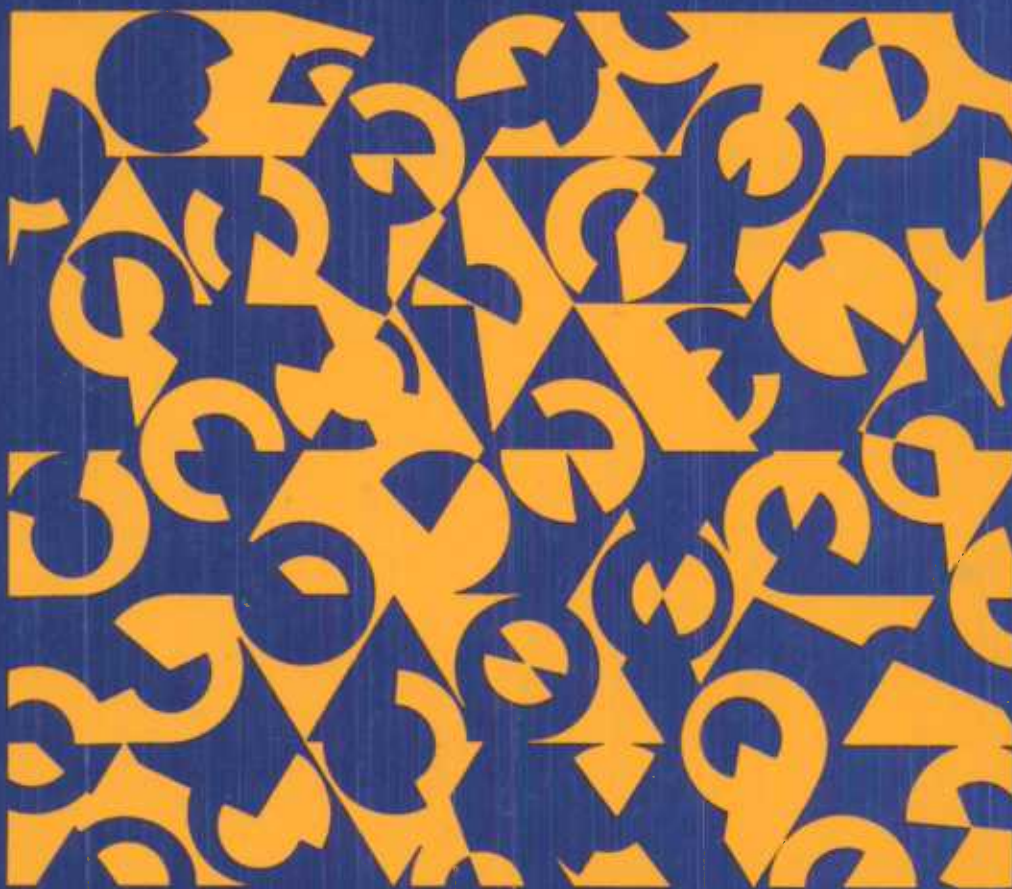




Statistics  
Canada

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Canada

# Overview of Special Surveys 1987



conducted by the  
Household Surveys Division of Statistics Canada

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# Overview of Special Surveys 1987

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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 1987 to December, 1987.

Further information on the survey activities of the Household Surveys Division is available by contacting R. Ryan, Director General, Household Surveys Division, 5th Floor, Jean Talon Building, Tunney's Pasture, Ottawa, Ontario, K1A 0T6. Telephone Number (613) 951-0053.

## 2.1 DESCRIPTION OF SPECIAL SURVEY SERVICES OFFERED BY THE HOUSEHOLD SURVEYS (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 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 following address: Jean Talon Building, 4th Floor, Section C, Tunney's Pasture, Ottawa, K1A 0T6, telephone: 990-9896.

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 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 800 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, residents 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.<sup>1</sup> Put simply, each province is divided into progressively 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

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1 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.

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 cost 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 48,000 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.<sup>2</sup>

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2 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 refers 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 per cent 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 L.F.S. samples are also structured so as to produce representative estimates for provincial characteristics. The amount of data capable of being produced is function both of the sub-population 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 90% 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 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 1987

**TITLE:** Canadian Travel Survey

**SPONSOR:** Tourism Canada

**SURVEY METHOD:** Personal/telephone interview

**SAMPLE SIZE:** One civilian member 15 years of age or over from each household in rotation group 4, 5 and 6 throughout Canada.

**OBJECTIVES:** The data collected during this survey will provide the sponsor with information on travel by Canadians in terms of its contribution to the Canadian economy and the utilization of various travel related services (example: transportation, accommodation facilities). The data will also be used to provide an understanding of the travel habits of Canadians, their destinations, the purpose of their trips, the length of stay, etc., and to provide a picture of the socio-economic characteristics of Canadians who travel.

**PROJECT MANAGER:** Denis Lefebvre

<b>MICRODATA:</b>	Yes	Price	No
	X	\$300	





Statistics Canada

Statistique Canada

Household Surveys  
DivisionDivision des  
enquêtes-ménagesConfidential  
when completed

## Travel Survey (Fourth Quarter)

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

CTS F02

1. ☐ Urban  
☐ Rural
2.  -  Telephone Number
3.  Lot No
4. Page/line number of selected respondent  
- Item 51 F01

## 5. INTRODUCTION AT TIME OF INTERVIEW

You have been randomly selected from your household as a respondent for the 1986 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 1<sup>st</sup> to December 31, 1986. Please keep in mind that Thanksgiving Day, Remembrance Day, and Christmas are included in this three month period. 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.

A. Did you take any business trips of at least one night and at least 50 miles (80 km) one way, which ended during this three month period?

Yes ☐How many? No ☐

B. Did you take any other trips of at least one night and at least 50 miles (80 km) one way, which ended during this three month period?  
Other trips include: taking a vacation, visiting friends and relative's attending a wedding, fair or local festival, etc.

Yes ☐How many? No ☐

C. Did you take any one day trips of at least 50 miles (80 km) or more, one way, for any reason, during this three month period?

Yes ☐How many? No ☐

9. INTERVIEWER CHECK ITEM: If "yes" in A, B or C ..... <sup>1</sup> ☐ Go to 10 .....  
Otherwise ..... <sup>2</sup> ☐ Go to 29 .....

10. INTERVIEWER CHECK ITEM: Add entries in A, B and C above: Enter total number of trips taken

Then read the following statement to the respondent: "I would now like to ask you

a few more details about the  trip(s) you took during this three month period."  
(repeat the number)

(TURN THE PAGE)

TRIP 1																																											
<b>BEGINNING WITH THE FIRST TRIP THAT ENDED DURING THIS PERIOD:</b>																																											
<b>11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>(nearest) CITY/TOWN _____</p> <p>PROVINCE/TERRITORY _____</p> </div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div> <p style="text-align: center; font-size: small;">FOR OFFICE USE ONLY</p>																																											
<b>12. WHAT WAS YOUR DESTINATION ON THIS TRIP?</b> (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>(Nearest) CITY/TOWN _____</p> <p>COUNTRY (if outside Canada) _____</p> </div> <div style="width: 35%; text-align: center;"> <p>PROV. STATE/TERRITORY _____</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div> <p style="text-align: center; font-size: small;">FOR OFFICE USE ONLY</p>																																											
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____?</b> <i>(REPEAT DESTINATION FROM QUESTION 12)</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <p>Miles <input type="radio"/> 1</p> <p>Kilometres <input type="radio"/> 2</p> </div> <div style="width: 50%;"> <p>Enter number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> </div> </div>																																											
<b>14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?</b> <div style="display: flex; justify-content: space-around;"> <div>under 15 years <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div>15 years and over <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> </div>																																											
<b>15. WAS THIS A WEEK-END TRIP?</b> <div style="display: flex; justify-content: space-around;"> <span>Yes <input type="radio"/> 1</span> <span>No <input type="radio"/> 2</span> </div>																																											
<b>16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?</b> <div style="display: flex; align-items: center;"> <p>Enter number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>If 000 go to 19</p> </div>																																											
<b>17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?</b> <table style="width: 100%; font-size: small;"> <tr> <td>Newfoundland</td><td>01</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td>Saskatchewan</td><td>08</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>P.E.I.</td><td>02</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td>Alberta</td><td>09</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Nova Scotia</td><td>03</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td>British Columbia</td><td>10</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>New Brunswick</td><td>04</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td>N.W.T. or Yukon</td><td>11</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Quebec</td><td>05</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td></td><td></td><td></td> </tr> <tr> <td>Ontario</td><td>06</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td>United States</td><td>12</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Manitoba</td><td>07</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td>All other countries</td><td>13</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> </tr> </table>		Newfoundland	01	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Saskatchewan	08	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	P.E.I.	02	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Alberta	09	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Nova Scotia	03	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	British Columbia	10	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	New Brunswick	04	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	N.W.T. or Yukon	11	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Quebec	05	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>				Ontario	06	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	United States	12	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Manitoba	07	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	All other countries	13	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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<b>21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES?</b> <i>(Read list and mark all that apply)</i> <table style="width: 100%; font-size: small;"> <tr> <td>Visiting friends or relatives <input type="radio"/> 01</td> <td>Attend sports events <input type="radio"/> 09</td> </tr> <tr> <td>Festivals or events <input type="radio"/> 02</td> <td>Participate in sports or outdoor activity (specify) <input type="radio"/> 10</td> </tr> <tr> <td>Shopping <input type="radio"/> 03</td> <td>Swimming <input type="radio"/> 11</td> </tr> <tr> <td>Sightseeing <input type="radio"/> 04</td> <td>Other water sports <input type="radio"/> 12</td> </tr> <tr> <td>Attend cultural events e.g. plays, concerts <input type="radio"/> 05</td> <td>Hunting or fishing <input type="radio"/> 13</td> </tr> <tr> <td>Nightlife/recreational activities <input type="radio"/> 06</td> <td colspan="2"><i>For any travel in British Columbia, ask:</i></td> </tr> <tr> <td>Visit zoo/museum/natural display <input type="radio"/> 07</td> <td colspan="2">Did you visit Expo 86? Yes <input type="radio"/> 14 No <input type="radio"/> 15</td> </tr> <tr> <td>Visit a National, Provincial, Regional Park or Historic site <input type="radio"/> 08</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="text-align: center;">None of the above <input type="radio"/> 17</td> </tr> </table>		Visiting friends or relatives <input type="radio"/> 01	Attend sports events <input type="radio"/> 09	Festivals or events <input type="radio"/> 02	Participate in sports or outdoor activity (specify) <input type="radio"/> 10	Shopping <input type="radio"/> 03	Swimming <input type="radio"/> 11	Sightseeing <input type="radio"/> 04	Other water sports <input type="radio"/> 12	Attend cultural events e.g. plays, concerts <input type="radio"/> 05	Hunting or fishing <input type="radio"/> 13	Nightlife/recreational activities <input type="radio"/> 06	<i>For any travel in British Columbia, ask:</i>		Visit zoo/museum/natural display <input type="radio"/> 07	Did you visit Expo 86? Yes <input type="radio"/> 14 No <input type="radio"/> 15		Visit a National, Provincial, Regional Park or Historic site <input type="radio"/> 08			None of the above <input type="radio"/> 17																						
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<b>22. IF "VISIT NATIONAL, PROVINCIAL, REGIONAL PARK OR HISTORIC SITE" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE NATIONAL PARK(S) OR HISTORIC SITE(S) YOU VISITED?</b> <div style="display: flex; justify-content: space-between; align-items: flex-start; font-size: small;"> <div style="width: 60%;"> <p>enter code(s) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> </div> <div style="width: 35%;"> <p>Did not visit a National park or Historic site <input type="radio"/> 99</p> </div> </div>																																											
<b>23. INCLUDING CHARGES ON CREDIT CARDS, WHAT WERE THE TOTAL EXPENDITURES FOR YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS WHO WENT ON THIS TRIP FOR ....?</b> <table style="width: 100%; font-size: small;"> <tr> <td>Prepaid packages (i.e. package tours)</td><td>1</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Transportation to and from destination including expenditures for gas</td><td>2</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Local transportation (i.e. taxis, bus, etc.)</td><td>3</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Accommodation</td><td>4</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Food and beverages</td><td>5</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Recreation and entertainment</td><td>6</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Other (souvenirs, etc.)</td><td>7</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>Total (if no breakdown given)</td><td>8</td><td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> </table>		Prepaid packages (i.e. package tours)	1	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Transportation to and from destination including expenditures for gas	2	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Local transportation (i.e. taxis, bus, etc.)	3	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Accommodation	4	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Food and beverages	5	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Recreation and entertainment	6	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Other (souvenirs, etc.)	7	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Total (if no breakdown given)	8	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>																		
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<b>24. IN WHICH MONTH DID THIS TRIP END?</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>October <input type="radio"/> 1</span> <span>November <input type="radio"/> 2</span> <span>December <input type="radio"/> 3</span> </div>																																											
<b>25. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1986?</b> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> <span>None <input type="radio"/> 1</span> <span>Go to 27 OR (Enter number) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></span> </div>																																											
<b>26. DID ANY OF THESE TRIPS END IN...?</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>October <input type="radio"/> 1</span> <span>November <input type="radio"/> 2</span> <span>December <input type="radio"/> 3</span> </div>																																											
<b>27. INTERVIEWER CHECK ITEM:</b> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> <div> <p>If last trip <input type="radio"/> 1</p> <p>Otherwise <input type="radio"/> 2</p> </div> <div> <p>Go to 29</p> <p>Go to TRIP 2</p> </div> </div>																																											

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TRIP 3																																																							
CONTINUING WITH THE NEXT TRIP																																																							
<b>11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?</b> <div style="border-bottom: 1px solid black; margin: 5px 0;"></div> <small>(nearest) CITY/TOWN</small> <div style="border-bottom: 1px solid black; margin: 5px 0;"></div> <small>PROVINCE/TERRITORY</small> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <small>FOR OFFICE USE ONLY</small>																																																							
<b>12. WHAT WAS YOUR DESTINATION ON THIS TRIP?</b> <i>(If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)</i> <div style="border-bottom: 1px solid black; margin: 5px 0;"></div> <small>(nearest) CITY/TOWN</small> <div style="float: right; border-bottom: 1px solid black; margin: 5px 0;"></div> <small>PROV. STATE/TERRITORY</small> <div style="border-bottom: 1px solid black; margin: 5px 0;"></div> <small>COUNTRY (if outside Canada)</small> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <small>FOR OFFICE USE ONLY</small>																																																							
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____?</b> <i>(REPEAT DESTINATION FROM QUESTION 12)</i> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: left;"> Miles <span style="margin-left: 10px;"><input type="radio"/></span>  Kilometres <span style="margin-left: 10px;"><input type="radio"/></span> </div> <div style="text-align: right;"> Enter number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> </div>																																																							
<b>14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?</b> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="text-align: left;"> under 15 years <span style="margin-left: 10px;"><input type="radio"/></span>  <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: left;"> 15 years and over <span style="margin-left: 10px;"><input type="radio"/></span>  <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>																																																							
<b>15. WAS THIS A WEEK-END TRIP?</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Yes <input type="radio"/></span> <span>No <input type="radio"/></span> </div>																																																							
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<b>TRIP 5</b> <b>CONTINUING WITH THE NEXT TRIP</b>																																											
<b>11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           (nearest) CITY/TOWN _____             PROVINCE/TERRITORY _____         </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="text-align: right; font-size: small;">FOR OFFICE USE ONLY</div> </div>	<b>20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP?</b> <i>(Mark one only)</i> Visiting friends or relatives <input type="radio"/> 1    Pleasure <input type="radio"/> 2    Personal <input type="radio"/> 3  Business <input checked="" type="radio"/> 4    A convention <input type="radio"/> 5 Was it to attend a convention?    Yes <input type="radio"/> 6    No <input type="radio"/> 7																																										
<b>12. WHAT WAS YOUR DESTINATION ON THIS TRIP?</b> <i>(If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           (Nearest) CITY/TOWN _____             COUNTRY (if outside Canada) _____         </div> <div style="width: 35%;">           PROV./STATE/TERRITORY _____   <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="text-align: right; font-size: small;">FOR OFFICE USE ONLY</div> </div>	<b>21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES?</b> <i>(Read list and mark all that apply)</i>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           Visiting friends or relatives <input type="radio"/> 01            Festivals or events <input type="radio"/> 02            Shopping <input type="radio"/> 03            Sightseeing <input type="radio"/> 04            Attend cultural events e.g. plays, concerts <input type="radio"/> 05            Nightlife/recreational activities <input type="radio"/> 06            Visit zoo/museum/natural display <input type="radio"/> 07            Visit a National, Provincial, Regional Park or Historic site <input type="radio"/> 08         </div> <div style="width: 50%;">           Attend sports events <input type="radio"/> 09            Participate in sports or outdoor activity (specify) <input type="radio"/> 10            Swimming <input type="radio"/> 11            Other water sports <input type="radio"/> 12            Hunting or fishing <input type="radio"/> 13         </div> </div> <p style="text-align: center; font-style: italic;">For any travel in British Columbia, ask:</p> Did you visit Expo 86?    Yes <input type="radio"/> 14    No <input type="radio"/> 15 None of the above <input type="radio"/> 17																																										
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____?</b> <i>(REPEAT DESTINATION FROM QUESTION 12)</i>  Miles <input type="radio"/> 1    Kilometres <input type="radio"/> 2    Enter number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<b>22. IF "VISIT NATIONAL, PROVINCIAL, REGIONAL PARK OR HISTORIC SITE" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE NATIONAL PARK(S) OR HISTORIC SITE(S) YOU VISITED?</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           enter code(s)  <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="width: 35%;">           Did not visit a National park or Historic site <input type="radio"/> 99         </div> </div>																																										
<b>14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?</b> under 15 years    15 years and over <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>23. INCLUDING CHARGES ON CREDIT CARDS, WHAT WERE THE TOTAL EXPENDITURES FOR YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS WHO WENT ON THIS TRIP FOR ....?</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">           Prepaid packages (i.e. package tours) <input type="text"/> 1 \$ _____            Transportation to and from destination including expenditures for gas <input type="text"/> 2 \$ _____            Local transportation (i.e. taxis, bus, etc.) <input type="text"/> 3 \$ _____            Accommodation <input type="text"/> 4 \$ _____            Food and beverages <input type="text"/> 5 \$ _____            Recreation and entertainment <input type="text"/> 6 \$ _____            Other (souvenirs, etc.) <input type="text"/> 7 \$ _____            Total (if no breakdown given) <input type="text"/> 8 \$ _____         </div> <div style="width: 25%; text-align: right;">           00 00 00 00 00 00 00 00         </div> </div>																																										
<b>15. WAS THIS A WEEK-END TRIP?</b> Yes <input type="radio"/> 1    No <input type="radio"/> 2	<b>24. IN WHICH MONTH DID THIS TRIP END?</b> October <input type="radio"/> 1    November <input type="radio"/> 2    December <input type="radio"/> 3																																										
<b>16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?</b> Enter number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> If 000 go to 19	<b>25. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1986?</b>  None <input type="radio"/> 1    Go to 27    OR    (Enter number) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>																																										
<b>17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?</b>  <table style="width: 100%; font-size: small;"> <tr> <td>Newfoundland</td><td>01</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td>Saskatchewan</td><td>08</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>P.E.I.</td><td>02</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td>Alberta</td><td>09</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Nova Scotia</td><td>03</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td>British Columbia</td><td>10</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>New Brunswick</td><td>04</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td>N.W.T. or Yukon</td><td>11</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Quebec</td><td>05</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td></td><td></td><td></td> </tr> <tr> <td>Ontario</td><td>06</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td>United States</td><td>12</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Manitoba</td><td>07</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td>All other countries</td><td>13</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table>	Newfoundland	01	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Saskatchewan	08	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	P.E.I.	02	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alberta	09	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Nova Scotia	03	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	British Columbia	10	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	New Brunswick	04	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	N.W.T. or Yukon	11	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Quebec	05	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>				Ontario	06	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	United States	12	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Manitoba	07	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	All other countries	13	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<b>26. DID ANY OF THESE TRIPS END IN...?</b> October <input type="radio"/> 1    November <input type="radio"/> 2    December <input type="radio"/> 3
Newfoundland	01	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Saskatchewan	08	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																						
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<b>18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?</b>  <table style="width: 100%; font-size: small;"> <tr> <td>Hotel (including tourist homes)</td><td>1</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Motel</td><td>2</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Camping or trailer park</td><td>3</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Home of friends or relatives</td><td>4</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Private cottage or vacation home</td><td>5</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Commercial cottage or cabin</td><td>6</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>Other (hostels, universities, etc.)</td><td>7</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table>	Hotel (including tourist homes)	1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Motel	2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Camping or trailer park	3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Home of friends or relatives	4	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Private cottage or vacation home	5	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Commercial cottage or cabin	6	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Other (hostels, universities, etc.)	7	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<b>27. INTERVIEWER CHECK ITEM:</b>  If last trip <input type="radio"/> 1    Go to 29 Otherwise <input type="radio"/> 2    Go to TRIP 6																					
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<b>TRIP 8</b> <b>CONTINUING WITH THE NEXT TRIP</b>																													
<b>11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;">(nearest) CITY/TOWN</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">PROVINCE/TERRITORY</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">FOR OFFICE USE ONLY</div>	<b>20. WHAT WAS THE MAIN REASON FOR TAKING THIS TRIP?</b> <i>(Mark one only)</i> Visiting friends or relatives <input type="radio"/> 1    Pleasure <input type="radio"/> 2    Personal <input type="radio"/> 3  Business <input checked="" type="radio"/> 4    A convention <input type="radio"/> 5  Was it to attend a convention?    Yes <input type="radio"/> 6    No <input type="radio"/> 7																												
<b>12. WHAT WAS YOUR DESTINATION ON THIS TRIP?</b> <i>(If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)</i>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;">(Nearest) CITY/TOWN</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">PROV./STATE/TERRITORY</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">FOR OFFICE USE ONLY</div>	<b>21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES?</b> <i>(Read list and mark all that apply)</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Visiting friends or relatives <input type="radio"/> 01            Festivals or events <input type="radio"/> 02            Shopping <input type="radio"/> 03            Sightseeing <input type="radio"/> 04            Attend cultural events e.g. plays, concerts <input type="radio"/> 05            Nightlife/recreational activities <input type="radio"/> 06            Visit zoo/museum/natural display <input type="radio"/> 07            Visit a National, Provincial, Regional Park or Historic site <input type="radio"/> 08         </div> <div style="width: 45%;">           Attend sports events <input type="radio"/> 09            Participate in sports or outdoor activity (specify) <input type="radio"/> 10            Swimming <input type="radio"/> 11            Other water sports <input type="radio"/> 12            Hunting or fishing <input type="radio"/> 13            For any travel in British Columbia, ask:            Did you visit Expo 86? <input type="radio"/> 14    No <input type="radio"/> 15            None of the above <input type="radio"/> 17         </div> </div>																												
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS (REPEAT DESTINATION FROM QUESTION 12)?</b>  Miles <input type="radio"/> 1    Kilometres <input type="radio"/> 2    Enter number <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>	<b>22. IF "VISIT NATIONAL, PROVINCIAL, REGIONAL PARK OR HISTORIC SITE" MARKED IN 21 ASK: WHAT WAS THE NAME OF THE NATIONAL PARK(S) OR HISTORIC SITE(S) YOU VISITED?</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           enter code(s) <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> </div> <div style="width: 35%;">           Did not visit a National park or Historic site <input type="radio"/> 99         </div> </div>																												
<b>14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?</b> under 15 years <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> 15 years and over <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	<b>23. INCLUDING CHARGES ON CREDIT CARDS, WHAT WERE THE TOTAL EXPENDITURES FOR YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS WHO WENT ON THIS TRIP FOR . . . ?</b>  Prepaid packages (i.e. package tours) <input type="text"/> 1 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Transportation to and from destination including expenditures for gas <input type="text"/> 2 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Local transportation (i.e. taxis, bus, etc.) <input type="text"/> 3 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Accommodation <input type="text"/> 4 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Food and beverages <input type="text"/> 5 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Recreation and entertainment <input type="text"/> 6 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Other (souvenirs, etc.) <input type="text"/> 7 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00 Total (if no breakdown given) <input type="text"/> 8 \$ <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> .00																												
<b>15. WAS THIS A WEEK-END TRIP?</b> Yes <input type="radio"/> 1    No <input type="radio"/> 2	<b>24. IN WHICH MONTH DID THIS TRIP END?</b> October <input type="radio"/> 1    November <input type="radio"/> 2    December <input type="radio"/> 3																												
<b>16. HOW MANY NIGHTS WERE YOU AWAY FROM HOME ON THIS TRIP?</b> Enter number <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> if 000 go to 19	<b>25. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1986?</b>  None <input type="radio"/> 1    Go to 27    OR    (Enter number) <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>																												
<b>17. IN WHICH PROVINCES, TERRITORIES, OR OTHER COUNTRIES DID YOU STAY OVERNIGHT AND HOW MANY NIGHTS DID YOU SPEND IN EACH ONE?</b>  <table style="width: 100%; font-size: small;"> <tr> <td>Newfoundland</td><td><input type="text"/> 01</td><td>Saskatchewan</td><td><input type="text"/> 08</td></tr> <tr> <td>P.E.I.</td><td><input type="text"/> 02</td><td>Alberta</td><td><input type="text"/> 09</td></tr> <tr> <td>Nova Scotia</td><td><input type="text"/> 03</td><td>British Columbia</td><td><input type="text"/> 10</td></tr> <tr> <td>New Brunswick</td><td><input type="text"/> 04</td><td>N.W.T. or Yukon</td><td><input type="text"/> 11</td></tr> <tr> <td>Quebec</td><td><input type="text"/> 05</td><td></td><td></td></tr> <tr> <td>Ontario</td><td><input type="text"/> 06</td><td>United States</td><td><input type="text"/> 12</td></tr> <tr> <td>Manitoba</td><td><input type="text"/> 07</td><td>All other countries</td><td><input type="text"/> 13</td></tr> </table>	Newfoundland	<input type="text"/> 01	Saskatchewan	<input type="text"/> 08	P.E.I.	<input type="text"/> 02	Alberta	<input type="text"/> 09	Nova Scotia	<input type="text"/> 03	British Columbia	<input type="text"/> 10	New Brunswick	<input type="text"/> 04	N.W.T. or Yukon	<input type="text"/> 11	Quebec	<input type="text"/> 05			Ontario	<input type="text"/> 06	United States	<input type="text"/> 12	Manitoba	<input type="text"/> 07	All other countries	<input type="text"/> 13	<b>26. DID ANY OF THESE TRIPS END IN...?</b> October <input type="radio"/> 1    November <input type="radio"/> 2    December <input type="radio"/> 3
Newfoundland	<input type="text"/> 01	Saskatchewan	<input type="text"/> 08																										
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Ontario	<input type="text"/> 06	United States	<input type="text"/> 12																										
Manitoba	<input type="text"/> 07	All other countries	<input type="text"/> 13																										
<b>18. IN WHAT TYPES OF ACCOMMODATION DID YOU STAY AND HOW MANY NIGHTS DID YOU SPEND IN EACH TYPE?</b>  <table style="width: 100%; font-size: small;"> <tr> <td>Hotel (including tourist homes)</td><td><input type="text"/> 1</td></tr> <tr> <td>Motel</td><td><input type="text"/> 2</td></tr> <tr> <td>Camping or trailer park</td><td><input type="text"/> 3</td></tr> <tr> <td>Home of friends or relatives</td><td><input type="text"/> 4</td></tr> <tr> <td>Private cottage or vacation home</td><td><input type="text"/> 5</td></tr> <tr> <td>Commercial cottage or cabin</td><td><input type="text"/> 6</td></tr> <tr> <td>Other (hostels, universities, etc.)</td><td><input type="text"/> 7</td></tr> </table>	Hotel (including tourist homes)	<input type="text"/> 1	Motel	<input type="text"/> 2	Camping or trailer park	<input type="text"/> 3	Home of friends or relatives	<input type="text"/> 4	Private cottage or vacation home	<input type="text"/> 5	Commercial cottage or cabin	<input type="text"/> 6	Other (hostels, universities, etc.)	<input type="text"/> 7	<b>27. INTERVIEWER CHECK ITEM:</b>  Last trip <input type="radio"/> 1    Go to 29														
Hotel (including tourist homes)	<input type="text"/> 1																												
Motel	<input type="text"/> 2																												
Camping or trailer park	<input type="text"/> 3																												
Home of friends or relatives	<input type="text"/> 4																												
Private cottage or vacation home	<input type="text"/> 5																												
Commercial cottage or cabin	<input type="text"/> 6																												
Other (hostels, universities, etc.)	<input type="text"/> 7																												
<b>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.)</b>  <table style="width: 100%; font-size: small;"> <tr> <td>Automobile <input type="radio"/> 1</td> <td>Rail <input type="radio"/> 3</td> <td>Other <input type="radio"/> 5</td> </tr> <tr> <td>Bus <input type="radio"/> 2</td> <td>Boat <input type="radio"/> 4</td> <td></td> </tr> <tr> <td colspan="3">Air <input checked="" type="radio"/> 6 → Did you rent a car?    Yes <input type="radio"/> 7    No <input type="radio"/> 8</td> </tr> </table>	Automobile <input type="radio"/> 1	Rail <input type="radio"/> 3	Other <input type="radio"/> 5	Bus <input type="radio"/> 2	Boat <input type="radio"/> 4		Air <input checked="" type="radio"/> 6 → Did you rent a car?    Yes <input type="radio"/> 7    No <input type="radio"/> 8																						
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Air <input checked="" type="radio"/> 6 → Did you rent a car?    Yes <input type="radio"/> 7    No <input type="radio"/> 8																													

**29. DURING THE NINE MONTH PERIOD FROM JANUARY 1, 1986 TO SEPTEMBER 30, 1986 DID YOU TAKE ANY NON-BUSINESS TRIP(S) OF AT LEAST 1 NIGHT AND 50 MILES (80 KM) FROM HOME TO A DESTINATION . . . ?**

	Yes 1 <input type="radio"/>	No 2 <input type="radio"/>
Within the province/territory . . . . .	1 <input type="radio"/>	2 <input type="radio"/>
To some other province(s) territory . . . . .	3 <input type="radio"/>	4 <input type="radio"/>
To the United States . . . . .	5 <input type="radio"/>	6 <input type="radio"/>
To a foreign country other than the United States . . . . .	7 <input type="radio"/>	8 <input type="radio"/>

**30. FOR THE YEAR 1986, 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 \$10,000 . . . . . 1 <input type="radio"/>	\$30,000 to \$39,999 . . . . . 4 <input type="radio"/>	\$60,000 to \$69,999 . . . . . 7 <input type="radio"/>
\$10,000 to \$19,999 . . . . . 2 <input type="radio"/>	\$40,000 to \$49,999 . . . . . 5 <input type="radio"/>	\$70,000 and over . . . . . 8 <input type="radio"/>
\$20,000 to \$29,999 . . . . . 3 <input type="radio"/>	\$50,000 to \$59,999 . . . . . 6 <input type="radio"/>	Not Stated . . . . . 9 <input type="radio"/>

**31. HOW MANY PEOPLE CONTRIBUTED TO THIS HOUSEHOLD INCOME?**

One . . . . . 1 <input type="radio"/>	Three . . . . . 3 <input type="radio"/>
Two . . . . . 2 <input type="radio"/>	Four or more . . . . . 4 <input type="radio"/>

**32. DO YOU CONSIDER YOURSELF TO BE . . .**

Inuit . . . . . 1 ☐

Indian . . . . . 2 ☐

Metis . . . . . 3 ☐

Dene . . . . . 4 ☐

Other . . . . . 5 ☐

**NOTES:**



# SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** January 1987

**TITLE:** Labour Market Activity Survey.

**SPONSOR:** Employment and Immigration

**SURVEY METHOD:** Personal/telephone interview

**SAMPLE SIZE:** Rotation groups 2 and 3 were interviewed in January. Rotation groups 1,5 and 6 were interviewed in February.

**SURVEY OBJECTIVES:** The survey is part of a project to study the work patterns in all walks of life over two years. It is designed to provide Employment and Immigration Canada with information through which employment related problems can be analysed. This information will enable existing programs to be improved and new ones to be initiated.

**PROJECT MANAGER:** Scott Murray

<b>MICRODATA:</b>	Yes	Price	No
	X	\$1000	

## Labour Market Activity Survey

Confidential  
when completed

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

<b>COMPLETE FOR NEW HOUSEHOLD MEMBERS</b>												
1	<div>08</div>		2	<div></div>				3	<div></div>			
	Form No			Docket No					Survey Date			
4	<div></div>				5	<div></div>						
	Assignment No					HRD page-line No						
6	Given Name		<div></div>									
7	Surname		<div></div>									
8	Telephone No		<div></div>		-		<div></div>		-		<div></div>	

RECORD OF CALLS AND APPOINTMENTS		
#	Date	Notes
1		
2		
3		
4		

## COMPLETING THE FORM 08

- Introduce the survey to the regular LFS respondent by saying: "Statistics Canada is doing this survey at the request of Employment and Immigration Canada. The purpose is to collect extra information about the patterns of work and the types of jobs held during 1986. All information will be kept strictly confidential as required by the Statistics Act".
  - Proxy response can be accepted for the Form 08. However when the person responding for other household members is unsure of the answers to the supplementary questions, arrangements should be made to telephone at a convenient time when the correct information can be obtained, either directly from the person concerned, or from a knowledgeable and responsible household member.
  - Respondents are asked to report on up to 5 jobs held in 1986. A respondent is considered to have changed jobs if he/she:
    - (a) changed employers or;
    - (b) experienced a change in usual duties for an employer which was accompanied by an increase or decrease in usual wages or salary.
  - To assist in recontacting households in January 1988 which may have moved in the interim you should attempt to obtain the name, address and telephone number of a person not living in the household
9. START TIME

9. START TIME   

10. IN 1986, HOW MANY EMPLOYERS DID ... WORK FOR, INCLUDING SELF-EMPLOYMENT?

		if	0	0	Go to 90
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11. DID ... HAVE MORE THAN ONE JOB WITH THIS/ANY OF THESE EMPLOYER(S) DURING 1986?

WE COUNT JOBS FOR THE SAME EMPLOYER AS BEING DIFFERENT IF THEY OFFER BOTH IN THEIR USUAL DUTIES AND IN THE WAGE OR SALARY PAID.

Yes ☐

No 20



JOB 3	JOB 4	JOB 5
Same as Item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Same as Item 74 on Label 2 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 74 on Label 2 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 74 on Label 2 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Same as Item 75A on Label 3 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 75A on Label 3 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 75A on Label 3 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Same as Item 75B on Label 4 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 75B on Label 4 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Same as Item 75B on Label 4 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code

COMPLETE ITEMS 12 THROUGH 16 FOR ALL JOBS BEFORE PROCEEDING TO ITEM 17 FOR ANY JOB

<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span><span>MM</span><span>YY</span> </div> <div style="text-align: right;">8,6</div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span><span>MM</span><span>YY</span> </div> <div style="text-align: right;">8,6</div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span><span>MM</span><span>YY</span> </div> <div style="text-align: right;">8,6</div> </div>
5 <input type="radio"/> Go to 28 6 <input type="radio"/> Go to 19	5 <input type="radio"/> Go to 28 6 <input type="radio"/> Go to 19	5 <input type="radio"/> Go to 28 6 <input type="radio"/> Go to 19
Yes 1 <input type="radio"/> Go to 20 No 2 <input type="radio"/> Go to 29	Yes 1 <input type="radio"/> Go to 20 No 2 <input type="radio"/> Go to 29	Yes 1 <input type="radio"/> Go to 20 No 2 <input type="radio"/> Go to 29
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span><span>MM</span><span>YY</span> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span><span>MM</span><span>YY</span> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span><span>MM</span><span>YY</span> </div> </div>
Yes 1 <input type="radio"/> Go to 22 No 2 <input type="radio"/> Go to 24	Yes 1 <input type="radio"/> Go to 22 No 2 <input type="radio"/> Go to 24	Yes 1 <input type="radio"/> Go to 22 No 2 <input type="radio"/> Go to 24
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Enter Code(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Enter Code(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Enter Code(s)
<input type="checkbox"/> <input type="checkbox"/> Enter Weeks and Go to 25	<input type="checkbox"/> <input type="checkbox"/> Enter Weeks and Go to 25	<input type="checkbox"/> <input type="checkbox"/> Enter Weeks and Go to 25
Yes 3 <input type="radio"/> Go to 27 No 4 <input type="radio"/> Go to 29	Yes 3 <input type="radio"/> Go to 27 No 4 <input type="radio"/> Go to 29	Yes 3 <input type="radio"/> Go to 27 No 4 <input type="radio"/> Go to 29
5 <input type="radio"/> Go to 26 6 <input type="radio"/> Go to 27	5 <input type="radio"/> Go to 26 6 <input type="radio"/> Go to 27	5 <input type="radio"/> Go to 26 6 <input type="radio"/> Go to 27



FOR EACH JOB REPORTED ASK:	JOB 1	JOB 2																								
12. STARTING WITH ...'S FIRST JOB IN 1986, FOR WHOM DID ... WORK?	Same as item 72 on Label 1 <input type="radio"/> <b>OR</b> <div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div>	Same as item 72 on Label 1 <input type="radio"/> <b>OR</b> <div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div>																								
26. DID ANY OF THE FOLLOWING CAUSE ... TROUBLE WHEN LOOKING FOR WORK? A. Not having enough information about available jobs B. Not having the right skills for available jobs C. Not having enough education for available jobs D. Not having enough experience for available jobs E. A shortage of jobs in the area	<table> <tr> <th>Yes</th> <th>No</th> </tr> <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> <tr> <td>07 <input type="radio"/></td> <td>08 <input type="radio"/></td> </tr> <tr> <td>09 <input type="radio"/></td> <td>10 <input type="radio"/></td> </tr> </table>	Yes	No	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	<table> <tr> <th>Yes</th> <th>No</th> </tr> <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> <tr> <td>07 <input type="radio"/></td> <td>08 <input type="radio"/></td> </tr> <tr> <td>09 <input type="radio"/></td> <td>10 <input type="radio"/></td> </tr> </table>	Yes	No	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
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27. DURING THE PERIOD ... WANTED A JOB OR LOOKED FOR WORK, WAS THERE ANY REASON THAT ... COULD NOT TAKE A JOB?	<input type="checkbox"/> Enter Code and Go to 29	<input type="checkbox"/> Enter Code and Go to 29																								
28. WHEN BEFORE 1986 DID ... MOST RECENTLY START WORKING AT THIS JOB?	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>																									



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Yes 7 <input type="radio"/> Enter today's date in item 30 and Go to 32 No 8 <input type="radio"/> Go to 30	Yes 7 <input type="radio"/> Enter today's date in item 30 and Go to 32 No 8 <input type="radio"/> Go to 30	Yes 7 <input type="radio"/> Enter today's date in item 30 and Go to 32 No 8 <input type="radio"/> Go to 30
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<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code
Yes 1 <input type="radio"/> Go to 55 No 2 <input type="radio"/> Go to 33	Yes 1 <input type="radio"/> Go to 55 No 2 <input type="radio"/> Go to 33	Yes 1 <input type="radio"/> Go to 55 No 2 <input type="radio"/> Go to 33
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Yes 5 <input type="radio"/> Go to 37 No 6 <input type="radio"/> Go to 38	Yes 5 <input type="radio"/> Go to 37 No 6 <input type="radio"/> Go to 38	Yes 5 <input type="radio"/> Go to 37 No 6 <input type="radio"/> Go to 38
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FOR EACH JOB REPORTED ASK:	JOB 1	JOB 2
12. STARTING WITH ...'S FIRST JOB IN 1986, FOR WHOM DID ... WORK?	Same as Item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <div style="display: flex; justify-content: space-between;"> <div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> <div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> </div>	Same as Item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <div style="display: flex; justify-content: space-between;"> <div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> <div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> </div>
40. WHEN DID ... NEXT STOP WORKING AT THIS JOB?	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y
41. WHAT WAS THE MAIN REASON FOR STOPPING WORK?	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code
42. DID ... LOOK FOR WORK AT ANY TIME DURING THIS ABSENCE?	Yes <input type="radio"/> Go to 45 No <input type="radio"/> Go to 43	Yes <input type="radio"/> Go to 45 No <input type="radio"/> Go to 43
43. DID ... WANT A JOB AT ANY TIME DURING THIS ABSENCE?	Yes <input type="radio"/> Go to 44 No <input type="radio"/> Go to 45	Yes <input type="radio"/> Go to 44 No <input type="radio"/> Go to 45
44. WAS THERE ANY REASON ... COULD NOT TAKE A JOB DURING THIS PERIOD?	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code
45. WHEN DID ... RETURN TO THIS JOB?	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y
46. DID ... WORK AT THIS JOB CONTINUOUSLY FROM THEN UNTIL (repeat date in Item 30) WITH NO BREAKS OF A WEEK OR MORE?	Yes <input type="radio"/> Go to 55 No <input type="radio"/> Go to 47	Yes <input type="radio"/> Go to 55 No <input type="radio"/> Go to 47
47. WHEN DID ... NEXT STOP WORKING AT THIS JOB?	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y
48. WHAT WAS THE MAIN REASON FOR STOPPING WORK?	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code
49. DID ... LOOK FOR WORK AT ANY TIME DURING THIS ABSENCE?	Yes <input type="radio"/> Go to 52 No <input type="radio"/> Go to 50	Yes <input type="radio"/> Go to 52 No <input type="radio"/> Go to 50
50. DID ... WANT A JOB AT ANY TIME DURING THIS ABSENCE?	Yes <input type="radio"/> Go to 51 No <input type="radio"/> Go to 52	Yes <input type="radio"/> Go to 51 No <input type="radio"/> Go to 52
51. WAS THERE ANY REASON ... COULD NOT TAKE A JOB DURING THIS PERIOD?	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code
52. WHEN DID ... RETURN TO THIS JOB?	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y	<div style="display: flex; justify-content: space-between;"> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div> D D M M Y Y
53. DID ... WORK AT THIS JOB CONTINUOUSLY FROM THEN UNTIL (repeat date in Item 30) WITH NO BREAKS OF A WEEK OR MORE?	Yes <input type="radio"/> Go to 55 No <input type="radio"/> Go to 54	Yes <input type="radio"/> Go to 55 No <input type="radio"/> Go to 54

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12. STARTING WITH ...S FIRST JOB IN 1986, FOR WHOM DID ... WORK?	Same as item 72 on Label 1 <input type="radio"/> OR <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><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															Same as item 72 on Label 1 <input type="radio"/> OR <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><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																														
54. OF THE WEEKS BETWEEN (repeat date in Item 52) AND (repeat date in Item 30):																																																														
A. HOW MANY WEEKS WAS ... WORKING AT THIS JOB?	<table border="1"><tr><td></td><td></td></tr></table> Weeks			<table border="1"><tr><td></td><td></td></tr></table> Weeks																																																										
B. HOW MANY WEEKS WAS ... WITHOUT WORK AND LOOKING FOR WORK?	<table border="1"><tr><td></td><td></td></tr></table> Weeks			<table border="1"><tr><td></td><td></td></tr></table> Weeks																																																										
55. INTERVIEWER CHECK ITEM:																																																														
• If Code 1 (Paid Worker) in Item 16.....	5 <input type="radio"/> Go to 56	5 <input type="radio"/> Go to 56																																																												
• Otherwise .....	6 <input type="radio"/> Go to next job; If None Go to 72	6 <input type="radio"/> Go to next job; If None Go to 72																																																												
56. DID ... USUALLY WORK THE SAME NUMBER OF HOURS EACH MONTH AT THIS JOB? (INCLUDE AS WORK ALL PAID ABSENCES)	Yes 7 <input type="radio"/> Go to 58 No 8 <input type="radio"/> Go to 57	Yes 7 <input type="radio"/> Go to 58 No 8 <input type="radio"/> Go to 57																																																												
57. WHAT WAS THE MAIN REASON FOR THIS CHANGE?	<table border="1"><tr><td></td></tr></table> Enter Code		<table border="1"><tr><td></td></tr></table> Enter Code																																																											
58. HOW MANY WEEKS PER MONTH DID ... USUALLY WORK AT THIS JOB?	<table border="1"><tr><td></td></tr></table> Weeks		<table border="1"><tr><td></td></tr></table> Weeks																																																											
59. IN THE WEEKS THAT ... WORKED AT THIS JOB HOW MANY PAID DAYS PER WEEK DID ... USUALLY WORK?	<table border="1"><tr><td></td></tr></table> Days		<table border="1"><tr><td></td></tr></table> Days																																																											
60. ON THE DAYS THAT ... WORKED AT THIS JOB HOW MANY PAID HOURS PER DAY DID ... USUALLY WORK?	<table border="1"><tr><td></td><td></td></tr></table> Hours			<table border="1"><tr><td></td><td></td></tr></table> Hours																																																										
61. INTERVIEWER CHECK ITEM:																																																														
• If less than '04' in Item 58 OR less than '05' in Item 59 OR less than '06' in Item 60 .....	1 <input type="radio"/> Go to 62 2 <input type="radio"/> Go to 64	1 <input type="radio"/> Go to 62 2 <input type="radio"/> Go to 64																																																												
• Otherwise .....																																																														
62. APPROXIMATELY HOW MANY ADDITIONAL HOURS PER MONTH WOULD ... HAVE PREFERRED TO WORK AT THIS JOB?	<table border="1"><tr><td></td><td></td></tr></table> Hours If <table border="1"><tr><td>0</td><td>0</td></tr></table> Go to 64			0	0	<table border="1"><tr><td></td><td></td></tr></table> Hours If <table border="1"><tr><td>0</td><td>0</td></tr></table> Go to 64			0	0																																																				
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0	0																																																													
63. WHAT WERE THE REASONS ... DID NOT WORK THESE ADDITIONAL HOURS? (Mark all reasons reported)	<table border="1"><tr><td></td><td></td><td></td></tr></table> Enter Code(s)				<table border="1"><tr><td></td><td></td><td></td></tr></table> Enter Code(s)																																																									



JOB 3	JOB 4	JOB 5
Same as item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	Same as item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	Same as item 72 on Label 1 <input type="radio"/> <input type="checkbox"/> OR <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>
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Yes 7 <input type="radio"/> Go to 58 No 8 <input type="radio"/> Go to 57	Yes 7 <input type="radio"/> Go to 58 No 8 <input type="radio"/> Go to 57	Yes 7 <input type="radio"/> Go to 58 No 8 <input type="radio"/> Go to 57
<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code	<input type="checkbox"/> Enter Code
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<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Hours</div> <div><input type="checkbox"/> Hours</div> </div> If <input type="checkbox"/> <input type="checkbox"/> Go to 64	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Hours</div> <div><input type="checkbox"/> Hours</div> </div> If <input type="checkbox"/> <input type="checkbox"/> Go to 64	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Hours</div> <div><input type="checkbox"/> Hours</div> </div> If <input type="checkbox"/> <input type="checkbox"/> Go to 64
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> Enter Code(s)	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> Enter Code(s)	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> Enter Code(s)

FOR EACH JOB REPORTED ASK:	JOB 1	JOB 2
12. STARTING WITH ... 'S FIRST JOB IN 1986, FOR WHOM DID ... WORK?	Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>
64. IN THIS JOB, WAS ... A MEMBER OF A UNION OR OTHER GROUP WHICH BARGAINS COLLECTIVELY WITH THIS EMPLOYER?	Yes 3 <input type="radio"/> Go to 66 No 4 <input type="radio"/> Go to 65	Yes 3 <input type="radio"/> Go to 66 No 4 <input type="radio"/> Go to 65
65. ALTHOUGH ... WAS NOT A MEMBER OF A UNION, WERE ... 'S WAGES COVERED BY A COLLECTIVE AGREEMENT NEGOTIATED BY A UNION OR OTHER GROUP?	Yes 5 <input type="radio"/> No 6 <input type="radio"/>	Yes 5 <input type="radio"/> No 6 <input type="radio"/>
66. WAS ... COVERED BY A PENSION PLAN CONNECTED WITH THIS JOB? (Do not count CPP/QPP, deferred profit sharing plans or personal savings plans for retirement.)	Yes 7 <input type="radio"/> No 8 <input type="radio"/>	Yes 7 <input type="radio"/> No 8 <input type="radio"/>
67. WHAT WAS ... 'S USUAL WAGE OR SALARY BEFORE TAXES AND OTHER DEDUCTIONS FROM THIS EMPLOYER?	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1 <input type="radio"/> Per hour 2 <input type="radio"/> Per week 3 <input type="radio"/> Every two weeks 4 <input type="radio"/> Twice a month 5 <input type="radio"/> Per month 6 <input type="radio"/> Per year 7 <input type="radio"/> Other (Please specify) <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div>	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 1 <input type="radio"/> Per hour 2 <input type="radio"/> Per week 3 <input type="radio"/> Every two weeks 4 <input type="radio"/> Twice a month 5 <input type="radio"/> Per month 6 <input type="radio"/> Per year 7 <input type="radio"/> Other (Please specify) <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div>
68. ABOUT HOW MANY PERSONS WERE EMPLOYED AT THE LOCATION WHERE ... WORKED FOR THIS EMPLOYER?	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/>	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/>
69. DID THIS EMPLOYER OPERATE AT MORE THAN ONE LOCATION IN CANADA?	Yes 5 <input type="radio"/> Go to 70 No 6 <input type="radio"/> Go to next job, if None Go to 72	Yes 5 <input type="radio"/> Go to 70 No 6 <input type="radio"/> Go to next job, if None Go to 72
70. IN TOTAL ABOUT HOW MANY PERSONS WERE EMPLOYED AT ALL LOCATIONS IN CANADA?	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/> Don't know ..... 5 <input type="radio"/>	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/> Don't know ..... 5 <input type="radio"/>
	GO TO NEXT JOB (IF NONE GO TO 72)	GO TO NEXT JOB (IF NONE GO TO 72)

JOB 3	JOB 4	JOB 5
Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Yes 3 <input type="radio"/> Go to 66 No 4 <input type="radio"/> Go to 65	Yes 3 <input type="radio"/> Go to 66 No 4 <input type="radio"/> Go to 65	Yes 3 <input type="radio"/> Go to 66 No 4 <input type="radio"/> Go to 65
Yes 5 <input type="radio"/> No 6 <input type="radio"/>	Yes 5 <input type="radio"/> No 6 <input type="radio"/>	Yes 5 <input type="radio"/> No 6 <input type="radio"/>
Yes 7 <input type="radio"/> No 8 <input type="radio"/>	Yes 7 <input type="radio"/> No 8 <input type="radio"/>	Yes 7 <input type="radio"/> No 8 <input type="radio"/>
\$ <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> 1 <input type="radio"/> Per hour 2 <input type="radio"/> Per week 3 <input type="radio"/> Every two weeks 4 <input type="radio"/> Twice a month 5 <input type="radio"/> Per month 6 <input type="radio"/> Per year 7 <input type="radio"/> Other (Please specify) <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> 1 <input type="radio"/> Per hour 2 <input type="radio"/> Per week 3 <input type="radio"/> Every two weeks 4 <input type="radio"/> Twice a month 5 <input type="radio"/> Per month 6 <input type="radio"/> Per year 7 <input type="radio"/> Other (Please specify) <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	\$ <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></div> 1 <input type="radio"/> Per hour 2 <input type="radio"/> Per week 3 <input type="radio"/> Every two weeks 4 <input type="radio"/> Twice a month 5 <input type="radio"/> Per month 6 <input type="radio"/> Per year 7 <input type="radio"/> Other (Please specify) <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/>	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/>	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/>
Yes 5 <input type="radio"/> Go to 70 No 6 <input type="radio"/> Go to next job; If None Go to 72	Yes 5 <input type="radio"/> Go to 70 No 6 <input type="radio"/> Go to next job; If None Go to 72	Yes 5 <input type="radio"/> Go to 70 No 6 <input type="radio"/> Go to 71
19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/> Don't know ..... 5 <input type="radio"/>	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/> Don't know ..... 5 <input type="radio"/>	19 or less ..... 1 <input type="radio"/> 20 to 99 ..... 2 <input type="radio"/> 100 to 499 ..... 3 <input type="radio"/> 500 or over ..... 4 <input type="radio"/> Don't know ..... 5 <input type="radio"/>
GO TO NEXT JOB (IF NONE GO TO 72)	GO TO NEXT JOB (IF NONE GO TO 72)	GO TO 71

