol boards? 2 ☐

an interpreter (except a language interpreter)? 3 ☐

other aid(s) for the speaking impaired? 4 ☐

none 5 ☐

C33. Are there any aids or assistance for the speaking impaired which you need but do not have?

Yes 1 ☐ No 2 ☐ go to C36

C34. Which aids do you require?

Interviewer: Do not read list. Mark all that apply.

Artificial larynx 1 ☐

Non-verbal communication aids — example: symbol board 2 ☐

Interpreter (except a language interpreter) 3 ☐

Other aid(s) for the speaking impaired 4 ☐

C35. What is the main reason for your not having this (these) aid(s)?

Interviewer: Do not read list. Mark only one response.

Condition wasn't serious enough 01 ☐

Awaiting delivery/manufacture 02 ☐

Didn't know where to obtain it 03 ☐

Too costly/Couldn't afford it 04 ☐

Too far/Too much trouble to get it 05 ☐

Wasn't available 06 ☐

Never prescribed 07 ☐

Didn't have the time 08 ☐

No special reason 09 ☐

Other reason 10 ☐

C36. Interviewer: If "Yes" is checked in Item 24 on page 4 or in Item 25 on page 5, then ...

1 ☐ go to C42

Otherwise 2 ☐ go to C37

C37. I would like to ask you about certain communication skills which you may have. Are you able to ...

Interviewer: Read list. Mark all that apply.

use sign language? 1 ☐

fingerspell? 2 ☐

none of the above (go to C39) 3 ☐

C38. Interviewer: If both skills — i.e. sign language and fingerspelling — are marked in question C37, then ...

1 ☐ go to C42

Otherwise 2 ☐ go to C39

C39. Are there any of these two skills which you need but do not have?

Yes 1 ☐ No 2 ☐ go to C42

C40. What skill(s) do you require?

Interviewer: Read list. Mark all that apply.

Sign language 1 ☐

Fingerspelling 2 ☐

C41. What is the main reason for your not having this (these) skill(s)?

Interviewer: Do not read list. Mark only one response.

Condition wasn't serious enough 1 ☐

Didn't know where to go to learn 2 ☐

Classes weren't available 3 ☐

Can't learn/Too old to learn 4 ☐

Too far to go/Too much trouble 5 ☐

Didn't have the time 6 ☐

No special reason 7 ☐

Other reason 8 ☐

Mobility

C42. I would now like to ask you about any special aids which you may use because of your condition to help you get around. Please exclude any special fixtures or architectural changes to your dwelling. Do you now use ...

Interviewer: Read list. Mark all that apply.

a back or leg brace? 1 ☐

orthopedic footwear? 2 ☐

a foot or leg prosthesis? 3 ☐

a cane (other than a white cane)? 4 ☐

crutches? 5 ☐

a wheelchair? 6 ☐

a walker? 7 ☐

other mobility aid(s)? 8 ☐

none 9 ☐

C43. Are there any mobility aids which you need to help you get around, but which you do not have?

Yes ¹ ☐ No ² ☐ go to next section, question D1.

C44. Which aid(s) do you require?

Interviewer: Do not read list. Mark all that apply.

- Back or leg brace ¹ ☐
- Orthopedic footwear ² ☐
- Foot or leg prosthesis ³ ☐
- Cane (other than white cane) ⁴ ☐
- Crutches ⁵ ☐
- Wheelchair ⁶ ☐
- Walker ⁷ ☐
- Other mobility aid(s) ⁸ ☐

C45. What is the main reason for your not having this (these) aid(s)?

Interviewer: Do not read list. Mark only one response.

- Condition wasn't serious enough 01 ☐
- Awaiting delivery/manufacture 02 ☐
- Didn't know where to obtain it 03 ☐
- Too costly/Couldn't afford it 04 ☐
- Too far/Too much trouble to get it 05 ☐
- Wasn't available 06 ☐
- Never prescribed 07 ☐
- Didn't have the time 08 ☐
- No special reason 09 ☐
- Other reason 10 ☐

Interviewer: Go to next Section, question D1.

EMPLOYMENT - SECTION D

D1. During the week of October 9th to October 15th did you do any work at a job or business?

Yes ¹○ go to D5 No ²○

D2. During the week of October 9th to October 15th did you have a job or business at which you did not work?

Yes ¹○ go to D5 No ²○

D3. In the last 6 months have you looked for work?

Yes ¹○ No ²○ go to D40

D4. During the 4 week period from September 11th to October 8th did you do anything to find work?

For example did you check with friends, employers, unions or look at job ads.

Yes ¹○ go to D32 No ²○ go to D40

D5. Are you limited in the kind or amount of work you can do at your present job or business because of a condition or health problem?

Yes ¹○ go to D9 No ²○

D6. Because of your condition or health problem have you ever changed jobs or the kind or amount of work you did at a job or business?

Yes ¹○ No ²○

D7. Does the condition or health problem you have now make it difficult for you to change jobs or get a better job?

Yes ¹○ No ²○ go to D22

D8. What is the main condition or health problem that makes it difficult for you to change jobs or get a better job?

Specify and go to D22

D9. What is the main condition or health problem which limits the kind or amount of work you can do at your present job or business?

Specify

D10. Are there any other conditions or health problems which limit the kind or amount of work you can do at your present job or business?

Yes ¹○ No ²○

D11. Were you employed with your present employer at the time (repeat condition from D9) began to limit the kind or amount of work you could do at your present job or business?

Yes ¹○ go to D13 No ²○

D12. Did you work at some other job or business at the time your condition started to limit the kind or amount of work you could do?

Yes ¹○ No ²○ go to D17

D13. Are you doing the same kind or amount of work now as you were doing at the time this condition started to limit you?

Yes ¹○ go to D17 No ²○

D14. Is the reason you are doing a different amount or kind of work because of your condition?

Yes ¹○ No ²○

D15. Compared with the work you were doing before your condition started to limit you. Would you say that you are:

Doing more work now ¹○
Doing less work now ²○
Doing about the same amount of work ³○

D16. Compared with the work you were doing before your condition started to limit you. Would you say the work you are doing now is:

More important ¹○
Less important ²○
About the same ³○

D17. At your present job how often does your condition cause you difficulty doing any of the following?

	Frequently	Occasionally	Seldom/ Never	Not applicable
Moving about	01 ○	02 ○	03 ○	04 ○
Using stairs or inclines	05 ○	06 ○	07 ○	08 ○
Standing for long periods	09 ○	10 ○	11 ○	12 ○
Standing, crouching or kneeling	13 ○	14 ○	15 ○	16 ○
Using the telephone	17 ○	18 ○	19 ○	20 ○
Sitting for long periods	21 ○	22 ○	23 ○	24 ○
Lifting or carrying heavy objects	25 ○	26 ○	27 ○	28 ○
Writing or typing	29 ○	30 ○	31 ○	32 ○
Reading	33 ○	34 ○	35 ○	36 ○
Speaking and being understood	37 ○	38 ○	39 ○	40 ○

D18. How would you describe your present job in terms of job security, would you say your job security is?

Excellent ¹○ } go to D20 Fair ³○
Good ²○ } Poor ⁴○

D19. Would you say your job security is fair or poor because of your condition or health problem?

Yes ¹○ No ²○

D20. How would you describe your chances for advancement at your present job, would you say your chances for advancement are?

Excellent ¹○ } go to D22 Fair ³○
Good ²○ } Poor ⁴○

D21. Would you say that your chances for advancement are fair or poor because of your condition?

Yes ¹○ No ²○

D22. Does your present employer offer any on-the-job training or courses?

Yes ¹○ No ²○ go to D24

D23. Does your condition limit or prevent you from taking these courses?

Yes ¹○ No ²○

D24. During the past 12 months have you looked for another job?

Yes ¹○ No ²○ go to D26

D25. Was the main reason that you looked for another job related to your condition?

Yes ¹○ No ²○

D26. Because of your condition have you been provided with any special equipment or any special arrangements?

Yes ¹○ No ²○ go to D28

D27. What have you been provided with? (Read list. Mark all that apply)

Help from someone ¹○
Special equipment ²○
Special hours/days ³○
Special/free transportation/parking ⁴○
Modified/different duties ⁵○
Other ⁶○

D28. Because of your condition do you need any special arrangements or equipment not already provided by your employer?
 Yes ¹ ☐ No ² ☐ go to D30

D29. What do you need? (Do not read list. Mark all that apply)

Help from someone	1 <input type="radio"/>
Special equipment	2 <input type="radio"/>
Special hours/days	3 <input type="radio"/>
Special/free transportation/parking	4 <input type="radio"/>
Modified/different duties	5 <input type="radio"/>
Other	6 <input type="radio"/>

D30. Which, if any, of the following architectural features do you use at your place of work? (Read list. Mark all that apply)

Access ramps	1 <input type="radio"/>
Widened doorways	2 <input type="radio"/>
Height adjustments to equipment	3 <input type="radio"/>
Special washroom facilities	4 <input type="radio"/>
Hand rails	5 <input type="radio"/>
Other	6 <input type="radio"/>
None	7 <input type="radio"/>

D31. What architectural features do you need that are not already provided? (Do not read list. Mark all that apply)

Access ramps	1 <input type="radio"/>	} go to next section, question E1
Widened doorways	2 <input type="radio"/>	
Height adjustments to equipment	3 <input type="radio"/>	
Special washroom facilities	4 <input type="radio"/>	
Hand rails	5 <input type="radio"/>	
Other	6 <input type="radio"/>	
None	7 <input type="radio"/>	

D32. Are you limited in the kind or amount of work you could do at a job or business because of a condition or health problem?
 Yes ¹ ☐ No ² ☐ go to next section, question E1

D33. What is the main condition or health problem which causes this limitation in the kind or amount of work you can do?
 Specify

D34. Were you working at a job or business at the time your condition began to limit the kind or amount of work you could do?
 Yes ¹ ☐ No ² ☐ go to D36

D35. Is the reason you are not working now because of your condition?
 Yes ¹ ☐ No ² ☐

D36. Do you feel that your condition affects your ability to look for work?
 Yes ¹ ☐ No ² ☐

D37. What are your chances of getting a job in the next 6 months? Are they ...

Excellent	1 <input type="radio"/>	} go to D39	Fair	3 <input type="radio"/>
Good	2 <input type="radio"/>		Poor	4 <input type="radio"/>

D38. Do you think your chances of getting a job are fair or poor because of your condition or health problem?
 Yes ¹ ☐ No ² ☐

D39. Because of your condition have you ever taken any special courses or training to improve your chances of getting a job?
 Yes ¹ ☐ } Go to next section, question E1
 No ² ☐

D40. Do you have a long-term condition or health problem that completely prevents you from working at a job or business?
 Yes ¹ ☐ No ² ☐ go to D42

D41. What is this condition or health problem?
 Specify and go to next section, question E1

D42. Do you have a long-term condition or health problem that limits the kind or amount of work you could do at a job or business?
 Yes ¹ ☐ No ² ☐ go to next section, question E1

D43. What is the main condition or health problem that causes this work limitation?
 Specify

D44. INTERVIEWER CHECK ITEM:
 If looked for work in past 6 months in Item D3, check here ¹ ☐ go to D46
 Otherwise check ² ☐ go to D45

D45. Have you looked for work in the last 12 months?
 Yes ¹ ☐ No ² ☐ go to next section, question E1

D46. Was the main reason you stopped looking for work related to your condition or health problem?
 Yes ¹ ☐ No ² ☐

D47. Did you want a job during the week of October 9th to October 15th?
 Yes ¹ ☐ No ² ☐

D48. Do you think you will look for work at any time in the next 6 months?
 Yes ¹ ☐ No ² ☐ go to next section, question E1

D49. In your opinion what are your chances of finding a job in the next 6 months?

Excellent	1 <input type="radio"/>	} Go to next section, question E1	Fair	3 <input type="radio"/>
Good	2 <input type="radio"/>		Poor	4 <input type="radio"/>

D50. Do you think your chances of finding a job in the next 6 months are fair or poor because of your condition or health problem?
 Yes ¹ ☐ } Go to next section, question E1
 No ² ☐

EDUCATION - SECTION E

E1. INTERVIEWER CHECK ITEM:

If age from Item 6 on label is 65 years or greater ☐ go to next section, question F1
 Otherwise ☐ go to E2

E2. Are you currently enrolled at a school, college or university, including correspondence courses?

Yes ☐ No ☐ go to E23

E3. What kind of school is this? (Mark one)

Special school for persons with a condition or health problem ☐ go to E4

Regular primary or secondary school ☐ go to E7

Community college, Cegep, technical institute, hospital school of nursing or medical technology ☐ go to E11

University or teachers' college ☐ go to E14

Other ☐ go to E16

E4. At this special school, are you: (Mark one)

A resident or boarding student? ☐

A day student? ☐

E5. In what grade are you enrolled?

Grade Non-graded ☐

E6. What type of training or therapy are you receiving at this school? (Read list. Mark all that apply.)

Daily living skills ☐ go to E25
 Physical/communication therapy ☐
 Academic subjects ☐
 Trade or vocational ☐

E7. At this primary/secondary school, are you enrolled in: (Read list. Mark one)

Only special classes for persons with a condition or health problem? ☐

Only regular classes? ☐

Some regular classes and some special classes for persons with a condition or health problem? ☐

Only courses with no classroom attendance? ☐

E8. At this school, are you taking any courses by correspondence or home study?

Yes ☐ No ☐

E9. In what grade are you enrolled?

Grade Non-graded ☐

E10. In what type of program are you enrolled? Is it: (Mark one)

Primarily academic? ☐ go to E17
 Primarily trade or vocational? ☐
 Other? ☐

E11. At this college, institute or school, are you taking any course by correspondence or home study?

Yes ☐ No ☐

E12. In what type of program are you enrolled? (Mark one)

Certificate program ☐

Diploma program ☐

No diploma or certificate sought ☐ go to E17

E13. What is the length of the program in which you are enrolled? (Mark one)

1 year or less ☐ go to E17

13 months to 2 years ☐

Over 2 years ☐

E14. At this university or teachers' college, are you taking any course by correspondence or home study?

Yes ☐ No ☐

E15. What type of degree, diploma or certificate are you seeking? (Read list, Mark one)

Diploma/certificate (include teaching certificate) ☐ go to E17

Bachelor's degree ☐

Post-graduate degree (masters, doctorate, post-doctorate) ☐

No degree, diploma or certificate sought ☐

E16. At this school, are you taking any course by correspondence or home study?

Yes ☐ No ☐

E17. Because of your condition does your school, college or university provide any special equipment or make any special arrangements for you?

Yes ☐ No ☐ go to E19

E18. What have you been provided with? (Read list. Mark all that apply.)

Tutors ☐

Readers ☐

Personal assistance ☐

Special or free transportation or parking ☐

Special equipment ☐

Other ☐

E19. Do you need any special arrangements or equipment for your current education because of your condition?

Yes ☐ No ☐ go to E21

E20. What do you need that is not already provided? (Do not read list. Mark all that apply.)

Tutors ☐

Readers ☐

Personal Assistance ☐

Special or free transportation or parking ☐

Special equipment ☐

Other ☐

E21. Which, if any of the following architectural features do you use at your school? (Read list. Mark all that apply.)

- Access ramps 1 ☐
- Widened doorways..... 2 ☐
- Height adjustments to equipment or amenities 3 ☐
- Special washroom facilities 4 ☐
- Hand rails 5 ☐
- Other 6 ☐
- None..... 7 ☐

E22. What architectural features do you need that are not already provided at the school? (Do not read list. Mark all that apply.)

- Access ramps 1 ☐
- Widened doorways..... 2 ☐
- Height adjustments to equipment or amenities 3 ☐
- Special washroom facilities 4 ☐
- Hand rails 5 ☐
- Other 6 ☐
- None..... 7 ☐
- } go to E25

E23. Have you ever gone to school?

- Yes 1 ☐ go to E25 No 2 ☐

E24. Was your condition or health problem the main reason you have never gone to school?

- Yes 1 ☐ } go to next section,
No 2 ☐ } question F1

E25. The following questions are about the effects of your condition or health problem on your education, prior to September 1983.

E26. INTERVIEWER CHECK ITEM:

If currently enrolled at school, college or university ("Yes" in Question E2). . . 1 ☐ go to E28

Otherwise 2 ☐ go to E27

E27. Did you discontinue your education because of your current condition or health problem?

- Yes 1 ☐ No 2 ☐

E28. Because of your present condition:

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Was your education interrupted for long periods of time? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Did you ever change your course of studies? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Did you ever change schools? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) Did you ever attend a special school or special classes in a regular school? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) Did you take fewer courses or subjects at school, college or university? | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) Did you begin school later than most of the people your age? | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) Did you take any courses by correspondence or home study? | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Did you ever go back to school for re-training? | 15 <input type="radio"/> | 16 <input type="radio"/> |

E29. Did it take you longer to achieve your present level of education, because of your condition?

- Yes 1 ☐ No 2 ☐ go to next section,
question F1

E30. How much longer?

Years

Unable to assess 1 ☐

GO TO NEXT SECTION, QUESTION F1

TRANSPORTATION - SECTION F

<p>F1. I would now like to ask you about methods of transportation you use for local travel, that is trips of under 50 miles (80 km).</p>	<p>F9. What is the main reason the vehicle does not have these special features? (Do not read list. Mark only one.)</p> <p>Impractical; too hard to do ¹ <input type="radio"/></p> <p>Awaiting delivery/manufacture/parts. ² <input type="radio"/></p> <p>Didn't know where to obtain it ³ <input type="radio"/></p> <p>Wasn't available. ⁴ <input type="radio"/></p> <p>Too costly; can't afford it. ⁵ <input type="radio"/></p> <p>Too far; too much trouble to get it. ⁶ <input type="radio"/></p> <p>Didn't have the time ⁷ <input type="radio"/></p> <p>No special reason. ⁸ <input type="radio"/></p> <p>Other reason. ⁹ <input type="radio"/></p>
<p>F2. Are you prevented from leaving your residence to take short trips because of your condition or health problem? (i.e., are you housebound?)</p> <p>Yes ¹ <input type="radio"/> go to F24 No ² <input type="radio"/></p>	
<p>F3. Does any member of this household own or lease a car, or a small truck or van?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> go to F10</p>	
<p>F4. Do you use this vehicle mostly as a driver or as a passenger? (Mark one)</p> <p>Mostly as a driver ¹ <input type="radio"/></p> <p>Mostly as a passenger ² <input type="radio"/></p> <p>Does not use the vehicle ³ <input type="radio"/> go to F10</p>	<p>F10. Some communities have a special bus or van service for people who have difficulty using regular local public transportation. When using this special service, people can call ahead and ask to be picked up at their home. Do you need such a service?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> Don't know ³ <input type="radio"/> } go to F13</p>
<p>F5. Does this vehicle have any special features such as hand controls or power steering because of your condition or health problem?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> go to F7</p>	<p>F11. Is this special service available in your area?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> Don't know ³ <input type="radio"/> } go to F13</p>
<p>F6. What special features does it have? (Read list. Mark all that apply.)</p> <p>Hand accelerator/brake controls. ¹ <input type="radio"/></p> <p>Hand rails, straps, special handles, ramps or lifts ² <input type="radio"/></p> <p>Automatic transmission ³ <input type="radio"/></p> <p>Power steering/windows/mirrors. ⁴ <input type="radio"/></p> <p>Room for wheelchair or other special aids ⁵ <input type="radio"/></p> <p>Other ⁶ <input type="radio"/></p>	<p>F12. How often do you use this service?</p> <p>Almost every day ¹ <input type="radio"/></p> <p>Occasionally. ² <input type="radio"/></p> <p>Seldom/never ³ <input type="radio"/></p>
<p>F7. Does this vehicle need any (other) special features or modifications because of your condition?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> go to F10</p>	<p>F13. Is local public transportation (bus, subway, streetcar) available in your area?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> go to F17</p>
<p>F8. What features or modifications are needed? (Do not read list. Mark all that apply.)</p> <p>Hand accelerator/brake controls. ¹ <input type="radio"/></p> <p>Hand rails, straps, special handles, ramps or lifts ² <input type="radio"/></p> <p>Automatic transmission ³ <input type="radio"/></p> <p>Power steering/windows/mirrors. ⁴ <input type="radio"/></p> <p>Room for wheelchair or other special aids ⁵ <input type="radio"/></p> <p>Other ⁶ <input type="radio"/></p>	<p>F14. How often do you use the local public transportation service?</p> <p>Almost every day ¹ <input type="radio"/></p> <p>Occasionally. ² <input type="radio"/></p> <p>Seldom/never ³ <input type="radio"/></p>
	<p>F15. Do you have any trouble using the local public transportation service, because of your condition or health problem?</p> <p>Yes ¹ <input type="radio"/> No ² <input type="radio"/> go to F17</p>
	<p>F16. What kind of trouble do you have? (Read list. Mark all that apply.)</p> <p>Trouble getting to bus/subway/streetcar stop ¹ <input type="radio"/></p> <p>Trouble getting on/off bus/subway/streetcar ² <input type="radio"/></p> <p>Insufficient space to sit or stand. ³ <input type="radio"/></p> <p>Other ⁴ <input type="radio"/></p>

F17. Is there a taxi cab service in your area?