FOR EACH JOB REPORTED ASK:	JOB <span style="border: 1px solid black; padding: 0 5px;">1</span>	JOB <span style="border: 1px solid black; padding: 0 5px;">2</span>																																				
12. STARTING WITH ...'S FIRST JOB IN 1986, FOR WHOM DID ... WORK?	Same as Item 72 on Label 1 <input type="radio"/> <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">OR</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div>	Same as Item 72 on Label 1 <input type="radio"/> <div style="text-align: center; border: 1px solid black; width: 30px; margin: 5px auto;">OR</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div>																																				
71. HOW MANY OTHER JOBS DID ... HAVE IN 1986? None ..... 1 <input type="radio"/> Go to 72 One ..... 2 <input type="radio"/> Two ..... 3 <input type="radio"/> Go to 80 Three or more ..... 4 <input type="radio"/>	80. WAS ... SATISFIED WITH THE NUMBER OF WEEKS WORKED IN 1986? Yes 1 <input type="radio"/> Go to 84 No 2 <input type="radio"/> Go to 81																																					
72. ENTER LATEST DATE ON WHICH ... WORKED AT A JOB OR BUSINESS (e.g. latest date reported in Item 30 for any job). <div style="text-align: center; margin-top: 10px;"> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> <div style="display: flex; justify-content: center; gap: 10px;"> <span>DD</span> <span>MM</span> <span>YY</span> </div> </div>	81. DID ... WANT TO WORK MORE WEEKS OR FEWER WEEKS IN 1986? Fewer Weeks 3 <input type="radio"/> Go to 84 More Weeks 4 <input type="radio"/> Go to 82																																					
73. INTERVIEWER CHECK ITEM: • If Year entered above is 1987 ..... 1 <input type="radio"/> Go to 80 • Otherwise ..... 2 <input type="radio"/> Go to 74	82. INTERVIEWER CHECK ITEM: • If Item 26 has been completed for any job ..... 5 <input type="radio"/> Go to 84 • Otherwise ..... 6 <input type="radio"/> Go to 83																																					
74. DID ... WANT A JOB AT ANY TIME FROM (repeat date in Item 72) UNTIL THE END OF DECEMBER, 1986? Yes 3 <input type="radio"/> Go to 75 No 4 <input type="radio"/> Go to 80	83. DID ANY OF THE FOLLOWING CAUSE ... TROUBLE IN GETTING THESE ADDITIONAL WEEKS OF WORK <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A. Not having enough information about available jobs? .....</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>B. Not having the right skills for available jobs? .....</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>C. Not having enough education for available jobs? .....</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>D. Not having enough experience for available jobs? .....</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>E. A shortage of jobs in the area? .....</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> </tbody> </table>			Yes	No	A. Not having enough information about available jobs? .....	01 <input type="radio"/>	02 <input type="radio"/>	B. Not having the right skills for available jobs? .....	03 <input type="radio"/>	04 <input type="radio"/>	C. Not having enough education for available jobs? .....	05 <input type="radio"/>	06 <input type="radio"/>	D. Not having enough experience for available jobs? .....	07 <input type="radio"/>	08 <input type="radio"/>	E. A shortage of jobs in the area? .....	09 <input type="radio"/>	10 <input type="radio"/>																		
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75. IN WHICH OF THESE MONTHS DID ... WANT A JOB? <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>	J	F	M	A	M	J	J	A	S	O	N	D	01	02	03	04	05	06	07	08	09	10	11	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	84. INTERVIEWER CHECK ITEM: • If Item 10 is greater than '02' ..... 1 <input type="radio"/> Go to 85 • Otherwise ..... 2 <input type="radio"/> Go to 86	
J	F	M	A	M	J	J	A	S	O	N	D																											
01	02	03	04	05	06	07	08	09	10	11	12																											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
76. DID ... LOOK FOR WORK AT ANY TIME FROM (repeat date in Item 72) UNTIL THE END OF DECEMBER, 1986? Yes 5 <input type="radio"/> Go to 77 No 6 <input type="radio"/> Go to 80	85. WOULD ... PREFER TO HAVE WORKED FOR FEWER EMPLOYERS IN 1986? Yes 3 <input type="radio"/> No 4 <input type="radio"/>																																					
77. WHAT DID ... DO TO FIND WORK DURING THESE MONTHS? (Mark all methods reported) <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Enter Code(s)</div> </div>	86. INTERVIEWER CHECK ITEM: • If ... worked all year at one job with no break of a week or more (Item 17 = 010186 and Item 30 YY = 87 and Item 32 = "Yes" for Job 1), ..... 5 <input type="radio"/> Go to 87 • Otherwise ..... 6 <input type="radio"/> Go to 98																																					
78. IN WHICH OF THESE MONTHS DID ... LOOK FOR WORK? <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>	J	F	M	A	M	J	J	A	S	O	N	D	01	02	03	04	05	06	07	08	09	10	11	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	87. DID ... LOOK FOR WORK AT ANY TIME IN 1986? Yes 7 <input type="radio"/> Go to 88 No 8 <input type="radio"/> Go to 98	
J	F	M	A	M	J	J	A	S	O	N	D																											
01	02	03	04	05	06	07	08	09	10	11	12																											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
79. DID ANY OF THE FOLLOWING CAUSE ... TROUBLE WHEN LOOKING FOR WORK? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>A. Not having enough information about available jobs? .....</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>B. Not having the right skills for available jobs? .....</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>C. Not having enough education for available jobs? .....</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>D. Not having enough experience for available jobs? .....</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>E. A shortage of jobs in the area? .....</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;">Go to 84</div>		Yes	No	A. Not having enough information about available jobs? .....	01 <input type="radio"/>	02 <input type="radio"/>	B. Not having the right skills for available jobs? .....	03 <input type="radio"/>	04 <input type="radio"/>	C. Not having enough education for available jobs? .....	05 <input type="radio"/>	06 <input type="radio"/>	D. Not having enough experience for available jobs? .....	07 <input type="radio"/>	08 <input type="radio"/>	E. A shortage of jobs in the area? .....	09 <input type="radio"/>	10 <input type="radio"/>	88. WHAT WAS THE MAIN REASON THAT ... LOOKED FOR WORK IN 1986? <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div>Enter code</div> </div> <div style="margin-top: 10px;">Other, please specify</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div><div style="width: 45%; border-bottom: 1px solid black; height: 15px;"></div></div>																			
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JOB <span style="border: 1px solid black; padding: 0 5px;">3</span>	JOB <span style="border: 1px solid black; padding: 0 5px;">4</span>	JOB <span style="border: 1px solid black; padding: 0 5px;">5</span>																																																																																																																																																
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89. DID ANY OF THE FOLLOWING CAUSE ... TROUBLE WHEN LOOKING FOR WORK?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| A. Not having enough information about available jobs? ..... | 01 <input type="radio"/> | 02 <input type="radio"/> |
| B. Not having the right skills for available jobs? .....     | 03 <input type="radio"/> | 04 <input type="radio"/> |
| C. Not having enough education for available jobs? .....     | 05 <input type="radio"/> | 06 <input type="radio"/> |
| D. Not having enough experience for available jobs? .....    | 07 <input type="radio"/> | 08 <input type="radio"/> |
| E. A shortage of jobs in the area? .....                     | 09 <input type="radio"/> | 10 <input type="radio"/> |

Go to 98

90. HAS ... EVER WORKED AT A JOB OR BUSINESS FOR SIX MONTHS OR LONGER?

Yes ☐ 1      No ☐ 2

91. DID ... WANT A JOB AT ANY TIME IN 1986?

Yes ☐ 3      Go to 92  
No ☐ 4      Go to 98

92. IN WHICH MONTH(S) DID ... WANT A JOB?

J	F	M	A	M	J	J	A	S	O	N	O
01	02	03	04	05	06	07	08	09	10	11	12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. DID ... LOOK FOR WORK AT ANY TIME IN 1986?

Yes ☐ 5      Go to 94  
No ☐ 6      Go to 97

94. WHAT DID ... DO TO FIND WORK IN 1986?  
(Mark all methods reported)

☐    ☐    ☐    ☐    Enter Code(s)

95. 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. DID ANY OF THE FOLLOWING CAUSE ... TROUBLE WHEN LOOKING FOR WORK?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| A. Not having enough information about available jobs? .....   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| B. Not having the right skills for available jobs? .....       | 03 <input type="radio"/> | 04 <input type="radio"/> |
| C. Not having enough education for available jobs? .....       | 05 <input type="radio"/> | 06 <input type="radio"/> |
| D. Not having enough experience for available jobs? .....      | 07 <input type="radio"/> | 08 <input type="radio"/> |
| E. Not knowing what type of work or occupation to choose ..... | 09 <input type="radio"/> | 10 <input type="radio"/> |
| F. A shortage of jobs in the area? .....                       | 11 <input type="radio"/> | 12 <input type="radio"/> |

Go to 98

97. DID ANY OF THE FOLLOWING PREVENT ... FROM WORKING IN 1986?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Not having enough information about available jobs? .....    | 01 <input type="radio"/> | 02 <input type="radio"/> |
| B. Not having the right skills for available jobs? .....        | 03 <input type="radio"/> | 04 <input type="radio"/> |
| C. Not having enough education for available jobs? .....        | 05 <input type="radio"/> | 06 <input type="radio"/> |
| D. Not having enough experience for available jobs? .....       | 07 <input type="radio"/> | 08 <input type="radio"/> |
| E. Not knowing what type of work or occupation to choose? ..... | 09 <input type="radio"/> | 10 <input type="radio"/> |
| F. A shortage of jobs in the area? .....                        | 11 <input type="radio"/> | 12 <input type="radio"/> |
| G. Having a long-term disability or handicap? .....             | 13 <input type="radio"/> | 14 <input type="radio"/> |

98. DID ... ATTEND A SCHOOL, COLLEGE OR UNIVERSITY AS A FULL-TIME STUDENT AT ANY TIME IN 1986?

Yes ☐ 7      Go to 99  
No ☐ 8      Go to 102

99. 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. INTERVIEWER CHECK ITEM:

- If "Yes" (looked for work) in item 93 ..... ☐ 3      Go to 101  
 • Otherwise ..... ☐ 4      Go to 102

101. SINCE ... WAS A FULL-TIME STUDENT AND LOOKING FOR WORK SOMETIME IN 1986, 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part-Time

J	F	M	A	M	J	J	A	S	O	N	D
13	14	15	16	17	18	19	20	21	22	23	24
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. DID ... RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES IN 1986?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| A. Family Allowance Benefits .....             | 01 <input type="radio"/> | 02 <input type="radio"/> |
| B. Unemployment Insurance Benefits .....       | 03 <input type="radio"/> | 04 <input type="radio"/> |
| C. Social Assistance or Welfare Benefits ..... | 05 <input type="radio"/> | 06 <input type="radio"/> |
| D. Pension Income .....                        | 07 <input type="radio"/> | 08 <input type="radio"/> |
| E. Worker's Compensation .....                 | 09 <input type="radio"/> | 10 <input type="radio"/> |

FOR EACH JOB REPORTED ASK:	JOB 1	JOB 2
12. STARTING WITH ...'S FIRST JOB IN 1986, FOR WHOM DID ... WORK?	Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; width: 100px; height: 10px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 10px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 10px;"></div>	Same as item 72 on Label 1 <input type="radio"/> OR <div style="border: 1px solid black; width: 100px; height: 10px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 10px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 10px;"></div>

103. IN 1986, DID ... PARTICIPATE IN ANY JOB CREATION, WORK EXPERIENCE, SKILL TRAINING OR OTHER EMPLOYMENT RELATED PROGRAM SPONSORED BY GOVERNMENT?

Yes 5 ☐ Go to 104

No 6 ☐ Go to 105

104. IN 1986, DID ... PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS SPONSORED BY THE FEDERAL GOVERNMENT UNDER THE CANADIAN JOBS STRATEGY?

A. The Job Entry/Re-entry program

Yes 01 ☐ →

No 02 ☐

When did ... start participating in this program?

M M Y Y

When did ... stop participating in this program?

M M Y Y

OR

03 ☐ still participating

B. The Job Development program

Yes 04 ☐ →

No 05 ☐

M M Y Y

M M Y Y

OR

06 ☐ still participating

C. The Skill Investment program

Yes 07 ☐ →

No 08 ☐

M M Y Y

M M Y Y

OR

09 ☐ still participating

D. The Skill Shortages program

Yes 10 ☐ →

No 11 ☐

M M Y Y

M M Y Y

OR

12 ☐ still participating

E. The Challenge 86 program

Yes 13 ☐ →

No 14 ☐

M M Y Y

M M Y Y

OR

15 ☐ still participating

F. The Community Futures program

Yes 16 ☐ →

No 17 ☐

M M Y Y

M M Y Y

OR

18 ☐ still participating

G. The Work Experience program

Yes 19 ☐ →

No 20 ☐

M M Y Y

M M Y Y

OR

21 ☐ still participating

105 INTERVIEWER. Was this interview conducted mainly by telephone?

Yes 7 ☐

No 8 ☐

106 HRD page-line No. of information source

HRD page-line No

107.

FINISH TIME

JOB 3	JOB 4	JOB 5																																																																																																																																																																																				
Same as Item 72 on Label 1 <input type="radio"/>	Same as Item 72 on Label 1 <input type="radio"/>	Same as Item 72 on Label 1 <input type="radio"/>																																																																																																																																																																																				
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**108 INTERVIEWER:** Read and complete the following section for the head of each economic family in the household (as identified on the label)

This survey is part of a project to study the work patterns of Canadians in all walks of life over two years. We will need to recontact your household in year from now to obtain additional information about jobs held during 1987.

In case your family moves before next January, we would like the name and address of a friend, relative or neighbour whom we could contact to obtain your family's new address or telephone number. I want to emphasize that we will contact this person only if your family has moved and then only to obtain your new address or telephone number.

☐ REFUSED TO PROVIDE CONTACT

**NAME**

Given Name	
Surname	

**ADDRESS**

Street and No./ Lot and Concession	
--	--

City, Town, Village, Municipality	
---	--

Province/ Territory	
------------------------	--

**TELEPHONE**

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

(Area Code)

THANK YOU VERY MUCH FOR YOUR ASSISTANCE ON THIS PROJECT

# SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** February 1987

**TITLE:** Absence from Work Survey

**SPONSOR:** Actuarial Services Branch of Employment and Immigration

**SURVEY METHOD:** Personal/telephone interview

**SAMPLE SIZE:** Rotation groups 2,3, and 4

**SURVEY OBJECTIVES:** To obtain information about absences from work by paid employees during 1986, which were due to illness, accident or pregnancy and about the financial compensation they received as a result.

**PROJECT MANAGER:** Denis Lefebvre

<b>MICRODATA:</b>	Yes	Price	No
	X	\$300	



Docket No. 2  Survey date 3  Assignment No. 4  1 FORM NO. 06

HRD page line No. 5  Given name 6  Surname 7

JANUARY'S SUPPLEMENTARY QUESTIONS LARGELY CONCERNED ...S WORK LAST YEAR, WHILE THE FOLLOWING QUESTIONS CONCERN ...S ABSENCES FROM WORK DUE TO ILLNESS, ACCIDENT OR PREGNANCY, DURING THE LAST YEAR THAT IS, FROM JANUARY 1, 1986 TO DECEMBER 31, 1986.

**10** DID ...WORK AS A PAID EMPLOYEE IN 1986?

Yes ☐ No ☐ Go to 24

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

No. of hours

**12** AT ANY TIME IN 1986 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 ☐ No ☐ Go to 23

**13** 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, 1986.

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

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

Illness ☐ Accident ☐ Pregnancy ☐

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

No. of weeks  Go to 17

Absence not ended ☐ Go to 16

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

No. of weeks

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

None ☐ Go to 18

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 <input type="radio"/>	<input type="text"/>
Workers' Compensation <input type="radio"/>	<input type="text"/>
Group Insurance <input type="radio"/>	<input type="text"/>
Automobile Insurance <input type="radio"/>	<input type="text"/>
Full pay from employer <input type="radio"/>	<input type="text"/>
Partial pay from employer <input type="radio"/>	<input type="text"/>
Other financial compensation <input type="radio"/>	<input type="text"/>

**18** (INTERVIEWER CHECK ITEM:

\* If  0  2 or more periods in 13 ☐ Go to 19

\* Otherwise ☐ Go to 22

**19** THE FIRST QUESTIONS ASKED ABOUT ...S LAST ABSENCE. THE NEXT 2 QUESTIONS CONCERN THE ABSENCE BEFORE THAT.

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

Illness ☐ Accident ☐ Pregnancy ☐

**21** HOW MANY CONSECUTIVE WEEKS WAS THIS PREVIOUS ABSENCE?

No. of weeks

**22** WITHOUT INCLUDING ABSENCES OF 2 OR MORE CONSECUTIVE WEEKS DUE TO ...S OWN ILLNESS, ACCIDENT OR PREGNANCY, HOW MANY WEEKS IN 1986 WAS ...A PAID EMPLOYEE?

No. of weeks  Go to 24

**23** HOW MANY WEEKS IN 1986 WAS ...A PAID EMPLOYEE?

No. of weeks

**24** INTERVIEW:

Proxy ☐ Non-proxy ☐

NOTES

See over for additional NOTES

item no.  item no.

item no.  item no.

## SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** March 1987

**TITLE:** Survey of Job Opportunities

**SPONSOR:** Labour Force Survey Activity Division

**SURVEY METHOD:** Personal/telephone Interview

**SAMPLE SIZE:** All rotation groups

**SURVEY OBJECTIVES:** The purpose of this survey is to identify:

- (1) The actual participation patterns of persons inactive due to labour market conditions, or their own preferences;
- (2) The desired participation patterns of persons inactive due to labour market conditions or their own preferences
- (3) The type of work desired by such individuals
- (4) Those persons who have become discouraged looking for work and believe that no suitable jobs are available;
- (5) Those persons who are seriously interested in taking a job but know that jobs are not available in their community due to seasonal or economic conditions.

**PROJECT MANAGER:** Denis Lefebvre

<b>MICRODATA:</b>	Yes	Price	No
	X	\$300	

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

IN THE PAST 8 MONTHS HAS ... LOOKED FOR WORK?  
 Yes ☐ No ☐  
 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?

6 months or less ☐ go to 18

More than 6 months ☐

Length of employment 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**

**13**  
**15**

- 1 Own illness or disability
- 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 full-time
- 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 ☐

Item No.      
 Item No.



## SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** March 1987

**TITLE:** Follow up of 1982 Graduates

**SPONSOR:** Employment and Immigration Canada

**SURVEY METHOD:** Telephone interview

**SAMPLE SIZE:** All those individuals who were interviewed in the June 1984 National Graduates Survey.

**OBJECTIVES:** The follow-up of 1982 Graduates Survey seeks to obtain information on the employment experiences of 1982 graduates. These respondents were already interviewed in June 1984; now we want to find out what their employment experiences have been since then.

**PROJECT MANAGER:** Bill Magnus

<b>MICRODATA:</b>	Yes	Price	No
	X	\$500	





## FOLLOW-UP OF 1982 GRADUATES

PLACE LABEL HERE	INTERVIEWER NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>					
	INTERVIEWER'S NAME <div style="border: 1px solid black; width: 100%; height: 20px; margin: 2px;"></div>					
	SENIOR INTERVIEWER'S NAME <div style="border: 1px solid black; width: 100%; height: 20px; margin: 2px;"></div>					
<b>RECORD OF CALLS</b>						
	Date	Start Time	Finish Time	Comments/Results	Telephone Number	Interviewer's Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Total Number of Calls		Length of interview <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Minutes				
<b>FINAL STATUS OF QUESTIONNAIRE</b>						
<p>21 <input type="radio"/> Contacted and completed interview</p> <p>22 <input type="radio"/> Contacted and partial interview</p> <p>23 <input type="radio"/> Contacted but refused</p> <p>24 <input type="radio"/> Already contacted (duplicate)</p> <p>25 <input type="radio"/> Absent for duration of survey</p>				<p>26 <input type="radio"/> Unlisted Number</p> <p>27 <input type="radio"/> No answer</p> <p>28 <input type="radio"/> Cannot be reached by phone/cannot trace</p> <p>29 <input type="radio"/> No longer living in Canada</p> <p>30 <input type="radio"/> Other (specify) _____</p> <p>_____</p> <p>_____</p>		

# INTRODUCTION:

Hello, I'm ... of Statistics Canada. In June 1984 we contacted you for the survey of 1982 graduates. We are conducting another survey so we can add to the information you gave us in 1984. The survey is being carried out under the Statistics Act on behalf of Employment and Immigration Canada to collect information on the employment experiences of graduates. Your answers will be kept confidential and used for statistical purposes only. While your participation is voluntary, your assistance is essential if the results of the survey are to be accurate.

## SECTION A: SAME EMPLOYER AS IN JUNE 1984

### INTERVIEWER CHECK ITEM

If employer's name listed in INFO. ITEM 1

Otherwise

2. Do you still work for ... (read INFO. ITEM 1) ... ?

3 ☐ Yes

4 ☐ No

→ Go to 26

3. Have you worked for that employer continuously since June 1984? Include as continuous work, time off for ill-health, vacations or labour disputes.

5 ☐ Yes

6 ☐ No

→ Go to 26

### 4. INTERVIEWER CHECK ITEM

If occupation listed in INFO. ITEM 2

Otherwise

5. Since we last interviewed you in June 1984, have you changed the kind of work, activities or duties you were doing for that employer then?

1 ☐ Yes

2 ☐ No

Go to 26

6. In June 1984 you were working as a ... (read INFO. ITEM 2) ... Since then, have you changed the kind of work, activities or duties you were doing?

3 ☐ Yes

4 ☐ No

→ Go to 14

7. What kind of work are you doing? (Give full description: e.g., elementary school teacher, manager of a biological research dept., shoe salesperson)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In this work, what are your most important activities or duties? (Give full description: e.g., teaching geography, managing a research lab, selling shoes)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. When did you start working at this job?

Month

1 9 Year

### 10. INTERVIEWER CHECK ITEM

If code 2 in INFO. ITEM 3

Otherwise

11. When you started working at this job, did your employer specify that related work experience was essential?

1 ☐ Yes

4 ☐ No

5 ☐ Don't know

12. When you were selected for this job, what level of education was needed to get the job? (Do not read, check one only)

Don't know 01 ☐

No qualifications specified 02 ☐

Some high school 03 ☐

Completed high school 04 ☐

Some postsecondary education 05 ☐

Trade or vocational certificate/diploma 06 ☐

Some college/CEGEP or similar institution 07 ☐

Diploma or certificate from college/CEGEP or similar institution 08 ☐

University diploma or certificate below bachelor level 09 ☐

Degree level not specified 10 ☐

Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.) 11 ☐

University diploma or certificate, level not specified 12 ☐

University diploma or certificate above bachelor level 13 ☐

Master's degree(s) (e.g., M.A., M.Sc., M.Ed.) 14 ☐

Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) 15 ☐

Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) 16 ☐

Other (specify) 17 ☐

Go to 14

13. Did your employer specify that it must be in a specific field or fields of study?

1 ☐ Yes

→ What field(s) of study?

2 ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Has the level of education required to get this job changed since you started it?

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Don't know
- } Go to 16

15. What level of education is required for this job now? (Do not read; check one only)

- Don't know ..... ☐ 01
- No qualifications specified ..... ☐ 02
- Some high school ..... ☐ 03
- Completed high school ..... ☐ 04
- Some postsecondary education ..... ☐ 05
- Trade or vocational certificate/diploma ..... ☐ 06
- Some college/CEGEP or similar institution ..... ☐ 07
- Diploma or certificate from college/CEGEP or similar institution ..... ☐ 08
- University diploma or certificate below bachelor level ..... ☐ 09
- Degree, level not specified ..... ☐ 10
- Bachelor's degree(s) (e.g. B.A., B.Sc., B.A.Sc., LL.B.) ..... ☐ 11
- University diploma or certificate, level not specified ..... ☐ 12
- University diploma or certificate above bachelor level ..... ☐ 13
- Master's degree(s) (e.g. M.A., M.Sc., M.Ed.) ..... ☐ 14
- Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) ..... ☐ 15
- Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.) ..... ☐ 16
- Other (specify) ..... ☐ 17

16. Was the educational program you completed in 1982 intended to prepare you for this job?

- ☐ 1 Yes                      ☐ 2 No

17. In this job do you use any of the skills acquired through the educational program you completed in 1982?

- ☐ 1 Yes                      ☐ 2 No

18. Considering all aspects of your job, how satisfied are you with it? Would you say that you are ... (read first four categories) ...

- ☐ 1 very satisfied?  
☐ 2 satisfied?  
☐ 3 not very satisfied?  
☐ 4 not at all satisfied?  
☐ 5 Don't know/no opinion

19. Considering the duties and responsibilities of your job, how satisfied are you with the money you make? Would you say that you are ... (read first four categories) ...

- ☐ 1 very satisfied?  
☐ 2 satisfied?  
☐ 3 not very satisfied?  
☐ 4 not at all satisfied?  
☐ 5 Don't know/no opinion

20. If you were to work at that job for the 12 months of 1987, approximately what would be your gross earnings? (Record to the nearest thousand dollars)

\$     0 0 0                      ☐ 6 Don't know

21. Since June 1984, have you ever worked part-time, that is, less than 30 hours a week?

- ☐ 1 Yes                      ☐ 2 No                      → Go to 89

22. Did you always work part-time since June 1984?

- ☐ 1 Yes                      → Go to 89                      ☐ 2 No

23. During ... (read periods) ..., was the job you had a FULL-TIME job, that is, usually 30 or more hours a week?

- |   | Yes                     | No                      | Don't know              |
|---|-------------------------|-------------------------|-------------------------|
| a) the first week of March, that is, March 1st to 7th, 1987 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b) the last week of January 1986                            | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8 |

24. Since June 1984, have you ever worked full-time at any job for six months or more?

- ☐ 1 Yes                      ☐ 2 No                      → Go to 89

25. When did you start the most recent period of full-time work that lasted six months or more?

                      1  9

Month                      Year

And when did you end it?

                      1  9                        ☐ 3 Still working

Month                      Year

INTERVIEWER:  
 SKIP TO Q89, SECTION F.



SECTION B: WEEK OF MARCH 1 TO 7, 1987	
<p>26. The next few questions refer to the week of March 1 to 7, that is, . . . week(s) ago. During that week, did you work at a job or business?</p> <p>1 <input type="radio"/> Yes → Go to 32                      2 <input type="radio"/> No</p>	<p>32. <i>INTERVIEWER: For questions 32 through 52 if the respondent had (or will have) more than one job, ask about the main job, i.e. the one usually worked at for the most number of hours.</i></p> <p>For whom did (will) you work at that job? (Name of business, government department or agency, or person)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>27. That week, did you have a job or business at which you did not work?</p> <p>3 <input type="radio"/> Yes →                      <b>Were you absent from work because of a temporary layoff?</b></p> <p>4 <input type="radio"/> No                      5 <input type="radio"/> Yes } Go to 32</p> <p>   6 <input type="radio"/> No }</p>	<p>33. What kind of business, industry or service is this? (Give full description: e.g., elementary school, municipal government, retail shoe store)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>28. During that week of March 1 to 7, did you have a job to start at a definite date in the future?</p> <p>1 <input type="radio"/> Yes →                      <b>Is that job full-time, that is, 30 or more hours a week?</b></p> <p>2 <input type="radio"/> No                      3 <input type="radio"/> Yes → Go to 32</p> <p>   4 <input type="radio"/> No → Go to 31</p>	<p>34. What kind of work did (will) you do? (Give full description: e.g., elementary school teacher, manager of a biological research dept., shoe salesperson)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>29. During the week of March 1 to 7, were you looking for a job?</p> <p>5 <input type="radio"/> Yes →                      <b>Were you looking for a full-time job?</b></p> <p>6 <input type="radio"/> No                      7 <input type="radio"/> Yes } Go to 57</p> <p>   8 <input type="radio"/> No }</p>	<p>35. In this work, what were (will be) your most important activities or duties? (Give full description: e.g., teaching geography, managing a research lab, selling shoes)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>30. What was the main reason you did not look for a job that week? (Do not read; check one only)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Own illness or disability . . . . . 01 <input type="radio"/></p> <p>Personal or family responsibilities . . . . . 02 <input type="radio"/></p> <p>Going to school . . . . . 03 <input type="radio"/></p> <p>No longer interested in finding a job . . . . . 04 <input type="radio"/></p> <p>Waiting for recall (to former job) . . . . . 05 <input type="radio"/></p> <p>Has already found a new job . . . . . 06 <input type="radio"/></p> <p>Waiting for replies from employer . . . . . 07 <input type="radio"/></p> <p>Could not find the kind of job wanted . . . . . 08 <input type="radio"/></p> <p>Discouraged with looking . . . . . 09 <input type="radio"/></p> <p>No reason given . . . . . 10 <input type="radio"/></p> <p>Other reason (specify) . . . . . 11 <input type="radio"/></p> </div> <div style="width: 10%; text-align: center; font-size: 40px;">}</div> <div style="width: 10%; text-align: center;">Go to 57</div> </div>	<p>36. If you were to work at that job for the 12 months of 1987, approximately what would be your gross earnings? (Record to the nearest thousand dollars)</p> <p>\$ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center;">0</div>                      1 <input type="radio"/> Don't know</p>
<p>31. During that week, were you looking for a full-time job?</p> <p>1 <input type="radio"/> Yes                      2 <input type="radio"/> No</p>	<p>37. Was the educational program you completed in 1982 intended to prepare you for this job?</p> <p>2 <input type="radio"/> Yes                      3 <input type="radio"/> No                      4 <input type="radio"/> Don't know</p>
	<p>38. Were you (will you be) a paid worker or self-employed?</p> <p>5 <input type="radio"/> Paid worker</p> <p>6 <input type="radio"/> Self-employed → Go to 46</p> <p>7 <input type="radio"/> Other (e.g. unpaid family worker)</p>
	<p>39. Is this a permanent position or a temporary position? (Read definition if asked)</p> <p>8 <input type="radio"/> Permanent (Definition: There was no indication that the job would end at some definite point in time, e.g., hired permanently with no specified term)</p> <p>9 <input type="radio"/> Temporary (Definition: There was a definite indication that the job would terminate at some specified point in time, e.g., hired for a six month term)</p>



40. When you were selected for that job, what level of education was needed to get the job? (Do not read, check one only)

- Don't know ..... 01 ☐
- No qualifications specified ..... 02 ☐
- Some high school ..... 03 ☐
- Completed high school ..... 04 ☐
- Some postsecondary education ..... 05 ☐
- Trade or vocational certificate/diploma ..... 06 ☐
- Some college/CEGEP or similar institution ..... 07 ☐
- Diploma or certificate from college/CEGEP or similar institution ..... 08 ☐
- University diploma or certificate below bachelor level ..... 09 ☐
- Degree, level not specified ..... 10 ☐
- Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.) ..... 11 ☐
- University diploma or certificate level not specified ..... 12 ☐
- University diploma or certificate above bachelor level ..... 13 ☐
- Master's degree(s) (e.g., M.A., M.Sc., M.Ed.) ..... 14 ☐
- Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) ..... 15 ☐
- Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... 16 ☐
- Other (specify) ..... 17 ☐

Go to 42

45. What level of education is required to get the job now? (Do not read, check one only)

- Don't know ..... 01 ☐
- No qualifications specified ..... 02 ☐
- Some high school ..... 03 ☐
- Completed high school ..... 04 ☐
- Some postsecondary education ..... 05 ☐
- Trade or vocational certificate/diploma ..... 06 ☐
- Some college/CEGEP or similar institution ..... 07 ☐
- Diploma or certificate from college/CEGEP or similar institution ..... 08 ☐
- University diploma or certificate below bachelor level ..... 09 ☐
- Degree, level not specified ..... 10 ☐
- Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.) ..... 11 ☐
- University diploma or certificate level not specified ..... 12 ☐
- University diploma or certificate above bachelor level ..... 13 ☐
- Master's degree(s) (e.g., M.A., M.Sc., M.Ed.) ..... 14 ☐
- Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) ..... 15 ☐
- Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... 16 ☐
- Other (specify) ..... 17 ☐

41. Did the employer specify that it must be in a specific field or fields of study?

- 1 ☐ Yes → What field(s) of study?
- 2 ☐ No


42. Did the employer specify that related work experience was essential for that job?

- 1 ☐ Yes      4 ☐ No      5 ☐ Don't know

**INTERVIEWER CHECK ITEM**

• Code 1 (yes) in Q28

Go to 37

• Otherwise

Go to 44

44. Has the level of education required to get this job changed since you started it?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

Go to 46

46. In this job, did you use any of the skills acquired through the educational program you completed in 1982?

- 1 ☐ Yes      2 ☐ No

47. Considering all aspects of the job you had in the week of March 1 to 7, how satisfied were you with the job? Would you say that you were ... (read first four categories) ...

- 1 ☐ very satisfied?
- 2 ☐ satisfied?
- 3 ☐ not very satisfied?
- 4 ☐ not at all satisfied?
- 5 ☐ Don't know/no opinion

48. Considering the duties and responsibilities of that job, how satisfied were you with the money you made? Would you say that you were ... (read first four categories) ...

- 1 ☐ very satisfied?
- 2 ☐ satisfied?
- 3 ☐ not very satisfied?
- 4 ☐ not at all satisfied?
- 5 ☐ Don't know/no opinion

<p><b>49. Was the job you had during that week a full-time job, that is, usually 30 or more hours a week?</b></p> <p> <input type="radio"/> Yes → Go to 53             <input type="radio"/> No         </p>	<p><b>58. Since graduating in 1982, have you had MORE THAN ONE full-time job lasting six months or more?</b></p> <p> <input type="radio"/> Yes             <input type="radio"/> No → Go to 76         </p>
<p><b>50. What is the main reason you had a part-time job? (Do not read; check one only)</b></p> <p>                 Own illness or disability <input type="radio"/> 1                  Personal or family responsibilities <input type="radio"/> 2                  Going to school <input type="radio"/> 3                  Could only find part-time work <input type="radio"/> 4                  Did not want full-time work <input type="radio"/> 5                  Full-time work is under 30 hours a week <input type="radio"/> 6                  Other reason (specify) <input type="radio"/> 7             </p>	<p><b>59. When did you start your most recent full-time job lasting six months or more?</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> </div> </div> <p><b>When did you end that job?</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> </div> </div>
<p><b>51. When did you begin that job?</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> </div> </div>	<p><b>60. For whom did you work at that job? (Name of business, government department or agency, or person)</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<p><b>52. Did you have a full-time job to start at a definite date in the future?</b></p> <p> <input type="radio"/> Yes → Go to 57  <input type="radio"/> No →             <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;">                 During that week, were you looking for a full-time job?  <input type="radio"/> Yes } Go to 57  <input type="radio"/> No }             </div> </p>	<p><b>61. What kind of business, industry or service was this? (Give full description: e.g., elementary school, municipal government, retail shoe store)</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<p><b>SECTION C: JOBS LASTING SIX MONTHS OR LONGER</b></p>	
<p><b>53. Have you worked at the job you had in the week of March 1 to 7, for six months or more? (INTERVIEWER: If asked, a "job" means doing the same kind of work for the same employer)</b></p> <p> <input type="radio"/> Yes             <input type="radio"/> No → Go to 56         </p>	<p><b>62. What kind of work were you doing? (Give full description: e.g., elementary school teacher, manager of a biological research department, shoe salesperson)</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<p><b>54. When did you begin that job?</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> </div> </div>	<p><b>63. In this work, what were your most important activities or duties? (Give full description: e.g., teaching geography, managing a research lab, selling shoes)</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<p><b>55. INTERVIEWER CHECK ITEM:</b></p> <p> <input type="radio"/> If code 1 in INFO. ITEM 4 → Go to 76  <input type="radio"/> Otherwise → Go to 76         </p>	
<p><b>56. When did you begin the job you had in the week of March 1 to 7?</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="border: 1px solid black; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Year</span> </div> </div>	<div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><b>INTERVIEWER:</b> SKIP TO Q76 SECTION D.</p> </div>
<p><b>57. INTERVIEWER CHECK ITEM:</b></p> <p> <input type="radio"/> If code 1 in INFO. ITEM 4 → Go to 58  <input type="radio"/> Otherwise → Go to 64         </p>	

64. Have you held any full-time jobs lasting six months or more since you completed your . . . (read INFO ITEM 5) . . . in 1982?

1 ☐ Yes      2 ☐ No      → Goto 76

65. When did you start your MOST RECENT full-time job that lasted six months or more?

     1 9    
 Month                      Year

When did you end that job?

     1 9    
 Month                      Year

66. For whom did you work at that job? (Name of business, government department or agency, or person)

67. What kind of business, industry or service was this? (Give full description: e.g., elementary school, municipal government, retail shoe store)

68. What kind of work were you doing? (Give full description: e.g., elementary school teacher, manager of a biological research department, shoe salesperson)

69. In this work, what were your most important activities or duties? (Give full description: e.g., teaching geography, managing a research lab, selling shoes)

70. Have you had any OTHER full-time job lasting six months or more since you completed your . . . (read INFO ITEM 5) . . . in 1982?

1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know      } Goto 76

71. Since graduating in 1982, when did you start your FIRST full-time job that lasted six months or more?

     1 9        4 ☐ Don't know  
 Month                      Year

72. For whom did you work at that job? (Name of business, government department or agency, or person)

5 ☐ Don't know

73. What kind of business, industry or service was this? (Give full description: e.g., elementary school, municipal government, retail shoe store)

6 ☐ Don't know

74. What kind of work were you doing? (Give full description: e.g., elementary school teacher, manager of a biological research department, shoe salesperson)

7 ☐ Don't know

75. In this work, what were your most important activities or duties? (Give full description: e.g., teaching geography, managing a research lab, selling shoes)

8 ☐ Don't know



**SECTION D: LABOUR FORCE STATUS, JANUARY 1986**

76. Now some questions about the last week of January 1986, that is, a little over a year ago. During that week, did you work at a job or business?

1 ☐ Yes → Go to 79                      2 ☐ No

77. That week, did you have a job or business at which you did not work?

3 ☐ Yes                      4 ☐ No → Go to 80

78. Were you absent from work because of a temporary layoff?

5 ☐ Yes                      6 ☐ No

79. Was the job you had during that week a full-time job, that is, usually 30 or more hours a week?

1 ☐ Yes → Go to 83

2 ☐ No → Did you have a full-time job to start at a definite date in the future?

3 ☐ Yes → Go to 83

4 ☐ No → Go to 82

80. During the last week of January 1986, did you have a job to start at a definite date in the future?

5 ☐ Yes → Was that job full-time, that is, 30 or more hours a week?

6 ☐ No

7 ☐ Yes → Go to 83

8 ☐ No → Go to 82

81. Were you looking for a job during the last week of January 1986?

1 ☐ Yes                      2 ☐ No → Go to 83

82. Were you looking for a full-time job?

3 ☐ Yes                      4 ☐ No

**SECTION E: 1986 IN TOTAL**

83. Now some questions about the whole of 1986. During 1986, how long in total were you without a job and looking for one?

Months

Weeks

5 ☐ Never } Go to 85

6 ☐ Don't know }

84. During any of these . . . (read number in Q 83) . . . , were you a full-time student?

7 ☐ Yes →

How much of this time were you a full-time student?

Months

Weeks

1 ☐ Whole period

2 ☐ Don't know

**INTERVIEWER: The number in Q 84 should not be greater than the number in Q 83.**

85. During 1986, was there any time you were without work and NOT looking for work?

3 ☐ Yes                      4 ☐ No → Go to 89

86. How long in total were you without a job and NOT looking for one?

Months

Weeks

5 ☐ Don't know → Go to 89

87. At any time during these . . . (read number in Q 86) . . . were you ever waiting to start a new job or return to an old job?

6 ☐ Yes                      7 ☐ No → Go to 89

88. Out of the . . . (read number in Q 86) . . . how long were you waiting to start that job?

Months

Weeks

8 ☐ Whole period

9 ☐ Don't know

**SECTION F: GENERAL AND CLASSIFICATORY QUESTIONS**

89. Since June 1984, have you enrolled in any credit courses at an educational or training institution?

1 ☐ Yes                      2 ☐ No → Go to 91

90. Were you enrolled in . . .

Was it . . .

No      Don't know      Yes      full-time?      part-time?

a) the first week of March 1987?    1 ☐    2 ☐    3 ☐ → 4 ☐    5 ☐

b) the last week of October 1986?    6 ☐    7 ☐    8 ☐ → 9 ☐    10 ☐

c) the last week of January 1986?    11 ☐    12 ☐    13 ☐ → 14 ☐    15 ☐

d) January 1985?    16 ☐    17 ☐    18 ☐ → 19 ☐    20 ☐



**91.** Since June 1984, have you completed the requirements for any degrees, diplomas, certificates or licences? By completed I mean, for example, write the last exam, or submit the last paper, report or project, or defend your thesis.

☐ Yes      ☐ No → Go to 95

---

**92.** What types of degrees, diplomas or certificates have you obtained? (*Do not read; check all that apply*)

TRADE-VOCATIONAL

☐ Certificate or diploma

COMMUNITY COLLEGE, CEGEP, TECHNICAL INSTITUTE

☐ Certificate or diploma

UNIVERSITY:

☐ Certificate or diploma below bachelor level

☐ Bachelor's degree(s) (e.g., B.A., B.Sc., B.A.Sc., LL.B.)

☐ Certificate or diploma above bachelor level

☐ Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)

☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.V.M., O.D.)

☐ Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

PROFESSIONAL ASSOCIATION:

☐ Diploma, certificate or licence such as in accounting, banking or insurance.

OTHER:

☐ (Specify) \_\_\_\_\_

---

**93.** What was the major field of study or specialization for the . . . (read categories checked in Q.92) . . . ? (*If more than one, record the two most recently obtained*)

1. [ ]  
[ ]

2. [ ]  
[ ]

---

**94.** In what month and year did you complete the requirements for it/them?

1. [ ][ ] Month      [ 1 ] [ 9 ] Year  
[ ][ ]                  [ ][ ][ ][ ][ ]

2. [ ][ ] Month      [ 1 ] [ 9 ] Year  
[ ][ ]                  [ ][ ][ ][ ][ ]

---

**95.** Since June 1984, have you been formally registered at any time with a provincial apprenticeship authority to become an apprentice in a trade?

☐ Yes → What trade was this?  
[ ]  
[ ]

☐ No

---

**96.** In general how important is it that a job be related to your field of study or specialization? Would you say it is . . . (read first four categories) . . .

☐ very important?

☐ important?

☐ not very important?

☐ not at all important?

☐ Don't know/no opinion

---

**97.** Given your experience since completing the requirements for your . . . (read INFO. ITEM 5) . . . in . . . (read INFO. ITEM 6) . . . , would you have selected the same educational program, a different program, or not taken any postsecondary program?

☐ Same } Go to 100  
☐ None }

☐ Different

---

**98.** What kind would you have taken - a university program, a college program or a trade/vocational program?

☐ University

☐ College

☐ Trade

☐ Other (specify) \_\_\_\_\_

---

**99.** Would you have selected the same field of study or specialization?

☐ Yes

☐ No → What field of study or specialization would you have chosen? (*If two, record the most important first*)

1. [ ]  
[ ]

2. [ ]  
[ ]

---

**100.** What is your marital status? Are you . . . (read the first four categories) . . .

☐ now married or living common-law?

☐ single, that is, never married?

☐ a widow or widower?

☐ separated or divorced?

☐ Refused/not stated

---

**101.** Do you have any dependent children?

☐ Yes → What are their ages? (*Record age as of last birthday*)

[ ][ ] [ ][ ] [ ][ ]  
[ ][ ] [ ][ ] [ ][ ]

☐ No

103. What is the highest level of education completed by your father and by your mother (or guardian)? (Do not read, check one only in each column)

	Father	Mother
No formal schooling	01 <input type="radio"/>	18 <input type="radio"/>
Elementary school	02 <input type="radio"/>	19 <input type="radio"/>
Some secondary (high) school	03 <input type="radio"/>	20 <input type="radio"/>
Completed secondary school	04 <input type="radio"/>	21 <input type="radio"/>
Trade or vocational training	05 <input type="radio"/>	22 <input type="radio"/>
Some college/CEGEP/Institute of Technology	06 <input type="radio"/>	23 <input type="radio"/>
Completed college/CEGEP	07 <input type="radio"/>	24 <input type="radio"/>
Some university	08 <input type="radio"/>	25 <input type="radio"/>
Nursing school, Teachers' College	09 <input type="radio"/>	26 <input type="radio"/>
University certificate or diploma below bachelor level	10 <input type="radio"/>	27 <input type="radio"/>
Bachelor's degree(s) (B.A., B.Sc., B.A.Sc., LL.B.)	11 <input type="radio"/>	28 <input type="radio"/>
University certificate or diploma above bachelor level	12 <input type="radio"/>	29 <input type="radio"/>
Master's degree(s) (M.A., M.Sc., M.Ed.)	13 <input type="radio"/>	30 <input type="radio"/>
Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)	14 <input type="radio"/>	31 <input type="radio"/>
Earned doctorate (Ph.D., D.Sc., D.Ed.)	15 <input type="radio"/>	32 <input type="radio"/>
Other (specify) _____	16 <input type="radio"/>	33 <input type="radio"/>
Don't know	17 <input type="radio"/>	34 <input type="radio"/>

104. Do you consider yourself an aboriginal person or a native Indian of North America, that is, Inuit, North American Indian or Métis?

- 1 ☐ No  
 2 ☐ Yes, Inuit  
 3 ☐ Yes, status or registered Indian  
 4 ☐ Yes, non-status Indian  
 5 ☐ Yes, Métis

105. a) Are you limited in the kind or amount of activity you can do because of a long-term physical condition, mental condition or health problem . . .

	Yes	No	Not applicable
at home?	1 <input type="radio"/>	2 <input type="radio"/>	
at school or work?	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
in other activities, such as transportation or leisure time activities?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

INTERVIEWER: If Yes checked for any of the above categories go to Q 105b; otherwise go to Q 106

105. b) What kind of long-term disability or handicap do you have? (Do not read, mark all that apply)

		How long have you had it?	
		Since birth, all my life	Number of years
Mobility, agility	01 <input type="radio"/>	08 <input type="radio"/>	or <input type="text"/>
Sight, seeing	02 <input type="radio"/>	09 <input type="radio"/>	or <input type="text"/>
Hearing	03 <input type="radio"/>	10 <input type="radio"/>	or <input type="text"/>
Speech, speaking	04 <input type="radio"/>	11 <input type="radio"/>	or <input type="text"/>
Learning	05 <input type="radio"/>	12 <input type="radio"/>	or <input type="text"/>
Emotional, psychiatric	06 <input type="radio"/>	13 <input type="radio"/>	or <input type="text"/>
Other (specify)	07 <input type="radio"/>	14 <input type="radio"/>	or <input type="text"/>

106. During 1986, did you take part in any training or employment for which the Canada Employment and Immigration Commission provided financial assistance?

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know } Go to 108

107. Which of the Canada Employment and Immigration Commission financial assistance programs did you take part in? (Do not read, probe with any others until the respondent says "no". Check all that apply)

- 01 ☐ Don't know  
 02 ☐ Canadian Jobs Strategy → Do you know the name of the specific program? (Check all that apply)  
 03 ☐ Job Entry  
 04 ☐ Job Re-entry  
 05 ☐ Job Development  
 06 ☐ Skill Shortages  
 07 ☐ Skill Investment  
 08 ☐ Small Business Training  
 09 ☐ Training Trust Fund  
 10 ☐ Extended Training Leave  
 11 ☐ Institutional Training  
 12 ☐ Direct Purchase of Institutional Training  
 13 ☐ Community Futures  
 14 ☐ Innovations  
 15 ☐ General Projects  
 16 ☐ Individually subsidized jobs  
 17 ☐ Subsidized projects for the Severely Employed/Disadvantaged  
 18 ☐ Mobility  
 19 ☐ Work Sharing  
 20 ☐ Other (specify) \_\_\_\_\_

108. We are interested in knowing where students locate after graduation, and we may wish to contact you again for a follow-up to this survey. Is the address and telephone number of your usual place of residence... (read address and telephone number from tracing form)?

☐ Yes → INTERVIEWER: Transcribe complete address, telephone number and any name changes from tracing form

☐ No → May I please have your correct address and home telephone number?

Name change only

Family name

First or given name

Street name & number  
apt. no.  
P.O. Box

City, Town, Village

Province

Postal Code

Telephone

Area Code

109. Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. I want to emphasize that we will contact this person only if your family has moved and then only to obtain your new address or telephone number.

Contact's Name

Family name

First or given name

☐ Address and telephone number same as in Q 108

Street name & number  
apt. no.  
P.O. Box

City, Town, Village

Province

Postal Code

Telephone

Area Code

110. INTERVIEWER: READ THE FOLLOWING STATEMENT CONCERNING JOINT COLLECTION AND DATA-SHARING EXACTLY AS WORDED

To avoid duplication of enquiry, Statistics Canada is conducting this survey jointly with Employment and Immigration Canada, the Department of the Secretary of State and the provincial Ministries of Education and Labour. The information provided to these departments will not contain names or other identifying data and will be kept confidential and used only for statistical purposes.

Do you agree to share your answers?

☐ Yes → End interview

☐ No → In accordance with the Statistics Act, would you please write to the Chief Statistician of Canada, Ottawa, Ontario, K1A 0T6, saying you do not wish to share your answers.

INTERVIEWER: If the respondent asks if it isn't enough just to tell you he/she doesn't want to share, add:

According to the law, we need to have a letter from you indicating that you object to your answers being shared, specifying to which departments your objections apply.

END OF INTERVIEW: Thank you for your participation in this survey.

111. Province or territory where respondent was interviewed

☐ Nfld

☐ Que

☐ A.B.

☐ P.E.

☐ Ont

☐ B.C.

☐ N.S.

☐ Man

☐ Yukon

☐ N.B.

☐ Sask

☐ N.W.T.

112. Language of interview

☒ English

☐ French

113. Check if:

☐ Employer's name given in INFO-TEM 1 was not correct

☐ Occupation given in INFO-TEM 2 was not correct

☐ Qualification received in 1982 given in INFO-TEM 5 was not correct

☐ Field of study or specialization given in INFO-TEM 6 was not correct



## SPECIAL SURVEY GROUP PROGRAMS

**SURVEY MONTH:** April 1987

**TITLE:** Ontario Child Health Follow-up Study

**SPONSOR:** McMaster University and Statistics Canada

**SURVEY METHOD:** Selected households were informed that they would be contacted for a follow-up study and were then visited by a Statistics Canada interviewer.

**SAMPLE SIZE:** 2,000 households with approximately 3,200 eligible children who participated in the original study. This was representative of the population of households in Ontario with children aged 4-16 in 1983, now aged 8-20.

**SURVEY OBJECTIVES:** The primary objectives of this research were:

- to determine the percentage of children in Ontario who have physical, emotional or behavioural problems;
- to determine which geographical areas in Ontario seem to have a prevalence of children in poor health;and
- to determine if adequate facilities and services are available in those areas.

**PROJECT MANAGER:** Gary Catlin

**MICRODATA:** Yes                      Price                      No  
X





## ONTARIO CHILD HEALTH FOLLOW UP STUDY

## HOUSEHOLD RECORD FORM

01.  -  -  -     
S ED EA HHNUM SUB  
HMLD

02. ADDRESS

03. FORMS CONTROL

	1	2	2A	3A	3B	3D	4	5	Consent forms 6	Agreement to share 7
Required	1									1
Completed										

04. FINAL STATUS OF INTERVIEW ☐

05. TELEPHONE NO.

-  -

06. We are studying the health of children contacted in the 1983 Ontario Child Health Study as well as any new children in the household between the ages of 4 - 16.

10. HOUSEHOLD COMPOSITION

Complete the household membership chart at the right by asking:

- Do the following persons still live or stay at this dwelling?

Read all names in 12.

Enter appropriate codes in 13 - 18.

- Does anyone else now live or stay at this dwelling such as other children, relatives, roomers, boarders, employees or other household members?

- Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?

11.		12.		13.	14.	15.	16.	17.	18.
		Name		Mem.	Age (on Jan 1/ 1987)	Sex	M St	Fam ID	R to H
Pg	Ln								
	1	Given							
		Surname							
	2	Given							
		Surname							
	3	Given							
		Surname							
	4	Given							
		Surname							
	5	Given							
		Surname							
	6	Given							
		Surname							
	7	Given							
		Surname							
	8	Given							
		Surname							
	9	Given							
		Surname							

20. RECORD OF CALLS/VISITS

#	Date	Time	Comments and Appointments
1			
2			
3			
4			
5			

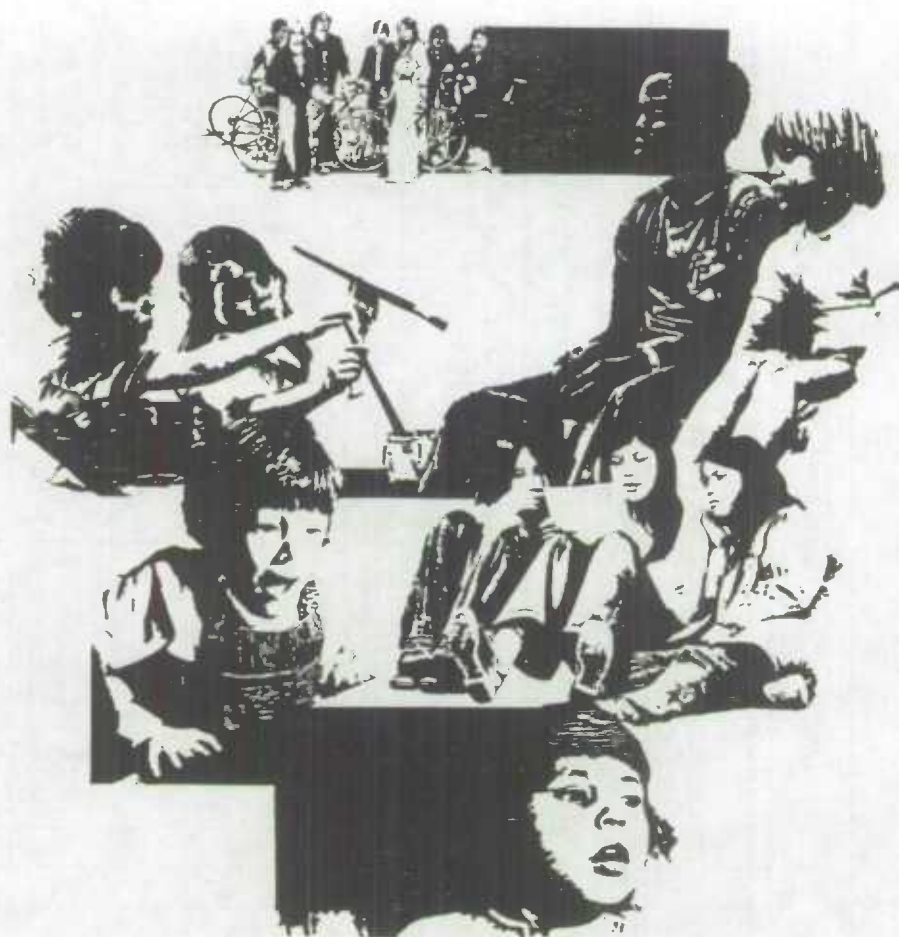
PLEASE ENSURE THAT YOU HAVE COMPLETED ITEMS 03 AND 04.

CONFIDENTIAL  
(when completed)

<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
S		ED		EA		HHNUM		PALn		Sub	HHid				

# Ontario Child Health Follow Up Study Child Health Questionnaire

(For ages 4 to 16)



	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>
<b>PART A:</b> These next few questions are about your (child's/children's) background and general health.  <b>Origin</b>	1	2
	↓	↓
01 Please turn to page 2 of your booklet. What is your relationship to _____?	<div> <div></div> <div></div> </div> Enter code	<div> <div></div> <div></div> </div> Enter code
02. <b>INTERVIEWER CHECK ITEM:</b>  If any code 2 in item 1B on OCHS1 ask: • What is your spouse or partner's relationship to _____? (refer to page 2 of your booklet.) • Else → Go to Q.03	<div> <div></div> <div></div> </div> Enter code	<div> <div></div> <div></div> </div> Enter code
03 What is _____'s position in the family?  <b>INTERVIEWER:</b> Respondent should think of all his/her children.	1 <input type="radio"/> Only child 2 <input type="radio"/> Oldest child 3 <input type="radio"/> One of middle children 4 <input type="radio"/> Youngest	1 <input type="radio"/> Only child 2 <input type="radio"/> Oldest child 3 <input type="radio"/> One of middle children 4 <input type="radio"/> Youngest
04 Was _____ born in Canada?	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q.06 7 <input type="radio"/> Don't know → Go to Q.08	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q.06 7 <input type="radio"/> Don't know → Go to Q.08
05 In which province was _____ born?  <div> <div>1 Ontario</div> <div>4 Man., Sask., Alta</div> <div>2 Quebec</div> <div>5 British Columbia</div> <div>3 N.B., N.E., P.E.I., Nfld.</div> <div>6 Yukon, NWT</div> </div>	<div> <div></div> </div> Enter code → Go to Q.08 (Enter 9 if "Don't know")	<div> <div></div> </div> Enter code → Go to Q.08 (Enter 9 if "Don't know")
06 Please turn to page 3 of your booklet. In which country was _____ born?	<div> <div></div> <div></div> </div> Enter code (Enter 99 if "Don't know")	<div> <div></div> <div></div> </div> Enter code (Enter 99 if "Don't know")
07 In what year did _____ first come to Canada?	<div> <div>1</div> <div>9</div> <div></div> <div></div> </div> (Enter 99 if "Don't know")	<div> <div>1</div> <div>9</div> <div></div> <div></div> </div> (Enter 99 if "Don't know")
<b>Birth</b>	↓	↓
08 Before _____ was born (were you/was _____'s natural mother) ever admitted to hospital for complication of that pregnancy?	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know
09 How much did _____ weigh when he/she was born? (PROBE: If you had to guess what would you say?)	<div> <div>1</div> <div></div> <div></div> </div> pounds <div> <div></div> <div></div> </div> ounces  OR <div> <div>2</div> <div></div> <div></div> </div> kilograms (Enter 99 if "Don't know")	<div> <div>1</div> <div></div> <div></div> </div> pounds <div> <div></div> <div></div> </div> ounces  OR <div> <div>2</div> <div></div> <div></div> </div> kilograms (Enter 99 if "Don't know")
10 Was _____ kept in the hospital after (you/ _____'s natural mother) went home?	4 <input type="radio"/> Yes 5 <input type="radio"/> No 6 <input type="radio"/> Don't know	4 <input type="radio"/> Yes 5 <input type="radio"/> No 6 <input type="radio"/> Don't know



<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>
3	4	5	6
↓	↓	↓	↓
<div> <div>Enter code</div> </div>	<div> <div>Enter code</div> </div>	<div> <div>Enter code</div> </div>	<div> <div>Enter code</div> </div>
<div> <div>Enter code</div> </div>	<div> <div>Enter code</div> </div>	<div> <div>Enter code</div> </div>	<div> <div>Enter code</div> </div>
<div> <div>1 Only child</div> <div>2 Oldest child</div> <div>3 One of middle children</div> <div>4 Youngest</div> </div>	<div> <div>1 Only child</div> <div>2 Oldest child</div> <div>3 One of middle children</div> <div>4 Youngest</div> </div>	<div> <div>1 Only child</div> <div>2 Oldest child</div> <div>3 One of middle children</div> <div>4 Youngest</div> </div>	<div> <div>1 Only child</div> <div>2 Oldest child</div> <div>3 One of middle children</div> <div>4 Youngest</div> </div>
<div> <div>5 Yes</div> <div>6 No → Go to Q 06</div> <div>7 Don't know → Go to Q 08</div> </div>	<div> <div>5 Yes</div> <div>6 No → Go to Q 06</div> <div>7 Don't know → Go to Q 08</div> </div>	<div> <div>5 Yes</div> <div>6 No → Go to Q 06</div> <div>7 Don't know → Go to Q 08</div> </div>	<div> <div>5 Yes</div> <div>6 No → Go to Q 06</div> <div>7 Don't know → Go to Q 08</div> </div>
<div> <div>Enter code → Go to Q 08</div> <div>(Enter 9 if "Don't know")</div> </div>	<div> <div>Enter code → Go to Q 08</div> <div>(Enter 9 if "Don't know")</div> </div>	<div> <div>Enter code → Go to Q 08</div> <div>(Enter 9 if "Don't know")</div> </div>	<div> <div>Enter code → Go to Q 08</div> <div>(Enter 9 if "Don't know")</div> </div>
<div> <div>Enter code</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>Enter code</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>Enter code</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>Enter code</div> <div>(Enter 99 if "Don't know")</div> </div>
<div> <div>1 9</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>1 9</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>1 9</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>1 9</div> <div>(Enter 99 if "Don't know")</div> </div>
↓	↓	↓	↓
<div> <div>1 Yes</div> <div>2 No</div> <div>3 Don't know</div> </div>	<div> <div>1 Yes</div> <div>2 No</div> <div>3 Don't know</div> </div>	<div> <div>1 Yes</div> <div>2 No</div> <div>3 Don't know</div> </div>	<div> <div>1 Yes</div> <div>2 No</div> <div>3 Don't know</div> </div>
<div> <div>1 pounds</div> <div>ounces</div> <div>OR 2 kilograms</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>1 pounds</div> <div>ounces</div> <div>OR 2 kilograms</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>1 pounds</div> <div>ounces</div> <div>OR 2 kilograms</div> <div>(Enter 99 if "Don't know")</div> </div>	<div> <div>1 pounds</div> <div>ounces</div> <div>OR 2 kilograms</div> <div>(Enter 99 if "Don't know")</div> </div>
<div> <div>4 Yes</div> <div>5 No</div> <div>6 Don't know</div> </div>	<div> <div>4 Yes</div> <div>5 No</div> <div>6 Don't know</div> </div>	<div> <div>4 Yes</div> <div>5 No</div> <div>6 Don't know</div> </div>	<div> <div>4 Yes</div> <div>5 No</div> <div>6 Don't know</div> </div>



	<div> <div>Child's name</div> <div><input type="checkbox"/> CLn</div> </div> <div>1</div> <div>↓</div>	<div> <div>Child's name</div> <div><input type="checkbox"/> CLn</div> </div> <div>2</div> <div>↓</div>
<b>Separations</b>		
11. Before the age of 3 did _____ ever live away from you or was he/she out of your care for 3 consecutive months or longer?  <b>INTERVIEWER:</b> If not natural mother/father, any pre-adoption time of 3 months or longer should count as a separation	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know
<b>General Health</b>	↓	↓
12. At what age did _____ first take 5 steps without any help? (PROBE: If you had to guess, what would you say?)	1 <input type="radio"/> < 1 yr (1-12 months) 2 <input type="radio"/> 1 - 1½ yrs (13-18 months) 3 <input type="radio"/> 1½ - 2 yrs (19-24 months) 4 <input type="radio"/> 2 - 3 yrs (25-36 months) 5 <input type="radio"/> 3 + yrs (36 + months) 6 <input type="radio"/> Don't know	1 <input type="radio"/> < 1 yr (1-12 months) 2 <input type="radio"/> 1 - 1½ yrs (13-18 months) 3 <input type="radio"/> 1½ - 2 yrs (19-24 months) 4 <input type="radio"/> 2 - 3 yrs (25-36 months) 5 <input type="radio"/> 3 + yrs (36 + months) 6 <input type="radio"/> Don't know
13. Were you ever concerned that _____ began to walk later than other children?	7 <input type="radio"/> Yes 8 <input type="radio"/> No 9 <input type="radio"/> Don't know	7 <input type="radio"/> Yes 8 <input type="radio"/> No 9 <input type="radio"/> Don't know
14. 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?)	1 <input type="radio"/> < 2 yrs (1-24 months) 2 <input type="radio"/> 2 - 2½ yrs (25-30 months) 3 <input type="radio"/> 2½ - 3 yrs (31-36 months) 4 <input type="radio"/> 3 + yrs (36 + months) 5 <input type="radio"/> Don't know	1 <input type="radio"/> < 2 yrs (1-24 months) 2 <input type="radio"/> 2 - 2½ yrs (25-30 months) 3 <input type="radio"/> 2½ - 3 yrs (31-36 months) 4 <input type="radio"/> 3 + yrs (36 + months) 5 <input type="radio"/> Don't know
15. Were you ever concerned that _____ began to talk later than other children?	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know
16. Please turn page 4 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.	<div><input type="checkbox"/> Enter code</div> <div><input type="checkbox"/> Enter code</div> <div><input type="checkbox"/> Enter code</div> <div><input type="checkbox"/> Enter code</div>	<div><input type="checkbox"/> Enter code</div> <div><input type="checkbox"/> Enter code</div> <div><input type="checkbox"/> Enter code</div> <div><input type="checkbox"/> Enter code</div>
17. Was _____ ever so sick that you thought (he/she) might die?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
18. Has _____ ever had:	<div>1 <input type="radio"/> Yes      2 <input type="radio"/> No</div> <div>3 <input type="radio"/> Yes      4 <input type="radio"/> No</div> <div>5 <input type="radio"/> Yes      6 <input type="radio"/> No</div> <div>7 <input type="radio"/> Yes      8 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes      2 <input type="radio"/> No</div> <div>3 <input type="radio"/> Yes      4 <input type="radio"/> No</div> <div>5 <input type="radio"/> Yes      6 <input type="radio"/> No</div> <div>7 <input type="radio"/> Yes      8 <input type="radio"/> No</div>

<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>
3	4	5	6
↓	↓	↓	↓
1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know
↓	↓	↓	↓
1 <input type="radio"/> < 1 yr (1-12 months) 2 <input type="radio"/> 1 - 1½ yrs (13-18 months) 3 <input type="radio"/> 1½ - 2 yrs (19-24 months) 4 <input type="radio"/> 2 - 3 yrs (25-36 months) 5 <input type="radio"/> 3 + yrs (36 + months) 6 <input type="radio"/> Don't know	1 <input type="radio"/> < 1 yr (1-12 months) 2 <input type="radio"/> 1 - 1½ yrs (13-18 months) 3 <input type="radio"/> 1½ - 2 yrs (19-24 months) 4 <input type="radio"/> 2 - 3 yrs (25-36 months) 5 <input type="radio"/> 3 + yrs (36 + months) 6 <input type="radio"/> Don't know	1 <input type="radio"/> < 1 yr (1-12 months) 2 <input type="radio"/> 1 - 1½ yrs (13-18 months) 3 <input type="radio"/> 1½ - 2 yrs (19-24 months) 4 <input type="radio"/> 2 - 3 yrs (25-36 months) 5 <input type="radio"/> 3 + yrs (36 + months) 6 <input type="radio"/> Don't know	1 <input type="radio"/> < 1 yr (1-12 months) 2 <input type="radio"/> 1 - 1½ yrs (13-18 months) 3 <input type="radio"/> 1½ - 2 yrs (19-24 months) 4 <input type="radio"/> 2 - 3 yrs (25-36 months) 5 <input type="radio"/> 3 + yrs (36 + months) 6 <input type="radio"/> Don't know
7 <input type="radio"/> Yes 8 <input type="radio"/> No 9 <input type="radio"/> Don't know	7 <input type="radio"/> Yes 8 <input type="radio"/> No 9 <input type="radio"/> Don't know	7 <input type="radio"/> Yes 8 <input type="radio"/> No 9 <input type="radio"/> Don't know	7 <input type="radio"/> Yes 8 <input type="radio"/> No 9 <input type="radio"/> Don't know
1 <input type="radio"/> < 2 yrs (1-24 months) 2 <input type="radio"/> 2 - 2½ yrs (25-30 months) 3 <input type="radio"/> 2½ - 3 yrs (31-36 months) 4 <input type="radio"/> 3 + yrs (36 + months) 5 <input type="radio"/> Don't know	1 <input type="radio"/> < 2 yrs (1-24 months) 2 <input type="radio"/> 2 - 2½ yrs (25-30 months) 3 <input type="radio"/> 2½ - 3 yrs (31-36 months) 4 <input type="radio"/> 3 + yrs (36 + months) 5 <input type="radio"/> Don't know	1 <input type="radio"/> < 2 yrs (1-24 months) 2 <input type="radio"/> 2 - 2½ yrs (25-30 months) 3 <input type="radio"/> 2½ - 3 yrs (31-36 months) 4 <input type="radio"/> 3 + yrs (36 + months) 5 <input type="radio"/> Don't know	1 <input type="radio"/> < 2 yrs (1-24 months) 2 <input type="radio"/> 2 - 2½ yrs (25-30 months) 3 <input type="radio"/> 2½ - 3 yrs (31-36 months) 4 <input type="radio"/> 3 + yrs (36 + months) 5 <input type="radio"/> Don't know
1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know
<div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code	<div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code	<div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code	<div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code <div><input type="text"/></div> Enter code
1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
1 <input type="radio"/> Yes      2 <input type="radio"/> No 3 <input type="radio"/> Yes      4 <input type="radio"/> No 5 <input type="radio"/> Yes      6 <input type="radio"/> No 7 <input type="radio"/> Yes      8 <input type="radio"/> No	1 <input type="radio"/> Yes      2 <input type="radio"/> No 3 <input type="radio"/> Yes      4 <input type="radio"/> No 5 <input type="radio"/> Yes      6 <input type="radio"/> No 7 <input type="radio"/> Yes      8 <input type="radio"/> No	1 <input type="radio"/> Yes      2 <input type="radio"/> No 3 <input type="radio"/> Yes      4 <input type="radio"/> No 5 <input type="radio"/> Yes      6 <input type="radio"/> No 7 <input type="radio"/> Yes      8 <input type="radio"/> No	1 <input type="radio"/> Yes      2 <input type="radio"/> No 3 <input type="radio"/> Yes      4 <input type="radio"/> No 5 <input type="radio"/> Yes      6 <input type="radio"/> No 7 <input type="radio"/> Yes      8 <input type="radio"/> No

	<div> <div>Child's name</div> <div><input type="checkbox"/> C/n</div> </div> <div>1</div>	<div> <div>Child's name</div> <div><input type="checkbox"/> C/n</div> </div> <div>2</div>
<b>PART B:</b> Now I'd like to ask you a few questions about _____'s vision, hearing and speech.		
<b>Vision</b>	↓	↓
19 Is _____ legally blind or unable to see at all in one or both eyes?	1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q 22	1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q 22
20 How long has _____ been blind or unable to see at all?	4 <input type="radio"/> 6 months or less 5 <input type="radio"/> More than 6 months 6 <input type="radio"/> Don't know	4 <input type="radio"/> 6 months or less 5 <input type="radio"/> More than 6 months 6 <input type="radio"/> Don't know
21 INTERVIEWER CHECK ITEM: • If "Yes, both eyes" in Q 19 → • Otherwise →	7 <input type="radio"/> Go to Q 25 8 <input type="radio"/> Go to Q 22	7 <input type="radio"/> Go to Q 25 8 <input type="radio"/> Go to Q 22
22 Presently does _____ use prescribed glasses or contact lenses?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
23 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)?	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 25	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 25
24 How long has _____ had this problem?	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know
<b>Hearing</b>	↓	↓
25 Does _____ presently use a hearing aid?	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
26 Is _____ deaf or unable to hear at all in one or both ears?	3 <input type="radio"/> Yes, one ear only 4 <input type="radio"/> Yes, both ears 5 <input type="radio"/> No → Go to Q 29	3 <input type="radio"/> Yes, one ear only 4 <input type="radio"/> Yes, both ears 5 <input type="radio"/> No → Go to Q 29
27 How long has _____ been deaf or unable to hear at all?	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know
28 INTERVIEWER CHECK ITEM: • If "Yes, both ears" in Q 26 → • Otherwise →	1 <input type="radio"/> Go to Q 31 2 <input type="radio"/> Go to Q 29	1 <input type="radio"/> Go to Q 31 2 <input type="radio"/> Go to Q 29
29 Does _____ have any difficulty hearing what is said in a normal conversation with one other person (even with a hearing aid)?	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 31	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 31
30 How long has _____ had this problem?	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know

<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>	<div> <div>Child's name</div> <div>CLN</div> </div>
3	4	5	6
↓	↓	↓	↓
1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q.22	1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q.22	1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q.22	1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q.22
4 <input type="radio"/> 6 months or less 5 <input type="radio"/> More than 6 months 6 <input type="radio"/> Don't know	4 <input type="radio"/> 6 months or less 5 <input type="radio"/> More than 6 months 6 <input type="radio"/> Don't know	4 <input type="radio"/> 6 months or less 5 <input type="radio"/> More than 6 months 6 <input type="radio"/> Don't know	4 <input type="radio"/> 6 months or less 5 <input type="radio"/> More than 6 months 6 <input type="radio"/> Don't know
7 <input type="radio"/> Go to Q.25 8 <input type="radio"/> Go to Q.22	7 <input type="radio"/> Go to Q.25 8 <input type="radio"/> Go to Q.22	7 <input type="radio"/> Go to Q.25 8 <input type="radio"/> Go to Q.22	7 <input type="radio"/> Go to Q.25 8 <input type="radio"/> Go to Q.22
1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.25	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.25	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.25	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.25
5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know
↓	↓	↓	↓
1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
3 <input type="radio"/> Yes, one ear only 4 <input type="radio"/> Yes, both ears 5 <input type="radio"/> No → Go to Q.29	3 <input type="radio"/> Yes, one ear only 4 <input type="radio"/> Yes, both ears 5 <input type="radio"/> No → Go to Q.29	3 <input type="radio"/> Yes, one ear only 4 <input type="radio"/> Yes, both ears 5 <input type="radio"/> No → Go to Q.29	3 <input type="radio"/> Yes, one ear only 4 <input type="radio"/> Yes, both ears 5 <input type="radio"/> No → Go to Q.29
6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know
1 <input type="radio"/> Go to Q.31 2 <input type="radio"/> Go to Q.29	1 <input type="radio"/> Go to Q.31 2 <input type="radio"/> Go to Q.29	1 <input type="radio"/> Go to Q.31 2 <input type="radio"/> Go to Q.29	1 <input type="radio"/> Go to Q.31 2 <input type="radio"/> Go to Q.29
3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.31	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.31	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.31	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.31
5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months 7 <input type="radio"/> Don't know



	_____ <input type="checkbox"/> Child's name C/n 1	_____ <input type="checkbox"/> Child's name C/n 2
	↓	↓
<b>Speech</b>		
31. Is _____ unable to communicate at all using words or speech?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 33	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 33
32. How long has _____ been unable to communicate?	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">           } Go to Q 36         </div>	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">           } Go to Q 36         </div>
33. Does _____ have any speaking difficulties such as stammering, stuttering, lisp or being hard to understand?	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 35	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 35
34. How long has _____ had this problem?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know
35. 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?	4 <input type="radio"/> Better 5 <input type="radio"/> Same 6 <input type="radio"/> Worse	4 <input type="radio"/> Better 5 <input type="radio"/> Same 6 <input type="radio"/> Worse
<b>PART C:</b> 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.		
36. Does _____ presently have:	Yes      No      Don't know	Yes      No      Don't know
(a) asthma?	01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/>	01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/>
(b) hay fever or some other allergy?	04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/>	04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/>
(c) a heart problem?	07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/>	07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/>
(d) epilepsy or convulsions without fever?	10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>
(e) kidney disease?	13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/>	13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/>
(f) arthritis or rheumatism?	16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/>	16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/>
(g) cerebral palsy?	19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/>	19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/>
(h) diabetes?	22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/>	22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/>
(i) cancer?	25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/>	25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/>
(j) spina bifida?	28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/>	28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/>
(k) muscular dystrophy or other muscle disease?	31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/>	31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/>
(l) mental retardation?	34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/>	34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/>
(m) developmental delay or lag?	37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/>	37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/>
(n) cystic fibrosis?	40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/>	40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/>
(o) missing fingers, hands, arms, toes, feet or legs?	43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/>	43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/>
(p) any stiffness or deformity of the foot, leg, fingers, arms or back?	46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/>	46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/>
(q) a condition present since birth such as club foot or cleft palate?	49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/>	49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/>
(r) paralysis or weakness of any kind?	52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/>	52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/>
(s) any difficulty with coordination or clumsiness?	55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/>	55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/>

Child's name <input type="checkbox"/> C.A.n.	Child's name <input type="checkbox"/> C.A.n.	Child's name <input type="checkbox"/> C.A.n.	Child's name <input type="checkbox"/> C.A.n.								
3	4	5	6								
↓	↓	↓	↓								
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.33	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.33	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.33	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.33								
3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know } Go to Q.36	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know } Go to Q.36	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know } Go to Q.36	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know } Go to Q.36								
6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.35	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.35	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.35	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.35								
1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know								
4 <input type="radio"/> Better 5 <input type="radio"/> Same 6 <input type="radio"/> Worse	4 <input type="radio"/> Better 5 <input type="radio"/> Same 6 <input type="radio"/> Worse	4 <input type="radio"/> Better 5 <input type="radio"/> Same 6 <input type="radio"/> Worse	4 <input type="radio"/> Better 5 <input type="radio"/> Same 6 <input type="radio"/> Worse								
Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know								
01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>
40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>

	<div style="text-align: center;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Child's name</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">C/n</div> </div> <div style="text-align: center;">1</div> </div>	<div style="text-align: center;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Child's name</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">C/n</div> </div> <div style="text-align: center;">2</div> </div>
	↓	↓
37 Does _____ presently have any other health problem or condition which I haven't mentioned? (if yes, please specify)	1 <input type="radio"/> Yes, (specify below) <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> 2 <input type="radio"/> No	1 <input type="radio"/> Yes, (specify below) <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> 2 <input type="radio"/> No
38 Does _____ presently use any of the following aids to get around:  A wheelchair ..... Artificial limbs or braces ..... Cane or crutches .....	<div style="display: flex; justify-content: space-around;"> <div>Yes</div> <div>No</div> </div> <div style="display: flex; justify-content: space-around;"> 1 <input type="radio"/> 2 <input type="radio"/> </div> <div style="display: flex; justify-content: space-around;"> 3 <input type="radio"/> 4 <input type="radio"/> </div> <div style="display: flex; justify-content: space-around;"> 5 <input type="radio"/> 6 <input type="radio"/> </div>	<div style="display: flex; justify-content: space-around;"> <div>Yes</div> <div>No</div> </div> <div style="display: flex; justify-content: space-around;"> 1 <input type="radio"/> 2 <input type="radio"/> </div> <div style="display: flex; justify-content: space-around;"> 3 <input type="radio"/> 4 <input type="radio"/> </div> <div style="display: flex; justify-content: space-around;"> 5 <input type="radio"/> 6 <input type="radio"/> </div>
39 Is _____ presently taking any prescribed medication? (Please do not count any non prescribed (over the counter) drugs)	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 42	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 42
40 What does he/she take this medication for? (Mark all that apply)	1 <input type="radio"/> Epilepsy 2 <input type="radio"/> Hyperactivity 3 <input type="radio"/> Behavioural problem 4 <input type="radio"/> Infection 5 <input type="radio"/> Other (specify below) <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div>	1 <input type="radio"/> Epilepsy 2 <input type="radio"/> Hyperactivity 3 <input type="radio"/> Behavioural problem 4 <input type="radio"/> Infection 5 <input type="radio"/> Other (specify below) <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;"></div>
41 What prescribed medication does he/she take? (Mark all that apply)	1 <input type="radio"/> Antibiotics 2 <input type="radio"/> Ritalin 3 <input type="radio"/> Tranquilizers or nerve pills 4 <input type="radio"/> Anti-convulsants or anti-epileptic pills 5 <input type="radio"/> Other	1 <input type="radio"/> Antibiotics 2 <input type="radio"/> Ritalin 3 <input type="radio"/> Tranquilizers or nerve pills 4 <input type="radio"/> Anti-convulsants or anti-epileptic pills 5 <input type="radio"/> Other
<b>PART D:</b>  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		
42 Does _____ need any help in using transportation such as a car or bus, because of an illness, injury or medical condition?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 44	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 44
43 How long has _____ needed help in using transportation?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know
44 Other than for reasons of young age, does _____ need help or supervision from someone in getting around the neighbourhood?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 46	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 46
45 How long has _____ needed help to get around the neighbourhood?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know



<div> <div>Child's name</div> <div>CA</div> </div>	<div> <div>Child's name</div> <div>CA</div> </div>	<div> <div>Child's name</div> <div>CA</div> </div>	<div> <div>Child's name</div> <div>CA</div> </div>
3	4	5	6
↓	↓	↓	↓
<div>1 <input type="radio"/> Yes, (specify below)</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>2 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes, (specify below)</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>2 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes, (specify below)</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>2 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes, (specify below)</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>2 <input type="radio"/> No</div>
<div>Yes                      No</div> <div>1 <input type="radio"/>                      2 <input type="radio"/></div> <div>3 <input type="radio"/>                      4 <input type="radio"/></div> <div>5 <input type="radio"/>                      6 <input type="radio"/></div>	<div>Yes                      No</div> <div>1 <input type="radio"/>                      2 <input type="radio"/></div> <div>3 <input type="radio"/>                      4 <input type="radio"/></div> <div>5 <input type="radio"/>                      6 <input type="radio"/></div>	<div>Yes                      No</div> <div>1 <input type="radio"/>                      2 <input type="radio"/></div> <div>3 <input type="radio"/>                      4 <input type="radio"/></div> <div>5 <input type="radio"/>                      6 <input type="radio"/></div>	<div>Yes                      No</div> <div>1 <input type="radio"/>                      2 <input type="radio"/></div> <div>3 <input type="radio"/>                      4 <input type="radio"/></div> <div>5 <input type="radio"/>                      6 <input type="radio"/></div>
<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 42</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 42</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 42</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 42</div>
<div>1 <input type="radio"/> Epilepsy</div> <div>2 <input type="radio"/> Hyperactivity</div> <div>3 <input type="radio"/> Behavioural problem</div> <div>4 <input type="radio"/> Infection</div> <div>5 <input type="radio"/> Other (specify below)</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>1 <input type="radio"/> Epilepsy</div> <div>2 <input type="radio"/> Hyperactivity</div> <div>3 <input type="radio"/> Behavioural problem</div> <div>4 <input type="radio"/> Infection</div> <div>5 <input type="radio"/> Other (specify below)</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>1 <input type="radio"/> Epilepsy</div> <div>2 <input type="radio"/> Hyperactivity</div> <div>3 <input type="radio"/> Behavioural problem</div> <div>4 <input type="radio"/> Infection</div> <div>5 <input type="radio"/> Other (specify below)</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>1 <input type="radio"/> Epilepsy</div> <div>2 <input type="radio"/> Hyperactivity</div> <div>3 <input type="radio"/> Behavioural problem</div> <div>4 <input type="radio"/> Infection</div> <div>5 <input type="radio"/> Other (specify below)</div> <div>_____</div> <div>_____</div> <div>_____</div>
<div>1 <input type="radio"/> Antibiotics</div> <div>2 <input type="radio"/> Ritalin</div> <div>3 <input type="radio"/> Tranquilizers or nerve pills</div> <div>4 <input type="radio"/> Anti-convulsants or anti-epileptic pills</div> <div>5 <input type="radio"/> Other</div>	<div>1 <input type="radio"/> Antibiotics</div> <div>2 <input type="radio"/> Ritalin</div> <div>3 <input type="radio"/> Tranquilizers or nerve pills</div> <div>4 <input type="radio"/> Anti-convulsants or anti-epileptic pills</div> <div>5 <input type="radio"/> Other</div>	<div>1 <input type="radio"/> Antibiotics</div> <div>2 <input type="radio"/> Ritalin</div> <div>3 <input type="radio"/> Tranquilizers or nerve pills</div> <div>4 <input type="radio"/> Anti-convulsants or anti-epileptic pills</div> <div>5 <input type="radio"/> Other</div>	<div>1 <input type="radio"/> Antibiotics</div> <div>2 <input type="radio"/> Ritalin</div> <div>3 <input type="radio"/> Tranquilizers or nerve pills</div> <div>4 <input type="radio"/> Anti-convulsants or anti-epileptic pills</div> <div>5 <input type="radio"/> Other</div>
<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 44</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 44</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 44</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 44</div>
<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>
<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 46</div>	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 46</div>	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 46</div>	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 46</div>
<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>



	<div> <div>Child's name</div> <div><input type="checkbox"/> CLN</div> </div> <div>1</div> <div>↓</div>	<div> <div>Child's name</div> <div><input type="checkbox"/> CLN</div> </div> <div>2</div> <div>↓</div>
46. Is _____ unable to walk unless assisted by someone?	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No → Go to Q 48</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No → Go to Q 48</div>
47. How long has _____ been unable to walk without assistance?	<div>3 <input type="radio"/> 6 months or less</div> <div>4 <input type="radio"/> More than 6 months</div> <div>5 <input type="radio"/> Don't know</div>	<div>3 <input type="radio"/> 6 months or less</div> <div>4 <input type="radio"/> More than 6 months</div> <div>5 <input type="radio"/> Don't know</div>
48. Does _____ have any trouble at all bending, lifting or stooping?	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 50</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 50</div>
49. How long has _____ had trouble bending, lifting or stooping?	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>
50. Does _____ have any trouble at all either walking several blocks or climbing a few flights of stairs?	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 52</div>	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 52</div>
51. How long has _____ had this trouble?	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>
52. 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?	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No → Go to Q 54</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No → Go to Q 54</div>
53. How long has _____ been limited in these activities?	<div>3 <input type="radio"/> 6 months or less</div> <div>4 <input type="radio"/> More than 6 months</div> <div>5 <input type="radio"/> Don't know</div>	<div>3 <input type="radio"/> 6 months or less</div> <div>4 <input type="radio"/> More than 6 months</div> <div>5 <input type="radio"/> Don't know</div>
54. (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?	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 56</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 56</div>
55. How long has _____ needed this kind of help?	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>	<div>1 <input type="radio"/> 6 months or less</div> <div>2 <input type="radio"/> More than 6 months</div> <div>3 <input type="radio"/> Don't know</div>
56. Does _____ have any physical pain or discomfort?	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 59</div>	<div>4 <input type="radio"/> Yes</div> <div>5 <input type="radio"/> No → Go to Q 59</div>
57. How long has _____ had physical pain or discomfort?	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>	<div>6 <input type="radio"/> 6 months or less</div> <div>7 <input type="radio"/> More than 6 months</div> <div>8 <input type="radio"/> Don't know</div>
58. Does _____ have a great deal of pain, some pain or only a little pain?	<div>1 <input type="radio"/> A great deal</div> <div>2 <input type="radio"/> Some</div> <div>3 <input type="radio"/> A little</div>	<div>1 <input type="radio"/> A great deal</div> <div>2 <input type="radio"/> Some</div> <div>3 <input type="radio"/> A little</div>

<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>3</div>	<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>4</div>	<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>5</div>	<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>6</div>
↓	↓	↓	↓
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 48	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 48	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 48	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 48
3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know
6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 50	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 50	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 50	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 50
1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know
4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 52	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 52	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 52	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 52
6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 54	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 54	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 54	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 54
3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know
6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 56	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 56	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 56	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 56
1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know
4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 59	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 59	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 59	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 59
6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know
1 <input type="radio"/> A great deal 2 <input type="radio"/> Some 3 <input type="radio"/> A little	1 <input type="radio"/> A great deal 2 <input type="radio"/> Some 3 <input type="radio"/> A little	1 <input type="radio"/> A great deal 2 <input type="radio"/> Some 3 <input type="radio"/> A little	1 <input type="radio"/> A great deal 2 <input type="radio"/> Some 3 <input type="radio"/> A little

	<div> <div>Child's name</div> <div>CLN</div> <div></div> </div> <div>1</div>	<div> <div>Child's name</div> <div>CLN</div> <div></div> </div> <div>2</div>
	↓	↓
59 Is _____ limited in any way in the kind or amount of ordinary play or activity he/she can do with other children?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 61	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 61
60 How long has _____ been limited in this way?	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months <input type="radio"/> Don't know	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months <input type="radio"/> Don't know
61 Is _____ limited in any other way from doing anything he/she wants to do because of an illness, injury or medical condition?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 64	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 64
62 In what way is _____ limited? (Describe)	<div></div> <div></div>	<div></div> <div></div>
63 How long has _____ been limited in this way?	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months <input type="radio"/> Don't know	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months <input type="radio"/> Don't know
<b>PART E:</b> Now I have a few questions about school.	↓	↓
<b>School</b>		
64 Before the age of 5, did _____ ever go out of the house for care or to be looked after by someone else?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know } Go to Q 67	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know } Go to Q 67
65 Where did _____ receive most of this care?	<input type="radio"/> In a relative's home <input type="radio"/> In another private home <input type="radio"/> In a daycare centre <input type="radio"/> Somewhere else <input type="radio"/> Don't know	<input type="radio"/> In a relative's home <input type="radio"/> In another private home <input type="radio"/> In a daycare centre <input type="radio"/> Somewhere else <input type="radio"/> Don't know
66 Did _____ ever receive this care 5 full days a week for a continuous period of 3 months or longer?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
67 Before the age of 5 did _____ attend a preschool, nursery school or junior kindergarten?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know } Go to Q 69	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know } Go to Q 69
68 Did _____ ever attend any of these schools 5 full days a week for a continuous period of 3 months or longer?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know

Child's name <input type="text"/> C.A.N.	Child's name <input type="text"/> C.A.N.	Child's name <input type="text"/> C.A.N.	Child's name <input type="text"/> C.A.N.
3	4	5	6
↓	↓	↓	↓
4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 61	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 61	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 61	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 61
6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know	6 <input type="radio"/> 6 months or less 7 <input type="radio"/> More than 6 months 8 <input type="radio"/> Don't know
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 64	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 64	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 64	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 64
<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months 5 <input type="radio"/> Don't know
↓	↓	↓	↓
6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know } Go to Q 67	6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know } Go to Q 67	6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know } Go to Q 67	6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know } Go to Q 67
1 <input type="radio"/> In a relative's home 2 <input type="radio"/> In another private home 3 <input type="radio"/> In a daycare centre 4 <input type="radio"/> Somewhere else 5 <input type="radio"/> Don't know	1 <input type="radio"/> In a relative's home 2 <input type="radio"/> In another private home 3 <input type="radio"/> In a daycare centre 4 <input type="radio"/> Somewhere else 5 <input type="radio"/> Don't know	1 <input type="radio"/> In a relative's home 2 <input type="radio"/> In another private home 3 <input type="radio"/> In a daycare centre 4 <input type="radio"/> Somewhere else 5 <input type="radio"/> Don't know	1 <input type="radio"/> In a relative's home 2 <input type="radio"/> In another private home 3 <input type="radio"/> In a daycare centre 4 <input type="radio"/> Somewhere else 5 <input type="radio"/> Don't know
6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know	6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know	6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know	6 <input type="radio"/> Yes 7 <input type="radio"/> No 8 <input type="radio"/> Don't know
1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 69	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 69	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 69	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 69
4 <input type="radio"/> Yes 5 <input type="radio"/> No 6 <input type="radio"/> Don't know	4 <input type="radio"/> Yes 5 <input type="radio"/> No 6 <input type="radio"/> Don't know	4 <input type="radio"/> Yes 5 <input type="radio"/> No 6 <input type="radio"/> Don't know	4 <input type="radio"/> Yes 5 <input type="radio"/> No 6 <input type="radio"/> Don't know



	<div> <div>Child's name</div> <div>CLN</div> </div> <div>1</div> <div>↓</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>2</div> <div>↓</div>
69. Does _____ presently go to school? <b>INTERVIEWER:</b> Include kindergarten, elementary, secondary, post secondary but exclude daycare, preschool, nursery school, and junior kindergarten.	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 82	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 82
70. Does _____ go to elementary school?	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 72	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 72
71. What grade is _____ in?	<div> <div>Grade</div> <div>OR</div> <div>Ungraded special school</div> </div> Go to Q 78	<div> <div>Grade</div> <div>OR</div> <div>Ungraded special school</div> </div> Go to Q 78
72. Does _____ go to secondary (high) school?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 75	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 75
73. In which grade does _____ take all or most courses?	<div> <div>Grade</div> <div>OR</div> <div>Don't know</div> </div>	<div> <div>Grade</div> <div>OR</div> <div>Don't know</div> </div>
74. At which level does _____ take all or most courses?	<div> <div>1 Basic (Trade or Vocational)</div> <div>2 General</div> <div>3 Advanced (Preparation for university)</div> <div>4 Don't know</div> </div> Go to Q 78	<div> <div>1 Basic (Trade or Vocational)</div> <div>2 General</div> <div>3 Advanced (Preparation for university)</div> <div>4 Don't know</div> </div> Go to Q 78
75. What type of program or school does _____ attend?	1 <input type="radio"/> Apprenticeship program 2 <input type="radio"/> Manpower retraining courses 3 <input type="radio"/> Community college 4 <input type="radio"/> University 5 <input type="radio"/> Other	1 <input type="radio"/> Apprenticeship program 2 <input type="radio"/> Manpower retraining courses 3 <input type="radio"/> Community college 4 <input type="radio"/> University 5 <input type="radio"/> Other
76. How long is the program?	1 <input type="radio"/> Less than one year 2 <input type="radio"/> 1 year 3 <input type="radio"/> 2 years 4 <input type="radio"/> 3 years 5 <input type="radio"/> 4 years 6 <input type="radio"/> 5 years or longer	1 <input type="radio"/> Less than one year 2 <input type="radio"/> 1 year 3 <input type="radio"/> 2 years 4 <input type="radio"/> 3 years 5 <input type="radio"/> 4 years 6 <input type="radio"/> 5 years or longer
77. What year of the program is _____ in?	1 <input type="radio"/> First 2 <input type="radio"/> Second 3 <input type="radio"/> Third 4 <input type="radio"/> Fourth 5 <input type="radio"/> Fifth year or higher	1 <input type="radio"/> First 2 <input type="radio"/> Second 3 <input type="radio"/> Third 4 <input type="radio"/> Fourth 5 <input type="radio"/> Fifth year or higher
78. Is _____ limited in the kind or amount of school work he/she does (excluding gym or physical education classes)?	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 81	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q 81

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
↓	↓	↓	↓
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.82	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.82	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.82	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.82
3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.72	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.72	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.72	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q.72
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Ungraded special school <div style="margin-left: 10px;">} Go to Q.78</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Ungraded special school <div style="margin-left: 10px;">} Go to Q.78</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Ungraded special school <div style="margin-left: 10px;">} Go to Q.78</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Ungraded special school <div style="margin-left: 10px;">} Go to Q.78</div>
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.75	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.75	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.75	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.75
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Don't know	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Don't know	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Don't know	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Grade</div> </div> OR 99 <input type="radio"/> Don't know
1 <input type="radio"/> Basic (Trade or Vocational) 2 <input type="radio"/> General 3 <input type="radio"/> Advanced (Preparation for university) 4 <input type="radio"/> Don't know <div style="margin-left: 10px;">} Go to Q.78</div>	1 <input type="radio"/> Basic (Trade or Vocational) 2 <input type="radio"/> General 3 <input type="radio"/> Advanced (Preparation for university) 4 <input type="radio"/> Don't know <div style="margin-left: 10px;">} Go to Q.78</div>	1 <input type="radio"/> Basic (Trade or Vocational) 2 <input type="radio"/> General 3 <input type="radio"/> Advanced (Preparation for university) 4 <input type="radio"/> Don't know <div style="margin-left: 10px;">} Go to Q.78</div>	1 <input type="radio"/> Basic (Trade or Vocational) 2 <input type="radio"/> General 3 <input type="radio"/> Advanced (Preparation for university) 4 <input type="radio"/> Don't know <div style="margin-left: 10px;">} Go to Q.78</div>
1 <input type="radio"/> Apprenticeship program 2 <input type="radio"/> Manpower retraining courses 3 <input type="radio"/> Community college 4 <input type="radio"/> University 5 <input type="radio"/> Other	1 <input type="radio"/> Apprenticeship program 2 <input type="radio"/> Manpower retraining courses 3 <input type="radio"/> Community college 4 <input type="radio"/> University 5 <input type="radio"/> Other	1 <input type="radio"/> Apprenticeship program 2 <input type="radio"/> Manpower retraining courses 3 <input type="radio"/> Community college 4 <input type="radio"/> University 5 <input type="radio"/> Other	1 <input type="radio"/> Apprenticeship program 2 <input type="radio"/> Manpower retraining courses 3 <input type="radio"/> Community college 4 <input type="radio"/> University 5 <input type="radio"/> Other
1 <input type="radio"/> Less than one year 2 <input type="radio"/> 1 year 3 <input type="radio"/> 2 years 4 <input type="radio"/> 3 years 5 <input type="radio"/> 4 years 6 <input type="radio"/> 5 years or longer	1 <input type="radio"/> Less than one year 2 <input type="radio"/> 1 year 3 <input type="radio"/> 2 years 4 <input type="radio"/> 3 years 5 <input type="radio"/> 4 years 6 <input type="radio"/> 5 years or longer	1 <input type="radio"/> Less than one year 2 <input type="radio"/> 1 year 3 <input type="radio"/> 2 years 4 <input type="radio"/> 3 years 5 <input type="radio"/> 4 years 6 <input type="radio"/> 5 years or longer	1 <input type="radio"/> Less than one year 2 <input type="radio"/> 1 year 3 <input type="radio"/> 2 years 4 <input type="radio"/> 3 years 5 <input type="radio"/> 4 years 6 <input type="radio"/> 5 years or longer
1 <input type="radio"/> First 2 <input type="radio"/> Second 3 <input type="radio"/> Third 4 <input type="radio"/> Fourth 5 <input type="radio"/> Fifth year or higher	1 <input type="radio"/> First 2 <input type="radio"/> Second 3 <input type="radio"/> Third 4 <input type="radio"/> Fourth 5 <input type="radio"/> Fifth year or higher	1 <input type="radio"/> First 2 <input type="radio"/> Second 3 <input type="radio"/> Third 4 <input type="radio"/> Fourth 5 <input type="radio"/> Fifth year or higher	1 <input type="radio"/> First 2 <input type="radio"/> Second 3 <input type="radio"/> Third 4 <input type="radio"/> Fourth 5 <input type="radio"/> Fifth year or higher
6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.81	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.81	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.81	6 <input type="radio"/> Yes 7 <input type="radio"/> No → Go to Q.81

	<div> <div>Child's name</div> <div><input type="text"/></div> <div>CA/n</div> </div>	<div> <div>Child's name</div> <div><input type="text"/></div> <div>CA/n</div> </div>
	1	2
	↓	↓
79. Is this because of:	Yes No Don't know	Yes No Don't know
A physical problem .....	01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/>	01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/>
An emotional or behaviour problem .....	04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/>	04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/>
A learning problem .....	07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/>	07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/>
Any other problem .....	10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>
80. How long has _____ been limited in this way?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know
81. Please turn to page 5 in your booklet. Which of the statements best describes how well _____ has done in school during the past 6 months?	<input type="text"/> Enter code and go to Q 83	<input type="text"/> Enter code and go to Q 83
82. Why doesn't _____ go to school? INTERVIEWER: Include elementary, secondary, college, university or training programs.	1 <input type="radio"/> Too young → Go to Q 104 2 <input type="radio"/> Dropped out 3 <input type="radio"/> Completed program 4 <input type="radio"/> Parental choice 5 <input type="radio"/> Health reason 6 <input type="radio"/> Other	1 <input type="radio"/> Too young → Go to Q 104 2 <input type="radio"/> Dropped out 3 <input type="radio"/> Completed program 4 <input type="radio"/> Parental choice 5 <input type="radio"/> Health reason 6 <input type="radio"/> Other
83. Has _____ ever repeated or failed a grade?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 85	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 85
84. What was the earliest grade _____ failed?	<input type="text"/> Grade	<input type="text"/> Grade
85. What was _____'s last grade completed in elementary or secondary (high) school?	<input type="text"/> Grade (01-13)	<input type="text"/> Grade (01-13)
86. 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 advanced or gifted learners?	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 88	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 88
87. Did _____ receive this special education or teaching within the last 6 months?	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
88. What about education or teaching for English immersion for french speaking students?	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 90	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 90
89. Did _____ receive this special education or teaching within the last 6 months?	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No



Child's name <input type="text"/> CLN	Child's name <input type="text"/> CLN	Child's name <input type="text"/> CLN	Child's name <input type="text"/> CLN
3	4	5	6
↓	↓	↓	↓
Yes    No    Don't know 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	Yes    No    Don't know 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	Yes    No    Don't know 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>	Yes    No    Don't know 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/>
1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months 3 <input type="radio"/> Don't know
<input type="text"/> Enter code and go to Q.83	<input type="text"/> Enter code and go to Q.83	<input type="text"/> Enter code and go to Q.83	<input type="text"/> Enter code and go to Q.83
1 <input type="radio"/> Too young → Go to Q.104 2 <input type="radio"/> Dropped out 3 <input type="radio"/> Completed program 4 <input type="radio"/> Parental choice 5 <input type="radio"/> Health reason 6 <input type="radio"/> Other	1 <input type="radio"/> Too young → Go to Q.104 2 <input type="radio"/> Dropped out 3 <input type="radio"/> Completed program 4 <input type="radio"/> Parental choice 5 <input type="radio"/> Health reason 6 <input type="radio"/> Other	1 <input type="radio"/> Too young → Go to Q.104 2 <input type="radio"/> Dropped out 3 <input type="radio"/> Completed program 4 <input type="radio"/> Parental choice 5 <input type="radio"/> Health reason 6 <input type="radio"/> Other	1 <input type="radio"/> Too young → Go to Q.104 2 <input type="radio"/> Dropped out 3 <input type="radio"/> Completed program 4 <input type="radio"/> Parental choice 5 <input type="radio"/> Health reason 6 <input type="radio"/> Other
1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.85	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.85	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.85	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q.85
<input type="text"/> Grade	<input type="text"/> Grade	<input type="text"/> Grade	<input type="text"/> Grade
<input type="text"/> Grade (01-13)	<input type="text"/> Grade (01-13)	<input type="text"/> Grade (01-13)	<input type="text"/> Grade (01-13)
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.88	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.88	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.88	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.88
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.90	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.90	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.90	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.90
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No