Yes ¹ ☐ No ² ☐ } go to F20
Don't know ³ ☐

F18. How often do you use the taxi cab service?

Almost every day ¹ ☐
Occasionally ² ☐
Seldom/never ³ ☐

F19. Is this because of your condition or health problem?

Yes ¹ ☐ No ² ☐

F20. INTERVIEWER CHECK ITEM:

If "yes" or "no" in question D5 ¹ ☐ go to F21
Otherwise (if blank in question D5) ² ☐ go to F22

F21. The following question concerns travel to work during the last week worked at your main job or business. The question refers to the door-to-door trip from your residence to your place of work. What is the principal method of transportation that you used to travel to work? (I mean the method you used to travel the greatest distance) (Do not read list. Mark only one.)

None, works at home ⁰¹ ☐
Private specially modified vehicle ⁰² ☐
Other private vehicle ⁰³ ☐
Regular bus/subway/streetcar ⁰⁴ ☐
Special bus/van service for the disabled ⁰⁵ ☐
Commuter train ⁰⁶ ☐
Taxi ⁰⁷ ☐
Motorcycle/bicycle ⁰⁸ ☐
Walks to work ⁰⁹ ☐
Other ¹⁰ ☐

F22. INTERVIEWER CHECK ITEM:

If "yes" in question E2 (attending school) ¹ ☐ go to F23
Otherwise ² ☐ go to F24

F23. The following question concerns travel to school during the last week you attended school, college or university. The question refers to the door-to-door trip from your residence to your school. What is the principal method of transportation that you used to travel to school? (I mean the method you used to travel the greatest distance) (Do not read list. Mark only one.)

None, studies at home ⁰¹ ☐
Private specially modified vehicle ⁰² ☐
Other private vehicle ⁰³ ☐
Regular school bus ⁰⁴ ☐
Regular bus/subway/streetcar ⁰⁵ ☐
Special bus/van service for the disabled ⁰⁶ ☐
Commuter train ⁰⁷ ☐
Taxi ⁰⁸ ☐
Motorcycle/bicycle ⁰⁹ ☐
Walks to school ¹⁰ ☐
Other ¹¹ ☐

F24. I would like to ask you about methods of transportation that you use for long distance travel. By this I mean transportation that you use for any trips of 50 miles (80 km) or more.

F25. Are you prevented from leaving your residence and taking trips of more than 50 miles (80 km) because of your condition or health problem?

Yes ¹ ☐ go to next section, question G1 No ² ☐

F26. Do you have trouble using an airplane as a means of long distance transportation because of your condition or health problem?

Yes ¹ ☐ No ² ☐ go to F28
Don't know ³ ☐ go to F29

F27. What kind of trouble do you have? (Do not read list. Mark that apply.)

Hearing announcements ¹ ☐
Seeing signs or notices ² ☐
Moving around the terminal ³ ☐
Boarding/disembarking ⁴ ☐
Seating on board ⁵ ☐
Washroom facilities ⁶ ☐
Transporting wheelchair or other special aids ⁷ ☐
Carrier rules and regulations ⁸ ☐
Other ⁹ ☐

F28. How many airplane trips of 50 miles (80 km) or more did you take which ended during the period July 1 to September 30, 1983? Do not include any trips that you took as a member of an operating crew of an airplane.

Enter number If none enter "00"

F29. Do you have trouble using a bus as a means of long distance transportation because of your condition or health problem?

Yes ¹ ☐ No ² ☐ go to F31
Don't know ³ ☐ go to F32

F30. What kind of trouble do you have? (Do not read list. Mark that apply.)

Hearing announcements ¹ ☐
Seeing signs or notices ² ☐
Moving around the terminal ³ ☐
Boarding/disembarking ⁴ ☐
Seating on board ⁵ ☐
Washroom facilities ⁶ ☐
Transporting wheelchair or other special aids ⁷ ☐
Carrier rules and regulations ⁸ ☐
Other ⁹ ☐

F31. How many bus trips of 50 miles (80 km) or more did you take which ended during the period July 1 to September 30, 1983? Do not include any trips that you took as a member of an operating crew of a bus.

Enter number If none enter "00"

F32. Do you have trouble using a train as a means of long distance transportation because of your condition or health problem?

Yes ¹☐ No ²☐ go to F34
Don't know ³☐ go to F35

F33. What kind of trouble do you have? (Do not read list. Mark all that apply.)

- Hearing announcements ¹☐
- Seeing signs or notices ²☐
- Moving around the terminal. ³☐
- Boarding/disembarking. ⁴☐
- Seating on board ⁵☐
- Washroom facilities ⁶☐
- Transporting wheelchair or other special aids ⁷☐
- Carrier rules and regulations ⁸☐
- Other ⁹☐

F34. How many train trips of 50 miles (80 km) or more did you take which ended during the period July 1 to September 30, 1983? Do not include any trips that you took as a member of an operating crew of a train.

Enter number If none enter "00"

F35. Do you have trouble using a car, or small truck or van as a means of long distance transportation because of your condition or health problem?

Yes ¹☐
No ²☐ Don't know ³☐ go to next section question G1

F36. How many trips of 50 miles or more, which ended during the period July 1 to September 30, 1983 did you take in a car or small truck or van?

Enter number If none enter "00"

GO TO NEXT SECTION, QUESTION G1

ACCOMMODATION - SECTION G

G1. Because of your physical condition or health problem do you use any of the following special features to enter or leave your present residence? (Read list. Mark all that apply.)

- (a) Access ramps 1 ☐
- (b) Widened doorways 2 ☐
- (c) A street level entrance 3 ☐
- (d) An entrance which opens automatically 4 ☐
- (e) An elevator or lift device 5 ☐
- (f) Some other feature 6 ☐
- (g) None 7 ☐

G2. Which of these special features do you need that you don't already have? (Read list. Mark all that apply.)

- (a) Access ramps 1 ☐
- (b) Widened doorways 2 ☐
- (c) A street level entrance 3 ☐
- (d) An entrance which opens automatically 4 ☐
- (e) An elevator or lift device 5 ☐
- (f) Some other feature 6 ☐
- (g) None 7 ☐

G3. Because of your physical condition or health problem do you use any of the following special features to get around inside your residence? (Read list. Mark all that apply.)

- (a) Hand rails 1 ☐
- (b) An elevator or lift device 2 ☐
- (c) Widened doorways or hallways 3 ☐
- (d) Doors which open automatically 4 ☐
- (e) Some other special feature 5 ☐
- (f) None 6 ☐

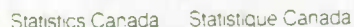
G4. Which of these special features do you need that you don't already have? (Read list. Mark all that apply.)

- (a) Hand rails 1 ☐
- (b) An elevator or lift device 2 ☐
- (c) Widened doorways or hallways 3 ☐
- (d) Doors which open automatically 4 ☐
- (e) Some other special feature 5 ☐
- (f) None 6 ☐

G5. In your residence do you have difficulty using any of the following furnishings or fixtures by yourself?

	Has difficulty	No difficulty	Does not have furnishings
(a) The kitchen stove	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
(b) The kitchen sink	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
(c) The kitchen cabinets	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
(d) The refrigerator	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(e) Bathroom fixtures (tub, toilet, basin)	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
(f) Some other fixture	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

GO TO NEXT SECTION, QUESTION H1



CONFIDENTIAL
when completed

"Authority Statistics Act, Statutes of Canada, 1970-71-72, Chapter 15."

1	06	2							3	1083
Form No.		Docket No.						Survey Date		
4							5		6	
Assignment No.						HRD page-line No.		Age		

[illegible]

INTRODUCTION AT TIME OF LABOUR FORCE SURVEY

The supplementary questions this month are about health conditions, disabilities and handicaps.

Please report only those long-term difficulties which are expected to last more than 6 months.

INSTRUCTION TO INTERVIEWER AT TIME OF LFS INTERVIEW:

Ask SECTION A, Item A 10 to Item A 18.

9. INTERVIEWER CHECK ITEM

If any "Yes" in screening column of SECTION A
and age on the label is greater than or equal to 05

Otherwise

1 ○ 
2 ○ END

Make an appointment to interview this respondent as per instructions in your Interviewer's Manual.

Date: _____

Time:

19.

Information Source for Screening Questions

HRD page line No. of persons providing
information for this interview

Call Back:

Call Back:

Address:

Telephone No _____

20.

Screening Questions non-interview code

INSTRUCTION AT THE TIME OF THE PERSONAL FOLLOW-UP INTERVIEW:

Verify all "Yes" responses in SECTION A and complete appropriate questions in SECTIONS B to E.

21.

Follow-up non-interview code

SCREEN - SECTION A		Screening column									
		No	Yes								
A10. I would like to ask about any aids which ... expects to be using for more than 6 months. Does ... use:											
A wheelchair?	01 <input type="radio"/>	02 <input type="radio"/>									
Crutches or other walking aid?	03 <input type="radio"/>	04 <input type="radio"/>									
Medically prescribed orthopedic shoes?	05 <input type="radio"/>	06 <input type="radio"/>									
Artificial limb or other prosthesis?	07 <input type="radio"/>	08 <input type="radio"/>									
A hearing aid?	09 <input type="radio"/>	10 <input type="radio"/>									
A vision aid other than corrective lenses?	11 <input type="radio"/>	12 <input type="radio"/>									
Any kind of brace other than braces for teeth?	13 <input type="radio"/>	14 <input type="radio"/>									
A11. Does ... use any other kind of aid?		1 <input type="radio"/>	2 <input type="radio"/>								
		Specify									
A12. Does ... have any long-term condition or health problem which prevents or limits his/her participation in school, at play, or any other activity normal for a child of his/her age?		1 <input type="radio"/> Go to A 15	2 <input type="radio"/>								
A13. At what age did this limitation in ... activities begin?											
Age <input type="text"/> (If age less than 1 year enter 00)											
A14. What is the MAIN condition or health problem which limits or prevents ... from participating in these activities? Specify											
<input type="text"/>											
<input type="text"/>											
A15. Does ... attend a special school or special classes at school because of a long-term condition or health problem?		1 <input type="radio"/> Go to A 17	2 <input type="radio"/>								
A16. What is the MAIN condition or health problem?											
Same as item A 14 1 <input type="radio"/> or specify											
<input type="text"/>											
<input type="text"/>											
A17. Which, if any, of these long-term conditions or health problems does ... have?											
	<table border="1"> <thead> <tr> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>01 <input type="radio"/></td> <td>02 <input type="radio"/></td> </tr> <tr> <td>03 <input type="radio"/></td> <td>04 <input type="radio"/></td> </tr> <tr> <td>05 <input type="radio"/></td> <td>06 <input type="radio"/></td> </tr> </tbody> </table>	No	Yes	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>		
No	Yes										
01 <input type="radio"/>	02 <input type="radio"/>										
03 <input type="radio"/>	04 <input type="radio"/>										
05 <input type="radio"/>	06 <input type="radio"/>										
Allergies of any kind		07 <input type="radio"/>	08 <input type="radio"/>								
Asthma		09 <input type="radio"/>	10 <input type="radio"/>								
Bronchitis		11 <input type="radio"/>	12 <input type="radio"/>								
Other lung conditions or disease		13 <input type="radio"/>	14 <input type="radio"/>								
Heart condition or disease		15 <input type="radio"/>	16 <input type="radio"/>								
Kidney condition or disease		17 <input type="radio"/>	18 <input type="radio"/>								
Cancer		19 <input type="radio"/>	20 <input type="radio"/>								
Diabetes		21 <input type="radio"/>	22 <input type="radio"/>								
Epilepsy		23 <input type="radio"/>	24 <input type="radio"/>								
Cerebral palsy		25 <input type="radio"/>	26 <input type="radio"/>								
Multiple sclerosis		27 <input type="radio"/>	28 <input type="radio"/>								
Cystic Fibrosis		29 <input type="radio"/>	30 <input type="radio"/>								
Muscular dystrophy		31 <input type="radio"/>	32 <input type="radio"/>								
Paralysis of any kind		33 <input type="radio"/>	34 <input type="radio"/>								
Arthritis or rheumatism of a serious nature		35 <input type="radio"/>	36 <input type="radio"/>								
High blood pressure		37 <input type="radio"/>	38 <input type="radio"/>								
Hearing trouble (not corrected by an aid)		39 <input type="radio"/>	40 <input type="radio"/>								
Vision trouble (not corrected by an aid)		41 <input type="radio"/>	42 <input type="radio"/>								
Mental handicap											
Learning disability											
Missing limbs (including fingers and toes)											
A18. Does ... have any other long-term condition or health problem, not previously mentioned, which is expected to last more than 6 months?		1 <input type="radio"/>	2 <input type="radio"/>								

TURN TO COVER PAGE AND FILL IN CHECK ITEM 9

NATURE OF DISABILITY - SECTION B

B1. Interviewer: Copy each different MAIN CONDITION, along with its Item Number, A14 or A16 from Part A on page 2, into the appropriate spaces provided below.

For each different MAIN CONDITION, ask the subsequent detail question(s).

The following questions deal specifically with main condition(s) or health problem(s).

MAIN CONDITIONS

B2. Item no.

Condition

Which number on this "Q" Card refers to the best description of ... CONDITION, (name condition)?

If "3" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

B3. Item no.

Condition

If "3" → What was the disease or illness which was the cause?

Specify

OR

☐ Don't know

B4. Interviewer: If Vision Trouble (circle 36) in item A17, on page 2, then ...

☐ go to B5

Otherwise ☐ go to B15

Vision Trouble

B5. At the last interview, it was reported that ... had vision trouble not corrected by an aid.

B6. What is the main condition or health problem which causes ... vision trouble?

B7. Has ... been diagnosed by an ophthalmologist as being legally blind?

☐ Yes ☐ No → go to B12

☐ Don't know/Not sure

B8. Is ... able to recognize a hand in front of his/her eyes, and count the number of fingers being shown?

☐ Yes ☐ No

B9. Does ... know braille?

☐ Yes → go to B12 ☐ No

B10. Does ... need to learn braille?

☐ Yes ☐ No → go to B12

B11. What is the main reason for ... not having learned braille?

Interviewer: Do not read list. Mark only one response.

- ☐ Just learning braille now
- ☐ Didn't know where to go to learn
- ☐ Can't learn/Too young to learn
- ☐ Physically prevented from using braille
- ☐ Too far to go/Too much trouble
- ☐ Didn't have the time
- ☐ No special reason
- ☐ Other

B12. Are there any special aids for the visually impaired which ... needs but does not have?

☐ Yes ☐ No → go to B15

B13. Which aids does ... require?

Interviewer: Do not read list. Mark all that apply.

- ☐ Glasses/spectacles/contact lenses
- ☐ Hand-held magnifiers
- ☐ Print reading systems
- ☐ Recording equipment (tape, cassette, etc.)
- ☐ Braille writing equipment
- ☐ Typewriter
- ☐ White cane
- ☐ Guide dog
- ☐ Other aid(s) for the visually impaired

B14. What is the main reason for ... not having this (these) aid(s)?

Interviewer: Do not read list. Mark only one response.

- ☐ Awaiting delivery/manufacture
- ☐ Didn't know where to obtain it
- ☐ Too costly/Couldn't afford it
- ☐ Too far/Too much trouble to get it
- ☐ Wasn't available
- ☐ Never prescribed
- ☐ Didn't have the time
- ☐ No special reason
- ☐ Other

B15. Interviewer: If Hearing Trouble (circle 34) in item A17, on page 2, then ...

☐ go to B16

Otherwise ☐ go to B27

Hearing Trouble		B25. What skill(s) does ... require?																
<p>B16. At the last interview, it was reported that ... had hearing trouble, not corrected by an aid.</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Read list. Mark all that apply.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> Sign language</div> <div><input type="radio"/> Finger spelling</div> <div><input type="radio"/> Lip reading</div> </div>																	
<p>B17. What is the main condition or health problem which causes ... hearing trouble?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>B26. What is the main reason for ... not having learned this (these) skill(s)?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Do not read list. Mark only one response.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> Just learning skill(s) now</div> <div><input type="radio"/> Didn't know where to go to learn</div> <div><input type="radio"/> Can't learn/Too young to learn</div> <div><input type="radio"/> Too far to go/Too much trouble</div> <div><input type="radio"/> Didn't have the time</div> <div><input type="radio"/> No special reason</div> <div><input type="radio"/> Other</div> </div>																	
<p>B18. With the use of any aid, is ... able to listen to, and understand, what is being said over a normal telephone?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>B27. Does ... have any trouble speaking and being understood?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Yes <input type="radio"/> No → go to B40 </div>																	
<p>B19. Are there any aids for the hearing impaired which ... needs but does not have?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Yes <input type="radio"/> No → go to B22 </div>	<p>B28. What is the main condition or health problem which causes ... trouble speaking and being understood?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
<p>B20. Which aids does ... require?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Do not read list. Mark all that apply.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> Hearing aid</div> <div><input type="radio"/> Telecommunications Device for the Deaf (T.T.D.) — example: T.T.Y., Visual Ear</div> <div><input type="radio"/> Visual signalling device for the deaf — example: baby cry, flashing doorbell light</div> <div><input type="radio"/> Telecaption decoder</div> <div><input type="radio"/> Special amplification system — example: personal FM system</div> <div><input type="radio"/> Volume control telephone</div> <div><input type="radio"/> Other aid(s) for the hearing impaired</div> </div>	<p>B29. Is ... completely unable to speak and be understood?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Completely unable → go to B31 <input type="radio"/> Able </div>																	
<p>B21. What is the main reason for ... not having this (these) aid(s)?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Do not read list. Mark only one response.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> Awaiting delivery/manufacture</div> <div><input type="radio"/> Didn't know where to obtain it</div> <div><input type="radio"/> Too costly/Couldn't afford it</div> <div><input type="radio"/> Too far/Too much trouble to get it</div> <div><input type="radio"/> Wasn't available</div> <div><input type="radio"/> Never prescribed</div> <div><input type="radio"/> Didn't have the time</div> <div><input type="radio"/> No special reason</div> <div><input type="radio"/> Other</div> </div>	<p>B30. How well do you feel that ... is able to make himself/herself understood by speaking with ...</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Com- pletely</th> <th style="text-align: center;">Partially</th> <th style="text-align: center;">Not at all</th> </tr> </thead> <tbody> <tr> <td>(a) members of his/her family</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> </tr> <tr> <td>(b) his/her friends</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td>(c) other people?</td> <td style="text-align: center;"><input type="radio"/> 7</td> <td style="text-align: center;"><input type="radio"/> 8</td> <td style="text-align: center;"><input type="radio"/> 9</td> </tr> </tbody> </table>			Com- pletely	Partially	Not at all	(a) members of his/her family	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	(b) his/her friends	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	(c) other people?	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
	Com- pletely	Partially	Not at all															
(a) members of his/her family	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3															
(b) his/her friends	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6															
(c) other people?	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9															
<p>B22. This section deals with communication skills which ... may have. Is ... able to ...</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Read list. Mark all that apply.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> use sign language?</div> <div><input type="radio"/> fingerspell?</div> <div><input type="radio"/> lip read?</div> <div><input type="radio"/> none? → go to B24</div> </div>	<p>B31. Are there any special aids or assistance for the speaking impaired which ... needs but does not have?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Yes <input type="radio"/> No → go to B34 </div>																	
<p>B23. Interviewer: If all three (3) skills are marked in question B22, then ...</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> go to B27 Otherwise <input type="radio"/> go to B24 </div>	<p>B32. Which aids or assistance does ... require?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Do not read list. Mark all that apply.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> Artificial larynx</div> <div><input type="radio"/> Non-verbal communication aid(s) — example: symbol boards</div> <div><input type="radio"/> Interpreter (except a language interpreter)</div> <div><input type="radio"/> Other aid(s) for the speaking impaired</div> </div>																	
<p>B24. Are there any of these three skills which ... needs but does not have?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Yes <input type="radio"/> No → go to B27 </div>	<p>B33. What is the main reason for ... not having this (these) aid(s)?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Interviewer: Do not read list. Mark only one response.</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="radio"/> Awaiting delivery/manufacture</div> <div><input type="radio"/> Didn't know where to obtain it</div> <div><input type="radio"/> Too costly/Couldn't afford it</div> <div><input type="radio"/> Too far/Too much trouble to get it</div> <div><input type="radio"/> Wasn't available</div> <div><input type="radio"/> Never prescribed</div> <div><input type="radio"/> Didn't have the time</div> <div><input type="radio"/> No special reason</div> <div><input type="radio"/> Other</div> </div>																	

B34. Interviewer: If "Hearing Trouble" (circle 34) in item A17 on page 2, then ...