	Child's name <input type="checkbox"/> C/Un	Child's name <input type="checkbox"/> C/Un
	1	2
	↓	↓
90. What about education or teaching for perceptually handicapped children or those in need of remedial reading?	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 92	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 92
91. Did _____ receive this special education or teaching within the last 6 months?	<input type="radio"/> 5 Yes <input type="radio"/> 6 No	<input type="radio"/> 5 Yes <input type="radio"/> 6 No
92. What about education or teaching for mentally retarded children, including trainable mentally retarded?	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 94	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 94
93. Did _____ receive this special education or teaching within the last 6 months?	<input type="radio"/> 5 Yes <input type="radio"/> 6 No	<input type="radio"/> 5 Yes <input type="radio"/> 6 No
94. What about special education or teaching for emotionally or behaviourally disturbed children?	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 96	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 96
95. Did _____ receive this special education or teaching within the last 6 months?	<input type="radio"/> 5 Yes <input type="radio"/> 6 No	<input type="radio"/> 5 Yes <input type="radio"/> 6 No
96. What about education or teaching for slow learners?	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 98	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 98
97. Did _____ receive this special education or teaching within the last 6 months?	<input type="radio"/> 5 Yes <input type="radio"/> 6 No	<input type="radio"/> 5 Yes <input type="radio"/> 6 No
98. What about education or teaching for physically handicapped children?	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 100	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 100
99. Did _____ receive this special education or teaching within the last 6 months?	<input type="radio"/> 5 Yes <input type="radio"/> 6 No	<input type="radio"/> 5 Yes <input type="radio"/> 6 No
100. What about education or teaching for children with communication or speech problems (e.g. stuttering, autism, aphasia)?	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 102	<input type="radio"/> 1 Yes, full-time <input type="radio"/> 2 Yes, part-time <input type="radio"/> 3 No <input type="radio"/> 4 Don't know } Go to Q 102
101. Did _____ receive this special education or teaching within the last 6 months?	<input type="radio"/> 5 Yes <input type="radio"/> 6 No	<input type="radio"/> 5 Yes <input type="radio"/> 6 No

<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>3</div>	<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>4</div>	<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>5</div>	<div> <div>Child's name</div> <div></div> <div>CLN</div> </div> <div>6</div>
↓	↓	↓	↓
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.92	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.92	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.92	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.92
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.94	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.94	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.94	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.94
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.96	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.96	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.96	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.96
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.98	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.98	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.98	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.98
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.100	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.100	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.100	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.100
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.102	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.102	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.102	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q.102
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No

- 22 -

<div> <div>Child's name</div> <div>CLN</div> </div> <div>3</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>4</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>5</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>6</div>
↓	↓	↓	↓
1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 104	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 104	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 104	1 <input type="radio"/> Yes, full-time 2 <input type="radio"/> Yes, part-time 3 <input type="radio"/> No 4 <input type="radio"/> Don't know } Go to Q 104
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
↓	↓	↓	↓
1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 106	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 106	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 106	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know } Go to Q 106
<div> <div></div> <div></div> </div> Times OR 99 <input type="radio"/> Don't know	<div> <div></div> <div></div> </div> Times OR 99 <input type="radio"/> Don't know	<div> <div></div> <div></div> </div> Times OR 99 <input type="radio"/> Don't know	<div> <div></div> <div></div> </div> Times OR 99 <input type="radio"/> Don't know
<div> <div></div> <div></div> <div></div> </div> Nights (Enter 999 if "Don't know")	<div> <div></div> <div></div> <div></div> </div> Nights (Enter 999 if "Don't know")	<div> <div></div> <div></div> <div></div> </div> Nights (Enter 999 if "Don't know")	<div> <div></div> <div></div> <div></div> </div> Nights (Enter 999 if "Don't know")
<div> <div></div> <div></div> </div> Times	<div> <div></div> <div></div> </div> Times	<div> <div></div> <div></div> </div> Times	<div> <div></div> <div></div> </div> Times
1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know
4 <input type="radio"/> Yes 5 <input type="radio"/> No	4 <input type="radio"/> Yes 5 <input type="radio"/> No	4 <input type="radio"/> Yes 5 <input type="radio"/> No	4 <input type="radio"/> Yes 5 <input type="radio"/> No
6 <input type="radio"/> Yes 7 <input type="radio"/> No	6 <input type="radio"/> Yes 7 <input type="radio"/> No	6 <input type="radio"/> Yes 7 <input type="radio"/> No	6 <input type="radio"/> Yes 7 <input type="radio"/> No
1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No
3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 114	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 114	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 114	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q 114
5 <input type="radio"/> Yes <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> (Name of facility) 6 <input type="radio"/> No	5 <input type="radio"/> Yes <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> (Name of facility) 6 <input type="radio"/> No	5 <input type="radio"/> Yes <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> (Name of facility) 6 <input type="radio"/> No	5 <input type="radio"/> Yes <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> (Name of facility) 6 <input type="radio"/> No



	Child's name <u>CA</u>	Child's name <u>CA</u>
	1	2
	↓	↓
114 During the past 6 months did _____ or you personally see any of the following persons about _____?  What about a family physician?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 116	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 116
115 Were any of these visits for _____ (Mark all that apply)	<input type="radio"/> Regular check-up <input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Regular check-up <input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason
116 What about a pediatrician? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 118	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 118
117 Were any of these visits for _____ (Mark all that apply)	<input type="radio"/> Regular check-up <input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Regular check-up <input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason
118 What about a psychiatrist? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 120	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 120
119 Were any of these visits for _____ (Mark all that apply)	<input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason
120 What about some other medical doctor? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 122	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 122
121 Were any of these visits for _____ (Mark all that apply)	<input type="radio"/> Regular check-up <input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Regular check-up <input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason

<div> <div>Child's name</div> <div>CLN</div> </div> <div>3</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>4</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>5</div>	<div> <div>Child's name</div> <div>CLN</div> </div> <div>6</div>
↓	↓	↓	↓
<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 116</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 116</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 116</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 116</div>
<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>
<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 118</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 118</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 118</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 118</div>
<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>
<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 120</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 120</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 120</div>	<div>7 <input type="radio"/> Yes</div> <div>8 <input type="radio"/> No → Go to Q 120</div>
<div>1 <input type="radio"/> Physical health problems</div> <div>2 <input type="radio"/> Emotional or behavioural problems</div> <div>3 <input type="radio"/> Learning problems</div> <div>4 <input type="radio"/> Speech or language problems</div> <div>5 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Physical health problems</div> <div>2 <input type="radio"/> Emotional or behavioural problems</div> <div>3 <input type="radio"/> Learning problems</div> <div>4 <input type="radio"/> Speech or language problems</div> <div>5 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Physical health problems</div> <div>2 <input type="radio"/> Emotional or behavioural problems</div> <div>3 <input type="radio"/> Learning problems</div> <div>4 <input type="radio"/> Speech or language problems</div> <div>5 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Physical health problems</div> <div>2 <input type="radio"/> Emotional or behavioural problems</div> <div>3 <input type="radio"/> Learning problems</div> <div>4 <input type="radio"/> Speech or language problems</div> <div>5 <input type="radio"/> Any other reason</div>
<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 122</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 122</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 122</div>	<div>6 <input type="radio"/> Yes</div> <div>7 <input type="radio"/> No → Go to Q 122</div>
<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>	<div>1 <input type="radio"/> Regular check-up</div> <div>2 <input type="radio"/> Physical health problems</div> <div>3 <input type="radio"/> Emotional or behavioural problems</div> <div>4 <input type="radio"/> Learning problems</div> <div>5 <input type="radio"/> Speech or language problems</div> <div>6 <input type="radio"/> Any other reason</div>

	<div>Child's name</div>	<div></div>
	1	2
	↓	↓
122 What about a public health nurse or other nurse? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 124	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 124
123 Were any of these visits for ... (Mark all that apply)	<input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Any other reason	<input type="radio"/> Physical health problems <input type="radio"/> Emotional or behavioural problems <input type="radio"/> Any other reason
124 What about a psychologist? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 126	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 126
125 Were any of these visits for ... (Mark all that apply)	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason
126 What about a social worker? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 128	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 128
127 Were any of these visits for ... (Mark all that apply)	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason
128 What about a teacher or school counsellor? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 130	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 130
129 Were any of these visits for ... (Mark all that apply)	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Any other reason
130 What about a dentist? (In the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
131 In the last 4 years since January 1983, has _____ seen a psychiatrist, psychologist or social worker on a regular basis for 3 consecutive months or more?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



Child's name <input type="checkbox"/> CLN	Child's name <input type="checkbox"/> CLN	Child's name <input type="checkbox"/> CLN	Child's name <input type="checkbox"/> CLN
3	4	5	6
↓	↓	↓	↓
7 <input type="radio"/> Yes 8 <input type="radio"/> No → Go to Q 124	7 <input type="radio"/> Yes 8 <input type="radio"/> No → Go to Q 124	7 <input type="radio"/> Yes 8 <input type="radio"/> No → Go to Q 124	7 <input type="radio"/> Yes 8 <input type="radio"/> No → Go to Q 124
1 <input type="radio"/> Physical health problems 2 <input type="radio"/> Emotional or behavioural problems 3 <input type="radio"/> Any other reason	1 <input type="radio"/> Physical health problems 2 <input type="radio"/> Emotional or behavioural problems 3 <input type="radio"/> Any other reason	1 <input type="radio"/> Physical health problems 2 <input type="radio"/> Emotional or behavioural problems 3 <input type="radio"/> Any other reason	1 <input type="radio"/> Physical health problems 2 <input type="radio"/> Emotional or behavioural problems 3 <input type="radio"/> Any other reason
4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 126	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 126	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 126	4 <input type="radio"/> Yes 5 <input type="radio"/> No → Go to Q 126
1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason
5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 128	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 128	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 128	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 128
1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason
5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 130	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 130	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 130	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q 130
1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason	1 <input type="radio"/> Emotional or behavioural problems 2 <input type="radio"/> Learning problems 3 <input type="radio"/> Speech or language problems 4 <input type="radio"/> Any other reason
5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No	5 <input type="radio"/> Yes 6 <input type="radio"/> No
1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No	1 <input type="radio"/> Yes 2 <input type="radio"/> No



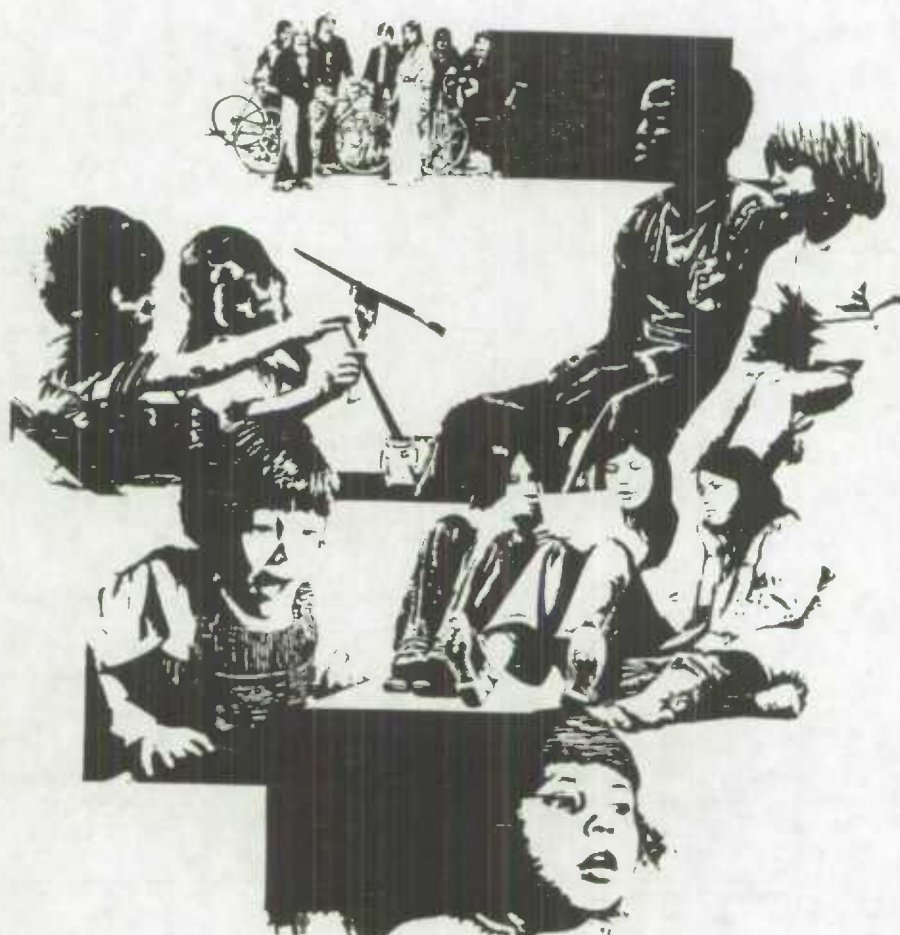


<div> <div>Child's name</div> <div>CA/n</div> </div>	<div> <div>Child's name</div> <div>CA/n</div> </div>	<div> <div>Child's name</div> <div>CA/n</div> </div>	<div> <div>Child's name</div> <div>CA/n</div> </div>
3	4	5	6
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<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div>	<div>1 <input type="radio"/> Yes</div> <div>2 <input type="radio"/> No</div>

**CONFIDENTIAL**  
(when completed)

S	ED			EA		HHNUM			PLN

# Ontario Child Health Follow Up Study **Youth Health Questionnaire** (For ages 17 to 20)



<b>PART A: These next few questions are about your background and general health.</b>	
01. Were you born in Canada?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 03
02. In which province were you born? <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">         1 Ontario                      4 Man., Sask., Alta          2 Quebec                      5 British Columbia          3 N.B., N.S., P.E.I., Nfld.    6 Yukon, NWT       </div>	<input type="text"/> Enter code → Go to Q 05 (Enter 9 if "Don't know")
03. Please turn to page 3 of your booklet. In which country were you born?	<input type="text"/> <input type="text"/> Enter code (Enter 99 if "Don't know")
04. In what year did you first come to Canada?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Enter 99 if "Don't know")
05. Please turn page 4 of your booklet. I am now going to read a set of four statements about health. For each one, please give me the answer which best describes your health.  (a) My health is excellent (b) I seem to resist illness (c) I seem to be less healthy than others my age (d) When there is something going around I usually catch it	<input type="text"/> Enter code <input type="text"/> Enter code <input type="text"/> Enter code <input type="text"/> Enter code
06. INTERVIEWER CHECK ITEM: Respondent is Female → Male →	1 <input type="radio"/> Go to Q 07 2 <input type="radio"/> Go to Q 08
07. Have you ever given birth to a child? (Do not count stillbirths.)	3 <input type="radio"/> Yes 4 <input type="radio"/> No } Go to Q 09
08. Have you ever raised any children of your own?	5 <input type="radio"/> Yes 6 <input type="radio"/> No
<b>PART B: Now I'd like to ask you a few questions about your vision, hearing and speech.</b>	
09. Are you legally blind or unable to see at all in one or both eyes?	1 <input type="radio"/> Yes, one eye only 2 <input type="radio"/> Yes, both eyes 3 <input type="radio"/> No → Go to Q 12
10. How long have you been blind or unable to see at all?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months
11. INTERVIEWER CHECK ITEM: • If "Yes, both eyes" in Q 09 → • Otherwise →	3 <input type="radio"/> Go to Q 15 4 <input type="radio"/> Go to Q 12
12. Presently do you use prescription glasses or contact lenses?	5 <input type="radio"/> Yes 6 <input type="radio"/> No
13. Do you 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)?	7 <input type="radio"/> Yes 8 <input type="radio"/> No → Go to Q 15
14. How long have you had this problem?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months
15. Do you presently use a hearing aid?	3 <input type="radio"/> Yes 4 <input type="radio"/> No



16. Are you deaf or unable to hear at all in one or both ears?	5 <input type="radio"/> Yes, one ear only 6 <input type="radio"/> Yes, both ears 7 <input type="radio"/> No → Go to Q. 19		
17. How long have you been deaf or unable to hear at all?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months		
18. INTERVIEWER CHECK ITEM: • If "Yes, both ears" in Q. 16 → • Otherwise →	3 <input type="radio"/> Go to Q. 21 4 <input type="radio"/> Go to Q. 19		
19. Do you have any difficulty hearing what is said in a normal conversation with one other person (even with a hearing aid)?	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q. 21		
20. How long have you had this problem?	1 <input type="radio"/> 6 months or less 2 <input type="radio"/> More than 6 months		
21. Do you have any speaking difficulties, such as stammering, stuttering, lisping or being hard to understand?	3 <input type="radio"/> Yes 4 <input type="radio"/> No → Go to Q. 23		
22. How long have you had this problem?	5 <input type="radio"/> 6 months or less 6 <input type="radio"/> More than 6 months		
PART C: I am now going to read you a list of health problems or conditions. For each one could you tell me whether or not you presently have it.			
23. Do you presently have:	Yes	No	Don't know
a) asthma?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) hay fever or some other allergy?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) a heart problem?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) epilepsy or convulsions without fever?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) kidney disease?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) arthritis or rheumatism?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) cerebral palsy?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) diabetes?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) cancer?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) spina bifida?	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
k) muscular dystrophy or other muscle disease?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>
l) mental retardation?	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
m) developmental delay or lag?	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>
n) cystic fibrosis?	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
o) missing fingers, hands, arms, toes, feet or legs?	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
p) any stiffness or deformity of the foot, leg, fingers, arms or back?	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
q) a condition present since birth such as club foot or cleft palate?	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>
r) paralysis or weakness of any kind?	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
s) any difficulty with coordination or clumsiness?	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>
24. Do you presently have any other health problem or condition like this which I haven't mentioned? (If yes, please specify)	1 <input type="radio"/> Yes _____ _____ 2 <input type="radio"/> No		
25. Do you presently use any of the following aids to get around	Yes	No	
A wheelchair	1 <input type="radio"/>	2 <input type="radio"/>	
Artificial limbs or braces	3 <input type="radio"/>	4 <input type="radio"/>	
Cane or crutches	5 <input type="radio"/>	6 <input type="radio"/>	

	Yes	No
26. Are you presently taking prescribed medication for		
a) Pain?	01 <input type="radio"/>	02 <input type="radio"/>
b) Tension, nervousness, or anxiety?	03 <input type="radio"/>	04 <input type="radio"/>
c) Depression?	05 <input type="radio"/>	06 <input type="radio"/>
d) Infection?	07 <input type="radio"/>	08 <input type="radio"/>
e) Sleeping difficulties?	09 <input type="radio"/>	10 <input type="radio"/>
f) If female ask: birth control?	11 <input type="radio"/>	12 <input type="radio"/>
g) For something else? (If yes, please specify below)	13 <input type="radio"/>	14 <input type="radio"/>
<hr/> <hr/>		

**PART D:** The next few questions ask about any limitations you may have in activities because of an illness, injury or medical condition. Include limitations you have had for a short time only, as well as limitations you have had for a long time.

27. Do you need any help in using transportation such as a car or bus, because of an illness, injury or medical condition?	1 <input type="radio"/> Yes 2 <input type="radio"/> No —————→ Go to Q 29
28. How long have you needed help in using transportation?	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months
29. Do you need help from someone in getting around the neighbourhood?	5 <input type="radio"/> Yes 6 <input type="radio"/> No —————→ Go to Q 31
30. How long have you needed help to get around the neighbourhood?	7 <input type="radio"/> 6 months or less 8 <input type="radio"/> More than 6 months
31. Are you unable to walk unless assisted by someone?	1 <input type="radio"/> Yes 2 <input type="radio"/> No —————→ Go to Q 33
32. How long have you been unable to walk without assistance?	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months
33. Do you have any trouble at all bending, lifting or stooping?	5 <input type="radio"/> Yes 6 <input type="radio"/> No —————→ Go to Q 35
34. How long have you had trouble bending, lifting or stooping?	7 <input type="radio"/> 6 months or less 8 <input type="radio"/> More than 6 months
35. Do you have any trouble at all either walking several blocks or climbing a few flights of stairs?	1 <input type="radio"/> Yes 2 <input type="radio"/> No —————→ Go to Q 37
36. How long have you had this trouble?	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months
37. Are you limited in any way in the kind or amount of vigorous activity you can do, such as running, jumping, lifting heavy objects or taking part in strenuous sports?	5 <input type="radio"/> Yes 6 <input type="radio"/> No —————→ Go to Q 39
38. How long have you been limited in these activities?	7 <input type="radio"/> 6 months or less 8 <input type="radio"/> More than 6 months
39. (Because of an illness, injury or medical condition) Do you need physical help with eating, dressing, bathing or using the toilet?	1 <input type="radio"/> Yes 2 <input type="radio"/> No —————→ Go to Q 41
40. How long have you needed this kind of help?	3 <input type="radio"/> 6 months or less 4 <input type="radio"/> More than 6 months
41. Do you have any physical pain or discomfort?	5 <input type="radio"/> Yes 6 <input type="radio"/> No —————→ Go to Q 44

42. How long have you had physical pain or discomfort?	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months
43. Do you have a great deal of pain, some pain or only a little pain?	<input type="radio"/> A great deal <input type="radio"/> Some <input type="radio"/> A little
44. Are you limited in any way in the kind or amount of ordinary activities you do with your friends?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q. 46
45. How long have you been limited in this way?	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months
46. Are you limited in any other way from doing anything you want to do because of an illness, injury or medical condition?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q. 49
47. In what way are you limited? (Describe)	<hr/> <hr/> <hr/>
48. How long have you been limited in this way?	<input type="radio"/> 6 months or less <input type="radio"/> More than 6 months
<b>PART E: This section asks about any medical or social services you may have used.</b>	
49. During the past 6 months how many times have you been to a hospital emergency room?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Times
50. Have you ever stayed overnight in a foster or group home?	<input type="radio"/> Yes <input type="radio"/> No
51. During the past 6 months – that is since September of last year – did you see or talk to anyone from the following places about yourself?  What about someone from the Childrens' Aid Society?	<input type="radio"/> Yes <input type="radio"/> No
52. What about someone from court, probation or aftercare?	<input type="radio"/> Yes <input type="radio"/> No
53. What about someone from school about any emotional or behavioural problems?	<input type="radio"/> Yes <input type="radio"/> No
54. What about someone from any other service for people with emotional or behavioural problems?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q. 56
55. Was this person from a hospital, institution, clinic or other centre? (If yes, please specify name of facility)	<input type="radio"/> Yes <div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="text-align: center;">(Name of facility)</div> <input type="radio"/> No



56. During the past 6 months, that is since September of last year, did you personally see any of the following persons about yourself? What about a family physician?	7 <input type="radio"/> Yes 8 <input type="radio"/> No → Go to Q 58
57. Were any of these visits for ... (Mark all that apply)	1 <input type="radio"/> Regular check-up 2 <input type="radio"/> Physical health problems 3 <input type="radio"/> Emotional or behavioural problems 4 <input type="radio"/> Learning problems 5 <input type="radio"/> Speech or language problems 6 <input type="radio"/> Birth control 7 <input type="radio"/> Any other reason
58. What about a psychiatrist? (in the last 6 months)	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 60
59. Were any of these visits for ... (Mark all that apply)	1 <input type="radio"/> Physical health problems 2 <input type="radio"/> Emotional or behavioural problems 3 <input type="radio"/> Learning problems 4 <input type="radio"/> Speech or language problems 5 <input type="radio"/> Birth control 6 <input type="radio"/> Any other reason
60. What about some other medical doctor? (in the last 6 months)	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 62
61. Were any of these visits for ... (Mark all that apply)	1 <input type="radio"/> Regular check-up 2 <input type="radio"/> Physical health problems 3 <input type="radio"/> Emotional or behavioural problems 4 <input type="radio"/> Learning problems 5 <input type="radio"/> Speech or language problems 6 <input type="radio"/> Birth control 7 <input type="radio"/> Any other reason
62. What about a public health nurse? (in the last 6 months)	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 64
63. Were any of these visits for ... (Mark all that apply)	3 <input type="radio"/> Physical health problems 4 <input type="radio"/> Emotional or behavioural problems 5 <input type="radio"/> Birth control 6 <input type="radio"/> Any other reason
64. What about a psychologist? (in the last 6 months)	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 66
65. Were any of these visits for ... (Mark all that apply)	3 <input type="radio"/> Emotional or behavioural problems 4 <input type="radio"/> Learning problems 5 <input type="radio"/> Speech or language problems 6 <input type="radio"/> Birth control 7 <input type="radio"/> Any other reason
66. What about a social worker? (in the last 6 months)	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q 68
67. Were any of these visits for ... (Mark all that apply)	3 <input type="radio"/> Emotional or behavioural problems 4 <input type="radio"/> Learning problems 5 <input type="radio"/> Speech or language problems 6 <input type="radio"/> Birth control 7 <input type="radio"/> Any other reason



68. What about a teacher or school counsellor? (in the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 70															
69. Were any of these visits for ... (Mark all that apply)	<input type="radio"/> Emotional or behavioural problems <input type="radio"/> Learning problems <input type="radio"/> Speech or language problems <input type="radio"/> Birth control <input type="radio"/> Any other reason															
70. What about a dentist? (in the last 6 months)	<input type="radio"/> Yes <input type="radio"/> No															
71. Are you currently attending any educational or training program full or part-time? (include post-secondary)	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 87															
72. Do you go to secondary (high) school?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q 75															
73. In which grade do you take all or most of your courses?	<input type="text"/> <input type="text"/> grade															
74. At which level do you take all or most of your courses?	<input type="radio"/> Basic (trade or vocational) <input type="radio"/> General <input type="radio"/> Advanced (preparation for university)															
75. What type of program or school do you attend?	<input type="radio"/> Apprenticeship program <input type="radio"/> Manpower retraining course <input type="radio"/> Community college <input type="radio"/> University <input type="radio"/> Other															
76. How long is the program?	<input type="radio"/> Less than one year <input type="radio"/> One year <input type="radio"/> Two years <input type="radio"/> Three years <input type="radio"/> Four years <input type="radio"/> More than four years															
77. What year of the program are you in?	<input type="radio"/> First <input type="radio"/> Second <input type="radio"/> Third <input type="radio"/> Fourth or higher															
78. How well have you done in your education or training program during the last 6 months? (Read options)	<input type="radio"/> Very well <input type="radio"/> Quite well <input type="radio"/> Pretty well <input type="radio"/> Not too well <input type="radio"/> Not well at all															
79. Is this due to:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>(a) a physical problem?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>(b) an emotional or behavioural problem?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>(c) a learning problem?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>(d) any other problem?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Yes	No	(a) a physical problem?	<input type="radio"/>	<input type="radio"/>	(b) an emotional or behavioural problem?	<input type="radio"/>	<input type="radio"/>	(c) a learning problem?	<input type="radio"/>	<input type="radio"/>	(d) any other problem?	<input type="radio"/>	<input type="radio"/>
	Yes	No														
(a) a physical problem?	<input type="radio"/>	<input type="radio"/>														
(b) an emotional or behavioural problem?	<input type="radio"/>	<input type="radio"/>														
(c) a learning problem?	<input type="radio"/>	<input type="radio"/>														
(d) any other problem?	<input type="radio"/>	<input type="radio"/>														

80. What was your last grade completed in elementary or secondary (high) school?	<input type="text"/> <input type="text"/> grade
81. Have you ever repeated or failed a grade?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Go to Q. 83
82. What was the earliest grade you failed?	<input type="text"/> <input type="text"/> grade
83. How would you rate your chances of obtaining a full-time job after finishing school?	3 <input type="radio"/> Excellent 4 <input type="radio"/> Good 5 <input type="radio"/> Fair 6 <input type="radio"/> Poor
84. While attending elementary or secondary school did you have a paid job that lasted for two months in a row or longer? Please exclude allowances for usual family chores and summer jobs.	7 <input type="radio"/> Yes 8 <input type="radio"/> No
85. Is your education or training program full-time or part-time?	1 <input type="radio"/> Full-time 2 <input type="radio"/> Part-time → Go to Q. 97
86. Do you currently have a part-time job?	3 <input type="radio"/> Yes } 4 <input type="radio"/> No } Go to Q. 109
87. Why don't you go to school? (INTERVIEWER: Include elementary, secondary, college, university or training programs)	5 <input type="radio"/> Graduated or completed program 6 <input type="radio"/> Dropped out 7 <input type="radio"/> Health reasons 8 <input type="radio"/> Other
88. What was your last grade completed in elementary or secondary school?	<input type="text"/> <input type="text"/> grade
89. INTERVIEWER: If last grade in Question 88 is • 11 or greater → • Otherwise →	1 <input type="radio"/> Go to Q. 91 2 <input type="radio"/> Go to Q. 90
90. Have you ever considered returning to school to continue your education?	3 <input type="radio"/> Yes 4 <input type="radio"/> No
91. Have you ever repeated or failed a grade?	5 <input type="radio"/> Yes 6 <input type="radio"/> No → Go to Q. 93
92. What was the earliest grade you failed?	<input type="text"/> <input type="text"/> grade
93. How long have you been out of school?	1 <input type="radio"/> Less than one year 2 <input type="radio"/> Less than 2 years 3 <input type="radio"/> Less than 3 years 4 <input type="radio"/> Less than 4 years 5 <input type="radio"/> Five years or more
94. While attending elementary or secondary school did you have a paid job that lasted for two months in a row or longer? Please exclude allowances for usual family chores and summer jobs?	6 <input type="radio"/> Yes 7 <input type="radio"/> No
95. Since leaving school have you worked at a full-time job for a period of three consecutive months or longer?	1 <input type="radio"/> Yes 2 <input type="radio"/> No
96. Since leaving school have you been laid-off from any full-time or part-time job?	3 <input type="radio"/> Yes 4 <input type="radio"/> No

97. Are you presently working at a job or business full-time, part-time or not at all?	<input type="radio"/> Full time <input type="radio"/> Part-time → Go to Q. 99 <input type="radio"/> Not at all → Go to Q. 100
98. How well have you done in your work in the last 6 months?	<input type="radio"/> Very well <input type="radio"/> Quite well <input type="radio"/> Pretty well <input type="radio"/> Not too well <input type="radio"/> Not well at all
99. How well have you done in your work in the last 6 months?	<input type="radio"/> Very well <input type="radio"/> Quite well <input type="radio"/> Pretty well <input type="radio"/> Not too well <input type="radio"/> Not well at all
100. Would you like to be working at a full-time job?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q. 106
101. Are you looking for a full-time job?	<input type="radio"/> Yes → Go to Q. 103 <input type="radio"/> No
102. Have you given up looking for a full-time job because they're too hard to find?	<input type="radio"/> Yes <input type="radio"/> No
103. Do you have a physical health problem that prevents you from getting a full-time job?	<input type="radio"/> Yes <input type="radio"/> No
104. Do you have an emotional or mental health problem that prevents you from getting a full-time job?	<input type="radio"/> Yes <input type="radio"/> No
105. Is there any other reason that prevents you from getting a full-time job?	<input type="radio"/> Yes (specify below) <hr/> <hr/> <hr/> <input type="radio"/> No
106. How long have you been without full-time work?	<input type="radio"/> Less than one month <input type="radio"/> 1 to 3 months <input type="radio"/> 4 to 6 months <input type="radio"/> More than 6 months
107. How would you rate your chances of obtaining a full-time job in the next year?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
108. Since leaving school have you been involved in any job training programs to help you get work?	<input type="radio"/> Yes (specify the program) <hr/> <hr/> <hr/> <input type="radio"/> No
109. Did you work at a job or business at anytime during 1986?	<input type="radio"/> Yes <input type="radio"/> No → Go to Q. 113



110. Was your work in 1986 entirely full-time, entirely part-time or some of each?	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Both
111. Did you work in every month in 1986? (include paid absences from work)	<input type="radio"/> Yes → Go to Q. 113 <input type="radio"/> No *
112. In how many months did you work in 1986?	<input type="text"/> <input type="text"/> months
113. For whom did you last work? (name of business, government department, agency or person)	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <input type="radio"/> Never worked → Go to Q. 116
114. What kind of business, industry or service was this? (Give full description eg., paper box manufacturing, retail store, municipal board of education)	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
115. What kind of work were you doing? (Give full description: eg., posting invoices, selling shoes, teaching primary school)	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
116. How long have you lived in this house/apartment?	<input type="radio"/> Less than one year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> More than 10 years
117. During the past two years, in how many different dwellings have you lived?	<input type="text"/> <input type="text"/> dwellings
118. 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.	<input type="text"/> <input type="text"/> rooms
119. Is this (house/apartment/unit) owned or being rented by a member of this household?	<input type="radio"/> Owned → Go to Q. 121 <input type="radio"/> Rented
120. Is the rent for this dwelling subsidized by the government for any reason? INTERVIEWER: Examples of government subsidization are: low-income housing projects, cooperative housing projects, public housing.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
121. Do you pay for your room and board or rent?	<input type="radio"/> Yes <input type="radio"/> No
122. For some people having a paid job is just a means to get money. For others, it is the centre of their life, something that really matters to them. Please turn to Page 9 in your booklet and indicate how you feel about each of the following statements. Tell me the number of the response that describes your feelings.  (a) Having a job is very important to me (b) I wouldn't mind being on welfare (c) I find having no work very boring (d) If unemployment benefits equalled my pay I would still prefer to work (e) Even if I win a great deal of money in a lottery, I would still like to work	<input type="text"/> Enter code <input type="text"/> Enter code <input type="text"/> Enter code <input type="text"/> Enter code <input type="text"/> Enter code
123. Turn to Page 10 in your booklet. What is your current personal weekly income from all sources including any wages, tips, unemployment or other benefits or allowances from your family?	<input type="text"/> Enter code



<p>124. Please turn to Page 11 in your booklet. Thinking about your total income, from which sources listed did you receive any income during 1986? (Mark all that apply)</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</p> <p>4 <input type="radio"/> Unemployment insurance</p> <p>5 <input type="radio"/> Workers compensation</p> <p>6 <input type="radio"/> Dividends and interest on bonds, deposits and savings</p> <p>7 <input type="radio"/> Other government sources such as welfare, mothers allowance</p> <p>8 <input type="radio"/> Other</p>
<p>125. Please turn to Page 12 of your booklet. Which category represents your total income, before taxes, for 1986? Please include income from all sources.</p>	<p><input type="text"/> <input type="text"/> Enter code</p>
<p>126. Is your weekly income sufficient enough to enable you to take part in some recreational activities, eg: going out to movies, sports activities or concerts?</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>



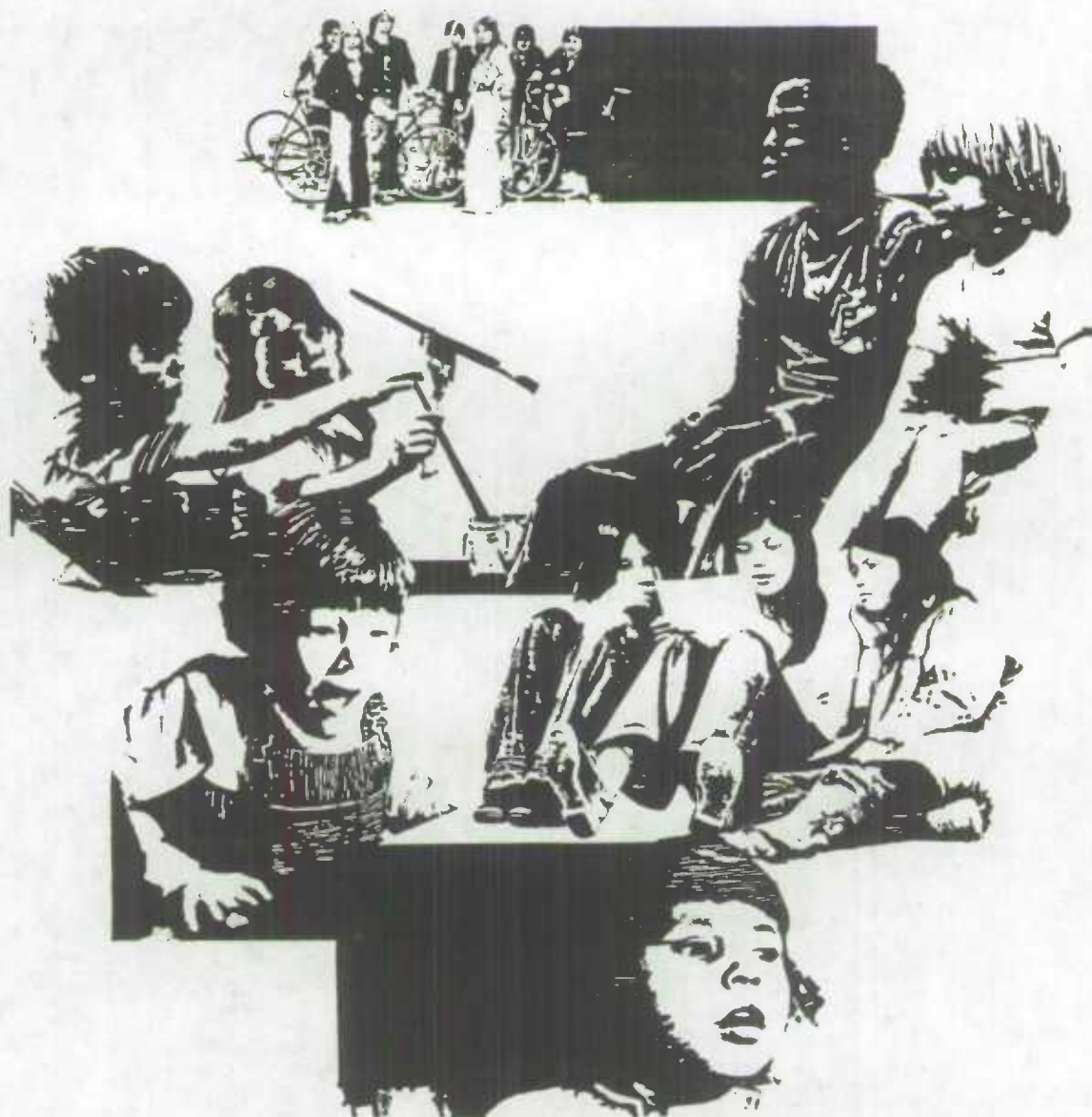
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# Ontario Child Health Follow up Study Child Behaviour Checklist Teacher's Report Form (For ages 4 to 11)



**PART A:** Answer each item as completely as possible, even if you lack complete information. Mark your answer in the appropriate circle with a  $\otimes$  or fill in the boxes provided. If you are unable to answer a question leave it blank.

1. Student's grade

--	--

(If ungraded or special class, describe.)

2. How would you describe this student's current school performance in the following categories?

	Far Below Grade	Somewhat Below Grade	At Grade Level	Somewhat Above Grade	Far Above Grade	Don't Know
a. Reading or English	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b. Spelling	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c. Arithmetic or Math	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d. Overall	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

3. Does this student have special skills or talents in any of the following areas? (Please check all that apply.)

	Yes	No	Don't Know
a. Sports	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Academic Work	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Arts or Music	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Technical Skills	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Interpersonal Skills	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. Other Skills	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

5. Does this student have special problems in any of the following areas? (Please mark all that apply)

	Yes	No	Don't Know
a. Academic achievement	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Motivation for school work	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Health problems due to physical illness or condition	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Language or speech	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Attendance	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. Emotional or behavioural problems	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g. Relationships with others	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>

4. Is this student currently repeating his or her grade?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ First year in school
- 4 ☐ Don't know



**PART B:** 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 this child now or within the past 6 months. Please mark only one of the three circles for each statement

	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"/>	Feels or complains that no one loves him/her	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
Hums or makes other odd noises in class	004 <input type="radio"/>	005 <input type="radio"/>	006 <input type="radio"/>	Feels others are out to get him/her	094 <input type="radio"/>	095 <input type="radio"/>	096 <input type="radio"/>
Argues a lot	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	Feels worthless or inferior	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
Fails to finish things he/she starts	010 <input type="radio"/>	011 <input type="radio"/>	012 <input type="radio"/>	Gets hurt a lot, accident-prone	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
Bragging, boasting	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>	Gets in many fights	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
Can't concentrate, can't pay attention for long	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	Gets teased a lot	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
Difficulty following directions	019 <input type="radio"/>	020 <input type="radio"/>	021 <input type="radio"/>	Hangs around with others who get in trouble	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>
Can't sit still, restless or hyperactive	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	Hears things that aren't there	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
Clings to adults or too dependent	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>	Impulsive or acts without thinking	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>
Complains of loneliness	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>	Likes to be alone	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
Confused or seems to be in a fog	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	Lying or cheating	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>
Cries a lot	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>	Bites fingernails	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>
Cruel to animals	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	Nervous, highstrung, or tense	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>
Cruelty, bullying, or meanness to others	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>	Nervous movements or twitching	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>
Daydreams or gets lost in his/her thoughts	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>	Over conforms to rules	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>
Deliberately harms self or attempts suicide	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	Not liked by other pupils	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>
Demands a lot of attention	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>	Can't stay seated	139 <input type="radio"/>	140 <input type="radio"/>	141 <input type="radio"/>
Destroys his/her own things	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	Too fearful or anxious	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>
Destroys things belonging to others	055 <input type="radio"/>	056 <input type="radio"/>	057 <input type="radio"/>	Feels dizzy	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>
Doesn't seem to listen	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>	Feels too guilty	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>
Disobedient at school	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>	Talks out of turn	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>
Disturbs other pupils	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>	Overtired	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>
Doesn't get along with other pupils	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>	Overweight	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>
Doesn't seem to feel guilty after misbehaving	070 <input type="radio"/>	071 <input type="radio"/>	072 <input type="radio"/>	Physically attacks people	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>
Easily jealous	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>	<b>Physical problems without known medical cause:</b>			
Eats or drinks things that are not food (e.g., crayons, dirt, etc.)	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>	a. Aches or pains	163 <input type="radio"/>	164 <input type="radio"/>	165 <input type="radio"/>
Fears certain animals, situations, or places other than school	079 <input type="radio"/>	080 <input type="radio"/>	081 <input type="radio"/>	b. Headaches	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>
Fears going to school	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>	c. Nausea, feels sick	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>
Fears he/she might think or do something bad	085 <input type="radio"/>	086 <input type="radio"/>	087 <input type="radio"/>	d. Problems with eyes	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>
Feels he/she has to be perfect	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>	e. Rashes or other skin problems	175 <input type="radio"/>	176 <input type="radio"/>	177 <input type="radio"/>
				f. Stomachaches or cramps	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>
				g. Vomiting, throwing up	181 <input type="radio"/>	182 <input type="radio"/>	183 <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
Picks nose, skin, or other parts of body	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>	Sulks a lot	259 <input type="radio"/>	260 <input type="radio"/>	261 <input type="radio"/>
Poor school work	187 <input type="radio"/>	188 <input type="radio"/>	189 <input type="radio"/>	Suspicious	262 <input type="radio"/>	263 <input type="radio"/>	264 <input type="radio"/>
Poorly coordinated or clumsy	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>	Swearing or obscene language	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>
Prefers playing with older children	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>	Talks about killing self	268 <input type="radio"/>	269 <input type="radio"/>	270 <input type="radio"/>
Prefers playing with younger children	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>	Underachieving, not working up to potential	271 <input type="radio"/>	272 <input type="radio"/>	273 <input type="radio"/>
Avoids extra curricular activities	199 <input type="radio"/>	200 <input type="radio"/>	201 <input type="radio"/>	Talks too much	274 <input type="radio"/>	275 <input type="radio"/>	276 <input type="radio"/>
Refuses to talk	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>	Teases a lot	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>
Repeats certain acts over and over; compulsions	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>	Temper tantrums or hot temper	280 <input type="radio"/>	281 <input type="radio"/>	282 <input type="radio"/>
Runs away from home	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>	Threatens people	283 <input type="radio"/>	284 <input type="radio"/>	285 <input type="radio"/>
Screams a lot	211 <input type="radio"/>	212 <input type="radio"/>	213 <input type="radio"/>	Tardy to school or class	286 <input type="radio"/>	287 <input type="radio"/>	288 <input type="radio"/>
Secretive, keeps things to self	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>	Too concerned with neatness or cleanliness	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>
Sees things that aren't there	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>	Can't get his/her mind off certain thoughts, obsessions	292 <input type="radio"/>	293 <input type="radio"/>	294 <input type="radio"/>
Self-conscious or easily embarrassed	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>	Truancy or unexplained absences	295 <input type="radio"/>	296 <input type="radio"/>	297 <input type="radio"/>
Sets fires	223 <input type="radio"/>	224 <input type="radio"/>	225 <input type="radio"/>	Underactive, slow moving, or lacks energy	298 <input type="radio"/>	299 <input type="radio"/>	300 <input type="radio"/>
Shy or timid	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>	Unhappy, sad or depressed	301 <input type="radio"/>	302 <input type="radio"/>	303 <input type="radio"/>
Steals	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>	Uses alcohol or drugs	304 <input type="radio"/>	305 <input type="radio"/>	306 <input type="radio"/>
Showing off or clowning	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>	Unusually loud	307 <input type="radio"/>	308 <input type="radio"/>	309 <input type="radio"/>
Explosive and unpredictable behaviour	235 <input type="radio"/>	236 <input type="radio"/>	237 <input type="radio"/>	Vandalism	310 <input type="radio"/>	311 <input type="radio"/>	312 <input type="radio"/>
Speech problem	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>	Fails to carry out assigned tasks	313 <input type="radio"/>	314 <input type="radio"/>	315 <input type="radio"/>
Stares blankly	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>	Overly anxious to please	316 <input type="radio"/>	317 <input type="radio"/>	318 <input type="radio"/>
Stores up things he/she doesn't need	244 <input type="radio"/>	246 <input type="radio"/>	246 <input type="radio"/>	Whining	319 <input type="radio"/>	320 <input type="radio"/>	321 <input type="radio"/>
Strange behaviour	247 <input type="radio"/>	248 <input type="radio"/>	249 <input type="radio"/>	Withdraws, doesn't get involved with others	322 <input type="radio"/>	323 <input type="radio"/>	324 <input type="radio"/>
Strange ideas	250 <input type="radio"/>	251 <input type="radio"/>	252 <input type="radio"/>				
Stubborn, sullen, or irritable	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>				
Sudden changes in mood or feelings	256 <input type="radio"/>	257 <input type="radio"/>	258 <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
Worrying	325 <input type="radio"/>	326 <input type="radio"/>	327 <input type="radio"/>	Fidgets	373 <input type="radio"/>	374 <input type="radio"/>	375 <input type="radio"/>
Overly upset when leaving someone he/she is close to	328 <input type="radio"/>	329 <input type="radio"/>	330 <input type="radio"/>	Defiant, talks back to staff	376 <input type="radio"/>	377 <input type="radio"/>	378 <input type="radio"/>
Overly upset while away from someone he/she is close to	331 <input type="radio"/>	332 <input type="radio"/>	333 <input type="radio"/>	Has difficulty learning	379 <input type="radio"/>	380 <input type="radio"/>	381 <input type="radio"/>
Sees self as more unwell or sickly than really is	334 <input type="radio"/>	335 <input type="radio"/>	336 <input type="radio"/>	Sleeps in class	382 <input type="radio"/>	383 <input type="radio"/>	384 <input type="radio"/>
Worries that terrible things might happen	337 <input type="radio"/>	338 <input type="radio"/>	339 <input type="radio"/>	Apathetic or unmotivated	385 <input type="radio"/>	386 <input type="radio"/>	387 <input type="radio"/>
Not as happy as other children	340 <input type="radio"/>	341 <input type="radio"/>	342 <input type="radio"/>	Disrupts class discipline	388 <input type="radio"/>	389 <input type="radio"/>	390 <input type="radio"/>
Distractable, has trouble sticking to any activity	343 <input type="radio"/>	344 <input type="radio"/>	345 <input type="radio"/>	Messy work	391 <input type="radio"/>	392 <input type="radio"/>	393 <input type="radio"/>
Poor appetite, not hungry	346 <input type="radio"/>	347 <input type="radio"/>	348 <input type="radio"/>	Behaves irresponsibly	394 <input type="radio"/>	395 <input type="radio"/>	396 <input type="radio"/>
Feels his/her health should be better	349 <input type="radio"/>	350 <input type="radio"/>	351 <input type="radio"/>	Demands must be met immediately, easily frustrated	397 <input type="radio"/>	398 <input type="radio"/>	399 <input type="radio"/>
Worries that something bad will happen to people he/she is close to	352 <input type="radio"/>	353 <input type="radio"/>	354 <input type="radio"/>	Inattentive, easily distracted	400 <input type="radio"/>	401 <input type="radio"/>	402 <input type="radio"/>
Cranky	355 <input type="radio"/>	356 <input type="radio"/>	357 <input type="radio"/>	Feels hurt when criticized	403 <input type="radio"/>	404 <input type="radio"/>	405 <input type="radio"/>
Has trouble enjoying self	358 <input type="radio"/>	359 <input type="radio"/>	360 <input type="radio"/>	Unclean personal appearance	406 <input type="radio"/>	407 <input type="radio"/>	408 <input type="radio"/>
Worries a lot about health	361 <input type="radio"/>	362 <input type="radio"/>	363 <input type="radio"/>	Afraid of making mistakes	409 <input type="radio"/>	410 <input type="radio"/>	411 <input type="radio"/>
Has difficulty awaiting turn in games or groups	364 <input type="radio"/>	365 <input type="radio"/>	366 <input type="radio"/>	Dislikes school	412 <input type="radio"/>	413 <input type="radio"/>	414 <input type="radio"/>
Worries about doing the wrong thing	367 <input type="radio"/>	368 <input type="radio"/>	369 <input type="radio"/>				
Cannot keep friends	370 <input type="radio"/>	371 <input type="radio"/>	372 <input type="radio"/>				

## PART C

415. Since the beginning of this school year (September 1986) has this student received any of the following types of special education or special teaching? (Please include any part-time as well as any full-time education or teaching) What about education or teaching for:

	Yes full- time	Yes part- time	No	Don't know
Advanced or gifted learners	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
French immersion	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Perceptually handicapped children or those in need of remedial reading	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Mentally retarded children	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Emotionally or behaviourally disturbed children	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Slow learners	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Physically handicapped children	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Children with communication or speech problems (e.g. stuttering, autism, aphasia)	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Any other type of remedial education (Please specify)	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

417. During the past 6 months, how well has this student gotten along with his/her teachers 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 ☐ Don't know

418. During the past 6 months do you think that this student has had any emotional or behavioural problems?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know
- } Go to Q. 421

419. During that time, did this student tend to have more emotional or behavioural problems than other boys/girls of his/her age?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

420. Do you think this student needs or needed any professional help with these problems?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

421. This form was completed by a

- 1 ☐ Teacher
- 2 ☐ Counsellor
- 3 ☐ Other (Specify)
- \_\_\_\_\_
- \_\_\_\_\_

422. How well do you know this student?

- 1 ☐ Very well
- 2 ☐ Moderately well
- 3 ☐ Not well

416. During the past 6 months, how well has this student 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
- 6 ☐ Don't know





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<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
S		ED		EA		HH Num									C L

# Ontario Child Health Follow up Study Child Behaviour Checklist Teacher's Report Form (For ages 12 to 16)





**PART A:** Answer each item as completely as possible, even if you lack complete information. Mark your answer in the appropriate circle with a ☒ or fill in the boxes provided. If you are unable to answer a question leave it blank.