1 ☐ go to B40

Otherwise 2 ☐ go to B35

B35. This section deals with communication skills which ... may have. Is ... able to ...

Interviewer: Read list. Mark all that apply.

1 ☐ use sign language?

2 ☐ fingerspell?

3 ☐ none of the above? → go to B37

B36. Interviewer: If both skills — i.e., sign language and finger spelling — are marked, then ...

1 ☐ go to B40

Otherwise 2 ☐ go to B37

B37. Are there any of these two skills which ... needs but does not have?

1 ☐ Yes 2 ☐ No → go to B40

B38. What skill(s) does ... require?

Interviewer: Read list. Mark all that apply.

1 ☐ Sign language.

2 ☐ Finger spelling.

B39. What is the main reason that ... has not learned this (these) skill(s)?

Interviewer: Do not read list. Mark only one response.

1 ☐ Just learning skill(s) now

2 ☐ Didn't know where to go to learn

3 ☐ Can't learn/Too young to learn

4 ☐ Too far to go/Too much trouble

5 ☐ Didn't have the time

6 ☐ No special reason

7 ☐ Other

B40. I would now like to ask about any special aids which ... needs because of his/her condition, to help him/her get around. Please exclude any special fixtures or architectural changes to his/her dwelling. Are there any mobility aids which he/she now needs but does not have to help him/her get around?

1 ☐ Yes 2 ☐ No → go to next section, question C1

B41. Which aid(s) does ... require?

Interviewer: Do not read list. Mark all that apply.

1 ☐ Back or leg brace

2 ☐ Orthopedic footwear

3 ☐ Foot or leg prosthesis

4 ☐ Cane (other than white cane)

5 ☐ Crutches

6 ☐ Wheelchair

7 ☐ Walker

8 ☐ Other mobility aid(s)

B42. What is the main reason for ... not having this (these) aid(s)?

Interviewer: Do not read list. Mark only one response.

1 ☐ Awaiting delivery/manufacture

2 ☐ Didn't know where to obtain it

3 ☐ Too costly/Couldn't afford it

4 ☐ Too far/Too much trouble to get it

5 ☐ Wasn't available

6 ☐ Never prescribed

7 ☐ Didn't have the time

8 ☐ No special reason

9 ☐ Other

Go to next section, Question C1

EDUCATION - SECTION C

<p>C1. I would now like to ask you a few questions about ...'s education.</p>	<p>C11. What type of training or therapy is ... receiving at this school? (Read list. Mark all that apply)</p> <p> <input type="radio"/> Physical therapy or communication therapy <input type="radio"/> Daily living skills <input type="radio"/> Academic subjects <input type="radio"/> Trade or vocational </p> <p style="text-align: right;">} Go to C13</p>
<p>C2. Is ... old enough to go to school, excluding kindergarten, nursery school and daycare?</p> <p> <input type="radio"/> Yes <input type="radio"/> No → Go to next section, question Q1 </p>	<p>C12. At this regular school, what type of classes is ... attending? (Read list, mark only one)</p> <p> <input type="radio"/> Only special classes for children with a condition or health problem <input type="radio"/> Only regular classes <input type="radio"/> Some regular classes and some special classes for children with a condition or health problem </p>
<p>C3. Does ... require special education because of his/her condition or health problem?</p> <p> <input type="radio"/> Yes <input type="radio"/> No → Go to C5 </p>	<p>C13. In what grade is ... enrolled?</p> <p> <input type="text"/> Grade <input type="radio"/> Non-graded </p>
<p>C4. Is this special education available through the regular school system in your area?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know </p>	<p>C14. Compared to most other children of the same age, is ... (Read list. Mark only one)</p> <p> <input type="radio"/> In a lower grade or level? Go to C15 <input type="radio"/> In the same grade or level? <input type="radio"/> In a higher grade or level? Go to C16 <input type="radio"/> Don't know </p>
<p>C5. Is ... going to school?</p> <p> <input type="radio"/> Yes → Go to C9 <input type="radio"/> No </p>	<p>C15. Is this because of his/her condition or health problem?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>C6. Why is ... not currently going to school? (Mark only one)</p> <p> <input type="radio"/> He/she is incapable of attending at this time because of his/her condition or health problem <input type="radio"/> Suitable facility or program not available <input type="radio"/> Other </p>	<p>C16. Prior to September 1, 1983 did ... ever attend a special school for children with his/her condition or health problem?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>C7. Did ... ever go to school?</p> <p> <input type="radio"/> Yes → go to C16 <input type="radio"/> No </p>	<p>C17. Did ... begin his/her first year of school later than most children of the same age, because of his/her condition?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>C8. Is the reason ... never attended school, because of his/her condition or health problem?</p> <p> <input type="radio"/> Yes } <input type="radio"/> No } Go to next section, question Q1 </p>	<p>C18. Has ...'s schooling ever been interrupted for long periods of time because of his/her condition?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>C9. What type of school is ... going to? (Mark only one)</p> <p> <input type="radio"/> A special school for children with his/her condition or health problem <input type="radio"/> A regular school → Go to C12 </p>	<p>C19. Because of his/her condition, did it take ... longer to achieve his/her present level of education?</p> <p> <input type="radio"/> Yes <input type="radio"/> No → Go to next section, question Q1 </p>
<p>C10. At this special school, is ... a: (Mark only one)</p> <p> <input type="radio"/> Resident or boarding student? <input type="radio"/> Day student? </p>	<p>C20. How much longer?</p> <p> <input type="text"/> Years } <input type="radio"/> Not able to estimate } Go to next section, question Q1 </p>

TRANSPORTATION — SECTION D

<p>D1. I would now like to ask you about methods of transportation that . . . uses for local travel, that is trips of under 50 miles (80 km).</p>	<p>D11. How often does . . . use this service?</p> <p>1 <input type="radio"/> Almost every day 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Seldom/never</p>
<p>D2. Is . . . prevented from leaving his/her residence to take short trips, because of his/her condition or health problem? (i.e., is . . . housebound?)</p> <p>1 <input type="radio"/> Yes → Go to next section, question E1 2 <input type="radio"/> No</p>	<p>D12. Is local public transportation (bus, subway, streetcar) available in your area? (Do not include school buses)</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to D16</p>
<p>D3. Does any member of this household own or lease a car, or a small truck or van?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to D9</p>	<p>D13. How often does . . . use the local public transportation service?</p> <p>1 <input type="radio"/> Almost every day 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Seldom/never</p>
<p>D4. Does this vehicle have any special features such as ramps or room for a wheelchair because of . . . 's condition or health problem?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to D6</p>	<p>D14. Does . . . have any trouble using the local public transportation service, because of his/her condition or health problem?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to D16</p>
<p>D5. What special features does it have? (Read list. Mark all that apply)</p> <p>1 <input type="radio"/> Straps, special handles, ramps or lifts 2 <input type="radio"/> Room for wheel chair or other special aids 3 <input type="radio"/> Other</p>	<p>D15. What kind of trouble does . . . have? (Read list. Mark all that apply)</p> <p>1 <input type="radio"/> Trouble getting to bus/subway/streetcar stop 2 <input type="radio"/> Trouble getting on/off bus/subway/streetcar 3 <input type="radio"/> Insufficient space to sit or stand 4 <input type="radio"/> Other</p>
<p>D6. Does this vehicle need any (other) special features or modifications, because of . . . 's condition?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to D9</p>	<p>D16. Is there a taxi cab service in your area?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to D19</p>
<p>D7. What features or modifications are needed? (Do not read list. Mark all that apply)</p> <p>1 <input type="radio"/> Straps, special handles, ramps or lifts 2 <input type="radio"/> Room for wheel chair or other special aids 3 <input type="radio"/> Other</p>	<p>D17. How often does . . . use the taxi cab service?</p> <p>1 <input type="radio"/> Almost every day 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Seldom/never</p>
<p>D8. What is the main reason the vehicle does not have the special features? (Do not read list. Mark only one)</p> <p>1 <input type="radio"/> Impractical; too hard to do 2 <input type="radio"/> Awaiting delivery/manufacture/parts 3 <input type="radio"/> Didn't know where to obtain it 4 <input type="radio"/> Wasn't available 5 <input type="radio"/> Too costly; can't afford it 6 <input type="radio"/> Too far; too much trouble to get it 7 <input type="radio"/> Didn't have the time 8 <input type="radio"/> No special reason 9 <input type="radio"/> Other reason</p>	<p>D18. Is this because of his/her condition or health problem?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No</p>
<p>D9. Some communities have a special bus or van service for people who have difficulty using regular local public transportation. When using this special service, people can call ahead and ask to be picked up at their home. Does . . . need such a service?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to D12</p>	<p>D19. Interviewer Check Item</p> <p>1 <input type="radio"/> If "Yes" to Question C5 Education Section (attending school) → Go to D20 2 <input type="radio"/> Otherwise → Go to next section, question E1</p>
<p>D10. Is this special service available in your area?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to D12</p>	<p>D20. The following question concerns travel to school during the last week . . . attended school, college or university. The question refers to the door-to-door trip from . . . 's residence to his/her school. What is the principal method of transportation that . . . uses to travel to school? (I mean the method . . . used to travel the greatest distance) (Mark one)</p> <p>01 <input type="radio"/> None, studies at home 02 <input type="radio"/> Private specially modified vehicle 03 <input type="radio"/> Other private vehicle 04 <input type="radio"/> Regular school bus 05 <input type="radio"/> Regular bus/subway/streetcar 06 <input type="radio"/> Special bus/van service for the disabled 07 <input type="radio"/> Commuter train 08 <input type="radio"/> Taxi 09 <input type="radio"/> Motorcycle/bicycle 10 <input type="radio"/> Walks to school 11 <input type="radio"/> Other</p> <p style="text-align: right;">Go to next section, Question E1</p>

ECONOMIC CHARACTERISTICS — SECTION E

<p>E1. People sometimes have extra out-of-pocket expenses as a result of their children's condition or health problem. In the past 12 months has your family had any extra expenses for . . . 's education, transportation, special equipment, personal services, drugs or medical expenses, etc. for which you were not reimbursed by any insurance program?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → END</p>	<p>E2. Which number on the "Q" card refers to the total amount of these expenses?</p> <p style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </p> <p>8 <input type="radio"/> Refusal 9 <input type="radio"/> Don't know</p>
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SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: November 1983

TITLE: Travel to Work Survey

SPONSOR: Transport Canada and Energy, Mines and Resources Canada

SURVEY METHOD: Telephone/Personal Interview.

SAMPLE SIZE: 5 rotation groups.

SURVEY OBJECTIVES: Data from the Travel to Work Survey have been used to assist in the formulation of transportation policies and planning. The November 1983 Travel to Work supplement provide additional valuable data which will add to the already established data, thereby increasing the value of this type series by providing further insights into the transportation and energy problems.

PROJECT MANAGER: Denis Lefebvre

MICRODATA:

YES

☒

NO

☐

PRICE

\$300.00



Docket No. 2 Survey date 3 Assignment No. 4
HRD page - line No. Given name Mo Yr Surname
5 6 7

**09 INTERVIEWER CHECK ITEM:
FORM 05**

- If "Yes" in item 10 OR any code but 6 in item 33 ☐ Go to 10
- Otherwise ☐ END

10 THE FOLLOWING QUESTIONS CONCERN TRAVEL TO WORK DURING THE LAST WEEK ... WORKED AT HIS/HER MAIN JOB. THE QUESTIONS REFER TO THE DOOR TO DOOR TRIP FROM ...'S RESIDENCE TO HIS/HER PLACE OF WORK.

11 WHAT IS THE APPROXIMATE DISTANCE FROM ...'S RESIDENCE TO HIS/HER PLACE OF WORK? 'I mean the distance covered using the usual route.'

Miles ☐ 1
 Kilometres ☐ 2
Less than 1 mile or kilometre ☐ 3
Varies from day to day ☐ 4
None ☐ 5
END

12 APPROXIMATELY HOW LONG DID IT TAKE ... TO TRAVEL FROM HIS/HER RESIDENCE TO HIS/HER PLACE OF WORK USING THE USUAL ROUTE?

Enter minutes

13 WAS PUBLIC TRANSPORTATION AVAILABLE FOR ... TO TRAVEL TO WORK?

Yes ☐ No ☐ Don't know ☐

14 WHAT WAS THE PRINCIPAL METHOD OF TRANSPORTATION ... USED TO TRAVEL TO WORK? 'I mean that method of transportation by which ... travelled the greatest distance.' (Mark only ONE method)

Automobile ☐ 1 Go to 16 Taxi ☐ 4
Bus/Subway/Streetcar ☐ 2 Motorcycle/Bicycle ☐ 5
Commuter train ☐ 3 Walks to work ☐ 6
Other ☐ 7

15 WAS A CAR, TRUCK OR VAN AVAILABLE FOR ... TO TRAVEL TO WORK?

Yes ☐ 1 Go to 18 No ☐ 2 END

16 WHICH ONE OF THESE BEST DESCRIBES THE WAY ... TRAVELLED TO WORK THE LAST WEEK HE/SHE WORKED? (READ ALOUD THE RESPONSE CATEGORIES) Mark only ONE category.

Drove alone ☐ 1 Go to 18 Shared the driving ☐ 3
Drove with passenger(s) ☐ 2 Rode as a passenger ☐ 4 END

17 INCLUDING ... HOW MANY PEOPLE USUALLY RODE IN THE CAR, TRUCK OR VAN?

Two ☐ 1 Three ☐ 2 Four or more ☐ 3

18 WHAT WAS THE MAKE AND MODEL OF THE VEHICLE THAT ... COULD/DID DRIVE TO WORK?

Enter code Don't know ☐

19 WHAT WAS THE MODEL YEAR OF THIS VEHICLE?

19 Don't know ☐

NOTES

See over for additional NOTES

Item no.
99
99

Item no.
99
99

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: December 1983

TITLE: Survey of Annual Work Patterns

SPONSOR: Labour Force Survey Activity Division

SURVEY METHOD: Personal/Telephone Interview.

SAMPLE SIZE: Every person 15 years of age and over in Rotation Groups 1, 2, 3, 4 and 5.

SURVEY OBJECTIVES: The information obtained from the Annual Work Patterns Survey will provide:

1. the number of persons who worked all of 1983;
2. the number of persons who did not work all of 1983;
3. the number of persons who looked for a job in 1983, when they were out of work;
4. the number of persons, during 1983, who did not do any work at all at a job or business;
5. the number of students who worked during 1983.

These statistics will aid in the continuing study of problems associated with employment and unemployment in Canada which are vital factors in the growth and stability of the Canadian economy.

PROJECT MANAGER: Denis Lefebvre

MICRODATA:	YES	NO	PRICE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$300.00

Docket No. 2 Survey date 3 Assignment No. 4
 HRD page - line No. Given name No. Surname
 5 6 7

1 FORM NO. 06

10 **INTERVIEWER CHECK ITEM:**
From Form 05

- If "No" (never worked) in item 50 ☐ go to 20
 • Otherwise ☐ go to 11

11 DURING 1983, DID ... DO ANY WORK AT ALL AT A JOB OR BUSINESS?

Yes ☐ No ☐ go to 20

12 WAS ... 'S WORK IN 1983 ENTIRELY FULL-TIME, ENTIRELY PART-TIME OR SOME OF EACH? BY FULL-TIME I MEAN 30 HOURS OR MORE A WEEK.

Entirely full-time ☐
 Entirely part-time ☐
 Some full-time and some part-time ☐

13 DID ... WORK IN EVERY MONTH IN 1983? INCLUDE AS WORK ALL PAID ABSENCES

Yes ☐ go to 18 No ☐

14 IN WHICH MONTH(S) DID ... WORK?

J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12

15 IN WHICH OF THESE MONTHS DID ... WORK FOR THE WHOLE MONTH AND IN WHICH FOR PART OF THE MONTH?

Whole month J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12
 Part month 13 14 15 16 17 18 19 20 21 22 23 24 } go to 18

16 WAS ... WITHOUT WORK FOR A WEEK OR MORE AT ANY TIME IN 1983 BECAUSE HE/SHE WAS CHANGING EMPLOYERS?

Yes ☐ No ☐ go to 18

17 IN WHICH MONTH(S) WAS ... WITHOUT WORK FOR A WEEK OR MORE BECAUSE HE/SHE WAS CHANGING EMPLOYERS?

J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12

18 WAS ... ABSENT FROM WORK FOR A WEEK OR MORE BECAUSE OF A TEMPORARY LAYOFF?

Yes ☐ No ☐ go to 20

19 IN WHICH MONTH(S) WAS ... ON TEMPORARY LAYOFF?

J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12

20 DID ... LOOK FOR WORK AT ANYTIME IN 1983?

Yes ☐ No ☐ go to 23

21 WHAT DID ... DO TO FIND WORK IN 1983? (MARK ALL METHODS REPORTED)

Enter code(s) ☐ ☐ ☐ ☐

- 1 Checked with Public Employment Agency
 2 Checked with Private Employment Agency
 3 Checked with Union
 4 Checked with Employers directly
 5 Checked with Friends or Relatives
 6 Placed or answered job ads
 7 Looked at job ads
 8 Other

22 IN WHICH MONTH(S) DID ... LOOK FOR WORK?

J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12

23 DID ... ATTEND A SCHOOL, COLLEGE OR UNIVERSITY AS A FULL-TIME STUDENT AT ANY TIME IN 1983?

Yes ☐ No ☐ go to 27

24 IN WHICH MONTH(S) DID ... ATTEND A SCHOOL, COLLEGE OR UNIVERSITY AS A FULL-TIME STUDENT?

J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12

25 **INTERVIEWER CHECK ITEM:**

- If "Yes" (looked for work) in item 20 ☐ go to 26
 • Otherwise ☐ go to 27

26 SINCE ... WAS A FULL-TIME STUDENT AND LOOKING FOR WORK SOMETIME IN 1983, WE WOULD LIKE TO KNOW IN WHICH MONTH(S) ... LOOKED FOR FULL-TIME WORK AND IN WHICH MONTH(S) ... LOOKED FOR PART-TIME WORK?

Full-time J F M A M J J A S O N D
 01 02 03 04 05 06 07 08 09 10 11 12
 Part-time 13 14 15 16 17 18 19 20 21 22 23 24

INFORMATION SOURCE

27 HRD page-line No. of person providing the Annual Work Patterns information.

HRD page-line No.

NOTES

See over for additional NOTES

10
 11

12
 13

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: December 1983

TITLE: Survey of Smoking Habits

SPONSOR: Health and Welfare Canada

SURVEY METHOD: Personal/Telephone Interview

SAMPLE SIZE: Every person 15 years of age and over, who are eligible for interview for the Labour Force Survey, in households in Rotations 4 and 5.

SURVEY OBJECTIVES: This survey monitors the prevalence of smoking by Canadians and is a valuable source of data for epidemiologists program planners and program evaluators.