1. At what grade does this student take all or most of his courses?

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(If ungraded or special class, describe).

4. Does this student have special skills or talents in any of the following areas? (Please check all that apply.)

	Yes	No	Don't Know
a. Sports	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Academic Work	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Arts or Music	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Technical Skills	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Interpersonal Skills	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. Other Skills	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

2. At which level does this student take all or most of his courses?

- 1 ☐ Basic (vocational)
- 2 ☐ General
- 3 ☐ Advanced (preparation for university)
- 4 ☐ Not applicable

5. Does this student have special problems in any of the following areas? (Please mark all that apply)

	Yes	No	Don't Know
a. Academic achievement	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. Motivation for school work	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. Health problems due to physical illness or condition	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d. Language or speech	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Attendance	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f. Emotional or behavioural problems	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g. Relationships with others	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>

3. How many credits had he or she obtained by the beginning of this school year (September 1986)?

--	--

Number of credits

OR 88 ☐ Not in high school prior to this year

6. Is this student currently repeating his or her grade?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ First year in school
- 4 ☐ Don't know

**PART B:** 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 this child now or within the past 6 months. Please mark only one of the three circles for each statement

	Never or Not true	Sometimes or Somewhat true	Often or Very true		Never or Not true	Sometimes or Somewhat true	Often or Very true
Argues a lot	001 <input type="radio"/>	002 <input type="radio"/>	003 <input type="radio"/>	Hangs around with others who get in trouble	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>
Fails to finish things he/she starts	004 <input type="radio"/>	005 <input type="radio"/>	006 <input type="radio"/>	Impulsive or acts without thinking	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>
Can't concentrate, can't pay attention for long	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	Lying or cheating	070 <input type="radio"/>	071 <input type="radio"/>	072 <input type="radio"/>
Difficulty following directions	010 <input type="radio"/>	011 <input type="radio"/>	012 <input type="radio"/>	Nervous, highstrung, or tense	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>
Can't sit still, restless or hyperactive	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>	Over conforms to rules	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>
Complains of loneliness	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	Not liked by other pupils	079 <input type="radio"/>	080 <input type="radio"/>	081 <input type="radio"/>
Cries a lot	019 <input type="radio"/>	020 <input type="radio"/>	021 <input type="radio"/>	Can't stay seated	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>
Cruel to animals	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	Too fearful or anxious	085 <input type="radio"/>	086 <input type="radio"/>	087 <input type="radio"/>
Cruelty, bullying, or meanness to others	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>	Feels too guilty	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>
Deliberately harms self or attempts suicide	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>	Talks out of turn	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
Destroys his/her own things	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	Overtired	094 <input type="radio"/>	095 <input type="radio"/>	096 <input type="radio"/>
Destroys things belonging to others	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>	Physically attacks people	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
Doesn't seem to listen	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	Poor school work	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
Disobedient at school	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>	Poorly coordinated or clumsy	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
Disturbs other pupils	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>	Prefers playing with younger kids	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
Doesn't get along with other pupils	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	Avoids extra curricular activities	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>
Fears going to school	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>	Repeats certain acts over and over; compulsions	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
Feels he/she has to be perfect	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>				
Feels or complains that no one loves him/her	055 <input type="radio"/>	056 <input type="radio"/>	057 <input type="radio"/>				
Feels worthless or inferior	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>				
Gets in many fights	061 <input type="radio"/>	062 <input type="radio"/>	063 <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
Self-conscious or easily embarrassed	115 <input type="radio"/>	118 <input type="radio"/>	117 <input type="radio"/>	Overly anxious to please	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>
Sets fires	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>	Withdraws, doesn't get involved with others	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>
Shy or timid	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	Worrying	187 <input type="radio"/>	188 <input type="radio"/>	189 <input type="radio"/>
Steals	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>	Sees self as more unwell or sickly than really is	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>
Showing off or clowning	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	Not as happy as other kids	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>
Explosive and unpredictable behaviour	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>	Distractable, has trouble sticking to any activity	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>
Strange behaviour	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>	Feels his/her health should be better	199 <input type="radio"/>	200 <input type="radio"/>	201 <input type="radio"/>
Stubborn, sullen or irritable	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>	Has trouble enjoying self	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>
Swearing or obscene language	139 <input type="radio"/>	140 <input type="radio"/>	141 <input type="radio"/>	Worries a lot about health	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>
Talks about killing self	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>	Has difficulty awaiting turn in games or groups	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>
Underachieving, not working up to potential	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>	Worries about doing the wrong thing	211 <input type="radio"/>	212 <input type="radio"/>	213 <input type="radio"/>
Temper tantrums or hot temper	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>	Cannot keep friends	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>
Threatens people	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	Fidgets	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>
Too concerned with neatness or cleanliness	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>	Defiant, talks back to staff	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>
Can't get his/her mind off certain thoughts, obsessions	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	Has difficulty learning	223 <input type="radio"/>	224 <input type="radio"/>	225 <input type="radio"/>
Truancy or unexplained absences	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>	Sleeps in class	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>
Underactive, slow moving, or lacks energy	163 <input type="radio"/>	164 <input type="radio"/>	165 <input type="radio"/>	Apathetic or unmotivated	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>
Unhappy, sad or depressed	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>	Disrupts class discipline	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>
Uses alcohol or drugs at school	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	Messy work	235 <input type="radio"/>	236 <input type="radio"/>	237 <input type="radio"/>
Unusually loud	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>	Behaves irresponsibly	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>
Vandalism	175 <input type="radio"/>	176 <input type="radio"/>	177 <input type="radio"/>	Inattentive, easily distracted	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>
Fails to carry out assigned tasks	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>	Afraid of making mistakes	244 <input type="radio"/>	245 <input type="radio"/>	246 <input type="radio"/>
				Dislikes school	247 <input type="radio"/>	248 <input type="radio"/>	249 <input type="radio"/>



# PART C

250. Since the beginning of this school year (September 1986) has this student received any of the following types of special education or special teaching? (Please include any part-time as well as any full-time education or teaching). What about education or teaching for:

	Yes full-time	Yes part-time	No	Don't know
Advanced or gifted learners	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
French immersion	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Perceptually handicapped children or those in need of remedial reading	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Mentally retarded children	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Emotionally or behaviourally disturbed children	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Slow learners	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Physically handicapped children	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Children with communication or speech problems (eg. stuttering, autism, aphasia)	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Any other type of remedial education (please specify)	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

251. During the past 6 months, how well has this student 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
- 6 ☐ Don't know

252. During the past 6 months, how well has this student gotten along with his/her teachers 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 ☐ Don't know

253. During the past 6 months do you think that this student has had any emotional or behavioural problems?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know
- } Go to Q. 256

254. During that time, did this student tend to have more emotional or behavioural problems than other boys/girls of his/her age?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

255. Do you think this student needs or needed any professional help with these problems?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

256. This form was completed by a

- 1 ☐ Teacher
- 2 ☐ Counsellor
- 3 ☐ Other (Specify)

257. How well do you know this student?

- 1 ☐ Very well
- 2 ☐ Moderately well
- 3 ☐ Not well





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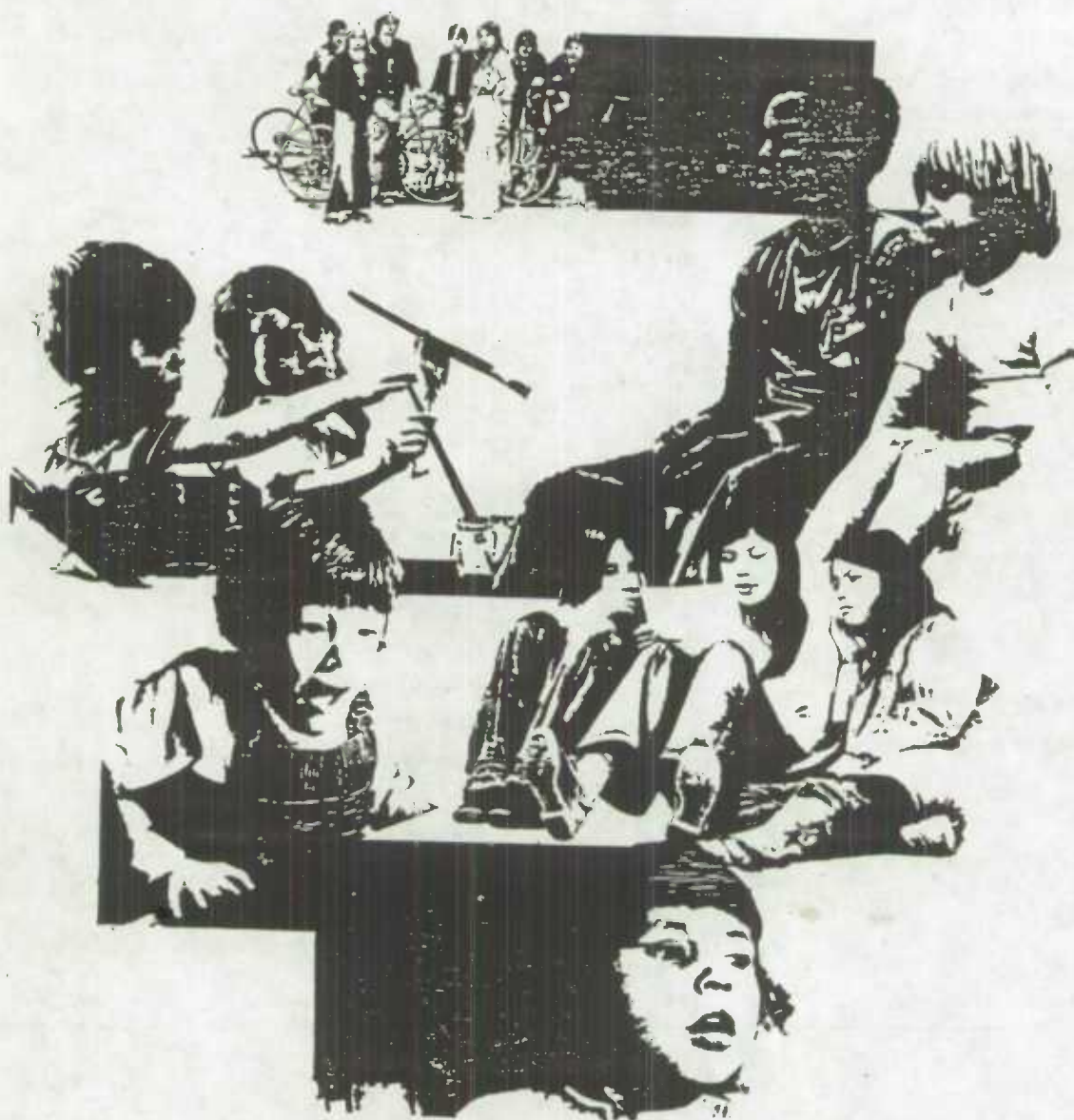
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# Ontario Child Health Follow Up Study

## 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 don't get along with other kids .....	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>
I have an allergy .....	004 <input type="radio"/>	005 <input type="radio"/>	006 <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 argue a lot .....	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	I am jealous of others .....	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>
I have asthma .....	010 <input type="radio"/>	011 <input type="radio"/>	012 <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 like animals.....	013 <input type="radio"/>	014 <input type="radio"/>	015 <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 brag .....	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	I am afraid of going to school .....	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
I have trouble concentrating or paying attention .....	019 <input type="radio"/>	020 <input type="radio"/>	021 <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 can't get my mind off certain thoughts .....	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	I feel that I have to be perfect.....	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
I have trouble sitting still .....	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>	I feel that no one loves me .....	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
I'm too dependent on adults .....	028 <input type="radio"/>	029 <input type="radio"/>	030 <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 feel lonely .....	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	I feel worthless or inferior .....	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
I feel confused or in a fog .....	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>	I accidentally get hurt a lot .....	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>
I cry a lot .....	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	I get in many fights .....	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
I am pretty honest .....	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>	I get teased a lot .....	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>
I am mean to others .....	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>	I hang around with kids who get in trouble .....	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
I am mean to animals.....	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	I hear things that nobody else seems able to hear .....	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>
I day dream a lot.....	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>	I act without stopping to think .....	124 <input type="radio"/>	125 <input type="radio"/>	126 <input type="radio"/>
I deliberately try to hurt or kill myself .....	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	I like to be alone.....	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>
I try to get a lot of attention.....	055 <input type="radio"/>	056 <input type="radio"/>	057 <input type="radio"/>	I lie and cheat .....	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>
I destroy my own things .....	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>	I am nervous or tense .....	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>
I destroy things belonging to others....	061 <input type="radio"/>	062 <input type="radio"/>	063 <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 damage schools or other property....	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>	I have nightmares.....	139 <input type="radio"/>	140 <input type="radio"/>	141 <input type="radio"/>
I disobey my parents .....	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>	I am not liked by other kids.....	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>
I disobey at school .....	070 <input type="radio"/>	071 <input type="radio"/>	072 <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 don't eat as well as I should.....	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>	I am too fearful or anxious .....	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
I feel dizzy .....	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	I can work well with my hands .....	247 <input type="radio"/>	248 <input type="radio"/>	249 <input type="radio"/>
I feel too guilty .....	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>	I show off or clown .....	250 <input type="radio"/>	251 <input type="radio"/>	252 <input type="radio"/>
I eat too much .....	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	I am shy .....	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>
I feel overtired .....	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>	I sleep less than most kids .....	256 <input type="radio"/>	257 <input type="radio"/>	258 <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 .....	259 <input type="radio"/>	260 <input type="radio"/>	261 <input type="radio"/>
I physically attack people .....	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>				
<b>Physical problems without known medical cause:</b>				I have a good imagination .....	262 <input type="radio"/>	263 <input type="radio"/>	264 <input type="radio"/>
a. Aches or pains .....	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	I have a speech problem .....	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>
b. Headaches .....	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>	I stand up for my rights .....	268 <input type="radio"/>	269 <input type="radio"/>	270 <input type="radio"/>
c. Nausea, feel sick .....	175 <input type="radio"/>	176 <input type="radio"/>	177 <input type="radio"/>	I steal things at home .....	271 <input type="radio"/>	272 <input type="radio"/>	273 <input type="radio"/>
d. Problems with eyes .....	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>	I steal things from places other than home .....	274 <input type="radio"/>	275 <input type="radio"/>	276 <input type="radio"/>
e. Rashes or other skin problems .....	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>				
f. Stomachaches or cramps .....	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>	I store up things I don't need .....	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>
g. Vomiting, throwing up .....	187 <input type="radio"/>	188 <input type="radio"/>	189 <input type="radio"/>	I do things other people think are strange .....	280 <input type="radio"/>	281 <input type="radio"/>	282 <input type="radio"/>
h. Difficulty swallowing .....	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>	I have thoughts that other people would think are strange .....	283 <input type="radio"/>	284 <input type="radio"/>	285 <input type="radio"/>
i. Fainting or loss of consciousness ...	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>	I am stubborn .....	286 <input type="radio"/>	287 <input type="radio"/>	288 <input type="radio"/>
j. Paralysis or muscle weakness .....	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>	My moods or feelings change suddenly .....	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>
k. Heart palpitations .....	199 <input type="radio"/>	200 <input type="radio"/>	201 <input type="radio"/>				
I pick my skin or other parts of my body .....	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>	I enjoy being with other people .....	292 <input type="radio"/>	293 <input type="radio"/>	294 <input type="radio"/>
I can be pretty friendly .....	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>	I am suspicious .....	295 <input type="radio"/>	296 <input type="radio"/>	297 <input type="radio"/>
I like to try new things .....	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>	I swear or use dirty language .....	298 <input type="radio"/>	299 <input type="radio"/>	300 <input type="radio"/>
My school work is poor .....	211 <input type="radio"/>	212 <input type="radio"/>	213 <input type="radio"/>	I think about killing myself .....	301 <input type="radio"/>	302 <input type="radio"/>	303 <input type="radio"/>
I am poorly coordinated or clumsy ...	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>	I like to make others laugh .....	304 <input type="radio"/>	305 <input type="radio"/>	306 <input type="radio"/>
I would rather be with older kids than with kids my own age .....	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>	I talk too much .....	307 <input type="radio"/>	308 <input type="radio"/>	309 <input type="radio"/>
I would rather be with younger kids than with kids my own age .....	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>	I tease others a lot .....	310 <input type="radio"/>	311 <input type="radio"/>	312 <input type="radio"/>
I refuse to talk .....	223 <input type="radio"/>	224 <input type="radio"/>	225 <input type="radio"/>	I have a hot temper .....	313 <input type="radio"/>	314 <input type="radio"/>	315 <input type="radio"/>
I repeat certain actions over and over .....	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>	I threaten to hurt people .....	316 <input type="radio"/>	317 <input type="radio"/>	318 <input type="radio"/>
I run away from home .....	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>	I like to help others .....	319 <input type="radio"/>	320 <input type="radio"/>	321 <input type="radio"/>
I scream a lot .....	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>	I am too concerned about being neat or clean .....	322 <input type="radio"/>	323 <input type="radio"/>	324 <input type="radio"/>
I am secretive or keep things to myself .....	235 <input type="radio"/>	236 <input type="radio"/>	237 <input type="radio"/>	I have trouble sleeping .....	325 <input type="radio"/>	326 <input type="radio"/>	327 <input type="radio"/>
I see things that nobody else seems able to see .....	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>	I cut classes or skip school .....	328 <input type="radio"/>	329 <input type="radio"/>	330 <input type="radio"/>
I am self-conscious or easily embarrassed .....	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>	I don't have much energy .....	331 <input type="radio"/>	332 <input type="radio"/>	333 <input type="radio"/>
I set fires .....	244 <input type="radio"/>	245 <input type="radio"/>	246 <input type="radio"/>	I am unhappy, sad or depressed .....	334 <input type="radio"/>	335 <input type="radio"/>	336 <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 am louder than other kids .....	337 <input type="radio"/>	338 <input type="radio"/>	339 <input type="radio"/>	I have a poor appetite, am not hungry .....	379 <input type="radio"/>	380 <input type="radio"/>	381 <input type="radio"/>
I use alcohol or drugs other than for medical conditions.....	340 <input type="radio"/>	341 <input type="radio"/>	342 <input type="radio"/>	I feel that my health should be better .....	382 <input type="radio"/>	383 <input type="radio"/>	384 <input type="radio"/>
I try to be fair to others .....	343 <input type="radio"/>	344 <input type="radio"/>	345 <input type="radio"/>	I worry that something bad will happen to people I am close to .....	385 <input type="radio"/>	386 <input type="radio"/>	387 <input type="radio"/>
I enjoy a good joke .....	346 <input type="radio"/>	347 <input type="radio"/>	348 <input type="radio"/>	I am cranky .....	388 <input type="radio"/>	389 <input type="radio"/>	390 <input type="radio"/>
I like to take life easy .....	349 <input type="radio"/>	350 <input type="radio"/>	351 <input type="radio"/>	I bite my fingernails .....	391 <input type="radio"/>	392 <input type="radio"/>	393 <input type="radio"/>
				I have trouble enjoying myself .....	394 <input type="radio"/>	395 <input type="radio"/>	396 <input type="radio"/>
I try to help other people when I can .....	352 <input type="radio"/>	353 <input type="radio"/>	354 <input type="radio"/>				
I keep from getting involved with others .....	355 <input type="radio"/>	356 <input type="radio"/>	357 <input type="radio"/>	I worry a lot about my health .....	397 <input type="radio"/>	398 <input type="radio"/>	399 <input type="radio"/>
I worry a lot .....	358 <input type="radio"/>	359 <input type="radio"/>	360 <input type="radio"/>	I have difficulty awaiting my turn in games or groups .....	400 <input type="radio"/>	401 <input type="radio"/>	402 <input type="radio"/>
I become overly upset when leaving someone I am close to .....	361 <input type="radio"/>	362 <input type="radio"/>	363 <input type="radio"/>	I worry about doing the wrong thing .....	403 <input type="radio"/>	404 <input type="radio"/>	405 <input type="radio"/>
I become overly upset while away from someone I am close to .....	364 <input type="radio"/>	365 <input type="radio"/>	366 <input type="radio"/>	I cannot keep friends .....	406 <input type="radio"/>	407 <input type="radio"/>	408 <input type="radio"/>
				I fidget .....	409 <input type="radio"/>	410 <input type="radio"/>	411 <input type="radio"/>
I see myself as more unwell or sickly than I really am .....	367 <input type="radio"/>	368 <input type="radio"/>	369 <input type="radio"/>	I am constipated, have trouble moving my bowels .....	412 <input type="radio"/>	413 <input type="radio"/>	414 <input type="radio"/>
I worry that terrible things might happen .....	370 <input type="radio"/>	371 <input type="radio"/>	372 <input type="radio"/>	I have trouble listening .....	415 <input type="radio"/>	416 <input type="radio"/>	417 <input type="radio"/>
I am not as happy as other children ..	373 <input type="radio"/>	374 <input type="radio"/>	375 <input type="radio"/>	I jump from one activity to another .....	418 <input type="radio"/>	419 <input type="radio"/>	420 <input type="radio"/>
I am easily distracted, have difficulty sticking to any activity .....	376 <input type="radio"/>	377 <input type="radio"/>	378 <input type="radio"/>	I worry about being separated from those I'm close to .....	421 <input type="radio"/>	422 <input type="radio"/>	423 <input type="radio"/>
				I worry about whether I did right or wrong in the past .....	424 <input type="radio"/>	425 <input type="radio"/>	426 <input type="radio"/>

PLEASE BE SURE YOU HAVE MARKED ONE CIRCLE FOR EACH STATEMENT



## Part 8:

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

427 The following statements describe peoples' feelings. For each statement please mark whether you strongly agree, agree, disagree or strongly disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) On the whole, I am satisfied with myself.....	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) At times I think I am no good at all .....	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) I feel that I have a number of good qualities .....	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) I am able to do things as well as most other people .....	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) I feel I do not have much to be proud of .....	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) I certainly feel useless at times .....	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) I feel that I am a person of worth, at least on an equal level with others....	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
h) I wish I could have more respect for myself .....	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
i) All in all, I am inclined to feel that I am a failure....	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
j) I take a positive attitude towards myself .....	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

431 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

432 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

433 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

428 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

434 During the past year, how many times a week did you participate in sports?

- 1 ☐ Less than once a week
- 2 ☐ 1-3 times a week
- 3 ☐ 4 or more times a week

429 About how many close friends do you have?

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

435 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?

--	--

430 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

436 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

437 During the past year, how many times a week did you participate in music, dance or other non-sport activities?

- 1 ☐ Less than once a week  
 2 ☐ 1-3 times a week  
 3 ☐ 4 or more times a week

438 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?

--	--

439 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

Go to 442

440 How many such clubs or groups did you belong to?

--	--

441 During the past year, how many times a week did you attend meetings at these clubs or groups?

- 1 ☐ Less than once a week  
 2 ☐ 1-2 times a week  
 3 ☐ 3 or more times a week

442 In the past year, did you work on any hobbies during your spare time (other than school or watching T.V.)?

- 1 ☐ Yes  
 2 ☐ No

Go to 444

443 How many times a week did you work at your hobbies?

- 1 ☐ Less than once a week  
 2 ☐ 1-2 times a week  
 3 ☐ 3 or more times a week

444 How often do you go to religious services?

- 1 ☐ Almost every week  
 2 ☐ Less than every week but more than just on holidays  
 3 ☐ Only on holidays or special occasions  
 4 ☐ Never, almost never

445 Do you ever read books or magazines for fun (not just for school)?

- 1 ☐ Yes  
 2 ☐ No

Go to 447

446 On average, how often do you read for fun?

- 1 ☐ Every day  
 2 ☐ 1-6 times a week  
 3 ☐ 1-4 times a month  
 4 ☐ Less than once a month  
 5 ☐ Almost never

447 On average, how many hours a day do you watch T.V.?

- 1 ☐ More than 6 hours a day  
 2 ☐ 4-6 hours a day  
 3 ☐ 1-3 hours a day  
 4 ☐ Less than one hour a day  
 5 ☐ Never or almost never

THE FOLLOWING QUESTIONS ASK ABOUT YOUR HEIGHT AND WEIGHT

448 This question asks about your height. If you are answering in feet and inches, you only need to complete part A. If you are answering in centimetres you only need to complete part B. What is your height?

A.

--	--	--

ft./inches

OR

B.

--	--	--

centimetres

449 This question asks about your weight. If you are answering in pounds you only need to complete part A. If you are answering in kilograms you only need to complete part B. What is your weight?

A.

--	--	--

pounds

OR

B.

--	--	--

kilograms

450 In the last 6 months have you thought that you were too fat or in danger of getting too fat?

- 1 ☐ Yes  
 2 ☐ No

451 In the last 6 months have you lost a lot of weight - that is, 15 pounds or more, either by dieting or without meaning to?

- 1 ☐ Yes  
 2 ☐ No

452 In the last 6 months did you think that you were overweight when other people such as your parents or friends said that you had gotten too thin?

- 1 ☐ Yes  
 2 ☐ No

453 This question asks about your lowest weight in the last 6 months. If you are answering in pounds you only need to complete part A. If you are answering in kilograms you only need to complete part B. What was your lowest weight in the last 6 months?

A.

--	--	--

pounds

OR

B.

--	--	--

kilograms

## Part C

454 Since last September, do you think that you have had any emotional or behavioural problems?

1 ☐ Yes

2 ☐ No → Go to 460

455 During that time, did you tend to have more emotional or behavioural problems than other boys/girls your age?

1 ☐ Yes

2 ☐ No

456 Do you think you need or needed professional help with these problems?

1 ☐ Yes

2 ☐ No

457 Did you receive any professional help with these problems?

1 ☐ Yes → Go to 460

2 ☐ No

458 Is professional help available where you live?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

459 What is the main reason you did not receive any professional help with these problems? (choose one from list below)

1 ☐ I didn't want to go for help

2 ☐ Problems not severe enough

3 ☐ My parent(s) opposed me going for help

4 ☐ Help wouldn't do any good

5 ☐ Previous help not useful

6 ☐ Help too far away

7 ☐ Transportation is a problem

8 ☐ Some other reason

(Please write it down) \_\_\_\_\_

\_\_\_\_\_

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

1 ☐ Yes

2 ☐ No → Go to 462

461 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

462 In the past 6 months have you lived with or had regular contact with your mother?

1 ☐ Yes

2 ☐ No → Go to 466

463 How often have you and your mother quarrelled?

1 ☐ Never or rarely

2 ☐ Sometimes

3 ☐ Often

464 How often has your mother scolded or criticized you in the last 6 months?

1 ☐ Never or rarely

2 ☐ Sometimes

3 ☐ Often

465 Even when the two of you quarrel, how sure are you that your mother still cares about you?

1 ☐ Very sure

2 ☐ Pretty sure

3 ☐ Not too sure

466 In the past 6 months have you lived with or had regular contact with your father?

1 ☐ Yes

2 ☐ No → Go to 470

467 How often have you and your father quarrelled?

1 ☐ Never or rarely

2 ☐ Sometimes

3 ☐ Often

468 How often has your father scolded or criticized you in the last 6 months?

1 ☐ Never or rarely

2 ☐ Sometimes

3 ☐ Often

469 Even when the two of you quarrel, how sure are you that your father still cares about you?

1 ☐ Very sure

2 ☐ Pretty sure

3 ☐ Not too sure

470 In the past 6 months have you lived with or had regular contact with your brothers or sisters?

1 ☐ Yes

2 ☐ No → Go to 474

3 ☐ I do not have any brothers or sisters → Go to 474

471 How often have you and your brothers or sisters quarrelled?

1 ☐ Never or rarely

2 ☐ Sometimes

3 ☐ Often



<p>472 How often have your brothers or sisters scolded or criticized you in the last 6 months?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>482 Since last September, have you tried or smoked any cigarettes or cigars?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 487</p>
<p>473 Even when you and your brothers or sisters quarrel, how sure are you they still care about you?</p> <p>1 <input type="radio"/> Very sure</p> <p>2 <input type="radio"/> Pretty sure</p> <p>3 <input type="radio"/> Not too sure</p>	<p>483 Since last September, have you smoked every day for a month or longer?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 486</p>
<p>474 In the past 6 months have you had regular contact with older relatives or adults with whom you feel close?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 478</p>	<p>484 On average, were you smoking 10 or more cigarettes a day during that period?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>
<p>475 How often have you and these relatives or adults quarrelled?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>485 Since last September, have you tried hard to quit or reduce your smoking?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>
<p>476 How often have these relatives or adults scolded or criticized you in the last 6 months?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>486 At the present time how many cigarettes do you smoke each day?</p> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
<p>477 Even when you and these relatives or adults quarrel, how sure are you they still care about you?</p> <p>1 <input type="radio"/> Very sure</p> <p>2 <input type="radio"/> Pretty sure</p> <p>3 <input type="radio"/> Not too sure</p>	<p>487 Have you ever had three or more drinks of beer, wine or other alcoholic beverage such as rum, whiskey, etc. at one time? (a drink means one 12 oz. bottle of beer, one 5 oz. glass of wine or 1 1/2 oz. shot of liquor)</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 489</p>
<p>478 Since last September, have you been questioned by the police about anything you might have done such as stealing, damaging property, or something else?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>488 How old were you the first time you had three or more drinks of alcohol at one time?</p> <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Age
<p>479 Since last September, have you been to Juvenile Court or some other court for anything you have done?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>489 Since last September, have you drank any beer, wine or other alcoholic beverage, not counting drinks given to you by your parents on special occasions?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 495</p>
<p>480 Have you ever smoked cigarettes everyday for a month or longer?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 482</p>	<p>490 Since last September, have you had at least one drink of beer, wine or other alcoholic beverage four or more weeks in a row?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>
<p>481 How old were you the first time you smoked cigarettes everyday for a month or longer?</p> <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Age	<p>491 Since last September, did you have three or more drinks of beer, wine or other alcoholic beverages at one time?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>

492 Have you been drunk at any time since last September?

- 1 ☐ Yes  
2 ☐ No

493 Have you ever worried that you drink too much?

- 1 ☐ Yes  
2 ☐ No

494 At the present time how often do you drink beer, wine or other alcoholic beverages?

- 1 ☐ I do not drink  
2 ☐ Less than once a week  
3 ☐ Once a week  
4 ☐ 2-3 times a week  
5 ☐ 4 or more times a week

495 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
Marijuana, hashish, pot grass .....	01 <input type="radio"/>	02 <input type="radio"/>
Amphetamines, stimulants, uppers, speed .....	03 <input type="radio"/>	04 <input type="radio"/>
Barbiturates, sedatives, downers, sleeping pills, seconal, quaaludes.....	05 <input type="radio"/>	06 <input type="radio"/>
Tranquilizers, valium, librium.....	07 <input type="radio"/>	08 <input type="radio"/>
Cocaine, crack, snow .....	09 <input type="radio"/>	10 <input type="radio"/>
Heroin .....	11 <input type="radio"/>	12 <input type="radio"/>
Opiates other than heroin (codeine, demerol, morphine, methadone, darvon, opium) .....	13 <input type="radio"/>	14 <input type="radio"/>
Psychedelics, hallucinogens (LSD, mescaline, peyote, psilocybin, DMT, PCP)... ..	15 <input type="radio"/>	16 <input type="radio"/>
Sniffed or inhaled glue, gasoline or other fumes.....	17 <input type="radio"/>	18 <input type="radio"/>
Something else (please write it down) _____	19 <input type="radio"/>	20 <input type="radio"/>
_____		
_____		
_____		

496 Altogether, how many times in the past 6 months did you use any of the kinds of drugs listed in question 495?

19 ☐ Never → Go to 498

OR

--	--

Number of times

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

- 1 ☐ Yes  
2 ☐ No

498 In the last 6 months, have any of the following drugs been prescribed for you by a doctor?

	Yes	No
Tranquilizers or nerve pills to make you calm and relaxed .....	01 <input type="radio"/>	02 <input type="radio"/>
Sleeping pills .....	03 <input type="radio"/>	04 <input type="radio"/>
Stimulant pills to keep you awake and alert .....	05 <input type="radio"/>	06 <input type="radio"/>
Antibiotics .....	07 <input type="radio"/>	08 <input type="radio"/>
Pain relievers.....	09 <input type="radio"/>	10 <input type="radio"/>
Something else (please write it down) _____	11 <input type="radio"/>	12 <input type="radio"/>
_____		
_____		
_____		

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.



Statistics Canada Statistique Canada

OCHS 3B

CONFIDENTIAL  
(when completed)

<input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
S		ED		EA		HHNUM		P.Ln		CLn

## Ontario Child Health Follow Up 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 (X)

	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"/>	Easily jealous .....	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>
Allergy .....	004 <input type="radio"/>	005 <input type="radio"/>	006 <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"/>
Argues a lot .....	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	Fears certain animals, situations, or places other than school .....	079 <input type="radio"/>	080 <input type="radio"/>	081 <input type="radio"/>
Asthma .....	010 <input type="radio"/>	011 <input type="radio"/>	012 <input type="radio"/>	Fears going to school .....	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>
Bragging, boasting .....	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>	Fears he/she might think or do something bad .....	085 <input type="radio"/>	086 <input type="radio"/>	087 <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 he/she has to be perfect .....	088 <input type="radio"/>	089 <input type="radio"/>	090 <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 or complains that no one loves him/her .....	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
Can't sit still, restless or hyperactive ...	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	Feels others are out to get him/her .....	094 <input type="radio"/>	095 <input type="radio"/>	096 <input type="radio"/>
Clings to adults or too dependent ...	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>	Feels worthless or inferior .....	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
Complaints of loneliness .....	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>	Gets hurt a lot, accident-prone .....	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
Confused or seems to be in a fog .....	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	Gets in many fights .....	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
Cries a lot .....	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>	Gets teased a lot .....	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
Cruel to animals .....	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	Hangs around with children who get in trouble .....	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>
Cruelty, bullying, or meanness to others .....	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>	Hears things that aren't there .....	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>
Daydreams or gets lost in his/her thoughts .....	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>	Impulsive or acts without thinking ...	115 <input type="radio"/>	116 <input type="radio"/>	117 <input type="radio"/>
Deliberately harms self or attempts suicide .....	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	Likes to be alone .....	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
Demands a lot of attention .....	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>	Lying or cheating .....	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>
Destroys his/her own things .....	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	Bites fingernails ✓ .....	124 <input type="radio"/>	125 <input type="radio"/>	126 <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, highstrung, or tense .....	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>
Disobedient at home .....	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>	Nervous movements or twitching .....	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>
Disobedient at school .....	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>	Nightmares .....	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>
Doesn't eat well .....	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>	Not liked by other children .....	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>
Doesn't get along with other children .....	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>	Constipated, doesn't move bowels ...	139 <input type="radio"/>	140 <input type="radio"/>	141 <input type="radio"/>
Doesn't seem to feel guilty after misbehaving .....	070 <input type="radio"/>	071 <input type="radio"/>	072 <input type="radio"/>	Too fearful or anxious .....	142 <input type="radio"/>	143 <input type="radio"/>	144 <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
Feels dizzy .....	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>	Secretive, keeps things to self .....	223 <input type="radio"/>	224 <input type="radio"/>	225 <input type="radio"/>
Feels too guilty .....	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>	Sees things that aren't there .....	226 <input type="radio"/>	227 <input type="radio"/>	228 <input type="radio"/>
Overeating .....	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	Self-conscious or easily embarrassed ...	229 <input type="radio"/>	230 <input type="radio"/>	231 <input type="radio"/>
Overtired .....	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>	Sets fires .....	232 <input type="radio"/>	233 <input type="radio"/>	234 <input type="radio"/>
Overweight .....	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	Shy or timid .....	235 <input type="radio"/>	236 <input type="radio"/>	237 <input type="radio"/>
Physically attacks people .....	160 <input type="radio"/>	161 <input type="radio"/>	162 <input type="radio"/>	Sleeps less than most children .....	238 <input type="radio"/>	239 <input type="radio"/>	240 <input type="radio"/>
<b>Physical problems without known medical cause:</b>				Showing off or clowning .....	241 <input type="radio"/>	242 <input type="radio"/>	243 <input type="radio"/>
a. Aches or pains .....	163 <input type="radio"/>	164 <input type="radio"/>	165 <input type="radio"/>	Sleeps more than most children during day and/or night .....	244 <input type="radio"/>	245 <input type="radio"/>	246 <input type="radio"/>
b. Headaches .....	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>	Speech problem .....	247 <input type="radio"/>	248 <input type="radio"/>	249 <input type="radio"/>
c. Nausea, feels sick .....	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	Stares blankly .....	250 <input type="radio"/>	251 <input type="radio"/>	252 <input type="radio"/>
d. Problems with eyes .....	172 <input type="radio"/>	173 <input type="radio"/>	174 <input type="radio"/>	Steals at home .....	253 <input type="radio"/>	254 <input type="radio"/>	255 <input type="radio"/>
e. Rashes or other skin problems .....	175 <input type="radio"/>	176 <input type="radio"/>	177 <input type="radio"/>	Steals outside the home .....	256 <input type="radio"/>	257 <input type="radio"/>	258 <input type="radio"/>
f. Stomachaches or cramps .....	178 <input type="radio"/>	179 <input type="radio"/>	180 <input type="radio"/>	Stores up things he/she doesn't need ..	259 <input type="radio"/>	260 <input type="radio"/>	261 <input type="radio"/>
g. Vomiting, throwing up .....	181 <input type="radio"/>	182 <input type="radio"/>	183 <input type="radio"/>	Strange behaviour .....	262 <input type="radio"/>	263 <input type="radio"/>	264 <input type="radio"/>
h. Difficulty swallowing .....	184 <input type="radio"/>	185 <input type="radio"/>	186 <input type="radio"/>	Strange ideas .....	265 <input type="radio"/>	266 <input type="radio"/>	267 <input type="radio"/>
i. Fainting or loss of consciousness ...	187 <input type="radio"/>	188 <input type="radio"/>	189 <input type="radio"/>	Stubborn, sullen, or irritable .....	268 <input type="radio"/>	269 <input type="radio"/>	270 <input type="radio"/>
j. Paralysis or muscle weakness .....	190 <input type="radio"/>	191 <input type="radio"/>	192 <input type="radio"/>	Sudden changes in mood or feelings ...	271 <input type="radio"/>	272 <input type="radio"/>	273 <input type="radio"/>
k. Heart palpitations .....	193 <input type="radio"/>	194 <input type="radio"/>	195 <input type="radio"/>	Sulks a lot .....	274 <input type="radio"/>	275 <input type="radio"/>	276 <input type="radio"/>
Picks nose, skin, or other parts of body .....	196 <input type="radio"/>	197 <input type="radio"/>	198 <input type="radio"/>	Suspicious .....	277 <input type="radio"/>	278 <input type="radio"/>	279 <input type="radio"/>
Poor school work .....	199 <input type="radio"/>	200 <input type="radio"/>	201 <input type="radio"/>	Swearing or obscene language .....	280 <input type="radio"/>	281 <input type="radio"/>	282 <input type="radio"/>
Poorly coordinated or clumsy .....	202 <input type="radio"/>	203 <input type="radio"/>	204 <input type="radio"/>	Talks about killing self .....	283 <input type="radio"/>	284 <input type="radio"/>	285 <input type="radio"/>
Prefers playing with older children ...	205 <input type="radio"/>	206 <input type="radio"/>	207 <input type="radio"/>	Talks or walks in sleep .....	286 <input type="radio"/>	287 <input type="radio"/>	288 <input type="radio"/>
Prefers playing with younger children .....	208 <input type="radio"/>	209 <input type="radio"/>	210 <input type="radio"/>	Talks too much .....	289 <input type="radio"/>	290 <input type="radio"/>	291 <input type="radio"/>
Refuses to talk .....	211 <input type="radio"/>	212 <input type="radio"/>	213 <input type="radio"/>	Teases a lot .....	292 <input type="radio"/>	293 <input type="radio"/>	294 <input type="radio"/>
Repeats certain acts over and over; compulsions .....	214 <input type="radio"/>	215 <input type="radio"/>	216 <input type="radio"/>	Temper tantrums or hot temper .....	295 <input type="radio"/>	296 <input type="radio"/>	297 <input type="radio"/>
Runs away from home .....	217 <input type="radio"/>	218 <input type="radio"/>	219 <input type="radio"/>	Threatens people .....	298 <input type="radio"/>	299 <input type="radio"/>	300 <input type="radio"/>
Screams a lot .....	220 <input type="radio"/>	221 <input type="radio"/>	222 <input type="radio"/>	Thumb-sucking .....	301 <input type="radio"/>	302 <input type="radio"/>	303 <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
Too concerned with neatness or cleanliness .....	304 <input type="radio"/>	305 <input type="radio"/>	306 <input type="radio"/>	Distractible, has trouble sticking to any activity .....	358 <input type="radio"/>	359 <input type="radio"/>	360 <input type="radio"/>
Trouble sleeping .....	307 <input type="radio"/>	308 <input type="radio"/>	309 <input type="radio"/>	Poor appetite, not hungry .....	361 <input type="radio"/>	362 <input type="radio"/>	363 <input type="radio"/>
Truancy, skips school .....	310 <input type="radio"/>	311 <input type="radio"/>	312 <input type="radio"/>	Feels his/her health should be better ...	364 <input type="radio"/>	365 <input type="radio"/>	366 <input type="radio"/>
Underactive, slow moving, or lacks energy .....	313 <input type="radio"/>	314 <input type="radio"/>	315 <input type="radio"/>	Has tics or moves eyes, face or head without wanting to .....	367 <input type="radio"/>	368 <input type="radio"/>	369 <input type="radio"/>
Unhappy, sad or depressed .....	316 <input type="radio"/>	317 <input type="radio"/>	318 <input type="radio"/>	Clears throat, grunts or makes other unusual noises without wanting to .....	370 <input type="radio"/>	371 <input type="radio"/>	372 <input type="radio"/>
Uses alcohol or drugs .....	319 <input type="radio"/>	320 <input type="radio"/>	321 <input type="radio"/>	Touches objects or self repeatedly without wanting to .....	373 <input type="radio"/>	374 <input type="radio"/>	375 <input type="radio"/>
Unusually loud .....	322 <input type="radio"/>	323 <input type="radio"/>	324 <input type="radio"/>	Has tics, moves shoulders, neck, arms or hands without wanting to .....	376 <input type="radio"/>	377 <input type="radio"/>	378 <input type="radio"/>
Vandalism .....	325 <input type="radio"/>	326 <input type="radio"/>	327 <input type="radio"/>	Doesn't seem to listen .....	379 <input type="radio"/>	380 <input type="radio"/>	381 <input type="radio"/>
Wets self during the day .....	328 <input type="radio"/>	329 <input type="radio"/>	330 <input type="radio"/>	Jumps from one activity to another ...	382 <input type="radio"/>	383 <input type="radio"/>	384 <input type="radio"/>
Wets the bed .....	331 <input type="radio"/>	332 <input type="radio"/>	333 <input type="radio"/>	Overly concerned about the correctness of past behavior .....	385 <input type="radio"/>	386 <input type="radio"/>	387 <input type="radio"/>
Whining .....	334 <input type="radio"/>	335 <input type="radio"/>	336 <input type="radio"/>	Worries about being separated from loved ones .....	388 <input type="radio"/>	389 <input type="radio"/>	390 <input type="radio"/>
Withdrawn, doesn't get involved with others .....	337 <input type="radio"/>	338 <input type="radio"/>	339 <input type="radio"/>	Worries that something bad will happen to people he/she is close to ...	391 <input type="radio"/>	392 <input type="radio"/>	393 <input type="radio"/>
Worrying .....	340 <input type="radio"/>	341 <input type="radio"/>	342 <input type="radio"/>	Cranky .....	394 <input type="radio"/>	395 <input type="radio"/>	396 <input type="radio"/>
Overly upset when leaving someone he/she is close to .....	343 <input type="radio"/>	344 <input type="radio"/>	345 <input type="radio"/>	Has trouble enjoying self .....	397 <input type="radio"/>	398 <input type="radio"/>	399 <input type="radio"/>
Overly upset while away from someone he/she is close to .....	346 <input type="radio"/>	347 <input type="radio"/>	348 <input type="radio"/>	Worries a lot about health .....	400 <input type="radio"/>	401 <input type="radio"/>	402 <input type="radio"/>
Sees self as more unwell or sickly than really is .....	349 <input type="radio"/>	350 <input type="radio"/>	351 <input type="radio"/>	Has difficulty awaiting turn in games or groups .....	403 <input type="radio"/>	404 <input type="radio"/>	405 <input type="radio"/>
Worries that terrible things might happen .....	352 <input type="radio"/>	353 <input type="radio"/>	354 <input type="radio"/>	Worries about doing the wrong thing ..	406 <input type="radio"/>	407 <input type="radio"/>	408 <input type="radio"/>
Not as happy as other children .....	355 <input type="radio"/>	356 <input type="radio"/>	357 <input type="radio"/>	Cannot keep friends .....	409 <input type="radio"/>	410 <input type="radio"/>	411 <input type="radio"/>
				Fidgets .....	412 <input type="radio"/>	413 <input type="radio"/>	414 <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 (X).

415. 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

416. 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

417. 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

418. 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

419. 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

420. Since last September do you think that he/she has had any emotional or behavioral problems?

- 1 ☐ Yes
- 2 ☐ No → Go to 426

421. During that time did he/she tend to have more emotional or behavioral problems than other girls or boys of the same age?

- 1 ☐ Yes
- 2 ☐ No

422. Do you think that he/she needs or needed any professional help with these problems?

- 1 ☐ Yes
- 2 ☐ No

423. Did he/she receive any professional help with these problems?

- 1 ☐ Yes → Go to 426
- 2 ☐ No

424. Is professional help available where you live?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

425. What is the main reason he/she did not receive professional help with these problems?  
(Choose one from below)

- 1 ☐ He/she refuses to go for help
- 2 ☐ His/her problems not severe enough
- 3 ☐ My spouse or partner opposes child going for help
- 4 ☐ Help wouldn't do any good
- 5 ☐ Previous help not useful
- 6 ☐ Help too far away
- 7 ☐ Transportation is a problem
- 8 ☐ Some other reason (Please write it down)

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426. 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

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

- 1 ☐ Yes
- 2 ☐ No

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

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428. 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

429. 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?

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430. 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?

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**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.**



Statistics Canada Statistique Canada

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# Ontario Child Health Follow Up Study Youth Self-report (For ages 17 to 20)





**INSTRUCTIONS**

Please read each question carefully and put an "X" in the circle to indicate your answer

Example:

1. Are you 17 years of age or older?

1 ☒ Yes

2 ☐ No

Please follow any instructions next to your answer which tells you to go to another question.

Example:

2. Do you have any brothers or sisters?

1 ☐ Yes

2 ☐ No → Go to 4

3. How many brothers and sisters do you have?

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If your answer to question 2 above is "no", then you would go to question 4 as instructed.

If your answer to question 2 is "yes" then you would go to the next question and mark the number of brothers and sisters in the box. If there are no instructions after your answer always go to the very next question.

All of your answers will be kept confidential. To help maintain confidentiality please do not write your name on this form.

## PART A

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

01. The following statements describe peoples' feelings. For each statement please mark whether you strongly agree, agree, disagree or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) On the whole, I am satisfied with myself.	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
b) At times I think I am no good at all.	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08
c) I feel that I have a number of good qualities.	<input type="radio"/> 09	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
d) I am able to do things as well as most other people.	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
e) I feel I do not have much to be proud of.	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
f) I certainly feel useless at times.	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
g) I feel that I am a person of worth, at least on an equal level with others.	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
h) I wish I could have more respect for myself.	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32
i) All in all, I am inclined to feel that I am a failure.	<input type="radio"/> 33	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36
j) I take a positive attitude towards myself.	<input type="radio"/> 37	<input type="radio"/> 38	<input type="radio"/> 39	<input type="radio"/> 40

02. 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

03. About how many close friends do you have?

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

04. During the past 6 months, how well have you gotten along with others 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

05. 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

06. During the past 6 months, how well have you gotten along with your supervisors at work?

- ☐ 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 working

07. During the past 6 months, how well have you gotten along with your boyfriend, girlfriend or spouse?

- ☐ 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 Don't have boyfriend, girlfriend or spouse

08. 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

09. How well do you do in sports compared to others your age?

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

10. During the past year, how many times a week did you participate in sports?

- 1 ☐ Less than once a week  
 2 ☐ 1-3 times a week  
 3 ☐ 4 or more times a week

11. 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?

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

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

13. During the past year, how many times a week did you participate in music, dance or other non-sport activities?

- 1 ☐ Less than once a week  
 2 ☐ 1-3 times a week  
 3 ☐ 4 or more times a week

14. 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?

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

- 1 ☐ Yes  
 2 ☐ No → Go to 18

16. How many such clubs or groups did you belong to?

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17. During the past year, how many times a week did you attend meetings at these clubs or groups?