PROJECT MANAGER: Denis E. Lefebvre

MICRODATA:

YES

NO

PRICE

☒☐

\$300.00

Docket No. 2 Survey date 3 Assignment No. 4
 HRD page-line No. 5 Given name Surname
 6 7

10 HAS ... EVER SMOKED CIGARETTES, CIGARS OR A PIPE?

Yes ¹ ☐ No ² ☐ Go to 30

11 AT THE PRESENT TIME, DOES ... SMOKE A PIPE?

Yes ¹ ☐ No ² ☐ Go to 13

12 AT THE PRESENT TIME, DOES ... SMOKE A PIPE REGULARLY (USUALLY EVERY DAY) OR OCCASIONALLY (NOT EVERY DAY)?

Regularly ¹ ☐ Occasionally ² ☐

13 AT THE PRESENT TIME, DOES ... SMOKE CIGARS?

Yes ¹ ☐ No ² ☐ Go to 15

14 AT THE PRESENT TIME, DOES ... SMOKE CIGARS REGULARLY (USUALLY EVERY DAY) OR OCCASIONALLY (NOT EVERY DAY)?

Regularly ¹ ☐ Occasionally ² ☐

15 AT THE PRESENT TIME, DOES ... SMOKE CIGARETTES?

Yes ¹ ☐ No ² ☐ Go to 25

16 AT THE PRESENT TIME, DOES ... SMOKE CIGARETTES REGULARLY (USUALLY EVERY DAY) OR OCCASIONALLY (NOT EVERY DAY)?

Regularly ¹ ☐ Occasionally ² ☐

17 AT WHAT AGE DID ... START SMOKING?

Enter age

18 HOW MANY CIGARETTES DOES ... USUALLY SMOKE PER DAY?

Enter number of cigarettes

19 DOES ... USUALLY INHALE THE SMOKE?

Yes ¹ ☐ No ² ☐ Don't know ³ ☐

20 WHAT KIND OF CIGARETTES DOES ... USUALLY SMOKE? (BRAND, SIZE, FILTER, NON-FILTER)

Enter code

21 IS THIS THE SAME KIND OF CIGARETTE (BRAND, SIZE, FILTER, NON-FILTER) THAT ... WAS SMOKING 12 MONTHS AGO?

Yes ¹ ☐ Go to 23 No ² ☐
 Did not smoke 12 months ago ³ ☐ Go to 24

22 IS THE BRAND ... NOW SMOKES STRONGER, MILD, OR ABOUT THE SAME AS THE BRAND ... WAS SMOKING 12 MONTHS AGO?

Stronger ¹ ☐
 Milder ² ☐
 About the same ³ ☐

23 COMPARED TO 12 MONTHS AGO, IS ... NOW SMOKING MORE, SMOKING LESS OR SMOKING ABOUT THE SAME AMOUNT? mark only one

Smokes more ¹ ☐
 Smokes less ² ☐
 Smokes about the same amount ³ ☐

24 HAS ... MADE AN EFFORT TO STOP SMOKING IN THE PAST 12 MONTHS?

Yes ¹ ☐ Go to 30 No ² ☐ Go to 30

25 HAS ... EVER SMOKED CIGARETTES REGULARLY?

Yes ¹ ☐ No ² ☐ Go to 30

26 AT WHAT AGE DID ... START SMOKING CIGARETTES REGULARLY?

Enter age

27 HOW LONG AGO DID ... STOP SMOKING CIGARETTES?

Less than 12 months ⁹⁹ ☐
 or
 Enter number of years

28 ABOUT HOW MANY CIGARETTES DID ... USUALLY SMOKE DAILY?

Enter number of cigarettes

29 DID ... USUALLY INHALE THE SMOKE?

Yes ¹ ☐ No ² ☐ Don't know ³ ☐

30 INFORMATION SOURCE

HRD page-line No.

99 NOTES

See over for additional NOTES

SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: Monthly

TITLE: Fuel Consumption Survey

SPONSOR: Strategic Studies Branch of Transport Canada

SURVEY METHOD: Each month, interviewers contact the operators of selected vehicles to determine if the vehicle will be driven for personal use only in the following month.

SAMPLE SIZE: 21,459 vehicles in all provinces.

SURVEY OBJECTIVES: The purpose of the survey is to establish a data base for personal use vehicles in Canada containing the following information:

- total distance travelled;
- total amount of fuel consumed;
- average distance per unit of fuel;
- total expenditures on fuel; and
- seasonal fluctuations in fuel consumption and distance travelled by province.

PROJECT MANAGER: Michel Fluet

MICRODATA:	YES	NO	PRICE
	<input type="checkbox"/>	<input type="checkbox"/>	

Available by special request



PC - 01

Authority - Statistics Act, Chapter 15,
Statutes of Canada 1970 - 71 - 72.

FUEL CONSUMPTION SURVEY - SCREENING QUESTIONNAIRE

VEHICLE DESCRIPTION:

Make

Model

Licence Plate Number

Model Year

Serial Number

REGISTERED OWNER:

INTERVIEWER:

☐

Total contact attempts made by phone

NOTES:

OWNER # 1:

1. DO YOU PRESENTLY OWN A ... (READ VEHICLE DESCRIPTION)?

- Yes ☐ go to 5 No (never owned) ☐ END
- Yes (corrections) ☐ go to 4 No (once owned) ☐ go to 2

2. WHAT HAPPENED TO THIS VEHICLE WHEN YOU STOPPED OWNING IT?

- Sold/given away/traded in ☐ go to 3 Demolished in accident ☐ END
- Stolen ☐ END No longer roadworthy ☐

3. ARE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE NEW OWNER AVAILABLE?

- Yes ☐ record below No ☐ END

Name

Address

Telephone

Notes:

TRACE
AND
GO TO
OWNER # 2.

OWNER # 2:

1. DO YOU PRESENTLY OWN A ... (READ VEHICLE DESCRIPTION)?

- Yes ☐ go to 5 No (never owned) ☐ END
- Yes (corrections) ☐ go to 4 No (once owned) ☐ go to 2

2. WHAT HAPPENED TO THIS VEHICLE WHEN YOU STOPPED OWNING IT?

- Sold/given away/traded in ☐ go to 3 Demolished in accident ☐ END
- Stolen ☐ END No longer roadworthy ☐

3. ARE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE NEW OWNER AVAILABLE?

- Yes ☐ record below No ☐ END

Name

Address

Telephone

Notes:

TRACE
AND
GO TO
OWNER # 3

OWNER # 3:

1. DO YOU PRESENTLY OWN A ... (READ VEHICLE DESCRIPTION)?

- Yes ☐ go to 5 No (never owned) ☐ END
- Yes (corrections) ☐ go to 4 No (once owned) ☐ go to 2

2. WHAT HAPPENED TO THIS VEHICLE WHEN YOU STOPPED OWNING IT?

- Sold/given away/traded in ☐ go to 3 Demolished in accident ☐ END
- Stolen ☐ END No longer roadworthy ☐

3. ARE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE NEW OWNER AVAILABLE?

- Yes ☐ record below No ☐ END

Name

Address

Telephone

Notes:

GO TO
NEW
SCREENING
QUESTIONNAIRE

4. CORRECTED VEHICLE DESCRIPTION

Make

Model

Licence plate number

Model year

Serial number

5. WHICH OF THE FOLLOWING BEST DESCRIBES THIS VEHICLE?

- Station wagon 01 ☐
- 2 door passenger car 02 ☐
- 3 door passenger car 03 ☐
- 4 door passenger car 04 ☐
- Van 05 ☐
- Truck 06 ☐
- go to 6

- Motorcycle 07 ☐
- Trailer or camper 08 ☐
- Motorhome 09 ☐
- Ambulance 10 ☐
- Hearse 11 ☐
- END

6. IS THE OWNER OF THIS VEHICLE ...

- A private individual? 1 ☐ go to 8
- A leasing company? 2 ☐ go to 7

- A government agency? 3 ☐ END
- A business or commercial company? 4 ☐ go to 8

7. WHAT ARE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE LESSEE OF THIS VEHICLE?

Name _____

Address _____

Telephone _____

TRACE AND CONTACT LESSEE.
READ FLASHCARD. THEN GO
TO 8

OR Refusal to give this information 1 ☐ END

8. WHAT ARE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PRINCIPAL DRIVER OF THIS VEHICLE?

Name _____

Address _____

Telephone _____

CONTACT PRINCIPAL DRIVER
if different than owner or lessee.
READ FLASHCARD. THEN GO
TO 9

9. WILL THIS VEHICLE BE DRIVEN AT ANY TIME DURING THE MONTH OF _____?

- Yes 1 ☐ No 2 ☐ END

repeat survey month

10. WILL THIS VEHICLE BE DRIVEN FOR PERSONAL USE AT ANY TIME DURING THE MONTH OF _____?

- Yes 1 ☐ introduce diary
maskout

- No 2 ☐

repeat survey month

specify vehicle use

Interviewer Check Item:

- Diary mailed 1 ☐
- Diary refused 2 ☐
- Not eligible for diary 3 ☐

For Head Office use only

PC01 Result

PC02 Result

Curb wgt.

Average wgt.

Minimum G.V.W.

Maximum G.V.W.

Notes:

GENERAL INSTRUCTIONS

1. When entering numbers in boxes, please remember to insert leading zeros and to only record tenths in the shaded boxes. For example, if your answer is twenty and four-tenths kilometres (miles), you should write it in the boxes as follows:

						Tenths	
0	0	0	0	2	0	4	

If your answer is zero kilometres (miles), fill the boxes with zeros.

2. Please note that the "odometer" is the gauge on your vehicle which records the distance travelled. The odometer continues to record all accumulated distance.
3. Please mark your answers boldly and clearly.
4. When the diary period is over, please ensure that the Vehicle Description Questionnaire has been completed. On the last day of the diary period, record the current odometer reading at the top of page 6. Then remove from the diary the pages you have filled in, beginning with page 5, and place them in the return envelope provided, and mail them back to Statistics Canada.

INSTRUCTIONS FOR RECORDING FUEL PURCHASES

Please refer to the example on the following page as you read the instructions.

As you stop at a fuel pump, the first three items of information should be recorded:

ITEM 1: The fuel purchase number, starting with 01 for the first fuel purchase, 02 for the second fuel purchase, etc.

ITEM 2: Record the date of the fuel purchase.

ITEM 3: Record the numbers showing on the odometer. This must be done immediately, as the odometer will continue to turn as soon as you drive away.

**ONCE YOU HAVE COMPLETED YOUR FUEL PURCHASE, COMPLETE
ITEMS 4 to 9:**

ITEM 4: Indicate which type of fuel you purchased by checking the appropriate circle. If you need to specify a different type of fuel, please remember to check the circle marked "other", and specify the type of fuel.

ITEM 5: Record the number of litres (gallons) showing on the fuel pump. Then indicate whether you purchased litres or gallons. If you purchased the fuel in the United States, do not convert the gallons into litres or imperial gallons.

ITEM 6: If you filled the gas tank, check the circle. If you did not fill the tank, leave this item blank.

ITEM 7: Record the price per litre (gallon) in dollars, cents and tenths of a cent.

ITEM 8: Record the total amount paid for the fuel in dollars and cents. If you purchased the fuel in the United States, do not convert the cost into Canadian dollars.

ITEM 9: If you purchased the fuel in the United States, check the circle. Otherwise leave this item blank.