- 1 ☐ Less than once a week  
 2 ☐ 1-2 times a week  
 3 ☐ 3 or more times a week

18. In the past year, did you work on any hobbies during your spare time (other than school, or watching T.V.)?

- 1 ☐ Yes  
 2 ☐ No → Go to 20

19. How many times a week did you work at your hobbies?

- 1 ☐ Less than once a week  
 2 ☐ 1-2 times a week  
 3 ☐ 3 or more times a week

20. How often do you go to religious services?

- 1 ☐ Almost every week  
 2 ☐ Less than every week but more than just on holidays  
 3 ☐ Only on holidays or special occasions  
 4 ☐ Never, almost never

21. Do you ever read books or magazines for enjoyment (not just for school)?

- 1 ☐ Yes  
 2 ☐ No → Go to 23



<p>22. On average, how often do you read for enjoyment?</p> <p>1 <input type="radio"/> Every day</p> <p>2 <input type="radio"/> 1-6 times a week</p> <p>3 <input type="radio"/> 1-4 times a month</p> <p>4 <input type="radio"/> Less than once a month</p> <p>5 <input type="radio"/> Almost never</p>	<p>29. Is professional help available where you live?</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>23. On average how many hours a day do you watch T.V.?</p> <p>1 <input type="radio"/> More than 6 hours a day</p> <p>2 <input type="radio"/> 4-6 hours a day</p> <p>3 <input type="radio"/> 1-3 hours a day</p> <p>4 <input type="radio"/> Less than one hour a day</p> <p>5 <input type="radio"/> Never or almost never</p>	<p>30. What is the main reason you did not receive any professional help with these problems? (Choose one from list below)</p> <p>1 <input type="radio"/> I didn't want to go for help</p> <p>2 <input type="radio"/> Problems not severe enough</p> <p>3 <input type="radio"/> My parent(s) opposed me going for help</p> <p>4 <input type="radio"/> Help wouldn't do any good</p> <p>5 <input type="radio"/> Previous help not useful</p> <p>6 <input type="radio"/> Help too far away</p> <p>7 <input type="radio"/> Transportation is a problem</p> <p>8 <input type="radio"/> Some other reason (Please write it down)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>24. How much of the time do you feel restless and bored?</p> <p>1 <input type="radio"/> Always</p> <p>2 <input type="radio"/> Most of the time</p> <p>3 <input type="radio"/> About half the time</p> <p>4 <input type="radio"/> Seldom</p> <p>5 <input type="radio"/> Never</p>	<p>31. Do you have anyone in particular 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 → Go to 33</p> <p>32. What is their relationship to you? (Mark all that apply)</p> <p>1 <input type="radio"/> Parent/guardian</p> <p>2 <input type="radio"/> Brother/sister</p> <p>3 <input type="radio"/> Other family member</p> <p>4 <input type="radio"/> Friend</p> <p>5 <input type="radio"/> Teacher</p> <p>6 <input type="radio"/> Other professional</p> <p>7 <input type="radio"/> Someone else</p> <p>33. In the past 6 months have you lived with or had regular contact with your mother?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 37</p>
<p><b>PART B</b></p>	
<p>25. Since last September, do you think that you have had any emotional or behavioural problems?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 31</p>	<p>31. Do you have anyone in particular 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 → Go to 33</p>
<p>26. During that time, did you tend to have more emotional or behavioural problems than other boys/girls your age?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>32. What is their relationship to you? (Mark all that apply)</p> <p>1 <input type="radio"/> Parent/guardian</p> <p>2 <input type="radio"/> Brother/sister</p> <p>3 <input type="radio"/> Other family member</p> <p>4 <input type="radio"/> Friend</p> <p>5 <input type="radio"/> Teacher</p> <p>6 <input type="radio"/> Other professional</p> <p>7 <input type="radio"/> Someone else</p>
<p>27. Do you think you need or needed professional help with these problems?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>33. In the past 6 months have you lived with or had regular contact with your mother?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 37</p>
<p>28. Did you receive any professional help with these problems?</p> <p>1 <input type="radio"/> Yes → Go to 31</p> <p>2 <input type="radio"/> No</p>	<p>33. In the past 6 months have you lived with or had regular contact with your mother?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 37</p>

<p>34. How often have you and your mother quarrelled?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>41. In the past 6 months have you lived with or had regular contact with your brothers or sisters?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 45</p> <p>3 <input type="radio"/> I do not have any brothers or sisters → Go to 45</p>
<p>35. How often has your mother scolded or criticized you in the last 6 months?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>42. How often have you and your brothers or sisters quarrelled?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>
<p>36. Even when the two of you quarrel, how sure are you that your mother still cares about you?</p> <p>1 <input type="radio"/> Very sure</p> <p>2 <input type="radio"/> Pretty sure</p> <p>3 <input type="radio"/> Not too sure</p>	<p>43. How often have your brothers or sisters scolded or criticized you in the last 6 months?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>
<p>37. In the past 6 months have you lived with or had regular contact with your father?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 47</p>	<p>44. Even when you and your brothers or sisters quarrel, how sure are you they still care about you?</p> <p>1 <input type="radio"/> Very sure</p> <p>2 <input type="radio"/> Pretty sure</p> <p>3 <input type="radio"/> Not too sure</p>
<p>38. How often have you and your father quarrelled?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>45. In the past 6 months have you had regular contact with older relatives or adults with whom you feel close?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 49</p>
<p>39. How often has your father scolded or criticized you in the last 6 months?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>	<p>46. How often have you and these relatives or adults quarrelled?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>
<p>40. Even when the two of you quarrel, how sure are you that your father still cares about you?</p> <p>1 <input type="radio"/> Very sure</p> <p>2 <input type="radio"/> Pretty sure</p> <p>3 <input type="radio"/> Not too sure</p>	<p>47. How often have these relatives or adults scolded or criticized you in the last 6 months?</p> <p>1 <input type="radio"/> Never or rarely</p> <p>2 <input type="radio"/> Sometimes</p> <p>3 <input type="radio"/> Often</p>

<p>48. Even when you and these relatives or adults quarrel, how sure are you they still care about you?</p> <p>1 <input type="radio"/> Very sure</p> <p>2 <input type="radio"/> Pretty sure</p> <p>3 <input type="radio"/> Not too sure</p>	<p>57. Have you tried to quit or reduce your smoking in the last 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 59</p>																											
<p>49. Since last September, have you been questioned by the police about anything you might have done such as stealing, damaging property, or something else?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>58. Below are some problems you might have had on the first day or so after you quit or cut down. Mark "yes" for those problems you had after quitting or cutting down and "no" for those problems you did not have.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>(a) Did you crave a cigarette .....</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>(b) Were you irritable .....</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>(c) Were you nervous .....</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>(d) Were you restless .....</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>(e) Did you have trouble concentrating .....</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> <tr> <td>(f) Did you have headaches .....</td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>(g) Were you drowsy .....</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> </tr> <tr> <td>(h) Did you have an upset stomach .....</td> <td style="text-align: center;">15 <input type="radio"/></td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	(a) Did you crave a cigarette .....	01 <input type="radio"/>	02 <input type="radio"/>	(b) Were you irritable .....	03 <input type="radio"/>	04 <input type="radio"/>	(c) Were you nervous .....	05 <input type="radio"/>	06 <input type="radio"/>	(d) Were you restless .....	07 <input type="radio"/>	08 <input type="radio"/>	(e) Did you have trouble concentrating .....	09 <input type="radio"/>	10 <input type="radio"/>	(f) Did you have headaches .....	11 <input type="radio"/>	12 <input type="radio"/>	(g) Were you drowsy .....	13 <input type="radio"/>	14 <input type="radio"/>	(h) Did you have an upset stomach .....	15 <input type="radio"/>	16 <input type="radio"/>
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<p>50. Since last September, have you been to court for anything you have done?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																												
<p>51. Have you ever tried or smoked cigarettes or cigars?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 62</p>																												
<p>52. Have you ever smoked everyday for a month or longer?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 54</p>																												
<p>53. How old were you the first time you smoked everyday for a month or longer?</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Age</div> </div>																												
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<p>55. Since last September, have you smoked everyday for a month or longer?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 60</p>																												
<p>56. On average, were you smoking 10 or more cigarettes a day during that period?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>59. Do you have a serious illness that you know makes it unwise for you to smoke?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																											
	<p>60. How many cigarettes a day do you currently smoke?</p> <p>1 <input type="radio"/> Occasionally, less than one cigarette a day</p> <p>2 <input type="radio"/> 1-2 cigarettes a day</p> <p>3 <input type="radio"/> 3-9 cigarettes a day</p> <p>4 <input type="radio"/> 10 or more cigarettes a day → Go to 62</p>																											
	<p>61. How long ago did you last smoke 10 or more cigarettes in one day?</p> <p>1 <input type="radio"/> I never smoked 10 cigarettes in one day</p> <p>2 <input type="radio"/> Within the last 2 weeks</p> <p>3 <input type="radio"/> Within the last month</p> <p>4 <input type="radio"/> About 1 to 3 months ago</p> <p>5 <input type="radio"/> About 4 to 6 months ago</p>																											



62. Have you ever had three or more drinks of beer, wine or other alcoholic beverage such as rum, whiskey, etc. at one time? (a drink means one 12 oz. bottle of beer, one 5 oz. glass of wine or 1 1/2 oz. shot of liquor)

1 ☐ Yes

2 ☐ No → Go to 64

63. How old were you the first time you had three or more drinks of alcohol at one time?

--	--

Age

64. Since last September, have you drank any beer, wine or other alcoholic beverage, not counting drinks given to you by your parents on special occasions?

1 ☐ Yes

2 ☐ No → Go to 73

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

1 ☐ Yes

2 ☐ No

66. Since last September, did you have three or more drinks of beer, wine or other alcoholic beverages at one time?

1 ☐ Yes

2 ☐ No

67. Have you been drunk at any time since last September?

1 ☐ Yes

2 ☐ No

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

1 ☐ Yes

2 ☐ No

69. At the present time how often do you drink beer, wine or other alcoholic beverages?

1 ☐ I do not drink

2 ☐ Less than once a week

3 ☐ Once a week

4 ☐ 2-3 times a week

5 ☐ 4 or more times a week

70. Below are some questions about your use of alcohol in the last 6 months. Depending on your answer, mark "yes" or "no" in the circle to the right of each question. Remember that one drink of liquor (e.g., rum, whiskey, etc.) is the same as one bottle of beer or one glass of wine.

#### IN THE LAST 6 MONTHS

	Yes	No
(a) Has your family objected because you were drinking too much? .....	01 <input type="radio"/>	02 <input type="radio"/>
(b) On more than one occasion, did you have as many as 20 drinks in a day? ...	03 <input type="radio"/>	04 <input type="radio"/>
(c) Was there a period of 2 weeks or longer when every day you had 7 or more drinks? .....	05 <input type="radio"/>	06 <input type="radio"/>
(d) Did friends or anyone else say that you were drinking too much for your own good? .....	07 <input type="radio"/>	08 <input type="radio"/>
(e) Did you want to stop drinking but could not? .....	09 <input type="radio"/>	10 <input type="radio"/>
(f) Did you make up rules like not drinking before 5 o'clock or never drinking alone to try to control or cut down your drinking? .....	11 <input type="radio"/>	12 <input type="radio"/>
(g) Did you ever need a drink just after you had gotten up, that is before breakfast? .....	13 <input type="radio"/>	14 <input type="radio"/>
(h) Have you had job or school troubles because of drinking - like missing too much work or drinking on the job? .....	15 <input type="radio"/>	16 <input type="radio"/>
(i) Did you lose a job or get kicked out of school on account of drinking? ....	17 <input type="radio"/>	18 <input type="radio"/>
(j) Have you gotten into trouble driving because of drinking - like having an accident or being arrested for drunk driving? .....	19 <input type="radio"/>	20 <input type="radio"/>
(k) Have you been arrested or held at the police station because of drinking or for disturbing the peace while drinking? .....	21 <input type="radio"/>	22 <input type="radio"/>
(l) Have you gotten into physical fights while drinking? .....	23 <input type="radio"/>	24 <input type="radio"/>
(m) On more than one occasion, did you go on binges or benders where you kept drinking for a couple of days or more without sobering up? .....	25 <input type="radio"/>	26 <input type="radio"/>
(n) Have you had blackouts while drinking, that is where you drank enough so that you could not remember the next day what you had said or done? .....	27 <input type="radio"/>	28 <input type="radio"/>
(o) Do you have a serious physical illness that might be made worse by drinking? .....	29 <input type="radio"/>	30 <input type="radio"/>
(p) Were there times when you could not do your ordinary daily work well unless you had something to drink? ...	31 <input type="radio"/>	32 <input type="radio"/>

71. In the last 6 months have you tried to quit or reduce your drinking?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → Go to 73

72. Below are some problems you might have had after stopping or cutting down on drinking. Mark "yes" for those problems you had and "no" for those problems you have not had.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) Did you have the shakes – that is your hands moved unsteadily without you wanting them to? ..... | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Did you have fits or seizures? .....   | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Did you have the DT's – that is hallucinations and fever? .....                                  | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) Did you see or hear things that were not really there? .....                                     | 07 <input type="radio"/> | 08 <input type="radio"/> |

73. From the following list put a mark in the circle to indicate the number of times you have used these drugs, without a prescription, in the last 6 months.

TIMES USED IN THE LAST 6 MONTHS

- |  | 0                        | 1 or 2                   | 3 or 4                   | 5 or more                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Marijuana, hashish, pot grass .....  | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> |
| Amphetamines, stimulants, uppers, speed .....  | 05 <input type="radio"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> |
| Barbiturates, sedatives, downers, sleeping pills, seconal, quaaludes .....             | 09 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| Tranquilizers, valium, librium .....   | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> | 16 <input type="radio"/> |
| Cocaine, crack, snow .....   | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |
| Heroin .....   | 21 <input type="radio"/> | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| Opiates other than heroin (codeine, demerol, morphine, methadone, darvon, opium) ..... | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> | 28 <input type="radio"/> |
| Psychedelics, hallucinogens (LSD, mescaline, peyote, psilocybin, DMT, PCP) .....       | 29 <input type="radio"/> | 30 <input type="radio"/> | 31 <input type="radio"/> | 32 <input type="radio"/> |
| Sniffed or inhaled glue, gasoline or other fumes .....                                 | 33 <input type="radio"/> | 34 <input type="radio"/> | 35 <input type="radio"/> | 36 <input type="radio"/> |
| Something else (please write it down) .....  | 37 <input type="radio"/> | 38 <input type="radio"/> | 39 <input type="radio"/> | 40 <input type="radio"/> |

IF YOU HAVE NOT USED ANY OF THE DRUGS LISTED IN QUESTION 73 GO TO QUESTION 75

74. Below is a list of questions about your use of non-prescribed drugs in question 73. Depending on your answer, mark "yes" or "no" in the circle to the right of each question. Remember that each question refers to your use of non-prescribed drugs in the last 6 months.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (a) Have you used any one of these drugs every day for two weeks or more? .....   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Have you used any one of these drugs so that you felt like you needed it or were dependent on it? .....   | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Have you tried to cut down on any drugs but found you could not do it? .....  | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) Did you find you needed larger amounts of any of these drugs to get an effect or that you could no longer get high on the amount you used to use? ..... | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) Did you have withdrawal symptoms – that is, have you felt sick because you stopped or cut down on any of those drugs? .....                             | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) Did you have any health problems like fits, an accidental overdose, a persistent cough or an infection as a result of using any of those drugs? .....   | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) Did any of these drugs cause you considerable problems with your family, friends, on the job or at school or with the police? .....                     | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Did you have any emotional or psychological problems from using drugs – such as feeling crazy or paranoid or depressed or uninterested in things? ..... | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) Did you tell a doctor or other professional about a problem with drugs? .....   | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) Did you take medication more than once for a problem with drugs? .....  | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) Did any problems with drugs interfere with your life or activities a lot? .....   | 21 <input type="radio"/> | 22 <input type="radio"/> |



75. From the following list, mark "yes" for those drugs you have used in the last 6 months only as prescribed by a doctor. Mark "no" if you did not use the drugs at all or if you got the drugs without a prescription.

	Yes	No
(a) Stimulant pills to keep you awake and alert .....	01 <input type="radio"/>	02 <input type="radio"/>
(b) Sleeping pills, barbiturates or sedatives .....	03 <input type="radio"/>	04 <input type="radio"/>
(c) Tranquilizers, valium, librium or nerve pills to make you calm and relaxed .....	05 <input type="radio"/>	06 <input type="radio"/>
(d) Antibiotics .....	07 <input type="radio"/>	08 <input type="radio"/>
(e) Pain relievers .....	09 <input type="radio"/>	10 <input type="radio"/>
(f) Birth control pills .....	11 <input type="radio"/>	12 <input type="radio"/>
(g) Something else (please write it down) .....	13 <input type="radio"/>	14 <input type="radio"/>

76. Do you consider yourself a nervous person?

1 ☐ Yes  
2 ☐ No

77. In the last 6 months, has there been a period of one month or longer when you felt worried or anxious most of the time perhaps afraid that something bad was going to happen either to you yourself or to someone you cared about?

1 ☐ Yes  
2 ☐ No → Go to 79

78. Think of that one period, in the last 6 months, when you were the most worried or anxious. Mark "yes" if you felt or experienced any of the following, at that time, or "no" if you did not feel this way.

	Yes	No
(a) Were you jittery or fidgety? .....	01 <input type="radio"/>	02 <input type="radio"/>
(b) Were you very tense or jumpy? .....	03 <input type="radio"/>	04 <input type="radio"/>
(c) Did you have trouble relaxing? .....	05 <input type="radio"/>	06 <input type="radio"/>
(d) Did you get tired very easily? .....	07 <input type="radio"/>	08 <input type="radio"/>
(e) Were you easily startled? .....	09 <input type="radio"/>	10 <input type="radio"/>
(f) Did your body tremble or shake? .....	11 <input type="radio"/>	12 <input type="radio"/>
(g) Were you restless? .....	13 <input type="radio"/>	14 <input type="radio"/>
(h) Did your eyelids twitch? .....	15 <input type="radio"/>	16 <input type="radio"/>
(i) Were you having trouble sleeping? .....	17 <input type="radio"/>	18 <input type="radio"/>
(j) Did you have trouble keeping your mind on what you were doing? .....	19 <input type="radio"/>	20 <input type="radio"/>
(k) Were you feeling irritable, on edge, or impatient? .....	21 <input type="radio"/>	22 <input type="radio"/>
(l) Were you sweating a lot? .....	23 <input type="radio"/>	24 <input type="radio"/>
(m) Did you have an unusual amount of trouble with your heart pounding or racing? .....	25 <input type="radio"/>	26 <input type="radio"/>
(n) Did you have an unusual amount of trouble with your hands feeling cold and clammy? .....	27 <input type="radio"/>	28 <input type="radio"/>
(o) Did you have an unusual amount of trouble with dizziness or lightheadedness? .....	29 <input type="radio"/>	30 <input type="radio"/>
(p) Did you have an unusual amount of trouble with tingling in your hands or feet? .....	31 <input type="radio"/>	32 <input type="radio"/>
(q) Did you have an unusual amount of trouble with your mouth feeling dry? .....	33 <input type="radio"/>	34 <input type="radio"/>
(r) Did you have an unusual amount of trouble with diarrhea? .....	35 <input type="radio"/>	36 <input type="radio"/>
(s) Was your stomach upset much of the time? .....	37 <input type="radio"/>	38 <input type="radio"/>
(t) Did you have to urinate frequently? .....	39 <input type="radio"/>	40 <input type="radio"/>
(u) Did your face flush or turn pale a lot? .....	41 <input type="radio"/>	42 <input type="radio"/>
(v) Were you bothered by breathing too fast? .....	43 <input type="radio"/>	44 <input type="radio"/>



79 In the last 6 months, have you had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid?

1 ☐ Yes

2 ☐ No → Go to 82

80 Think of one of your worst spells or attacks in the last 6 months. Mark "yes" if you felt any of the following at the same time as you were feeling frightened and "no" if you did not feel this way.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (a) Were you short of breath or did you have trouble catching your breath? .....          | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Did your heart pound? .....   | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Were you dizzy or light headed? .....   | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) Did your fingers or feet tingle? ....   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) Did you have tightness or pain in your chest? .....                                   | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) Did you feel like you were choking or smothering? .....                               | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) Did you feel faint? .....   | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Did you sweat? .....  | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) Did you tremble or shake? .....   | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) Did you feel hot or cold flashes? .....   | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) Did things around you seem unreal? .....  | 21 <input type="radio"/> | 22 <input type="radio"/> |
| (l) Were you afraid either that you might die or that you might act in a crazy way? ..... | 23 <input type="radio"/> | 24 <input type="radio"/> |

81 In the last 6 months have you had 3 or more spells or attacks like this close together; for example, within a 3 week period?

1 ☐ Yes

2 ☐ No

82. Some people have phobias – that is, such a strong fear of something or some situation that they try to avoid it, even though they know there is no real danger. In the last 6 months, have you avoided any of the following things or situations? Mark "yes" or "no" in the circle to the right.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) Heights .....  | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Tunnels or bridges .....   | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Being in a crowd .....   | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) Being on any kind of public transportation like airplanes, buses or elevators .....          | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) Going out of the house alone ....  | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) Being in a closed place .....  | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) Being alone .....  | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Eating in front of other people (either people you know or in public) .....                  | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) Speaking in front of a small group of people you know .....                                  | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) Speaking to strangers or meeting new people .....  | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) Storms or thunder or lightning ...   | 21 <input type="radio"/> | 22 <input type="radio"/> |
| (l) Being in water, for instance in a swimming pool or lake .....                                | 23 <input type="radio"/> | 24 <input type="radio"/> |
| (m) Spiders, bugs, mice, snakes, bats, birds or cats .....                                       | 25 <input type="radio"/> | 26 <input type="radio"/> |
| (n) Being near any (other) harmless animal or a dangerous animal that could not get to you ..... | 27 <input type="radio"/> | 28 <input type="radio"/> |

83. Have there been 2 consecutive weeks or more in the last 6 months when you felt sad, blue, depressed, or when you lost interest and pleasure in things that you usually cared about or enjoyed?

1 ☐ Yes

2 ☐ No → Go to 89

84. Think of those 2 weeks, in the last 6 months, when you felt most sad and depressed. Mark "yes" if you had any of the following difficulties at that time and "no" if you did not.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) You lost your appetite .....   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) You lost weight without trying to - as much as 2 pounds per week or 10 pounds altogether ....                            | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Your eating increased so much that you gained as much as 2 pounds a week for several weeks or 10 pounds altogether ..... | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) You had trouble falling asleep, staying asleep or waking up too early .....  | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) You were sleeping too much .....   | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) You felt tired out all the time .....  | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) You talked or moved more slowly than is normal for you .....   | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) You had to be moving all the time - that is, you could not sit still and paced up and down .....                         | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) Your interest in your normal activities was a lot less than usual .....  | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) You felt worthless, sinful or guilty .....   | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) You had a lot more trouble concentrating than is normal for you .....  | 21 <input type="radio"/> | 22 <input type="radio"/> |
| (l) Your thoughts came much slower than usual .....  | 23 <input type="radio"/> | 24 <input type="radio"/> |
| (m) You thought a lot about death - either your own, someone else's or death in general .....                                | 25 <input type="radio"/> | 26 <input type="radio"/> |
| (n) You felt like you wanted to die ....   | 27 <input type="radio"/> | 28 <input type="radio"/> |
| (o) You felt so low you thought of committing suicide .....  | 29 <input type="radio"/> | 30 <input type="radio"/> |
| (p) You attempted suicide .....  | 31 <input type="radio"/> | 32 <input type="radio"/> |

85. In the last 6 months, did you tell a doctor or other professional about the trouble you were having feeling sad or depressed?

- 1 ☐ Yes  
2 ☐ No

86. Did you take medication more than once in the last 6 months because of feeling sad or depressed?

- 1 ☐ Yes  
2 ☐ No

87. Did your feelings of sadness or depression interfere a lot with your life and activities in the last 6 months?

- 1 ☐ Yes  
2 ☐ No

88. Did your feelings of sadness or depression start after someone close to you died?

- 1 ☐ Yes  
2 ☐ No

89. Have you had 2 consecutive years or more in your life when you felt depressed or sad most days even if you felt okay sometimes?

- 1 ☐ Yes  
2 ☐ No → Go to 91

90. Think of those 2 years when you were feeling sad and depressed most days, did you have any of the following difficulties during that time, for 2 consecutive weeks or more? Mark "yes" or "no" in the circle to the right of each statement.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) You had lots of crying spells or cried easily .....  | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) You felt that life was hopeless .....  | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) You had trouble falling asleep, staying asleep, or waking up too early .....                     | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) You were sleeping too much .....   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) You felt tired out all the time .....  | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) You talked or moved more slowly than is normal for you .....                                     | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) You had to be moving all the time - that is, you could not sit still and paced up and down ..... | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Your interest in your normal activities was a lot less than usual ...                            | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) You felt worthless, sinful or guilty ...   | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) You had a lot more trouble concentrating than is normal for you ...                              | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) Your thoughts came much slower than usual or seemed mixed up ....                                | 21 <input type="radio"/> | 22 <input type="radio"/> |
| (l) You thought a lot about death - either you own, someone else's, or death in general .....        | 23 <input type="radio"/> | 24 <input type="radio"/> |
| (m) You felt like you wanted to die ....   | 25 <input type="radio"/> | 26 <input type="radio"/> |
| (n) You felt so low you thought of committing suicide .....  | 27 <input type="radio"/> | 28 <input type="radio"/> |

<p>91. Has there been 1 week or more, in the last 6 months, when you were so happy or excited or high that you got into trouble or your family or friends worried about it, or a doctor said you were manic?</p> <p>1 <input type="radio"/> Yes → Go to 93</p> <p>2 <input type="radio"/> No</p>	<p>96. Did your difficulties with feeling so happy, excited or irritable interfere with your life or activities a lot in the last 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																								
<p>92. Has there been 1 week or more, in the last 6 months, when you were unusually irritable or likely to fight or argue?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 97</p>	<p>97. The next question is about whether you have been bothered by having certain disturbing thoughts all the time. An example would be the persistent idea that you might harm or kill someone you loved, even though you really did not want to. Have you been bothered by that or any other disturbing and persistent thought in the last 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 100</p>																								
<p>93. Thinking of that time, did you have any of the following experiences within a month of the time you were feeling so excited or happy or irritable? Mark "yes" or "no" in the circle to the right of each statement.</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>(a) you were so much more active than usual that you or your family or friends were concerned about it</td> <td>01 <input type="radio"/></td> <td>02 <input type="radio"/></td> </tr> <tr> <td>(b) you went on spending sprees - spending so much money that it caused you or your family some financial trouble</td> <td>03 <input type="radio"/></td> <td>04 <input type="radio"/></td> </tr> <tr> <td>(c) you talked so fast that people said they couldn't understand you</td> <td>05 <input type="radio"/></td> <td>06 <input type="radio"/></td> </tr> <tr> <td>(d) thoughts raced through your head so fast that you couldn't keep track of them</td> <td>07 <input type="radio"/></td> <td>08 <input type="radio"/></td> </tr> <tr> <td>(e) you felt you had a special gift or special powers to do things others couldn't do or that you were a specially important person</td> <td>09 <input type="radio"/></td> <td>10 <input type="radio"/></td> </tr> <tr> <td>(f) you hardly slept at all but still didn't feel tired or sleepy</td> <td>11 <input type="radio"/></td> <td>12 <input type="radio"/></td> </tr> <tr> <td>(g) you were easily distracted so that any little interruption could get you off the track</td> <td>13 <input type="radio"/></td> <td>14 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	(a) you were so much more active than usual that you or your family or friends were concerned about it	01 <input type="radio"/>	02 <input type="radio"/>	(b) you went on spending sprees - spending so much money that it caused you or your family some financial trouble	03 <input type="radio"/>	04 <input type="radio"/>	(c) you talked so fast that people said they couldn't understand you	05 <input type="radio"/>	06 <input type="radio"/>	(d) thoughts raced through your head so fast that you couldn't keep track of them	07 <input type="radio"/>	08 <input type="radio"/>	(e) you felt you had a special gift or special powers to do things others couldn't do or that you were a specially important person	09 <input type="radio"/>	10 <input type="radio"/>	(f) you hardly slept at all but still didn't feel tired or sleepy	11 <input type="radio"/>	12 <input type="radio"/>	(g) you were easily distracted so that any little interruption could get you off the track	13 <input type="radio"/>	14 <input type="radio"/>	<p>98. Did the disturbing and persistent thoughts last for 3 weeks or more?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>
	Yes	No																							
(a) you were so much more active than usual that you or your family or friends were concerned about it	01 <input type="radio"/>	02 <input type="radio"/>																							
(b) you went on spending sprees - spending so much money that it caused you or your family some financial trouble	03 <input type="radio"/>	04 <input type="radio"/>																							
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<p>94. In the last 6 months, did you tell a doctor or any other professional about difficulties you experienced being so happy or excited or irritable?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>99. Did these thoughts keep coming into your mind no matter how hard you tried to get rid of them?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																								
<p>95. Did you take medication more than once in the last 6 months because of feeling so happy, excited or irritable?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>100. Other disturbing thoughts that keep bothering some people, even when they know they are silly, are that their hands are dirty or have germs on them, no matter how much they wash them; or that relatives who are away have been hurt or killed. Have you had any kind of unreasonable thought like that in the last 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 103</p>																								
	<p>101. Did these thoughts keep coming into your mind over a period of 3 weeks or more?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																								
	<p>102. Did these thoughts keep coming into your mind no matter how hard you tried to get rid of them?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																								
	<p>103. Some people have problems with feeling that they have to do something over and over again even though they know it is really foolish - but they cannot resist doing it - things like washing their hands again and again or going back several times to be sure they have locked a door or turned off the stove. Have you had to do something like that over and over in the last 6 months?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 105</p>																								



104. Did you feel you had to do these things over a period of 3 weeks or more?

1 ☐ Yes 2 ☐ No

105. Was there a time in the last 6 months when you always had to do something in a certain order, like getting dressed perhaps and had to start all over again if you got the order wrong?

1 ☐ Yes 2 ☐ No → Go to 107

106. Did you feel you had to do this over a period of 3 weeks or more?

1 ☐ Yes 2 ☐ No

107. In the last 6 months has there been a period of 3 weeks or more when you felt you had to count something, like squares in a tile floor, and could not resist doing it even when you tried to?

1 ☐ Yes 2 ☐ No

108. In the last 4 years since January 1983, have you seen a psychiatrist, psychologist or social worker on a regular basis for 3 consecutive months or more?

1 ☐ Yes 2 ☐ No

The following questions ask about your height and weight.

109. This question asks about your height. If you are answering in feet and inches you only need to complete Part A. If you are answering in centimetres you only need to complete Part B. What is your height?

A. 

--	--	--

  
feet / inches

OR

B. 

--	--	--	--

  
centimetres

110. This question asks about your weight. If you are answering in pounds you only need to complete Part A. If you are answering in kilograms you only need to complete Part B. What is your weight?

A. 

--	--	--

  
pounds

OR

B. 

--	--	--	--

  
kilograms

111. In the last 6 months have you thought that you were too fat or in danger of getting too fat?

1 ☐ Yes 2 ☐ No

112. In the last 6 months have you lost a lot of weight – that is, 15 pounds or more, either by dieting or without meaning to?

1 ☐ Yes 2 ☐ No

113. In the last 6 months did you think that you were overweight when other people such as your parents or friends said that you had gotten too thin?

1 ☐ Yes 2 ☐ No

114. This question asks about your lowest weight. If you are answering in pounds you only need to complete Part A. If you are answering in kilograms you only need to complete Part B. What was your lowest weight in the last 6 months?

A. 

--	--	--

  
pounds

OR

B. 

--	--	--	--

  
kilograms

115. Below is a list of questions that describe difficulties kids can have before age 15. Depending on your answer, mark "yes" or "no" in the circle to the right of each question. Remember to think back before you were age 15 when you answer each question.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (a) Were your grades in school not so good? .....   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Did your teachers think that you had the ability to do much better at school? .....   | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Did you frequently get into trouble with the teacher or principal for misbehaving in school? .....  | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) Were you ever expelled or suspended from school? .....  | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) Did you ever play hooky as much as 5 days a year in at least two school years? .....  | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) Did you get in trouble more than once at school for fighting? .....   | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) Did you get in trouble more than once with the police, your parents or neighbours for fighting? .....   | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Did you start fights more than once? .....  | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) Did you run away from home overnight more than once? .....  | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) Did you tell a lot of lies when you were a child or teenager? .....   | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) When you were a child before age 15, did you more than once steal things from stores or from other children or steal from your parents or from anyone else? ..... | 21 <input type="radio"/> | 22 <input type="radio"/> |
| (l) When you were a kid, did you ever intentionally damage someone's car or do anything else to destroy or severely damage someone else's property? .....             | 23 <input type="radio"/> | 24 <input type="radio"/> |
| (m) Were you ever arrested as a juvenile or sent to juvenile court? .....   | 25 <input type="radio"/> | 26 <input type="radio"/> |
| (n) Did you get drunk more than once? .....   | 27 <input type="radio"/> | 28 <input type="radio"/> |
| (o) Did you use illicit drugs more than once before age 15? .....   | 29 <input type="radio"/> | 30 <input type="radio"/> |

116. Next is a list of questions about things you may have done since you were 17. Mark "yes" or "no" in the circle to the right of each question depending on your answer. Remember to think only of the time since you were 17 years old.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) Were you arrested more than once for anything other than traffic violations? .....   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| (b) Have you been convicted of felony? .....   | 03 <input type="radio"/> | 04 <input type="radio"/> |
| (c) Have you ever made money outside the law by buying or selling stolen property or selling drugs or running numbers? .....   | 05 <input type="radio"/> | 06 <input type="radio"/> |
| (d) More than twice have you been sued for a bad debt or had things you bought taken back because you did not meet the payments? .....   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| (e) Have you used an alias or an assumed name? .....   | 09 <input type="radio"/> | 10 <input type="radio"/> |
| (f) Have you thought that you lied pretty often since age 17? .....  | 11 <input type="radio"/> | 12 <input type="radio"/> |
| (g) Have you got into trouble driving because of drinking - like having an accident or being arrested for drunk driving? .....   | 13 <input type="radio"/> | 14 <input type="radio"/> |
| (h) Have you had at least four traffic tickets for speeding or running a light or causing an accident? .....   | 15 <input type="radio"/> | 16 <input type="radio"/> |
| (i) Have you spanked or hit any child hard enough so that he or she bruised or had to stay in bed or see a doctor? .....   | 17 <input type="radio"/> | 18 <input type="radio"/> |
| (j) Have you been in more than one fight that came to swapping blows? .....  | 19 <input type="radio"/> | 20 <input type="radio"/> |
| (k) Aside from a vacation, have you travelled around for a month or more without having any arrangements ahead of time and not know how long you were going to stay or where you were going to work? ..... | 21 <input type="radio"/> | 22 <input type="radio"/> |
| (l) Has there been a period when you had no regular place to live, for at least a month or more? .....   | 23 <input type="radio"/> | 24 <input type="radio"/> |

**PLEASE REMEMBER THAT THE REMAINING QUESTIONS ALSO ASK YOU ABOUT YOUR EXPERIENCES SINCE AGE 17.**

117. Since age 17, have you always been a full-time student?

- 1 ☐ Yes → Go to 123  
2 ☐ No

118. Since age 17, have you ever worked at a job or business for money?

- 1 ☐ Yes  
2 ☐ No → Go to 123

119. How often have you been fired from a job?

- 1 ☐ Never  
2 ☐ Once  
3 ☐ Twice  
4 ☐ Three or more times

120. How often have you quit a job before having another job lined up, other than for going back to school?

- 1 ☐ Never  
2 ☐ Once  
3 ☐ Twice  
4 ☐ Three or more times

121. Were you late or absent on any job you had an average of 3 days a month or more?

- 1 ☐ Yes  
2 ☐ No

122. Since leaving school have you been without a job for 6 months or longer?

- 1 ☐ Yes  
2 ☐ No  
3 ☐ I am still in school

123. Have you ever been married?

- 1 ☐ Yes → Go to 125  
2 ☐ No

124. Have you ever lived with a partner for more than a year as though married?

- 1 ☐ Yes  
2 ☐ No → Go to 129

125. Have you and your spouse or partner ever separated more than once for a few days or longer because of not getting along?

- 1 ☐ Yes  
2 ☐ No

126. Did you ever walk out on your spouse or partner either permanently or for at least several weeks?

- 1 ☐ Yes  
2 ☐ No

<p>127. Have you ever been the first to hit or throw things at your spouse or partner?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 129</p>	<p>134. Have you more than once run out of money for food for your family because you had spent the food money on yourself or on going out?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>
<p>128. How many times?</p> <p>1 <input type="radio"/> Just once</p> <p>2 <input type="radio"/> More than once</p>	<p>135. Please indicate which of the following has happened to you 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>05 <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 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>129. Have you ever had a child of your own or acted as a parent for a child?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to 135</p>	
<p>130. Have you ever left children under 6 years of age (either your own or ones in your care) at home alone while you went out shopping or doing anything else?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	
<p>131. Have there been times when a neighbour fed a child (of yours or a child in your care) because you did not get around to shopping for food?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	
<p>132. Have there been times when a neighbour kept a child (of yours or a child in your care) overnight because no one was taking care of him/her at home?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>136. 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>133. Has a doctor, nurse, social worker or teacher ever said that any child of yours or a child in your care was not being given enough to eat or was not being kept clean enough or getting medical care when it was needed?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<div style="border: 1px solid black; padding: 10px;"> <p><b>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.</b></p> </div>



# ONTARIO CHILD HEALTH FOLLOW UP STUDY FAMILY BACKGROUND QUESTIONNAIRE

OCHS 5

-    -    -     -     -     -

S ED EA MNUM P/Ln SUB H/LD

Now some questions about your background and work.	Female Parent/Guardian	Male Parent/Guardian																						
<p>01. In what country were you born?</p> <p>Countries</p> <table border="0"> <tr> <td>01 Canada</td> <td>12 Caribbean Countries</td> </tr> <tr> <td>02 United Kingdom</td> <td>Jamaica</td> </tr> <tr> <td>03 Italy</td> <td>Trinidad</td> </tr> <tr> <td>04 United States</td> <td>Antigua</td> </tr> <tr> <td>05 West Germany</td> <td>Barbados</td> </tr> <tr> <td>06 East Germany</td> <td>Grenada</td> </tr> <tr> <td>07 Poland</td> <td>St. Christopher and Nevis (St. Kitts)</td> </tr> <tr> <td>08 Portugal</td> <td>St. Vincent</td> </tr> <tr> <td>09 Greece</td> <td>West Indies</td> </tr> <tr> <td>10 Holland</td> <td></td> </tr> <tr> <td>11 India</td> <td></td> </tr> </table>	01 Canada	12 Caribbean Countries	02 United Kingdom	Jamaica	03 Italy	Trinidad	04 United States	Antigua	05 West Germany	Barbados	06 East Germany	Grenada	07 Poland	St. Christopher and Nevis (St. Kitts)	08 Portugal	St. Vincent	09 Greece	West Indies	10 Holland		11 India		<p><input type="text"/> <input type="text"/> Enter code</p> <p>98 <input type="radio"/> Other (specify) _____</p> <p>99 <input type="radio"/> Don't know</p>	<p><input type="text"/> <input type="text"/> Enter code</p> <p>98 <input type="radio"/> Other (specify) _____</p> <p>99 <input type="radio"/> Don't know</p>
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<p>03. What is the language you first learned in childhood and still understand?</p> <table border="0"> <tr> <td>01 English</td> <td>06 Portuguese</td> </tr> <tr> <td>02 French</td> <td>07 Greek</td> </tr> <tr> <td>03 German</td> <td>08 Dutch</td> </tr> <tr> <td>04 Italian</td> <td>09 Hindi</td> </tr> <tr> <td>05 Ukrainian</td> <td></td> </tr> </table>	01 English	06 Portuguese	02 French	07 Greek	03 German	08 Dutch	04 Italian	09 Hindi	05 Ukrainian		<p><input type="text"/> <input type="text"/> Enter code</p> <p>98 <input type="radio"/> Other _____ specify _____</p> <p>99 <input type="radio"/> Don't know</p>	<p><input type="text"/> <input type="text"/> Enter code</p> <p>98 <input type="radio"/> Other _____ specify _____</p> <p>99 <input type="radio"/> Don't know</p>												
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08 ..... Some																								
09 ..... Completed																								
<p>05. Did..... work at a job or business at anytime during 1986?</p>	<p>11 <input type="radio"/> Yes</p> <p>12 <input type="radio"/> No → Go to 9.</p> <p>13 <input type="radio"/> Don't know</p>	<p>21 <input type="radio"/> Yes</p> <p>22 <input type="radio"/> No → Go to 9.</p> <p>23 <input type="radio"/> Don't know</p>																						
<p>06. Was..... work in 1986 entirely full-time, entirely part-time or some of each? (By full-time I mean 30 hours or more a week)</p>	<p>14 <input type="radio"/> Full-time</p> <p>15 <input type="radio"/> Part-time</p> <p>16 <input type="radio"/> Both</p> <p>17 <input type="radio"/> Don't know</p>	<p>24 <input type="radio"/> Full-time</p> <p>25 <input type="radio"/> Part-time</p> <p>26 <input type="radio"/> Both</p> <p>27 <input type="radio"/> Don't know</p>																						
<p>07. Did..... work in every month in 1986? (Include as work all paid absences)</p>	<p>18 <input type="radio"/> Yes → Go to 12.</p> <p>19 <input type="radio"/> No</p>	<p>28 <input type="radio"/> Yes → Go to 12.</p> <p>29 <input type="radio"/> No</p>																						
<p>08. In how many months did..... work in 1986?</p>	<p><input type="text"/> <input type="text"/> Go to 10.</p>	<p><input type="text"/> <input type="text"/> Go to 10.</p>																						
<p>09. Have you/nas..... ever worked?</p>	<p>11 <input type="radio"/> Yes</p> <p>12 <input type="radio"/> No</p>	<p>21 <input type="radio"/> Yes</p> <p>22 <input type="radio"/> No</p>																						
<p>10. What was..... main activity during 1986? (When not working)</p>	<p>13 <input type="radio"/> Student</p> <p>14 <input type="radio"/> Retired</p> <p>15 <input type="radio"/> Homemaker</p> <p>16 <input type="radio"/> Looking for work</p> <p>17 <input type="radio"/> Lay off</p>	<p>23 <input type="radio"/> Student</p> <p>24 <input type="radio"/> Retired</p> <p>25 <input type="radio"/> Homemaker</p> <p>26 <input type="radio"/> Looking for work</p> <p>27 <input type="radio"/> Lay off</p>																						
<p>11. INTERVIEWER CHECK ITEM:</p>	<p>If "No" in Q.9 11 <input type="radio"/> → Go to Q.15</p> <p>Otherwise 12 <input type="radio"/> → Go to Q.12</p>	<p>If "No" in Q.9 21 <input type="radio"/> → Go to Q.15</p> <p>Otherwise 22 <input type="radio"/> → Go to Q.12</p>																						

<p>12. For whom did... last work? (Name of business, government department, or agency or person.)</p>	<p>Female Parent/Guardian</p>	<p>Male Parent/Guardian</p>
	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>
<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>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>
<p>14. What kind of work were you/was... doing? (Give full description; e.g. posting invoices, selling shoes, teaching primary school)</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>
<p>15. What language is most often spoken at home?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>01 <input type="radio"/> English</p> <p>02 <input type="radio"/> French</p> <p>03 <input type="radio"/> German</p> <p>04 <input type="radio"/> Italian</p> <p>05 <input type="radio"/> Ukrainian</p> </div> <div style="width: 45%;"> <p>06 <input type="radio"/> Portuguese</p> <p>07 <input type="radio"/> Greek</p> <p>08 <input type="radio"/> Dutch</p> <p>09 <input type="radio"/> Hindi</p> <p>10 <input type="radio"/> Other</p> </div> </div>	<p>20. Is the rent for this dwelling subsidized by the government for any reason?</p> <div style="margin-top: 10px;"> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p> </div> <p style="margin-top: 10px; font-size: small;">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> <div style="margin-top: 10px;"> <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> </div> <div style="margin-left: 150px; margin-top: -40px;"> <p>Go to Q.18.</p> </div>	<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 1986? (Mark all that apply)</p> <div style="margin-top: 10px;"> <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, Superannuation</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> </div>	
<p>17. During the past two years, in how many different dwellings have you lived?</p> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <p>Dwellings</p> </div>		
<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> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <p>Rooms</p> </div>		
<p>19. Is this (house/apartment/unit) owned or being rented by a member of this household?</p> <div style="margin-top: 10px;"> <p>1 <input type="radio"/> Owned → Go to Q.21.</p> <p>2 <input type="radio"/> Rented</p> </div>	<p>22. Please turn to page 8 of your booklet. Which category on this page represents the total family income, before taxes, for 1986? Please include income from all sources such as wages, salaries, commissions, pensions, family allowance, rental income and so forth.</p> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <p>Income code</p> </div>	

# SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** September 1987

**TITLE:** Part-time Employment Policy Evaluation

**SPONSOR:** Treasury Board Secretariat

**SURVEY METHOD:** Mail out/Mail back

**SAMPLE SIZE:** 2,000 part-time employees

**OBJECTIVES:** To provide data for the Program Evaluation and Review Group of Treasury Board in order to evaluate the part-time employment policy in the Public Service of Canada.

**PROJECT MANAGER:** Mike Sheridan

<b>MICRODATA:</b>	YES	PRICE	NO
			X





CONFIDENTIAL WHEN COMPLETED

## PART-TIME EMPLOYMENT POLICY EVALUATION

Dear Respondent:

As part of its mandate, the Treasury Board Secretariat is conducting an evaluation of the part-time employment policy in the Public Service of Canada. This survey is intended to provide data to aid in this process. The evaluation is intended to determine the degree to which the part-time employment policy has been implemented, whether policy objectives are being achieved and whether changes are needed.

Your name has been randomly selected from the incumbent file as part of the sample for this survey. As you will observe, there is no personal identification of any kind on the questionnaire. Consequently, your responses are not only confidential, they are also anonymous. Since you are a part-time employee, your knowledge of and experience with the part-time employment policy is vital to the success of this evaluation process. Further, since this is a sample survey, your cooperation is crucial in that you will represent other persons in a similar situation.

I would ask you to take a few minutes to complete this short questionnaire, seal it in the enclosed postage-paid return envelope and mail it today. The answers to the questions require that you either check the appropriate box or enter a number in the appropriate box.

I thank you in advance for your cooperation in this important undertaking.

Yours sincerely

F. J. Neville  
Director  
Evaluation and Review  
Personnel Policy Branch  
Treasury Board Secretariat

If you are no longer a part-time employee, check this box ☐ and return the questionnaire. No further questions apply to you.

# SURVEY OF PART-TIME EMPLOYEES

1. In which of the following official occupational categories is your position classified? (Check one only)	
1 <input type="checkbox"/> Scientific and professional (eg. ES, ENG.) 3 <input type="checkbox"/> Technical (eg. EL, AI.) 5 <input type="checkbox"/> Operational (eg. GLT, CX.)	2 <input type="checkbox"/> Administrative and foreign service (eg. PM, AS.) 4 <input type="checkbox"/> Administrative support (eg. CR, SCY.)
2. What is your sex?	
6 <input type="checkbox"/> Male	7 <input type="checkbox"/> Female
3. As of June 1, 1987, what was your age?	
Enter age ► <input style="width: 40px; border: 1px solid black;" type="text"/>	
4. What is the highest level of education you have completed? (Check one only.)	
1 <input type="checkbox"/> Some secondary 3 <input type="checkbox"/> Some post-secondary	2 <input type="checkbox"/> Completed secondary 4 <input type="checkbox"/> Completed post-secondary
5. Do you work in the National Capital Region?	
5 <input type="checkbox"/> Yes	6 <input type="checkbox"/> No
6. As a part-time employee, how many hours a week do you usually work? (Excluding overtime.)	
Enter number of hours per week ► 7 <input style="width: 60px; border: 1px solid black;" type="text"/> (eg. <input style="width: 40px; border: 1px solid black;" type="text"/>   <input style="width: 40px; border: 1px solid black;" type="text"/> . <input style="width: 40px; border: 1px solid black;" type="text"/> for 12.5 hrs a week)	
7. If you were a full-time employee working at your present job at the same level and classification, how many hours a week would you be working? (Excluding overtime.)	
Enter number of hours per week ► 8 <input style="width: 60px; border: 1px solid black;" type="text"/> (eg. <input style="width: 40px; border: 1px solid black;" type="text"/>   <input style="width: 40px; border: 1px solid black;" type="text"/> . <input style="width: 40px; border: 1px solid black;" type="text"/> for 37.5 hrs a week)	
8. For the part-time position that you currently occupy, what is your type of employment? (Check one only.)	
1 <input type="checkbox"/> Indeterminate 3 <input type="checkbox"/> Term less than 6 months	2 <input type="checkbox"/> Term more than 6 months 4 <input type="checkbox"/> Seasonal employee
9. Which one of the following best describes your part-time work arrangements? (Check one only.)	
5 <input type="checkbox"/> I work full days (eg., 7.5 or more hours but <i>fewer than five days per week</i> ) 6 <input type="checkbox"/> I work a <i>five day week but fewer hours per day</i> than normally scheduled (eg., less than 7.5 hours per day) 7 <input type="checkbox"/> I work <i>fewer than five days per week and fewer than normally scheduled hours per day</i> (eg., 3 days a week and less than 7.5 hours per day) 8 <input type="checkbox"/> None of the above (Specify) .....	
10. In what year did you first become a part-time employee in the Public Service of Canada?	
Enter year ► <input style="width: 40px; border: 1px solid black;" type="text"/> 19 <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/>	
11. Have you read or had explained to you the terms and conditions governing your part-time employment?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (If no, skip to question 13)
12. Are the terms and conditions governing your part-time employment clear to you?	
3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No



13. Is your current part-time position your first appointment to the Public Service of Canada?

5 ☐ Yes

6 ☐ No (If no, skip to question 15)

14. Which one of the following best describes your situation at the time you were first appointed to this position? (Check one and skip to question 17)

1 ☐ It was my first job after completion of my formal education

2 ☐ It was a direct move from another job outside the Public Service

3 ☐ It was my first job after returning to the work force after a long absence

4 ☐ Other (Specify) .....

15. Which one of the following best describes your situation at the time you started working at your present position as a part-time employee?

5 ☐ It was a change from full-time employment in the Public Service after a return from maternity leave

6 ☐ It was as the result of changing directly from a full-time employee to part-time status with no break in service

7 ☐ It was the result of returning to the Public Service after a long absence

8 ☐ It was a transfer from another part-time position

9 ☐ Other (Specify) .....

16. Was your current part-time status initiated by yourself or by your management?

1 ☐ Initiated at my request

2 ☐ Initiated by management

17. Which one of the following was the most important reason for your becoming a part-time employee? (Check one only.)

01 ☐ Child care responsibilities

02 ☐ Aged parent responsibilities

03 ☐ A potential route to full-time employment

04 ☐ To accommodate formal education activities

05 ☐ Could not work full-time due to a disability

06 ☐ Full-time employment was not available

07 ☐ As an alternative to layoff

08 ☐ As a transition to retirement

09 ☐ To achieve a more balanced trade-off between time and income 10 ☐ Some other reason (Specify) .....

If you work less than 30 hours per week, please skip to question 20 and continue. Otherwise please continue with question 18.

18. At the present time, part-time workers who work less than 30 hours per week do not contribute to and benefit from superannuation (Federal Government Employees' Pension). For the purpose of this next question, suppose that even if you worked less than 30 hours a week, you could contribute to and benefit from superannuation based upon the hours you worked.

Would you consider working less than 30 hours per week if you could contribute to and benefit from superannuation based upon your hours of work?

1 ☐ Yes

2 ☐ No (If no, skip to question 21)

19. Under the circumstances described in question 18 above, how many hours a week would you consider working?

Enter the number of hours and skip to number 21



3

20. As a part-time employee who works less than 30 hours per week, would you like to have the opportunity to contribute to and benefit from superannuation (Federal Government Employees' Pension) based upon the number of hours you work?

4 ☐ Yes

5 ☐ No

6 ☐ Uncertain



21. Please answer questions 22, 23 and 24 if you were formerly a full-time employee in the Public Service. If you have always worked in the Public Service as a part-time employee, please skip to question 24.

22. Have your assignments and workload been adjusted to reflect your part-time work schedule?

7 ☐ Yes

8 ☐ No

23. Has your change in status from a full-time employee to a part-time employee:

changed or modified your relationship with your supervisor?

1 ☐ No

2 ☐ Yes (Specify) .....

changed or modified your relationship with your colleagues?

3 ☐ No

4 ☐ Yes (Specify) .....

altered your ability to perform your duties?

5 ☐ No

6 ☐ Yes (Specify) .....

24. If your request to work part-time had been refused, which of the following actions would you have taken? (Check all that apply.)

1 ☐ I would have continued working full-time in the Public Service

2 ☐ I would have sought part-time employment in another position in the Public Service

3 ☐ I would have looked for part-time work outside the Public Service

4 ☐ I would have stopped working

5 ☐ Other (Specify) .....

25. Have you ever made a request for a change to part-time employment within the Public Service that was refused?

6 ☐ Yes

7 ☐ No (If no, skip to question 27)

26. What reason did your supervisor / management give you for the denial of your request to work part-time? (Check one only.)

1 ☐ Operational considerations

2 ☐ No clear reason provided

3 ☐ Other (Specify) .....

27. Are there any thoughts and experiences concerning part-time employment that you would like to express?

Thank you for your co-operation

## SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: September 1987

TITLE: Survey of Full-time Employees Concerning the  
Part-time Employment Policy

SPONSOR: The Treasury Board Secretariat

SURVEY METHOD: Mail out/Mail back

SAMPLE SIZE: 3,500 full-time employees of the Public Service of Canada

**OBJECTIVES:**

1. Provide data on full-time employees perceptions and understanding of the part-time employment policy in the Public Service of Canada.
2. Supplement information on the degree to which the part-time employment policy has been implemented, whether policy objectives are being achieved and whether changes are needed.

PROJECT MANAGER: Mike Sheridan

MICRODATA:	Yes	Price	No
			X





CONFIDENTIAL WHEN COMPLETED

**SURVEY OF FULL-TIME EMPLOYEES  
CONCERNING THE PART-TIME EMPLOYMENT POLICY**

Dear Respondent:

As part of its mandate, the Treasury Board Secretariat is conducting an evaluation of the part-time employment policy in the Public Service of Canada. This survey is intended to provide data to aid in this process. The evaluation is intended to determine the degree to which the part-time employment policy has been implemented, whether policy objectives are being achieved and whether changes are needed.

Your name has been randomly selected from the incumbent file as part of the sample for this survey. As you will observe, there is no personal identification of any kind on the questionnaire. Consequently, your responses are not only confidential, they are also anonymous. Although we realize that you are a full-time employee, nevertheless your knowledge of and experience with the part-time employment policy is vital to this evaluation process. Further, since this is a sample survey, your cooperation is crucial in that you will represent other persons in a similar situation.

I would ask you to take a few minutes to complete this short questionnaire, seal it in the enclosed postage-paid return envelope and mail it today. The answers to the questions require that you either check the appropriate box or enter a number in the appropriate box.

I thank you in advance for your cooperation in this important undertaking.

Yours sincerely

F. J. Neville  
Director  
Evaluation and Review  
Personnel Policy Branch  
Treasury Board Secretariat

If you are not a full-time employee, check this box ☐ and return the questionnaire.  
No further questions apply to you.



# SURVEY OF FULL-TIME EMPLOYEES

1. In which of the following official occupational categories is your position classified?	
1 <input type="checkbox"/> Management (eg. EX, SM.)	2 <input type="checkbox"/> Scientific and professional (eg. ES, ENG.)
3 <input type="checkbox"/> Administrative and foreign service (eg. PM, AS.)	4 <input type="checkbox"/> Technical (eg. EL, AI.)
5 <input type="checkbox"/> Administrative support (eg. CR, SCY.)	6 <input type="checkbox"/> Operational (eg. GLT, CX.)
2. What is your sex?	
7 <input type="checkbox"/> Male	8 <input type="checkbox"/> Female
3. As of June 1, 1987, what was your age?	
Enter age ► <input style="width: 50px; border: 1px solid black;" type="text"/>	
4. What is the highest level of education you have completed?	
1 <input type="checkbox"/> Some secondary	2 <input type="checkbox"/> Completed secondary
3 <input type="checkbox"/> Some post-secondary	4 <input type="checkbox"/> Completed post-secondary
5. Do you work in the National Capital Region?	
5 <input type="checkbox"/> Yes	6 <input type="checkbox"/> No
6. Have you read or heard of the Treasury Board's Policy on Part-Time Employment?	
7 <input type="checkbox"/> Yes	8 <input type="checkbox"/> No (If no, skip to question 8)
7. Based on your understanding of the Treasury Board's Policy on Part-Time Employment, would you say the policy is best described as:	
1 <input type="checkbox"/> one of encouragement	2 <input type="checkbox"/> one of neutrality
3 <input type="checkbox"/> one of discouragement	4 <input type="checkbox"/> unable to assess
8. Since 1981, have you ever requested a change from full-time to part-time employment?	
5 <input type="checkbox"/> Yes	6 <input type="checkbox"/> No (If no, skip to question 12)
9. What was the main reason for your request to change from full-time to part-time status?	
1 <input type="checkbox"/> Child care responsibilities	2 <input type="checkbox"/> Aged parent responsibilities
3 <input type="checkbox"/> To accommodate formal education activities	4 <input type="checkbox"/> Could not work full-time due to a disability
5 <input type="checkbox"/> As an alternative to lay-off	6 <input type="checkbox"/> As a transition to retirement
7 <input type="checkbox"/> To achieve a more balanced trade-off between time and income	8 <input type="checkbox"/> Some other reason (Please specify) .....
10. Was your request to work part-time denied?	
1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (If no, skip to question 14)
11. What reason did your supervisor / management give you for the denial of your request to work part-time? (Check one only.)	
3 <input type="checkbox"/> Operational considerations	4 <input type="checkbox"/> No clear reason given
5 <input type="checkbox"/> Other (Specify) .....	
(Skip to question 15)	

12. Which of the following statements best describes your experience?

- 6 ☐ I have never seriously considered making a request to work part-time
- 7 ☐ I gave the possibility of a request for part-time status serious consideration, but never took it as far as a formal request
- 8 ☐ Management requested that I work part-time, but I declined to accept the change (Please give management's stated reason for making the request)

13. Which of the following statements best expresses your reason for not pursuing / not accepting / not having any interest in part-time employment? (Check one only and skip to question 15)

- 1 ☐ Part-time work would have had too great an effect on my income
- 2 ☐ Part-time work would have had an affect on my pension
- 3 ☐ Part-time work would have had too great an affect on my non-pension benefits
- 4 ☐ Part-time work would have hindered my career advancement
- 5 ☐ Part-time work would have affected my relationship and status with my co-workers
- 6 ☐ Other (Please specify) .....

14. What was the main reason you changed back from part-time to full-time employment?

- 1 ☐ My children reached the age where I no longer needed a part-time work schedule
- 2 ☐ My non-child family-related responsibility situation had changed and I no longer needed a part-time work schedule
- 3 ☐ I needed the full-time salary and could not continue as a part-time worker
- 4 ☐ I wished to participate in the federal employees' pension plan (superannuation)
- 5 ☐ My status as a part-time worker had negative effects on my career
- 6 ☐ I felt my workload was disproportionate to my hours of work
- 7 ☐ Other (Please specify) .....

15. Are there any thoughts and experiences concerning part-time employment that you would like to express?

Thank you for your co-operation

# SPECIAL SURVEY GROUP PROGRAMS

**SURVEY MONTH:** October 1987

**TITLE:** Survey of Apprentices and Journeymen in Alberta.

**SPONSOR:** Alberta Manpower

**SURVEY METHOD:** Personal/telephone interview

**SAMPLE SIZE:** Household members 16 to 65 years of age in rotation groups 1,2,3,5 and 6 in the province of Alberta.

**OBJECTIVES:** The information obtained from this survey should identify the number of Alberta registered apprentices and Alberta certified journeymen who are active in their trade, as well as the trades in which they are active.

**PROJECT MANAGER:** Scott Murray

<b>MICRODATA:</b>	Yes	Price	No
	X	\$500	





## HOUSEHOLD SURVEYS DIVISION

## SURVEY OF APPRENTICES AND JOURNEYMEN

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

## CALL BACK NOTES

INTRODUCTION: APPRENTICESHIP IS A COMBINATION OF ON-THE-JOB AND TECHNICAL TRAINING WHICH LEADS TO CERTIFICATION AS A QUALIFIED JOURNEYMAN. IN ALBERTA, THE APPRENTICESHIP PROGRAM COMES UNDER THE DIRECTION OF APPRENTICESHIP AND TRADE CERTIFICATION BRANCH OF ALBERTA MANPOWER WHO IS SPONSORING THIS SURVEY. THE SURVEY IS BEING CONDUCTED TO DETERMINE THE NUMBER OF EMPLOYED AND UNEMPLOYED JOURNEYMEN AND APPRENTICES BY TRADE, AND THE NUMBER OF JOURNEYMEN AND APPRENTICES NOT WORKING IN THEIR TRADE.

**NOTE:** OBTAIN ANSWERS DIRECTLY FROM EACH RESPONDENT. THREE TELEPHONE CALL BACKS SHOULD BE MADE BEFORE ACCEPTING PROXY RESPONSE.

10. IS ... A REGISTERED APPRENTICE IN ALBERTA?

YES <sup>1</sup> ☐NO <sup>2</sup> ☐

GO TO 13

11. IN WHICH TRADE IS ... TAKING HIS/HER APPRENTICESHIP?

ENTER CODE

12. LAST WEEK DID ... WORK IN A "HANDS-ON" CAPACITY IN THIS TRADE?

YES <sup>3</sup> ☐NO <sup>4</sup> ☐

13. IS ... A JOURNEYMAN WITH AN ALBERTA TRADE CERTIFICATE?

YES <sup>5</sup> ☐NO <sup>6</sup> ☐

GO TO 17

14. IN WHICH TRADE DOES ... HOLD AN ALBERTA TRADE CERTIFICATE?

ENTER CODE

IF ... HOLDS MORE THAN ONE ALBERTA TRADE CERTIFICATE ENTER CODE OF TRADE WHICH RESPONDENT FEELS IS HIS/HER MAIN TRADE.

15. LAST WEEK, DID ... WORK IN A "HANDS-ON" CAPACITY IN THIS TRADE?

YES <sup>7</sup> ☐

GO TO 17

NO <sup>8</sup> ☐

16. HAS ... WORKED IN AN "HANDS-ON" CAPACITY IN THIS TRADE AT ANY TIME IN THE PAST 12 MONTHS?

YES <sup>1</sup> ☐NO <sup>2</sup> ☐

17. INFORMATION SOURCE:

ENTER HRD PAGE-LINE NUMBER OF PERSON PROVIDING THE ABOVE INFORMATION.

99 NOTES

See over for additional NOTES ☐

Item No.

Item No.

FRANÇAIS AU VERSO

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

# SPECIAL SURVEY GROUP PROGRAMS

SURVEY MONTH: October 1987

TITLE: Survey of Volunteer Activity

SPONSOR: Secretary of State

SURVEY METHOD: Mailout/mailback.

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

OBJECTIVES: The survey collects information about:

- (1) The activities of volunteers, who benefit from these activities and the settings in which the activities take place.
- (2) The satisfaction people gain from volunteering;
- (3) The amount and patterns of time that people spend volunteering through organizations;
- (4) The training and supervision people receive during their voluntary experiences through organizations;
- (5) The out-of-pocket expenses connected with voluntary activities through organizations

PROJECT MANAGER: Scott Murray

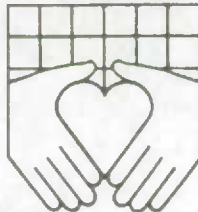
MICRODATA:	Yes	Price	No
	X	\$500	



Statistics Canada Statistique Canada

HOUSEHOLD SURVEYS DIVISION

## SURVEY OF VOLUNTEER ACTIVITY



CONFIDENTIAL when completed

FORM NO. 08

Authority: Statistics Act / Statutes of Canada  
1970-71-72 Chapter 15

Dear Respondent

Little is known about what Canadians do as volunteers for various groups and organizations. This survey, conducted by Statistics Canada for the Secretary of State, will help to describe the experiences and contribution of volunteers. Voluntary organizations, the Government, and universities are looking forward to obtaining the results of this survey.

Whether you volunteered for one organization or more, a few times in the past year or regularly each week, your answers are needed to make our survey complete.

Your responses will be kept strictly confidential. Thank you for taking time to answer our questions.

Yours sincerely,

Ivan P. Fellegi  
Chief Statistician of Canada

*Aux francophones: Si un questionnaire anglais vous a été envoyé par erreur et que vous désirez recevoir un exemplaire français, veuillez appeler, à frais virés, au bureau de Statistique Canada le plus proche.*

*Le numéro de téléphone des bureaux figure au verso du questionnaire.*

### INSTRUCTIONS

The names of up to 3 organizations for which you worked as a volunteer in the past 12 months appear at the top of pages 3, 7 and 11. Please complete the general questions numbered 1 to 10, and then answer the questions for each organization.

To answer most questions, enter a ☒ in the appropriate circle.

Enter numbers or letters in the boxes provided.

0	3				
C	A	N	A	D	A

Please return, as soon as possible, your completed questionnaire in the postage-paid envelope provided.

### OFFICE USE ONLY

4   
Assignment No.

5   
Docket No.

6   
HRD page — line No.

7   
Given Name

8   
Surname



## SECTION A: GENERAL QUESTIONS ABOUT YOUR VOLUNTEER ACTIVITIES

THE FIRST 10 QUESTIONS REFER TO ALL OF YOUR VOLUNTEER ACTIVITIES FOR ORGANIZATIONS SINCE NOVEMBER 1, 1986.

1. How important to your volunteering is .....

Mark one circle for each reason listed below.  
If a reason does not apply, mark 'Not at all Important'.

	Very Important	Somewhat Important	Not too Important	Not at all Important
A. Meeting people, companionship? .....	01 ●	02 ●	03 ●	04 ●
B. Fulfilling religious obligations or beliefs? .....	05 ●	06 ●	07 ●	08 ●
C. Learning new skills? .....	09 ●	10 ●	11 ●	12 ●
D. Helping others? .....	13 ●	14 ●	15 ●	16 ●
E. Helping a cause you believe in? .....	17 ●	18 ●	19 ●	20 ●
F. Feeling that you accomplished something? .....	21 ●	22 ●	23 ●	24 ●
G. Doing something you like to do? .....	25 ●	26 ●	27 ●	28 ●
H. Helping to maintain and promote your heritage or language? .....	29 ●	30 ●	31 ●	32 ●
I. Having influence in community affairs or political life? .....	33 ●	34 ●	35 ●	36 ●
J. Improving your job opportunities? .....	37 ●	38 ●	39 ●	40 ●
K. Feeling an obligation to help the other volunteers? .....	41 ●	42 ●	43 ●	44 ●
L. Using your skills and experience? .....	45 ●	46 ●	47 ●	48 ●
M. Doing work that benefits your children, your family or yourself? .....	49 ●	50 ●	51 ●	52 ●
N. Feeling you owe something to your community? .....	53 ●	54 ●	55 ●	56 ●
O. Doing something with your spare time? .....	57 ●	58 ●	59 ●	60 ●

2. The following things may concern some volunteers.  
How concerned are you .....

Please mark one circle for each concern listed.  
If Not Applicable, mark 'Not at all Concerned'.

	Very Concerned	Somewhat Concerned	Not at all Concerned
A. About what it costs you financially to be a volunteer? .....	1 ●	2 ●	3 ●
B. That while volunteering you may be injured or risk your health? .....	4 ●	5 ●	6 ●
C. That if something went seriously wrong during your volunteer work you could be sued (taken to court)? .....	7 ●	8 ●	9 ●

3. Over the past year, when did you do most of your volunteering?  
Please mark one only.

On a weekday/s (Monday to Friday) .....	1 ●
On Saturdays .....	2 ●
On Sundays .....	3 ●

4. At what time of the day did you do most of your volunteering?

Mark one only

- All day long ..... 4 ●  
 Morning ..... 5 ●  
 Afternoon ..... 6 ●  
 Evening ..... 7 ●

5. Over the past year, was the time when you volunteered ...

- Convenient for you? ..... 1 ●  
 Somewhat inconvenient? ..... 2 ●  
 Very inconvenient? ..... 3 ●

6. Thinking about the amount of time you spent volunteering during the past year, was it ...

- Just as much time as you wanted to give? ..... 4 ●  
 More time than you wanted to give? ..... 5 ●  
 Less time than you wanted to give? ..... 6 ●

7. Since November 1986, did you get anything for free or at a reduced cost as a result of your volunteering?

- No — nothing ..... 1 ●  
 Yes — but of very little cash value ..... 2 ●  
 Yes — and worth more than a little cash value ..... 3 ●

8. Since last November, did you work for pay at a job or business?

- Yes ..... 4 ●      No ..... 5 ● → Go to SECTION B, Page 3

9. Since November 1986, did you get anything from your employer to help with your volunteer activities?

- Was not employed when volunteering ..... 1 ●  
 No — did not get anything ..... 2 ●

→ Go to SECTION B  
Page 3

OR

Mark all that apply.

- A. Use of facilities or equipment ..... 3 ●  
 B. Time off or the opportunity to spend some time doing volunteer work while on the job ..... 4 ●  
 C. Change of work hours ..... 5 ●  
 D. Public recognition, letter of thanks ..... 6 ●  
 E. Other ..... 7 ●  
 Please specify in spaces below.

\_\_\_\_\_

10. Has your work as a volunteer given you any new skills that you can apply directly to your job?

- Yes ..... 1 ●      No ..... 2 ●

## SECTION B QUESTIONS ABOUT YOUR VOLUNTEER ACTIVITIES FOR ORGANIZATION 1

## QUESTIONS 11 to 36 REFER TO YOUR VOLUNTEER ACTIVITIES FOR

11. When did you first start volunteering for the organization named on the label?

- Less than 1 year ago ..... 1 ●
- 1 - 2 years ago ..... 2 ●
- 3 - 5 years ago ..... 3 ●
- 6 - 10 years ago ..... 4 ●
- More than 10 years ago ..... 5 ●

12. Before becoming a volunteer for this organization

Yes No

Did you have a friend, a relative or an acquaintance in this organization? ..... 1 ● 2 ●

Were you or your family directly benefiting from this organization? ..... 3 ● 4 ●

Were you already a member of this organization? ..... 5 ● 6 ●

13. How did you first become a volunteer for this organization?

Mark one answer only.

- A. Someone in the organization asked me ..... 01 ●
- B. A friend or relative outside the organization asked me ..... 02 ●
- C. My boss or employer asked me ..... 03 ●
- D. I was chosen by co-workers, classmates, other group members, etc. .... 04 ●
- E. I helped to start the organization ..... 05 ●
- F. I was referred by a volunteer bureau ..... 06 ●
- G. I responded to a public appeal in the newspaper, on the radio, etc. .... 07 ●
- H. I got involved through other groups or organizations I belong to (church, service club, association) ..... 08 ●
- I. I approached the organization myself ..... 09 ●
- J. Other ..... 10 ●
- Please specify in the spaces below.

14. Since November 1986, what did you do for this organization?

Mark all that apply

- A. Fundraising, canvassing for funds ..... 01 ●
- B. Canvassing, but not to raise funds ..... 02 ●
- C. Recruiting volunteers ..... 03 ●
- D. Teaching, educating ..... 04 ●
- E. Coaching, refereeing, judging ..... 05 ●
- F. Guiding groups ..... 06 ●
- G. Counselling, providing advice, friendly support ..... 07 ●
- H. Providing information ..... 08 ●
- I. Promoting ideas, researching, writing, speaking ..... 09 ●
- J. Helping in a religious service or mass ..... 10 ●
- K. Performing, entertaining ..... 11 ●
- L. Providing care or companionship, friendly visiting ..... 12 ●
- M. Collecting, distributing food or other goods ..... 13 ●
- N. Preparing or serving food ..... 14 ●
- O. Making items ..... 15 ●
- P. Selling items ..... 16 ●
- Q. Organizing events, supervising or coordinating activities ..... 17 ●
- R. Office work, administration, bookkeeping, library work ..... 18 ●
- S. Professional consulting ..... 19 ●
- T. Sitting as a board member ..... 20 ●
- U. Translating ..... 21 ●
- V. Repairing, maintaining, building facilities ..... 22 ●
- W. Fire-fighting, first-aid, search and rescue ..... 23 ●
- X. Protecting the environment, wildlife, animals ..... 24 ●
- Y. Other ..... 25 ●
- Please specify in spaces below



15. At which one of these activities did you spend the most time?

Mark one only

- 01 ● 02 ● 03 ● 04 ● 05 ● 06 ● 07 ● 08 ●  
A B C D E F G H
- 09 ● 10 ● 11 ● 12 ● 13 ● 14 ● 15 ● 16 ●  
I J K L M N O P
- 17 ● 18 ● 19 ● 20 ● 21 ● 22 ● 23 ● 24 ● 25 ●  
Q R S T U V W X Y

16. Since last November, did you .....

Yes No

Manage, supervise or coordinate any of the other volunteers in this organization? ..... 1 ● 2 ●

Help to run this organization (eg. member of executive, board member, etc.)? ..... 3 ● 4 ●

17. Overall, how satisfying was your experience as a volunteer with this organization since November 1986?

- Very satisfying ..... 1 ●
- Somewhat satisfying ..... 2 ●
- Neither satisfying nor dissatisfying ..... 3 ●
- Somewhat dissatisfying ..... 4 ●
- Very dissatisfying ..... 5 ●

18. Is this organization a self-help mutual aid group in which people or families with certain problems get together to help each other such as single parents, bereaved parents, AA, etc.?

- Yes ..... 6 ●
- No ..... 7 ●
- Don't know ..... 8 ●

19. Was your volunteer work for this organization specifically aimed at helping developing countries?

- Yes ..... 1 ● No ..... 2 ●

20. Who does this organization help or benefit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. If asked, would you have given more hours to this organization over the past year?

- Yes, on a regular basis ..... 1 ●
- Yes, but only in special or emergency situations ..... 2 ●

Go to 22

No ..... 3 ●

OR

Why wouldn't you?

Please mark the most important reason.

- I had no more time to give (because of family responsibilities, work, etc.) ..... 01 ●
- I had health problems ..... 02 ●
- I had transportation problems ..... 03 ●
- I could not afford the expenses involved ..... 04 ●
- I couldn't have coped emotionally with more of this work ..... 05 ●
- I had already given the hours I wanted to give/Done my share of work for this organization ..... 06 ●
- I wasn't interested in the work ..... 07 ●
- I did not like the way the organization did things ..... 08 ●
- I did not like the paid staff ..... 09 ●
- I did not like the other volunteers ..... 10 ●
- Other ..... 11 ●

Please specify in the spaces below.

22. Last week, how many hours of volunteer work did you do for this organization?

No hours ..... 1 ● OR  number of hours

23. From November 1986 to the end of this October, in which months did you do volunteer work for this organization?

Mark all that apply.

- 1986 01 ● 02 ●  
Nov. Dec.
- 1987 03 ● 04 ● 05 ● 06 ● 07 ●  
Jan. Feb. Mar. Apr. May
- 08 ● 09 ● 10 ● 11 ● 12 ●  
June July Aug. Sept. Oct.

24. In the weeks that you volunteered for this organization, did you usually volunteer about the same number of hours each week?

No ☐ 1 → Go to 25      Yes ☐ 2 → Go to 27

25. To the nearest hour, approximately how many hours in each month did you volunteer for this organization?

NOTE: Even the smallest number of hours is important! Please tell us about all hours you worked even if you only volunteered on one or two occasions

1986 ← 01  November

02  December

03  January

04  February

05  March

06  April

07  May

08  June

09  July

10  August

11  September

12  October

1987 ←

26. Since November 1986, what were your total expenses for the whole year to volunteer for this organization? Include costs such as bus fares, gas, parking, babysitting, meals, etc., but exclude expenses which were reimbursed.

No expenses ☐ 1

Less than \$20 ☐ 2

\$20 to \$50 ☐ 3 → Go to 31

\$51 to \$100 ☐ 4

Over \$100 ☐ 5

27. Approximately how many hours did you usually volunteer per week for this organization?

Please round to the nearest whole hour

hours per week

28. Of the past 52 weeks, in how many weeks did you do any volunteering for this organization?

weeks

29. In addition to their usual hours, volunteers often volunteer for special events. Since November 1986, did you work any hours in addition to those already reported?

No ☐ 1

Yes ☐ 2 → How many extra hours?

extra hours

30. Since November 1986, what were your usual weekly out of pocket expenses to volunteer for this organization? Include costs such as bus fares, gas, parking, babysitting, meals, etc., but exclude expenses which were reimbursed.

No expenses ☐ 3

OR

\$  ,  per week

31. Since November 1986, did you have to buy a uniform, equipment, or supplies to do this volunteer activity? Exclude expenses for which you were reimbursed.

No ☐ 1

Yes ☐ 2 → How much did this cost you personally?

Less than \$20 ☐ 3

\$20 to \$50 ☐ 4

\$51 to \$100 ☐ 5

Over \$100 ☐ 6

Please mark one circle for each item listed below

32. Looking back over the past year, how satisfied or dissatisfied are you with	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Doesn't Matter / Not Applicable
A. The way this organization spends its money? .....	01 ●	02 ●	03 ●	04 ●	05 ●
B. The information given to volunteers about what's happening in the organization? .....	06 ●	07 ●	08 ●	09 ●	10 ●
C. The commitment and participation of other volunteers? .....	11 ●	12 ●	13 ●	14 ●	15 ●
D. The chance to have a say in how the organization is run? .....	16 ●	17 ●	18 ●	19 ●	20 ●
E. The orientation given to new volunteers? .....	21 ●	22 ●	23 ●	24 ●	25 ●
F. How this organization is achieving its goals? .....	26 ●	27 ●	28 ●	29 ●	30 ●

33. What, if anything, did you gain in terms of skill and knowledge while volunteering for this organization?  
Mark all that apply

- A. Fundraising skills ..... 1 ●
- B. Technical, office skills,  
e.g. first-aid skills, coaching techniques, how to use a word processor, to do the books, to catalogue in the library ..... 2 ●
- C. Organizational, managerial skills,  
e.g. how to organize resources, to manage the work of others, to be a leader, to plan, how to run an organization ..... 3 ●
- D. Knowledge,  
e.g. about health, women's issues, political issues, criminal justice, the environment ..... 4 ●
- E. Communication skills,  
e.g. public speaking, writing, public relations, conducting meetings ..... 5 ●
- F. Interpersonal skills,  
e.g. to understand people better, to motivate them, how to deal with difficult situations ..... 6 ●
- G. Some other skill or knowledge ..... 7 ●  
Please specify in the spaces below.

.....

OR

- H. Nothing in particular ..... 8 ●

34. How do you feel about the amount of training you received last year in this organization?

- I did not get training, but I did not need it ..... 1 ●
- I had too little or no training ..... 2 ●
- I had the right amount of training ..... 3 ●
- I had too much training ..... 4 ●

35. How do you feel about the amount of supervision you received last year in this organization?

- I was not supervised, but I did not need to be ..... 5 ●
- I had too little supervision ..... 6 ●
- I had the right amount of supervision ..... 7 ●
- I had too much supervision ..... 8 ●

36. We have been referring to you as a volunteer for this organization. Do you think of yourself as a volunteer?

- Yes — I think about myself as a "volunteer" ..... 1 ●
- No — I think about myself as a ..... 2 ●

(Please specify in the spaces)

- No — I don't think about myself as a "volunteer", but I do not have any other word to describe myself ..... 2 ●

PLEASE GO TO NEXT PAGE.  
IF THERE IS A LABEL, ANSWER THE QUESTIONS WHICH FOLLOW.  
IF THERE IS NO LABEL, THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE.



## SECTION C: QUESTIONS ABOUT YOUR VOLUNTEER ACTIVITIES FOR ORGANIZATION 2

## QUESTIONS 37 to 62 REFER TO YOUR VOLUNTEER ACTIVITIES FOR

37. When did you first start volunteering for the organization named on the label?

- Less than 1 year ago ..... 1 ●
- 1 – 2 years ago ..... 2 ●
- 3 – 5 years ago ..... 3 ●
- 6 – 10 years ago ..... 4 ●
- More than 10 years ago ..... 5 ●

38. Before becoming a volunteer for this organization

Yes No

Did you have a friend, a relative or an acquaintance in this organization? ..... 1 ● 2 ●

Were you or your family directly benefiting from this organization? ..... 3 ● 4 ●

Were you already a member of this organization? ..... 5 ● 6 ●

39. How did you first become a volunteer for this organization? -

Mark one answer only.

- A. Someone in the organization asked me ..... 01 ●
- B. A friend or relative outside the organization asked me ..... 02 ●
- C. My boss or employer asked me ..... 03 ●
- D. I was chosen by co-workers, classmates, other group members, etc. .... 04 ●
- E. I helped to start the organization ..... 05 ●
- F. I was referred by a volunteer bureau ..... 06 ●
- G. I responded to a public appeal in the newspaper, on the radio, etc. .... 07 ●
- H. I got involved through other groups or organizations I belong to (church, service club, association) ..... 08 ●
- I. I approached the organization myself ..... 09 ●
- J. Other ..... 10 ●

Please specify in the spaces below.

40. Since November 1986, what did you do for this organization?

Mark all that apply

- A. Fundraising, canvassing for funds ..... 01 ●
- B. Canvassing, but not to raise funds ..... 02 ●
- C. Recruiting volunteers ..... 03 ●
- D. Teaching, educating ..... 04 ●
- E. Coaching, refereeing, judging ..... 05 ●
- F. Guiding groups ..... 06 ●
- G. Counselling, providing advice, friendly support ..... 07 ●
- H. Providing information ..... 08 ●
- I. Promoting ideas, researching, writing, speaking ..... 09 ●
- J. Helping in a religious service or mass ..... 10 ●
- K. Performing, entertaining ..... 11 ●
- L. Providing care or companionship, friendly visiting ..... 12 ●
- M. Collecting, distributing food or other goods ..... 13 ●
- N. Preparing or serving food ..... 14 ●
- O. Making items ..... 15 ●
- P. Selling items ..... 16 ●
- Q. Organizing events, supervising or coordinating activities ..... 17 ●
- R. Office work, administration, bookkeeping, library work ..... 18 ●
- S. Professional consulting ..... 19 ●
- T. Sitting as a board member ..... 20 ●
- U. Translating ..... 21 ●
- V. Repairing, maintaining, building facilities ..... 22 ●
- W. Fire-fighting, first-aid, search and rescue ..... 23 ●
- X. Protecting the environment, wildlife, animals ..... 24 ●
- Y. Other ..... 25 ●

Please specify in spaces below.

41. At which one of these activities did you spend the most time?

Mark one only.

- 01 ● 02 ● 03 ● 04 ● 05 ● 06 ● 07 ● 08 ●  
A B C D E F G H
- 09 ● 10 ● 11 ● 12 ● 13 ● 14 ● 15 ● 16 ●  
I J K L M N O P
- 17 ● 18 ● 19 ● 20 ● 21 ● 22 ● 23 ● 24 ● 25 ●  
Q R S T U V W X Y

42. Since last November, did you .....

Yes No

Manage, supervise or coordinate any of the other volunteers in this organization? 1 ● 2 ●

Help to run this organization (e.g. member of executive, board member, etc.)? 2 ● 4 ●

43. Overall, how satisfying was your experience as a volunteer with this organization since November 1986?

Very satisfying ..... 1 ●

Somewhat satisfying ..... 2 ●

Neither satisfying nor dissatisfying ..... 3 ●

Somewhat dissatisfying ..... 4 ●

Very dissatisfying ..... 5 ●

44. Is this organization a self-help mutual aid group in which people or families with certain problems get together to help each other such as single parents, bereaved parents, AA, etc.?

Yes ..... 6 ●

No ..... 7 ●

Don't know ..... 8 ●

45. Was your volunteer work for this organization specifically aimed at helping developing countries?

Yes ..... 1 ● No ..... 2 ●

46. Who does this organization help or benefit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47. If asked, would you have given more hours to this organization over the past year?

Yes, on a regular basis ..... 1 ●

Yes, but only in special or emergency situations ..... 2 ●

Go to 48

No ..... 3 ●

OR

Why wouldn't you?

Please mark the most important reason.

I had no more time to give (because of family responsibilities, work, etc.) ..... 01 ●

I had health problems ..... 02 ●

I had transportation problems ..... 03 ●

I could not afford the expenses involved ..... 04 ●

I couldn't have coped emotionally with more of this work ..... 05 ●

I had already given the hours I wanted to give/Done my share of work for this organization ..... 06 ●

I wasn't interested in the work ..... 07 ●

I did not like the way the organization did things ..... 08 ●

I did not like the paid staff ..... 09 ●

I did not like the other volunteers ..... 10 ●

Other ..... 11 ●

Please specify in the spaces below.

\_\_\_\_\_

48. Last week, how many hours of volunteer work did you do for this organization?

No hours ..... 1 ● OR \_\_\_\_\_ number of hours

49. From November 1986 to the end of this October, in which months did you do volunteer work for this organization?

Mark all that apply.

- 1986 01 ● 02 ●  
Nov. Dec.
- 1987 03 ● 04 ● 05 ● 06 ● 07 ●  
Jan. Feb. Mar. Apr. May
- 08 ● 09 ● 10 ● 11 ● 12 ●  
June July Aug. Sept. Oct.

50. In the weeks that you volunteered for this organization, did you usually volunteer about the same number of hours each week?

No ☐ 1 → Go to 51 Yes ☐ 2 → Go to 53

53. Approximately how many hours did you usually volunteer per week for this organization?  
Please round to the nearest whole hour.

hours per week

51. To the nearest hour, approximately how many hours in each month did you volunteer for this organization?

NOTE: Even the smallest number of hours is important!  
Please tell us about all hours you worked even if you only volunteered on one or two occasions

1986 ← 01  November

02  December

03  January

04  February

05  March

06  April

07  May

08  June

09  July

10  August

11  September

12  October

1987 ←

54. Of the past 52 weeks, in how many weeks did you do any volunteering for this organization?

weeks

55. In addition to their usual hours, volunteers often volunteer for special events. Since November 1986, did you work any hours in addition to those already reported?

No ☐ 1

Yes ☐ 2 → How many extra hours?

extra hours

56. Since November 1986, what were your usual weekly out-of-pocket expenses to volunteer for this organization? Include costs such as bus fares, gas, parking, babysitting, meals, etc., but exclude expenses which were reimbursed.

No expenses ☐ 3

OR

\$  .  per week

52. Since November 1986, what were your total expenses for the whole year to volunteer for this organization? Include costs such as bus fares, gas, parking, babysitting, meals, etc., but exclude expenses which were reimbursed.

No expenses ☐ 1

Less than \$20 ☐ 2

\$20 to \$50 ☐ 3 → Go to 57

\$51 to \$100 ☐ 4

Over \$100 ☐ 5

57. Since November 1986, did you have to buy a uniform, equipment, or supplies to do this volunteer activity? Exclude expenses for which you were reimbursed.

No ☐ 1

Yes ☐ 2 → How much did this cost you personally?

Less than \$20 ☐ 3

\$20 to \$50 ☐ 4

\$51 to \$100 ☐ 5

Over \$100 ☐ 6



Please mark one circle for each item listed below

58. Looking back over the past year, how satisfied or dissatisfied are you with	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Doesn't Matter / Not Applicable
A. The way this organization spends its money? .....	01 ●	02 ●	03 ●	04 ●	05 ●
B. The information given to volunteers about what's happening in the organization? .....	06 ●	07 ●	08 ●	09 ●	10 ●
C. The commitment and participation of other volunteers? .....	11 ●	12 ●	13 ●	14 ●	15 ●
D. The chance to have a say in how the organization is run? .....	16 ●	17 ●	18 ●	19 ●	20 ●
E. The orientation given to new volunteers? .....	21 ●	22 ●	23 ●	24 ●	25 ●
F. How this organization is achieving its goals? .....	26 ●	27 ●	28 ●	29 ●	30 ●

59. What, if anything, did you gain in terms of skill and knowledge while volunteering for this organization? Mark all that apply.

- A. Fundraising skills ..... 1 ●
- B. Technical, office skills, e.g. first-aid skills, coaching techniques, how to use a word processor, to do the books, to catalogue in the library ..... 2 ●
- C. Organizational, managerial skills, e.g. how to organize resources, to manage the work of others, to be a leader, to plan, how to run an organization ..... 3 ●
- D. Knowledge, e.g. about health, women's issues, political issues, criminal justice, the environment ..... 4 ●
- E. Communication skills, e.g. public speaking, writing, public relations, conducting meetings ..... 5 ●
- F. Interpersonal skills, e.g. to understand people better, to motivate them, how to deal with difficult situations ..... 6 ●
- G. Some other skill or knowledge ..... 7 ●  
Please specify in the spaces below
- .....

OR

- H. Nothing in particular ..... 8 ●

60. How do you feel about the amount of training you received last year in this organization?

- I did not get training, but I did not need it ..... 1 ●
- I had too little or no training ..... 2 ●
- I had the right amount of training ..... 3 ●
- I had too much training ..... 4 ●

61. How do you feel about the amount of supervision you received last year in this organization?

- I was not supervised, but I did not need to be ..... 5 ●
- I had too little supervision ..... 6 ●
- I had the right amount of supervision ..... 7 ●
- I had too much supervision ..... 8 ●

62. We have been referring to you as a volunteer for this organization. Do you think of yourself as a volunteer?

Yes — I think about myself as a "volunteer" ..... 1 ●

No — I think about myself as a .....

(Please specify in the spaces)

No — I don't think about myself as a "volunteer", but I do not have any other word to describe myself ..... 2 ●

PLEASE GO TO NEXT PAGE.  
IF THERE IS A LABEL, ANSWER THE QUESTIONS WHICH FOLLOW.  
IF THERE IS NO LABEL, THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE.

## SECTION D: QUESTIONS ABOUT YOUR VOLUNTEER ACTIVITIES FOR ORGANIZATION 3

## QUESTIONS 63 to 88 REFER TO YOUR VOLUNTEER ACTIVITIES FOR

63. When did you first start volunteering for the organization named on the label?

- Less than 1 year ago ..... 1 ●
- 1 – 2 years ago ..... 2 ●
- 3 – 5 years ago ..... 3 ●
- 6 – 10 years ago ..... 4 ●
- More than 10 years ago ..... 5 ●

64. Before becoming a volunteer for this organization

Yes No

Did you have a friend, a relative or an acquaintance in this organization? ..... 1 ● 2 ●

Were you or your family directly benefiting from this organization? ..... 3 ● 4 ●

Were you already a member of this organization? ..... 5 ● 6 ●

65. How did you first become a volunteer for this organization?

Mark one answer only

- A. Someone in the organization asked me ..... 01 ●
- B. A friend or relative outside the organization asked me ..... 02 ●
- C. My boss or employer asked me ..... 03 ●
- D. I was chosen by co-workers, classmates, other group members, etc. .... 04 ●
- E. I helped to start the organization ..... 05 ●
- F. I was referred by a volunteer bureau ..... 06 ●
- G. I responded to a public appeal in the newspaper, on the radio, etc. .... 07 ●
- H. I got involved through other groups or organizations I belong to (church, service club, association) ..... 08 ●
- I. I approached the organization myself ..... 09 ●
- J. Other ..... 10 ●  
Please specify in the spaces below

66. Since November 1986, what did you do for this organization?  
Mark all that apply.

- A. Fundraising, canvassing for funds ..... 01 ●
- B. Canvassing, but not to raise funds ..... 02 ●
- C. Recruiting volunteers ..... 03 ●
- D. Teaching, educating ..... 04 ●
- E. Coaching, refereeing, judging ..... 05 ●
- F. Guiding groups ..... 06 ●
- G. Counselling, providing advice, friendly support ..... 07 ●
- H. Providing information ..... 08 ●
- I. Promoting ideas, researching, writing, speaking ..... 09 ●
- J. Helping in a religious service or mass ..... 10 ●
- K. Performing, entertaining ..... 11 ●
- L. Providing care or companionship, friendly visiting ..... 12 ●
- M. Collecting, distributing food or other goods ..... 13 ●
- N. Preparing or serving food ..... 14 ●
- O. Making items ..... 15 ●
- P. Selling items ..... 16 ●
- Q. Organizing events, supervising or coordinating activities ..... 17 ●
- R. Office work, administration, bookkeeping, library work ..... 18 ●
- S. Professional consulting ..... 19 ●
- T. Sitting as a board member ..... 20 ●
- U. Translating ..... 21 ●
- V. Repairing, maintaining, building facilities ..... 22 ●
- W. Fire-fighting, first-aid, search and rescue ..... 23 ●
- X. Protecting the environment, wildlife, animals ..... 24 ●
- Y. Other ..... 25 ●  
Please specify in spaces below.

67. At which one of these activities did you spend the most time?

Mark one only

- 01 ● 02 ● 03 ● 04 ● 05 ● 06 ● 07 ● 08 ●  
A B C D E F G H
- 09 ● 10 ● 11 ● 12 ● 13 ● 14 ● 15 ● 16 ●  
I J K L M N O P
- 17 ● 18 ● 19 ● 20 ● 21 ● 22 ● 23 ● 24 ● 25 ●  
Q R S T U V W X Y

68. Since last November, did you .....

Yes No

Manage, supervise or coordinate any of the other volunteers in this organization? ..... 1 ● 2 ●

Help to run this organization (eg. member of executive, board member, etc.)? ..... 3 ● 4 ●

69. Overall, how satisfying was your experience as a volunteer with this organization since November 1986?

Very satisfying ..... 1 ●

Somewhat satisfying ..... 2 ●

Neither satisfying nor dissatisfying ..... 3 ●

Somewhat dissatisfying ..... 4 ●

Very dissatisfying ..... 5 ●

70. Is this organization a self-help mutual aid group in which people or families with certain problems get together to help each other such as single parents, bereaved parents, AA, etc.?

Yes ..... 6 ●

No ..... 7 ●

Don't know ..... 8 ●

71. Was your volunteer work for this organization specifically aimed at helping developing countries?

Yes ..... 1 ● No ..... 2 ●

72. Who does this organization help or benefit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

73. If asked, would you have given more hours to this organization over the past year?

Yes, on a regular basis ..... 1 ●

Yes, but only in special or emergency situations ..... 2 ●

Go to 74

No ..... 3 ●

OR

Why wouldn't you?

Please mark the most important reason

I had no more time to give (because of family responsibilities, work, etc.) ..... 01 ●

I had health problems ..... 02 ●

I had transportation problems ..... 03 ●

I could not afford the expenses involved ..... 04 ●

I couldn't have coped emotionally with more of this work ..... 05 ●

I had already given the hours I wanted to give / Done my share of work for this organization ..... 06 ●

I wasn't interested in the work ..... 07 ●

I did not like the way the organization did things ..... 08 ●

I did not like the paid staff ..... 09 ●

I did not like the other volunteers ..... 10 ●

Other ..... 11 ●

Please specify in the spaces below.

74. Last week, how many hours of volunteer work did you do for this organization?

No hours ..... 1 ● OR \_\_\_\_\_ number of hours

75. From November 1986 to the end of this October, in which months did you do volunteer work for this organization?

Mark all that apply.

- 1986 01 ● 02 ●  
Nov. Dec.
- 1987 03 ● 04 ● 05 ● 06 ● 07 ●  
Jan. Feb. Mar. Apr. May
- 08 ● 09 ● 10 ● 11 ● 12 ●  
June July Aug. Sept. Oct.



76. In the weeks that you volunteered for this organization, did you usually volunteer about the same number of hours each week?

No <sup>1</sup> ● → Go to 77      Yes <sup>2</sup> ● → Go to 79

79. Approximately how many hours did you usually volunteer per week for this organization?  
Please round to the nearest whole hour.

\_\_\_\_\_ hours per week

77. To the nearest hour, approximately how many hours in each month did you volunteer for this organization?

NOTE: Even the smallest number of hours is important!  
Please tell us about all hours you worked even if you only volunteered on one or two occasions.

1986 ←

01 \_\_\_\_\_ November

02 \_\_\_\_\_ December

03 \_\_\_\_\_ January

04 \_\_\_\_\_ February

05 \_\_\_\_\_ March

06 \_\_\_\_\_ April

1987 ←

07 \_\_\_\_\_ May

08 \_\_\_\_\_ June

09 \_\_\_\_\_ July

10 \_\_\_\_\_ August

11 \_\_\_\_\_ September

12 \_\_\_\_\_ October

80. Of the past 52 weeks, in how many weeks did you do any volunteering for this organization?

\_\_\_\_\_ weeks

81. In addition to their usual hours, volunteers often volunteer for special events. Since November 1986, did you work any hours in addition to those already reported?

No ..... <sup>1</sup> ●

Yes ..... <sup>2</sup> ● → How many extra hours?

\_\_\_\_\_ extra hours

82. Since November 1986, what were your usual weekly out of pocket expenses to volunteer for this organization? Include costs such as bus fares, gas, parking, babysitting, meals, etc., but exclude expenses which were reimbursed.

No expenses ..... <sup>3</sup> ●

OR

\$ \_\_\_\_\_ . \_\_\_\_\_ per week

78. Since November 1986, what were your total expenses for the whole year to volunteer for this organization? Include costs such as bus fares, gas, parking, babysitting, meals, etc., but exclude expenses which were reimbursed.

No expenses ..... <sup>1</sup> ●

Less than \$20 ..... <sup>2</sup> ●

\$20 to \$50 ..... <sup>3</sup> ● → Go to 83

\$51 to \$100 ..... <sup>4</sup> ●

Over \$100 ..... <sup>5</sup> ●

83. Since November 1986, did you have to buy a uniform, equipment, or supplies to do this volunteer activity? Exclude expenses for which you were reimbursed.

No ..... <sup>1</sup> ●

Yes ..... <sup>2</sup> ● → How much did this cost you personally?

Less than \$20 ..... <sup>3</sup> ●

\$20 to \$50 ..... <sup>4</sup> ●

\$51 to \$100 ..... <sup>5</sup> ●

Over \$100 ..... <sup>6</sup> ●

Please mark one circle for each item listed below

84. Looking back over the past year, how satisfied or dissatisfied are you with .....	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Doesn't Matter / Not Applicable
A. The way this organization spends its money? .....	01 ●	02 ●	03 ●	04 ●	05 ●
B. The information given to volunteers about what's happening in the organization? .....	06 ●	07 ●	08 ●	09 ●	10 ●
C. The commitment and participation of other volunteers? .....	11 ●	12 ●	13 ●	14 ●	15 ●
D. The chance to have a say in how the organization is run? .....	16 ●	17 ●	18 ●	19 ●	20 ●
E. The orientation given to new volunteers? .....	21 ●	22 ●	23 ●	24 ●	25 ●
F. How this organization is achieving its goals? .....	26 ●	27 ●	28 ●	29 ●	30 ●

85. What, if anything, did you gain in terms of skill and knowledge while volunteering for this organization? Mark all that apply.

- A. Fundraising skills ..... 1 ●
- B. Technical, office skills,  
e.g. first-aid skills, coaching techniques, how to use a word processor, to do the books, to catalogue in the library ..... 2 ●
- C. Organizational, managerial skills,  
e.g. how to organize resources, to manage the work of others, to be a leader, to plan, how to run an organization ..... 3 ●
- D. Knowledge,  
e.g. about health, women's issues, political issues, criminal justice, the environment ..... 4 ●
- E. Communication skills,  
e.g. public speaking, writing, public relations, conducting meetings ..... 5 ●
- F. Interpersonal skills,  
e.g. to understand people better, to motivate them, how to deal with difficult situations ..... 6 ●
- G. Some other skill or knowledge ..... 7 ●  
Please specify in the spaces below
- .....

OR

- H. Nothing in particular ..... 8 ●

86. How do you feel about the amount of training you received last year in this organization?

- I did not get training, but I did not need it ..... 1 ●
- I had too little or no training ..... 2 ●
- I had the right amount of training ..... 3 ●
- I had too much training ..... 4 ●

87. How do you feel about the amount of supervision you received last year in this organization?

- I was not supervised, but I did not need to be ..... 5 ●
- I had too little supervision ..... 6 ●
- I had the right amount of supervision ..... 7 ●
- I had too much supervision ..... 8 ●

88. We have been referring to you as a volunteer for this organization. Do you think of yourself as a volunteer?

Yes — I think about myself as a "volunteer" ..... 1 ●

No — I think about myself as a .....

(Please specify in the spaces)

No — I don't think about myself as a "volunteer", but I do not have any other word to describe myself ..... 2 ●

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE.

## STATISTICS CANADA, ADVISORY SERVICES REGIONAL OFFICE LOCATION

### Newfoundland & Labrador

Advisory Services  
Statistics Canada  
3rd Floor, Viking Building  
Crosbie Road  
St John's, Newfoundland  
A1B 3P2  
Local calls: 709-772-4073  
Toll free service: 1-800-563-4255

### Ontario

Advisory Services  
Statistics Canada  
10th Floor, Arthur Meighen Building  
25 St. Clair Avenue East  
Toronto, Ontario  
M4T 1M4  
Local calls: 416-973-6586  
Toll free service: 1-800-268-1151

### Alberta and Northwest Territories

Advisory Services  
Statistics Canada  
2nd Floor  
Hys Centre  
11010-101 Street  
Edmonton, Alberta  
T5H 4C5  
Local calls: 403-420-3027  
Toll free service: 1-800-222-6400  
N.W.T. call collect 403-420-2011

### Maritime Provinces

Advisory Services  
Statistics Canada  
North American Life Centre  
1770 Market Street  
Halifax, Nova Scotia  
B3J 3M3  
Local calls: 902-426-5331  
Toll free service: 1-800-565-7192

### Manitoba

Advisory Services  
Statistics Canada  
6th Floor  
General Post Office Building  
266 Graham Avenue  
Winnipeg, Manitoba  
R3C 0K4  
Local calls: 204-983-4020  
Toll free service: 1-800-282-8006

### British Columbia and Yukon

Advisory Services  
Statistics Canada  
3rd Floor  
Federal Building  
Sinclair Centre  
757 West Hastings Street, Suite 440F  
Vancouver, British Columbia  
V6C 3C9  
Local calls: 604-666-3691  
Toll free service:  
South and Central B.C. 1-800-663-1551  
Yukon and Northern B.C. Zenith 08913

### Quebec

Advisory Services  
Statistics Canada  
Guy Favreau Complex  
200 Dorchester Blvd. W.  
Suite 412, East Tower  
Montreal, Quebec  
H2Z 1X4  
Local calls: 514-283-5725  
Toll free service: 1-800-361-2831

### Saskatchewan

Advisory Services  
Statistics Canada  
530 Midtown Centre  
Regina, Saskatchewan  
S4P 2B6  
Local calls: 306-780-5405  
Toll free service: 1-800-667-7164

## STATISTIQUE CANADA, SERVICES CONSULTATIFS EMPLACEMENT DES BUREAUX RÉGIONAUX

### Terre-Neuve et Labrador

Services consultatifs  
Statistique Canada  
Édifice Viking  
3<sup>e</sup> étage  
Chemin Crosbie  
St John's (Terre-Neuve)  
A1B 3P2  
Appel local: 709-772-4073  
Service d'appel sans frais:  
1-800-563-4255

### Ontario

Services consultatifs  
Statistique Canada  
Édifice Arthur Meighen  
10<sup>e</sup> étage  
25 est, avenue St. Clair  
Toronto (Ontario)  
M4T 1M1  
Appel local: 416-973-6586  
Service d'appel sans frais:  
1-800-268-1151

### Alberta et Territoires du Nord-Ouest

Services consultatifs  
Statistique Canada  
Centre Hys  
2<sup>e</sup> étage  
11010, 101<sup>e</sup> rue  
Edmonton (Alberta)  
T5H 4C5  
Appel local: 403-420-3027  
Service d'appel sans frais:  
1-800-222-6400  
Appel à frais virés T.N.O.:  
403-420-2011

### Maritimes

Services consultatifs  
Statistique Canada  
Centre North American Life  
1770, rue Market  
Halifax (Nouvelle-Écosse)  
B3J 3M3  
Appel local: 902-426-5331  
Service d'appel sans frais:  
1-800-565-7192

### Manitoba

Services consultatifs  
Statistique Canada  
6<sup>e</sup> étage  
Bureau de poste principal  
266, avenue Graham  
Winnipeg (Manitoba)  
R3C 0K4  
Appel local: 204-983-4020  
Service d'appel sans frais:  
1-800-282-8006

### Colombie-Britannique et Yukon

Services consultatifs  
Statistique Canada  
3<sup>e</sup> étage  
Édifice fédéral  
Centre Sinclair  
757, rue Hastings ouest, pièce 440F  
Vancouver (Colombie-Britannique)  
V6C 3C9  
Appel local: 604-666-3691  
Service sans frais:  
Sud et centre C.B. 1-800-663-1551  
Yukon et Colombie-Britannique du Nord  
Zenith 08913

### Québec

Services consultatifs  
Statistique Canada  
Complex Guy Favreau  
200 ouest, boul. Dorchester  
Pièce 412, Tour est  
Montréal (Québec)  
H2Z 1X4  
Appel local: 514-283-5725  
Service d'appel sans frais:  
1-800-361-2831

### Saskatchewan

Services consultatifs  
Statistique Canada  
530 Centre Midtown  
Regina (Saskatchewan)  
S4P 2B6  
Appel local: 306-780-5405  
Service d'appel sans frais:  
1-800-667-7164



## SPECIAL SURVEYS GROUP PROGRAMS

SURVEY MONTH: November 1987

TITLE: Current Population Profile Survey

**SPONSOR:** Alberta Manpower Information and Planning  
Commission and Statistics Canada.

**SURVEY METHOD:** Personal/telephone interview

**SAMPLE SIZE:** All household members 15 years of age and over in all rotation groups.

**OBJECTIVES:** The Current Population Profile is designed to answer one basic question about migration in Canada; that is, who are the migrants? More specifically, we hope to answer the following questions:

- (1) How old are the migrants?
- (2) Are most migrants single?
- (3) If they are married, do they have large or small families?
- (4) What post-secondary education do they have?
- (5) Are they employed or unemployed?
- (6) If employed, what kind of work are they doing?
- (7) From which province, territory or country did they move?
- (8) When did they make their move?
- (9) What was the main reason that they moved?