EXAMPLE

1. FUEL PURCHASE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 1</div>	2. DATE <i>(Day, Month, Year)</i> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 4</div> <div style="border: 1px solid black; padding: 2px;">0 1</div> <div style="border: 1px solid black; padding: 2px;">8 4</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Day Month Year </div>	3. ODOMETER READING <div style="text-align: right; font-size: x-small;">Tenths</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 2 6 2 4 8 1</div>
4. TYPE OF FUEL PURCHASED <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Regular 1 <input type="radio"/> Premium 2 <input type="radio"/> Other 3 <input type="radio"/> <i>(Specify below)</i> </div> <div style="width: 50%;"> Regular non-leaded 4 <input checked="" type="radio"/> Premium non-leaded 5 <input type="radio"/> Diesel 6 <input type="radio"/> </div> </div>	5. AMOUNT OF FUEL PURCHASED <i>(Check litres or gallons)</i> <div style="text-align: right; font-size: x-small;">Tenths</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 4 5 5</div> Litres 1 <input checked="" type="radio"/> Gallons 2 <input type="radio"/>	6. FILL-UP <i>(Check if tank is full)</i> 1 <input checked="" type="radio"/>
7. FUEL PRICE PER LITRE (Gallon) <div style="text-align: right; font-size: x-small;">Dollars Cents Tenths</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 4 5 9</div>	8. TOTAL AMOUNT PAID FOR FUEL <div style="text-align: right; font-size: x-small;">Dollars Cents</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 2 0 8 8</div>	9. CHECK IF FUEL PURCHASED IN U.S.A. 1 <input type="radio"/>

VEHICLE DESCRIPTION QUESTIONNAIRE

Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. The cover page contains the information our interviewer has obtained about your vehicle. If this information is incorrect or incomplete, please make the necessary corrections in the spaces provided below.

Make

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Model

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Licence plate number

--	--	--	--	--	--	--	--	--	--

Model Year

1	9				
---	---	--	--	--	--

2. How many cylinders does this vehicle have?

Four ¹☐ Six ²☐ Eight ³☐ Other (specify) _____ ⁴☐

3. Is this vehicle equipped with:

Automatic transmission? Yes ¹☐ No ²☐
Air conditioning? Yes ³☐ No ⁴☐

4. Does the odometer of this vehicle register in kilometres or miles?

Kilometres ¹☐ Miles ²☐

5. In what month and year did you obtain this vehicle?

January ⁰¹ <input type="radio"/>	May ⁰⁵ <input type="radio"/>	September ⁰⁹ <input type="radio"/>
February ⁰² <input type="radio"/>	June ⁰⁶ <input type="radio"/>	October ¹⁰ <input type="radio"/>
March ⁰³ <input type="radio"/>	July ⁰⁷ <input type="radio"/>	November ¹¹ <input type="radio"/>
April ⁰⁴ <input type="radio"/>	August ⁰⁸ <input type="radio"/>	December ¹² <input type="radio"/>

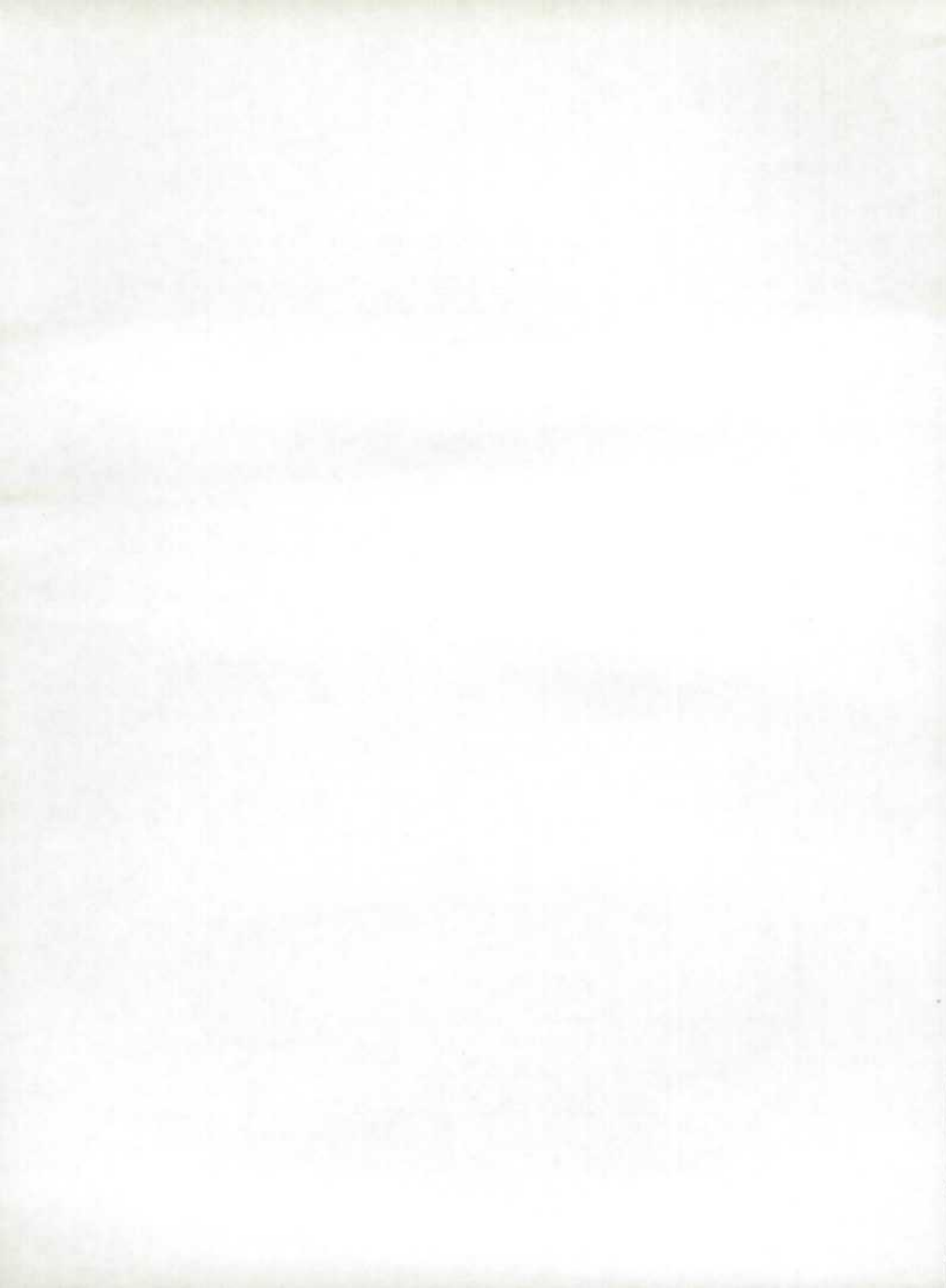
Year

1	9				
---	---	--	--	--	--

6. Approximately how many kilometres (miles) were recorded on this vehicle's odometer when it was obtained? (Do not record tenths of a kilometre (mile)).

--	--	--	--	--	--	--	--

kilometres (miles)



FUEL PURCHASE DIARY

PLEASE REMEMBER TO FILL THE GAS
TANK FOR THE FIRST AND LAST
FUEL PURCHASES

Identification Number

--	--	--	--	--	--	--	--	--	--

As soon as you receive the diary, record the current odometer reading and the date.

ODOMETER READING <div style="text-align: right;">Tenths</div> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											DATE <table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> </table>				Day	Month	Year
Day	Month	Year															

On the last day of the diary period, record the final odometer reading.

ODOMETER READING <div style="text-align: right;">Tenths</div> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											DATE <table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> </table>				Day	Month	Year
Day	Month	Year															

Once the diary recording period is over, and the Vehicle Description Questionnaire is completed, remove this page from the diary, along with the other pages where you recorded your fuel purchases. Place these in the stamped return envelope provided and mail it to Statistics Canada.

1. FUEL PURCHASE NUMBER <table border="1"> <tr> <td></td><td></td> </tr> </table>			2. DATE <i>(Day, Month, Year)</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> </table>				Day	Month	Year	3. ODOMETER READING <div style="text-align: right;">Tenths</div> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Day	Month	Year																		
4. TYPE OF FUEL PURCHASED Regular 1 <input type="radio"/> Regular 4 <input type="radio"/> Premium 2 <input type="radio"/> Premium 5 <input type="radio"/> Other 3 <input type="radio"/> Diesel 6 <input type="radio"/> <i>(Specify below)</i> _____	5. AMOUNT OF FUEL PURCHASED <i>(Check litres or gallons)</i> <div style="text-align: right;">Tenths</div> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Litres 1 <input type="radio"/> Gallons 2 <input type="radio"/>											6. FILL-UP <i>(Check if tank is full)</i> 1 <input type="radio"/>								
7. FUEL PRICE PER LITRE (Gallon) Dollars Cents Tenths <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					8. TOTAL AMOUNT PAID FOR FUEL Dollars Cents <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					9. CHECK IF FUEL PURCHASED IN U.S.A. 1 <input type="radio"/>										

FUEL PURCHASE DIARY

Identification Number

--	--	--	--	--	--	--	--	--	--

1. FUEL PURCHASE NUMBER		2. DATE (Day, Month, Year)		3. ODOMETER READING	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; width: 100px; text-align: center;">Day Month Year</div>		<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; width: 100px; text-align: right;">Tenths</div>	
4. TYPE OF FUEL PURCHASED		5. AMOUNT OF FUEL PURCHASED (Check litres or gallons)		6. FILL-UP (Check if tank is full)	
Regular 1 <input type="radio"/> Regular 4 <input type="radio"/> led non-led Premium 2 <input type="radio"/> Premium 5 <input type="radio"/> led non-led Other 3 <input type="radio"/> Diesel 6 <input type="radio"/> (Specify below)		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; width: 100px; text-align: right;">Tenths</div>		<input type="radio"/>	
		Litres <input type="radio"/> Gallons <input type="radio"/>			
7. FUEL PRICE PER LITRE (Gallon)		8. TOTAL AMOUNT PAID FOR FUEL		9. CHECK IF FUEL PURCHASED IN U.S.A.	
Dollars Cents Tenths <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		Dollars Cents <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		<input type="radio"/>	

1. FUEL PURCHASE NUMBER		2. DATE (Day, Month, Year)		3. ODOMETER READING	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; width: 100px; text-align: center;">Day Month Year</div>		<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; width: 100px; text-align: right;">Tenths</div>	
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		Litres <input type="radio"/> Gallons <input type="radio"/>			
7. FUEL PRICE PER LITRE (Gallon)		8. TOTAL AMOUNT PAID FOR FUEL		9. CHECK IF FUEL PURCHASED IN U.S.A.	
Dollars Cents Tenths <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		Dollars Cents <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		<input type="radio"/>	

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