PROJECT MANAGER: T. Scott Murray

MICRODATA:	Yes	Price	No
	X	\$500	

## QUESTION CARD

1987 CURRENT POPULATION PROFILE  
ITEM 50 ON F03 - SUPPLEMENTARY QUESTIONS AND CODESAsk every applicable supplementary question for each person 15 years  
of age or over

50

A

1. Has ... lived in any other province, territory or country since June 3, 1981?

If "YES" enter "1" in column 50A.

If "NO" enter "2" in column 50A → END.

THE FOLLOWING QUESTIONS REFER TO ... 'S MOST RECENT MOVE TO

(province of interview)

50

B

C

2. In which province, territory or country did ... live before moving here?

Enter code in columns 50B and 50C.

- 10 Newfoundland
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 90 USA
- 91 Other Country

50

D

E

F

G

3. When did ... (last) move from \_\_\_\_\_ ?  
(repeat answer from previous question)

Enter month and year in columns 50D to 50G.

50

H

4. What was the main reason that ... moved to \_\_\_\_\_ ?  
(province of interview)

Enter code in column 50H.

- 1 Transfer by employer
- 2 To accept a job/work
- 3 To look for a job/work
- 4 Spouse/parent moved to the province
- 5 To go to school
- 6 To live with, or close to, family/friend
- 7 Retirement
- 8 Health
- 9 Climate/scenery
- 0 Other

## SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** November 1987

**TITLE:** Health and Activities Survey

**SPONSOR:** Statistics Canada

**SURVEY METHOD:** Random Digit Dialing

**SAMPLE SIZE:** 6,250 private residences in the province of Ontario and Quebec

**OBJECTIVES:** The first objective is to assess and evaluate a series of detailed questions on mental health which are designed to identify and describe populations with chronic mental illness and the subsequent degree of disability they experience.

The second major objective of this survey is to compare and evaluate the psychological and mental health data from the Health and Activity Limitation Survey (HALS) with more detailed and generally more accepted questions being used in this Health and Activity Survey.

**PROJECT MANAGER:** Mike Sheridan

<b>MICRODATA:</b>	Yes	Price	No
			X



Confidential when completed

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

## HEALTH AND ACTIVITIES SURVEY QUESTIONNAIRE

A. Telephone Number:

--	--	--

--	--	--

--	--	--	--

### B. Sequence Number

--	--	--	--	--

C. Interviewer Number:

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

D. **INTERVIEWER:** • If the selected respondent is unable to be interviewed because of a physical or mental condition.....

10



Go to E

●Otherwise .....

20



Conduct interview with selected respondent.

E. If known, specify the physical or mental health condition which prevents the interview with the selected respondent; then complete items 1 - 31 by proxy interview.

[illegible]

1. INTERVIEWER: Read the introduction below.

[Hello, I'm ..... from Statistics Canada. We are doing a survey about the health of Canadians.] The information you provide will be kept strictly confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.

2. INTERVIEWER: Transcribe selected respondent's sex and age from the Selection Control Form. If selected respondent is different from household respondent, confirm this information.

(a) Sex: Male <sup>1</sup> ☐

Female <sup>2</sup> ☐

(b) Age:   Years

First, I would like to ask you about your ability to do certain activities even when using a special aid. Please report only those problems which you expect to last 6 months or more

	No	Yes
3. Do you have any trouble hearing what is said in a normal conversation with one other person? .....	01 <input type="radio"/>	02 <input type="radio"/>
4. Do you have any trouble hearing what is said in a group conversation with at least three other people? .....	03 <input type="radio"/>	04 <input type="radio"/>
5. Do you have any trouble reading ordinary newsprint, with glasses if normally worn? .....	05 <input type="radio"/>	06 <input type="radio"/>
6. Do you have any trouble seeing clearly the face of someone from 12 feet or 4 meters, with glasses if normally worn? (For example, across a room.) .....	07 <input type="radio"/>	08 <input type="radio"/>
7. Do you have any trouble speaking and being understood? .....	09 <input type="radio"/>	10 <input type="radio"/>
8. Do you have any trouble walking 400 yards or 400 meters without resting? (For example, about three city blocks) .....	11 <input type="radio"/>	12 <input type="radio"/>
9. Do you have any trouble walking up and down a flight of stairs? (For example, about 12 steps) .....	13 <input type="radio"/>	14 <input type="radio"/>
10. Do you have any trouble carrying an object of 10 pounds for 30 feet or 5 kilograms for 10 meters? (For example, carrying a bag of groceries) .....	15 <input type="radio"/>	16 <input type="radio"/>
11. Do you have any trouble moving from one room to another? .....	17 <input type="radio"/>	18 <input type="radio"/>
12. Do you have any trouble standing for long periods of time, that is, more than 20 minutes? Remember, I am asking about problems expected to last 6 months or more. ....	19 <input type="radio"/>	20 <input type="radio"/>
13. When standing, do you have any trouble bending down and picking up an object from the floor? (For example, a shoe) .....	21 <input type="radio"/>	22 <input type="radio"/>
14. Do you have any trouble dressing and undressing yourself? .....	23 <input type="radio"/>	24 <input type="radio"/>
15. Do you have any trouble getting in and out of bed? .....	25 <input type="radio"/>	26 <input type="radio"/>
16. Do you have any trouble cutting your own toenails? .....	27 <input type="radio"/>	28 <input type="radio"/>
17. Do you have any trouble using your fingers to grasp or handle? .....	29 <input type="radio"/>	30 <input type="radio"/>
18. Do you have any trouble reaching in any direction? (For example, above your head) .....	31 <input type="radio"/>	32 <input type="radio"/>
19. Do you have any trouble cutting your own food? .....	33 <input type="radio"/>	34 <input type="radio"/>

20. Because of a long-term physical condition or health problem, that is, one that is expected to last 6 months or more, are you limited in the kind or amount of activity you can do ...

	N/A	No	Yes
(a) at home? .....		1 <input type="radio"/>	2 <input type="radio"/>
(b) at school or at work? .....	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
(c) in other activities, such as travel, sports or leisure? .....		6 <input type="radio"/>	7 <input type="radio"/>

21. INTERVIEWER:

IF "YES" TO ITEM 20(a), 20(b) or 20(c) <sup>1</sup> ☐ → Go to 22  
OTHERWISE <sup>2</sup> ☐ → Go to 23

22. What is the main physical condition or health problem which limits you in your activity?

23. Has a school or health professional ever told you that you have a learning disability?

Yes <sup>3</sup> ☐ No <sup>4</sup> ☐

24. From time to time, everyone has trouble remembering the name of a familiar person, or learning something new, or they experience moments of confusion. However, do you have any on-going problems with your ability to remember or learn?

Yes <sup>5</sup> ☐ No <sup>6</sup> ☐ Go to 28

25. At what age did you first start having these problems?

Age   (If less than one year, enter 00)

26. Are these problems caused by a condition that you had when you were born?

Yes <sup>7</sup> ☐ No <sup>8</sup> ☐

27. Is this condition caused by ...

Is this condition caused by ...	No	Yes	Don't know
(a) the effects of a stroke?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
(b) a disease or illness affecting the brain such as tumor, meningitis?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
(c) an injury to the brain?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
(d) Alzheimer's disease diagnosed by a physician?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(e) a condition related to aging?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
(f) a developmental delay (mental retardation)?	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
(g) a learning disability?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
(h) something else? (If yes, specify below)	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

28. Because of a long-term emotional, psychological, nervous or mental health condition or problem, are you limited in the kind or amount of activity you can do ...

	N/A	No	Yes
(a) at home? .....		1 <input type="radio"/>	2 <input type="radio"/>
(b) at school or at work? .....	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
(c) in other activities, such as travel, sports or leisure? .....		6 <input type="radio"/>	7 <input type="radio"/>

29. INTERVIEWER:

IF "YES" TO ITEM 28(a), 28(b) or 28(c) <sup>1</sup> ☐ → Go to 30  
OTHERWISE <sup>2</sup> ☐ → Go to 32

30. At what age did you first start having this activity limitation?

Age   (If less than one year, enter 00)

31. What is the main emotional, psychological, nervous or mental health condition or problem which limits you in your activity?

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.



32. From time to time, things bother people. I'm going to read a list of things which may have bothered you during the past 12 months. In the last 12 months, have you been bothered by ...

33. Did this bother you a lot, that is, did it cause you pain and suffering or did it interfere with your life?

	No	Yes	No	Yes
(a) losing appetite or losing weight without trying? .....	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
(b) not having much interest in things? .....	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
(c) feeling too tired to do things? .....	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(d) having trouble remembering things? .....	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
(e) never feeling close to another person? .....	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
(f) having to avoid certain things, places, or activities because they frighten you? .....	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
(g) feeling sad or crying without good reason? .....	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
(h) feeling afraid or scared without good reason? .....	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
In the last 12 months, have you been bothered by ...				
(i) having trouble getting yourself going? .....	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
(j) having thoughts that are not your own? .....	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
(k) feeling keyed up or over-excited? .....	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
(l) hearing voices that other people do not hear? .....	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
(m) feeling hopeless about the future? .....	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
(n) having trouble getting up in the morning even when you have had enough sleep? .....	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
(o) feeling nervous, fidgety, tense? .....	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
In the last 12 months, have you been bothered by ...				
(p) some unimportant thoughts that keep running through your mind? .....	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
(q) the idea that something is wrong with your mind? .....	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
(r) feeling lonely, even when you're with people? .....	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
(s) having trouble making up your mind? .....	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
(t) worrying too much? .....	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
(u) being so restless, you can't sit still? .....	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>
(v) feeling blue or down in the dumps or depressed? .....	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>

34. INTERVIEWER CHECK ITEM:

IF "YES" TO ANY ITEM IN 33    1 ☐    →    Go to 35

OTHERWISE    2 ☐    →    Go to 61

35. I am now going to ask you some questions about the problems you told me you have experienced in the past 12 months, that is, ... (Repeat items for which a "YES" response was obtained in Question 33.)

Did any of these problems bother you enough to interfere with your day-to-day activities?

Yes <sup>3</sup> ☐

No <sup>4</sup> ☐ Go to 61

36. Are these problems still interfering with your day-to-day activities?

Yes <sup>5</sup> ☐

No <sup>6</sup> ☐ Go to 61

37.

(a) Did any of these problems cause you to be very upset, blue, nervous or depressed for more than just a few days at a time? .....

No

Yes

01 ☐

02 ☐

(b) When these problems were at their worst, did any of them last for longer than 3 months? .....

03 ☐

04 ☐

(c) When these problems were at their worst, were any of them so bad that you could hardly take it? .....

05 ☐

06 ☐

(d) Did you experience any of these problems prior to the past 12 months? .....

07 ☐

08 ☐

(e) Did a doctor prescribe medication for any of these problems? .....

09 ☐

10 ☐

(f) Did you talk to a doctor about any of these problems? .....

11 ☐

12 ☐

(g) Did you stay in a hospital because of any of these problems? .....

13 ☐

14 ☐

38. INTERVIEWER CHECK ITEM:

IF "YES" TO ANY ITEM IN 37 <sup>1</sup> ☐ → Go to 39

OTHERWISE <sup>2</sup> ☐ → Go to 61

39. Is there anyone in particular you confide in, or talk to, about yourself or your problems?

Yes <sup>3</sup> ☐

No <sup>4</sup> ☐

40. In answering the following questions please think not only about the problems we have just been talking about but also any other long-term physical conditions or health troubles you may have.

Would you say that your problem(s) or health condition(s) do not interfere, interfere somewhat, or interfere a great deal with your ability to get along with ..

	Do not interfere	Interfere somewhat	Interfere a great deal	N/A
(a) your spouse or partner? .....	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
(b) other family members? .....	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
(c) people at work? .....	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
(d) friends and acquaintances? .....	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>

The next few questions deal with how you manage everyday activities.

41. Who usually does your normal everyday housework? Is it ...

- <sup>1</sup> ☐ yourself alone? → Go to 43  
<sup>2</sup> ☐ yourself and someone else?  
<sup>3</sup> ☐ just someone else?

42. Is this because of any of your problem(s) or health condition(s)?

- Yes <sup>4</sup> ☐ No <sup>5</sup> ☐ Go to 44

43. Because of your problem(s) or health condition(s), do you need help or additional help doing your normal everyday housework?

- Yes <sup>6</sup> ☐ No <sup>7</sup> ☐

44. Who usually looks after your personal finances, such as banking or paying bills? Is it ...

- <sup>1</sup> ☐ yourself alone? → Go to 46  
<sup>2</sup> ☐ yourself and someone else?  
<sup>3</sup> ☐ just someone else?

45. Is this because of your problem(s) or health condition(s)?

- Yes <sup>4</sup> ☐ No <sup>5</sup> ☐ Go to 47

46. Because of your problem(s) or health condition(s), do you need help or additional help looking after your personal finances?

- Yes <sup>6</sup> ☐ No <sup>7</sup> ☐

47. Because of your problem(s) or health condition(s), do you get help with personal care, such as, washing, grooming, dressing and feeding yourself?

- Yes <sup>8</sup> ☐ No <sup>9</sup> ☐

48. Because of your problem(s) or health condition(s), do you need help or additional help with personal care?

- Yes <sup>1</sup> ☐ No <sup>2</sup> ☐

49. Do you have any children under the age of 16 living at home?

- Yes <sup>3</sup> ☐ No <sup>4</sup> ☐ Go to 51

50. Does (do) your problem(s) or health condition(s) interfere with your ability to take care of your children?

- Yes <sup>5</sup> ☐ No <sup>6</sup> ☐

51. Have you been hospitalized in the last 12 months?

- Yes <sup>7</sup> ☐ No <sup>8</sup> ☐ Go to 53

52. How many times have you been hospitalized in the last 12 months?

(If none, enter 00)

53. Because of your problem(s) or health condition(s), how often in the last three months have you seen a ...

- (a) physician/medical doctor? ..... <sup>1</sup>    
(b) psychologist/psychiatrist? ..... <sup>2</sup>    
(c) some other health professional or technician, such as a nurse, a dietitian, or a social worker? ..... <sup>3</sup>

54. Are you limited in the kind or amount of work you can do at a job or business because of your problem(s) or health condition(s)?

- Yes <sup>4</sup> ☐ No <sup>5</sup> ☐



55. Last week, did you work at a job or business?

Yes <sup>6</sup> ☐ Go to 57 No <sup>7</sup> ☐

56. Last week, did you have a job or business at which you did not work?

Yes <sup>8</sup> ☐ No <sup>9</sup> ☐

57. Have you missed work for more than one week in the past 12 months because of your problem(s) or health condition(s)?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ Did not have a job in past 12 months <sup>3</sup> ☐

58. Because of your problem(s) or health condition(s), did you receive any benefits or pension in 1987?

Yes <sup>4</sup> ☐ No <sup>5</sup> ☐

59. Now I would like to ask you some questions about activities you do in your leisure time. How many hours per week do you usually spend doing the following activities in your residence?

	0 hours	1 to 7 hours per week	8 hours or more per week
(a) Watching television, listening to the radio, reading, or pursuing hobbies such as crafts or gardening .....	<sup>1</sup> <input type="radio"/>	<sup>2</sup> <input type="radio"/>	<sup>3</sup> <input type="radio"/>
(b) Social activities with family or friends .....	<sup>4</sup> <input type="radio"/>	<sup>5</sup> <input type="radio"/>	<sup>6</sup> <input type="radio"/>

60. How often per month do you usually participate in the following activities outside your residence?

	Never	1 to 4 times a month	5 times or more a month
(a) Visiting friends or relatives .....	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
(b) Shopping .....	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>	<sup>06</sup> <input type="radio"/>
(c) Attending religious activities or doing volunteer work .....	<sup>07</sup> <input type="radio"/>	<sup>08</sup> <input type="radio"/>	<sup>09</sup> <input type="radio"/>
(d) Other recreational activities such as going to movies, sports events, museums, etc. ....	<sup>10</sup> <input type="radio"/>	<sup>11</sup> <input type="radio"/>	<sup>12</sup> <input type="radio"/>

61. Now I would like to ask you some questions about alcohol consumption. In these questions, when we use the word "DRINK," it means one bottle of beer or glass of draught, one small glass of wine, or a one ounce shot or mixed drink with hard liquor.

Have you had a drink in the last 12 months?

Yes <sup>1</sup> ☐ No <sup>2</sup> ☐ Go to 64

62. In the last 12 months, have you had 7 or more drinks in one day?

Yes <sup>3</sup> ☐ No <sup>4</sup> ☐ Go to 64

63. In the last 12 months ...

No Yes

(a) has there been a period of at least two consecutive weeks when you had 7 or more drinks each day? .....

<sup>1</sup> ☐ <sup>2</sup> ☐

(b) have you drunk as many as 20 drinks in one day? .....

<sup>3</sup> ☐ <sup>4</sup> ☐

(c) have you gotten into physical fights while drinking? .....

<sup>5</sup> ☐ <sup>6</sup> ☐

(d) have any of your family or friends objected because you were drinking too much? .....

<sup>7</sup> ☐ <sup>8</sup> ☐

64. What is your marital status? Are you ...

<sup>1</sup> ☐ single - that is, never married?

<sup>2</sup> ☐ now married or living common-law?

<sup>3</sup> ☐ a widow or widower?

<sup>4</sup> ☐ separated or divorced?

65. How many years of formal education have you completed?

Years or None <sup>99</sup> ☐

Thank you for your co-operation.

# SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** November 1987

**TITLE:** Canada Pension Plan Disability Beneficiaries Survey

**SPONSOR:** Health and Welfare

**SURVEY METHOD:** Mailout/Mailback

**SAMPLE SIZE:** 10,190 disabled persons

**OBJECTIVES:** Health and Welfare is doing this study to learn more about the views and needs of disabled persons receiving Canada Pension Plan benefits. This information will help us evaluate and improve the Canada Pension Plan disability program.

**PROJECT MANAGER:** Mike Sheridan

<b>MICRODATA:</b>	Yes	Price	No
			X





Health and Welfare  
Canada

Santé et Bien-être social  
Canada

## CANADA PENSION PLAN DISABILITY BENEFICIARIES SURVEY

Dear Sir/Madam:

Health and Welfare Canada pays Canada Pension Plan benefits to previously working Canadians that have become totally disabled, to provide them with some replacement of lost earnings.

Health and Welfare Canada is doing this study to learn more about the views and needs of disabled persons receiving Canada Pension Plan benefits. This information will help us evaluate and improve the Canada Pension Plan disability program.

As I mentioned in my recent letter, you have been randomly selected to participate in our study. Your responses to this questionnaire are completely confidential and will be used by Health and Welfare Canada for statistical purposes only. They will not affect in any way your benefit entitlement.

Since this is a sample survey, your cooperation is crucial in that you will represent other persons in a similar situation. Although your participation is completely voluntary, we encourage you to make this study a success.

Please take a few minutes to complete this short questionnaire, seal it in the enclosed postage paid envelope and mail it today. The answers to the questions require that you either check the appropriate circle ☒ or enter a number in the appropriate box.

Thank you for your assistance in this important study.

Yours sincerely,

Director,  
Program Evaluation.

Canada

**GENERAL INFORMATION**

1. From which of the following sources did you learn that you may be eligible for the Canada Pension Plan (CPP) Disability Benefits?  
(Check all that apply.)

- 1 ☐ Health and Welfare Canada  
 2 ☐ Family or friends  
 3 ☐ Doctor or Nurse  
 4 ☐ Social Worker  
 5 ☐ Lawyer or accountant  
 6 ☐ Insurance Company  
 7 ☐ Employer  
 8 ☐ Union or Association  
 9 ☐ Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

2. Did you request information from Health and Welfare Canada when you first applied for a Canada Pension Plan disability benefit?

- 1 ☐ Yes  
 2 ☐ No → Go to Question 5

3. Did you receive the information you requested from Health and Welfare Canada?

- 3 ☐ Yes  
 4 ☐ No → Go to Question 5

4. How adequate was the information Health and Welfare Canada provided to you?

- 1 ☐ More than adequate  
 2 ☐ Adequate  
 3 ☐ Less than adequate  
 4 ☐ Don't know

5. In 1986, how adequate was your personal net income from all sources in covering your essential needs (and those of your spouse or common-law partner, and children living with you, if applicable)?

- 5 ☐ More than adequate  
 6 ☐ Adequate  
 7 ☐ Less than adequate
- } Go to Question 7

6. In 1986, what do you think would have been an adequate yearly amount to cover your essential needs (and those of your spouse or common-law partner, and children living with you, if applicable)?

\$  .00 yearly

7. In 1986, what do you think would have been an ideal yearly amount which would have allowed you (and your spouse or common-law partner, and children living with you, if applicable) to live comfortably?

\$  .00 yearly

8. At the time your disability occurred, were you working full-time, part-time or not at all?

- 1 ☐ Full-time  
 (30 or more hours per week)  
 2 ☐ Part-time  
 (less than 30 hours per week)  
 3 ☐ Not at all → Go to Question 19

9. For whom did you work at the time your disability occurred?

Name of business


OR 1 ☐ Self-employed

10. What kind of business, industry or service was this? (Give full description: e.g., elementary school, coal mining, retail shoe store.)


11. What kind of work were you doing? (Give full description: e.g., elementary school teacher, drill operator, shoe salesperson.)


12. In this work, what were your most important activities or duties? (Give full description: e.g., teaching geography, operating drilling equipment, selling shoes.)


13. How many years experience do you have in this type of occupation?

Number of full years

98 ☐ Less than one year

14. Did you obtain an Unemployment Insurance (UI) Sickness benefit during the 15 weeks after the occurrence of your disability?

1 ☐ Yes → Please give amount per week \$  .00  
OR 2 ☐ Don't recall amount

3 ☐ No

4 ☐ Don't know

15. Was your disability a direct result of a work injury?

5 ☐ Yes

6 ☐ No → Go to Question 19

16. Did you obtain benefits from your provincial Workers' Compensation Board (WCB) as a result of your disability?

7 ☐ Yes

8 ☐ No → Go to Question 19

17. When did you receive your first Workers' Compensation Board cheque?

1 9    
Month Year

98 ☐ Don't know

18. How much was your initial monthly Workers' Compensation Board cheque?

\$  .00 per month

8 ☐ Don't know

19. Did you obtain any Long Term Disability (LTD) benefits from a private disability insurance plan?

1 ☐ Yes

2 ☐ No → Go to Question 22

20. When did you receive your first Long Term Disability payment from this private disability insurance plan?

1 9    
Month Year

98 ☐ Don't know

21. How much was your initial monthly Long Term Disability cheque?

\$  .00 per month

8 ☐ Don't know

22. How did you finance the costs of your essential needs from the beginning of your disability until the time you received your first Canada Pension Plan disability cheque? (Check all that apply.)

01 ☐ Personal savings

02 ☐ Bank loan

03 ☐ Income from spouse who was already working

04 ☐ Spouse started to work

05 ☐ Financial support from family members (other than spouse, friends)

06 ☐ Workers' Compensation Board benefits

07 ☐ Long Term Disability benefits

08 ☐ Financial support from employer

09 ☐ Social assistance

10 ☐ Other (specify) \_\_\_\_\_

23. What was your age on December 31, 1986?

age

24. What is your marital status?

1 ☐ Now married

2 ☐ Living with common-law partner

3 ☐ Single (never married)

4 ☐ Separated

5 ☐ Divorced

6 ☐ Widowed

} Go to Question 26

25. What was the age of your spouse or common-law partner on December 31, 1986?

age

26. What is the highest level of education you have completed? (Check one answer only.)

1 ☐ Never attended school

2 ☐ Some elementary (grade) school

3 ☐ Completed elementary school

4 ☐ Some secondary (high) school

5 ☐ Completed secondary (high) school

6 ☐ Some post-secondary (college or university)

7 ☐ Completed post-secondary (college or university with degree, certificate or diploma)

8 ☐ Other (specify) \_\_\_\_\_



**DWELLING INFORMATION**

27. Do you live in a dwelling such as a nursing home, group home, hospital, home for the disabled or similar facilities?

1 ☐ Yes → Go to Question 35

2 ☐ No

28. In what type of dwelling do you live?

3 ☐ Single detached house

4 ☐ Double, Row or Terrace House, Duplex

5 ☐ Apartment or Flat

6 ☐ Hotel, Rooming or Lodging house

7 ☐ Mobile home

8 ☐ Other (please specify) \_\_\_\_\_

29. How long have you been living in this dwelling?

Number of years

98 ☐ Less than one year

30. Do you own or rent the dwelling in which you live?

1 ☐ Own

2 ☐ Rent → Go to Question 33

3 ☐ Neither own nor rent → Go to Question 35

31. Are you or your spouse (if applicable) responsible for making mortgage payments for this dwelling?

4 ☐ Yes

5 ☐ No → Go to Question 35

32. What are your total regular monthly mortgage payments for this dwelling? (Include Principal, Interest and Taxes)

\$  .00 per month → Go to Question 35

33. What is the monthly rent you (or your spouse, if applicable) personally pay for this dwelling?

\$  .00 per month

8 ☐ Don't know

9 ☐ Do not pay rent

34. Is some or all of the rent for this dwelling subsidized by the federal, provincial or municipal governments?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

35. How many persons related to you by blood, marriage or adoption currently live with you? (Include any children who are away from home because they are attending school.)

Number of persons

98 ☐ None → Go to Question 37

36. How many of these people living with you are in the following age groups?

a) 17 years or under 1   Number  
(if none, enter 00)

b) 18 - 24 years 2   Number  
(if none, enter 00)

c) 25 - 49 years 3   Number  
(if none, enter 00)

d) 50 - 64 years 4   Number  
(if none, enter 00)

e) 65 years or over 5   Number  
(if none, enter 00)

37. Did you move as a direct result of your disability?

6 ☐ Yes

7 ☐ No → Go to Question 40

38. In what year did you move?

98 ☐ Don't recall

39. What was the main reason you moved? (Check one answer only.)

1 ☐ Health, disability, sickness

2 ☐ To be closer to family or friends

3 ☐ Previous home too expensive

4 ☐ Previous home too much work

5 ☐ Wanted a better climate

6 ☐ Marriage or remarriage

7 ☐ To be closer to transportation, doctors, shopping, etc.

8 ☐ Forced to move by sale of rented accommodation

9 ☐ Other (Please specify) \_\_\_\_\_

40. Did you **make** any of the following changes to your house or apartment as a result of your disability . . .

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) Access ramps?                          | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b) Wider doorways?                        | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c) A street level entrance?               | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d) An entrance which opens automatically? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e) An elevator or lift device?            | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f) Handrails?                             | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g) Special washroom facilities?           | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h) Other (specify) _____                  | 15 <input type="radio"/> | 16 <input type="radio"/> |

\_\_\_\_\_  
\_\_\_\_\_

41. Do you **need** any of the following features in your present accommodation . . .

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) Access ramps?                          | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b) Wider doorways?                        | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c) A street level entrance?               | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d) An entrance which opens automatically? | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e) An elevator or lift device?            | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f) Handrails?                             | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g) Special washroom facilities?           | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h) Other (specify) _____                  | 15 <input type="radio"/> | 16 <input type="radio"/> |

\_\_\_\_\_  
\_\_\_\_\_

#### HEALTH CARE EXPENSES

42. In 1986 did you require prescription drugs as a result of your disability?

- 1 ☐ Yes  
2 ☐ No → Go to Question 45

43. What was the total cost of your prescriptions for the year 1986?

\$  .00

8 ☐ Don't know

44. Were any of your prescription drug costs paid for by a private insurance plan, a health plan or some social assistance plan?

- 3 ☐ Yes → Please give amount \$  .00  
4 ☐ No

45. As a result of your disability, during 1986 did you, your spouse, or other family members pay for any of the following expenses that were **not** covered by a private insurance plan, a health plan or some social assistance plan?

- |   | Amount<br>Dollars Only  |
|---|---|
| a) Special Aids<br>(e.g. wheelchair<br>prosthesis,<br>crutches) | 01 <input type="radio"/> Yes → \$ <input type="text"/> .00<br>02 <input type="radio"/> No |
| b) Day care services  | 03 <input type="radio"/> Yes → \$ <input type="text"/> .00<br>04 <input type="radio"/> No |
| c) Transportation<br>services                                   | 05 <input type="radio"/> Yes → \$ <input type="text"/> .00<br>06 <input type="radio"/> No |
| d) Home Nursing Care  | 07 <input type="radio"/> Yes → \$ <input type="text"/> .00<br>08 <input type="radio"/> No |
| e) Homemaker/<br>homehelp<br>service                            | 09 <input type="radio"/> Yes → \$ <input type="text"/> .00<br>10 <input type="radio"/> No |
| f) Other<br>(specify) _____                                     | 11 <input type="radio"/> Yes → \$ <input type="text"/> .00<br>12 <input type="radio"/> No |

46. At any time since you became disabled, did your spouse (if applicable) have to provide you with full-time care?

- 1 ☐ Yes  
2 ☐ No  
3 ☐ No spouse } Go to Question 49

47. Did your spouse have to stop working to provide you with full-time care?

- 4 ☐ Yes  
5 ☐ No  
6 ☐ Spouse was not working } Go to Question 49

48. For what period of time did your spouse have to stop working?

- Number of full years  
98 ☐ Less than one year

**INCOME SECTION** - Please consult the Guide found on page 9 to help you in answering the following questions on income

49. During the year ending December 31, 1986, did you receive any income from the sources listed below? If yes, please check the "Yes" circle and enter the amount; if no, please check the "No" circle and proceed to the next source.

a) Federal and provincial Family Allowances

01 ☐ Yes → \$  .00

02 ☐ No

b) Federal Spouse's Allowance

03 ☐ Yes → \$  .00

04 ☐ No

c) War Veterans/ Civilian War Allowances

05 ☐ Yes → \$  .00

06 ☐ No

d) Workers' Compensation Board Benefits

07 ☐ Yes → \$  .00

08 ☐ No

e) Regular payments received from provincial automobile insurance plans (exclude lump sum payments)

09 ☐ Yes → \$  .00

10 ☐ No

f) Long Term Disability Insurance (through work or insurance co.)

11 ☐ Yes → \$  .00

12 ☐ No

g) Company or Employee Retirement Pensions or Superannuation

13 ☐ Yes → \$  .00

14 ☐ No

h) Social Assistance (Income supplements, rent assistance, welfare) from a city or province (exclude any federal benefits payments)

15 ☐ Yes → \$  .00

16 ☐ No

i) Unemployment Insurance or Canada Manpower Training Allowances

17 ☐ Yes → \$  .00

18 ☐ No

j) Interest, dividends and other investment income

19 ☐ Yes → \$  .00

20 ☐ No

k) Registered Retirement Savings Plans or other Annuities

21 ☐ Yes → \$  .00

22 ☐ No

l) Roomers and Boarders (all income)

23 ☐ Yes → \$  .00

24 ☐ No

m) Work or employment

25 ☐ Yes → \$  .00

26 ☐ No

n) Alimony or maintenance payments from relatives or from a former spouse

27 ☐ Yes → \$  .00

28 ☐ No

o) Pension payments from outside Canada

29 ☐ Yes → \$  .00

30 ☐ No

p) One time only payments (such as inheritance or final settlement of insurance policies)

31 ☐ Yes → \$  .00

32 ☐ No

q) Any other income not mentioned above (exclude any Canada Pension Plan Benefits)

33 ☐ Yes → \$  .00

34 ☐ No



50. For the year 1986, what was your total personal income before any deductions, from all sources including Canada Pension Plan disability benefits?

\$  .00

51. What was your net income for the year 1986 as reported on line 224 of your Federal Income Tax return?

\$  .00

☐ Don't know

52. For the year 1986, what was your total **household** income before any deductions, from all sources including wages, salaries, tips, commissions, bonuses? (See income guide)

\$  .00

☐ Don't know

53. In the year **before** you started receiving Canada Pension disability benefits, what was your approximate personal total income from all sources?

\$  .00

☐ No income

☐ Don't know

54. In the year **before** you started receiving Canada Pension disability benefits, what was the approximate total income from all sources of your spouse or common-law partner, if applicable?

\$  .00

☐ No income

☐ Don't know

☐ Not applicable

55. In the year **before** you became disabled, how adequate was your net income in meeting your essential needs (and those of your spouse or common-law partner, and children living with you, if applicable)?

☐ More than adequate

☐ Adequate

☐ Less than adequate

} Go to Question 57

56. In the year **before** you became disabled, what do you think would have been an adequate yearly amount to cover your essential needs (and those of your spouse or common-law partner, and children living with you, if applicable)?

\$  .00 yearly

57. In 1986, excluding Canada Pension Plan disability pension, did you receive any **other** disability pension?

☐ Yes

☐ No → End

58. From whom did you receive this other disability pension?

Name of firm or company

59. Does (or will) the amount of this other disability benefit increase with the cost of living?

☐ Yes

☐ No

☐ Don't know

60. Was the amount of this **other** disability pension cheque reduced in January 1987?

☐ Yes

☐ No → End

61. What was the amount of this **other** disability pension cheque which you received in **December 1986**?

\$  .00

62. What was the amount of this **other** disability pension cheque which you received in **January 1987**?

\$  .00

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## Guide to Income Questions

This guide is to assist you in answering the income questions on this questionnaire. You may also find it helpful to refer to records such as your income tax form for some of the information requested. This information will help give us a better picture of the financial situation of people receiving a disability benefit.

### **Question 49**

Report your annual income from each of the sources described for the period of January 1 to December 31, 1986. Do not report the same income under two sources.

**a) Federal and Provincial Family Allowances:**

Payments received under the federal and the Quebec programs should be reported by the person who claimed a personal tax exemption for the child(ren) in respect of whom the allowance was paid. If neither parent (or guardian) claimed the exemption for the child(ren), the person to whom the cheques were made out should report the payments.

**b) Federal Spouse's Allowance:**

Include payments from the federal government to eligible persons 60-64 years of age.

**c) War Veterans/Civilian War Allowances:**

Include veterans' pensions and pensions to widows and dependents of veterans.

**e) Regular payments received from provincial automobile insurance plans:**

Exclude any lump sum payments received from such plans. These payments should be reported in item (p).

**f) Long Term Disability Insurance:**

Exclude any lump sum retroactive payments received from such plans. These should be reported in item (p).

**g) Company or Employee Retirement Pensions or Superannuation:**

Include income received as a result of having been a member of a pension plan of one or more employers; pensions of retired civil servants, armed forces personnel and R.C.M.P. officers.

**Note:** Do not include lump sum death benefits, lump sum benefits and withdrawals from a pension plan or refunds of overcontributions.

**h) Social Assistance:**

Payments received from provincial or municipal programs by persons in need, including mothers with dependent children, persons temporarily or permanently unable to work, elderly individuals, the blind and the disabled. Include cash benefits covering basic needs (i.e. food, fuel, shelter, clothing) plus cash benefits for special needs.

**Some of the readily identifiable benefits to be included are:**

1. Newfoundland - Newfoundland Social Assistance
2. P.E.I. - Financial Assistance Program
3. Nova Scotia - Family Benefits Program and Municipal Social Assistance Plan
4. New Brunswick - Social Assistance
5. Quebec - Social Aid Benefits and Work Income Supplement
6. Ontario - Family benefits (including GAINS-D) General Welfare Assistance
7. Manitoba - Provincial Social Allowance Program, Municipal Assistance Program, Child Related Income Support Program (CRISP)
8. Saskatchewan - Family Income Plan (FIP), Saskatchewan Assistance Plan (SAP)
9. Alberta - Social Allowance Program
10. British Columbia - Income Assistance under the GAIN Act



**i) Unemployment Insurance or Canada Manpower Training Allowances:**

Report total benefits, before income tax deductions, received under the Federal Unemployment Insurance scheme. Include benefits for sickness, and payments received from Employment and Immigration for training programs administered under the National Training Program (NTP).

**j) Interest, Dividends and Other Investment Income:**

Include interest received during 1986 on all deposits in banks, credit unions, trust companies, etc., all kinds of bonds and savings certificates. Also include interest received from outside Canada. Include dividends from all types of domestic and foreign corporate stocks. Report the actual amount received, not the taxable amount.

Include investment income such as net rents from real estate (including rents for leased farm land), interest from loans and mortgages or regular income from an estate or trust fund.

**k) Registered Retirement Savings Plans or other Annuities:**

Include payments received from all annuities, including payments from a matured registered retirement savings plan (RRSP) in the form of a life annuity, a fixed term annuity, a registered retirement investment fund or an income-averaging annuity contract; pensions paid to widows or other relatives of deceased pensioners; annuity payments received from Canadian Government Annuities Fund, an insurance company, etc.

**l) Roomers and Boarders:**

Include all income from roomers and boarders. Exclude payments received from relatives.

**m) Work or Employment:**

Include any income (wages, salaries, tips, commissions) from all jobs before all deductions such as income tax, pension fund contributions, etc., but exclude fringe benefits; also include any net income from an unincorporated business or net earnings from a profession or from farming.

**p) One Time Only Payments:**

Include amounts such as money inherited during the year in a lump sum, lump sum disability benefits, lump sum death benefits, lump sum benefits and withdrawals from a pension plan, refunds of overcontributions or severance pay.

**q) Other Income (exclude any Canada Pension Plan Benefits):**

Report any other money income not included elsewhere such as Children's Aid, provincial tax credits and allowances, Federal Child Tax Credit or any income from outside Canada (excluding pension income). Exclude any Canada Pension Plan Benefits, receipts from the sale of property or personal belongings, income tax refunds, loans received, loans repaid to you as a lender, rebates of property taxes and other taxes.

**Question 52**

Include as members of the household all persons who usually live here (for example, your spouse, common-law partner, son(s) or daughter(s) and any other family relatives who stay with you and do not live elsewhere). Do not include as members of the household all persons such as roomers and boarders who are not related to you.

# SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** November 1987

**TITLE:** Canada Pension Plan Survivor Beneficiaries Survey

**SPONSOR:** Health and Welfare

**SURVEY METHOD:** Mailout/Mailback

**SAMPLE SIZE:** 15,152 surviving spouses

**OBJECTIVES:** Health and Welfare Canada is doing this study to learn more about the views and needs of surviving spouses receiving Canada Pension Plan benefits. This information will help us evaluate and improve the Canada Pension Plan Survivors program.

**PROJECT MANAGER:** Mike Sheridan

<b>MICRODATA:</b>	Yes	Price	No
			X



Health and Welfare  
Canada

Santé et Bien-être social  
Canada

## CANADA PENSION PLAN SURVIVOR BENEFICIARIES SURVEY

Dear Sir/Madam:

Health and Welfare Canada pays Canada Pension Plan benefits to survivors of previously working Canadians, to provide them with some replacement of lost earnings.

Health and Welfare Canada is doing this study to learn more about the views and needs of surviving spouses receiving Canada Pension Plan benefits. This information will help us evaluate and improve the Canada Pension Plan survivors program.

As I mentioned in my recent letter, you have been randomly selected to participate in our study. Your responses to this questionnaire are completely confidential and will be used by Health and Welfare Canada for statistical purposes only. They will not affect in any way your benefit entitlement.

Since this is a sample survey, your cooperation is crucial in that you will represent other persons in a similar situation. Although your participation is completely voluntary, we encourage you to make this study a success.

Please take a few minutes to complete this short questionnaire, seal it in the enclosed postage paid envelope and mail it today. The answers to the questions require that you either check the appropriate circle ☒ or enter a number in the appropriate box.

Thank you for your assistance in this important study.

Yours sincerely,

Director,  
Program Evaluation.

Canada



GENERAL INFORMATION	
<p>1. From which of the following sources did you learn that you may be eligible for the Canada Pension Plan (CPP) Survivor Benefits? (Check all that apply.)</p> <p>1 <input type="radio"/> Health and Welfare Canada</p> <p>2 <input type="radio"/> Family or friends</p> <p>3 <input type="radio"/> Doctor or Nurse</p> <p>4 <input type="radio"/> Social Worker</p> <p>5 <input type="radio"/> Lawyer or accountant</p> <p>6 <input type="radio"/> Insurance Company</p> <p>7 <input type="radio"/> Employer</p> <p>8 <input type="radio"/> Union or Association</p> <p>9 <input type="radio"/> Other (specify) _____</p>	<p>7. In 1986, how adequate was your personal net income from all sources in covering your essential needs (and those of your children living with you, if applicable)?</p> <p>5 <input type="radio"/> More than adequate } Go to Question 9</p> <p>6 <input type="radio"/> Adequate }</p> <p>7 <input type="radio"/> Less than adequate</p>
	<p>8. In 1986, what do you think would have been an adequate yearly amount to cover your essential needs (and those of your children living with you, if applicable)?</p> <p>\$ <input type="text"/> .00 yearly</p>
	<p>9. In 1986, what do you think would have been an ideal yearly amount which would have allowed you (and your children living with you, if applicable) to live comfortably?</p> <p>\$ <input type="text"/> .00 yearly</p>
<p>2. Overall, how adequate was the one-time Death Benefit payment from the Canada Pension Plan in covering the costs immediately associated with the death of your spouse?</p> <p>1 <input type="radio"/> I do not recall receiving such a benefit</p> <p>2 <input type="radio"/> More than adequate</p> <p>3 <input type="radio"/> Adequate</p> <p>4 <input type="radio"/> Less than adequate</p> <p style="text-align: right;">} Go to Question 4</p>	<p>10. What was your age on December 31, 1986?</p> <p><input type="text"/> <input type="text"/></p> <p style="text-align: center;">age</p>
<p>3. What do you think would have been an adequate amount?</p> <p>\$ <input type="text"/> .00</p>	<p>11. What is the highest level of education you have completed? (Check one answer only.)</p> <p>1 <input type="radio"/> Never attended school</p> <p>2 <input type="radio"/> Some elementary (grade) school</p> <p>3 <input type="radio"/> Completed elementary school</p> <p>4 <input type="radio"/> Some secondary (high) school</p> <p>5 <input type="radio"/> Completed secondary (high) school</p> <p>6 <input type="radio"/> Some post-secondary (college or university)</p> <p>7 <input type="radio"/> Completed post-secondary (college or university with degree, certificate or diploma)</p> <p>8 <input type="radio"/> Other (specify) _____</p>
<p>4. Did you request information from Health and Welfare Canada when you first applied for a Canada Pension Plan survivor benefit?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Go to Question 7</p>	
<p>5. Did you receive the information you requested from Health and Welfare Canada?</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No → Go to Question 7</p>	<p>12. What is your marital status?</p> <p>1 <input type="radio"/> Now married</p> <p>2 <input type="radio"/> Living with common-law partner</p> <p>3 <input type="radio"/> Single (never married)</p> <p>4 <input type="radio"/> Separated</p> <p>5 <input type="radio"/> Divorced</p> <p>6 <input type="radio"/> Widowed</p>
<p>6. How adequate was the information Health and Welfare Canada provided to you?</p> <p>1 <input type="radio"/> More than adequate</p> <p>2 <input type="radio"/> Adequate</p> <p>3 <input type="radio"/> Less than adequate</p> <p>4 <input type="radio"/> Don't know</p>	<p>13. How long were you married to, or a common-law partner with, the person on whose behalf Canada Pension Plan survivor benefits are being paid to you?</p> <p><input type="text"/> <input type="text"/> Number of full years</p>

**WORK FORCE PARTICIPATION**

14. Did you work for pay or profit at anytime during the year **before** the death of your spouse?

1 ☐ Yes

2 ☐ No → Go to Question 18

15. During that year, **before** the death of your spouse, how many weeks did you work for pay or profit?

Number of weeks

98 ☐ Don't know

16. During that year, **before** the death of your spouse, how many hours a week did you usually work for pay or profit?

Number of hours

98 ☐ Don't know

17. As a result of the death of your spouse, did you have to increase your working hours?

1 ☐ Yes → Go to Question 20

2 ☐ No → Go to Question 23

18. As a result of the death of your spouse, did you have to start working or start looking for work?

3 ☐ Yes

4 ☐ No → Go to Question 23

19. Are you presently working?

5 ☐ Yes

6 ☐ No → Go to Question 21

20. In what year did you start working or did you increase your working hours?

 1  9  

98 ☐ Don't know

21. During this period, did you require child care services for your children?

1 ☐ Yes

2 ☐ No

3 ☐ Not applicable (no children)

} Go to Question 23

22. Which of the following child care services did you use? (Mark all that apply.)

4 ☐ Family member, friend, or neighbour

5 ☐ Babysitter

6 ☐ Day care centre

7 ☐ Other (specify) \_\_\_\_\_

23. Did you work for pay or profit at anytime in 1986?

1 ☐ Yes

2 ☐ No → Go to Question 26

24. In 1986, how many weeks did you work for pay or profit?

Number of weeks

25. In 1986, how many hours a week did you usually work for pay or profit?

Number of hours

**DWELLING INFORMATION**

26. Do you live in a dwelling such as a nursing home, group home, hospital, home for the aged or similar facilities?

1 ☐ Yes → Go to Question 34

2 ☐ No

27. In what type of dwelling do you live?

3 ☐ Single detached house

4 ☐ Double, Row or Terrace House, Duplex

5 ☐ Apartment or Flat

6 ☐ Hotel, Rooming or Lodging house

7 ☐ Mobile home

8 ☐ Other (please specify) \_\_\_\_\_

28. How long have you been living in this dwelling?

Number of years

98 ☐ Less than one year

29. Do you own or rent the dwelling in which you live?

1 ☐ Own

2 ☐ Rent → Go to Question 32

3 ☐ Neither own nor rent → Go to Question 34

30. Are you responsible for making mortgage payments for this dwelling?

4 ☐ Yes

5 ☐ No → Go to Question 34

31. What are your total regular monthly mortgage payments for this dwelling? (Include Principal, Interest and Taxes)

\$  .00 per month → Go to Question 34

32. What is the monthly rent you personally pay for this dwelling?

\$  .00 per month

8 ☐ Don't know

9 ☐ Do not pay rent

33. Is some or all of the rent for this dwelling subsidized by the federal, provincial or municipal governments?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

34. How many persons related to you by blood, marriage or adoption currently live with you? (Include any children who are away from home because they are attending school.)

Number of persons

98 ☐ None → Go to Question 36

35. How many of these people living with you are in the following age groups?

a) 17 years or under 1   Number  
(if none, enter 00)

b) 18 - 24 years 2   Number  
(if none, enter 00)

c) 25 - 49 years 3   Number  
(if none, enter 00)

d) 50 - 64 years 4   Number  
(if none, enter 00)

e) 65 years or over 5   Number  
(if none, enter 00)

36. Did you move after the death of your spouse?

6 ☐ Yes

7 ☐ No → Go to Question 39

37. In what year did you move?

1  9

98 ☐ Don't recall

38. What was the main reason you moved?  
(Check one answer only.)

01 ☐ Health, disability, sickness

02 ☐ To be closer to family or friends

03 ☐ Previous home too expensive

04 ☐ Previous home too much work

05 ☐ Wanted a better climate

06 ☐ Marriage or remarriage

07 ☐ Too many memories, too emotional

08 ☐ To be closer to transportation, doctors, shopping, etc.

09 ☐ Forced to move by sale of rented accommodation

10 ☐ Other (Please specify) \_\_\_\_\_



**INCOME SECTION** - Please consult the Guide found on page 8 to help you in answering the following questions on income

39. During the year ending December 31, 1986, did you receive any income from the sources listed below? If yes, please check the "Yes" circle and enter the amount; if no, please check the "No" circle and proceed to the next source.

a) Federal and provincial Family Allowances

Amount  
Dollars Only

01 ☐ Yes → \$  .00  
02 ☐ No

b) Federal Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance

03 ☐ Yes → \$  .00  
04 ☐ No

c) War Veterans/ Civilian War Allowances

05 ☐ Yes → \$  .00  
06 ☐ No

d) Workers' Compensation Board Benefits

07 ☐ Yes → \$  .00  
08 ☐ No

e) Regular payments received from provincial automobile insurance plans (exclude lump sum payments)

09 ☐ Yes → \$  .00  
10 ☐ No

f) Long Term Disability Insurance (through work or insurance co.)

11 ☐ Yes → \$  .00  
12 ☐ No

g) Company or Employee Retirement Pensions or Superannuation

13 ☐ Yes → \$  .00  
14 ☐ No

h) Social Assistance (Income supplements, rent assistance, welfare) from a city or province (exclude any federal benefits payments)

Amount  
Dollars Only

15 ☐ Yes → \$  .00  
16 ☐ No

i) Unemployment Insurance or Canada Manpower Training Allowances

17 ☐ Yes → \$  .00  
18 ☐ No

j) Interest, dividends and other investment income

19 ☐ Yes → \$  .00  
20 ☐ No

k) Registered Retirement Savings Plans or other Annuities

21 ☐ Yes → \$  .00  
22 ☐ No

l) Roomers and Boarders (all income)

23 ☐ Yes → \$  .00  
24 ☐ No

m) Work or employment

25 ☐ Yes → \$  .00  
26 ☐ No

n) Alimony or maintenance payments from relatives or from a former spouse

27 ☐ Yes → \$  .00  
28 ☐ No

o) Pension payments from outside Canada

29 ☐ Yes → \$  .00  
30 ☐ No

p) One time only payments (such as inheritance or final settlement of insurance policies)

31 ☐ Yes → \$  .00  
32 ☐ No

q) Any other income not mentioned above (exclude any Canada Pension Plan Benefits)

33 ☐ Yes → \$  .00  
34 ☐ No

<p>40. For the year 1986, what was your total personal income before any deductions, from all sources including Canada Pension Plan survivor benefits?</p> <p>\$ <input type="text"/> .00</p>	<p>46. In the year <b>before</b> your spouse or common-law partner died, what do you think would have been an adequate yearly amount to cover your essential needs (and those of your spouse or common-law partner, and children living with you, if applicable)?</p> <p>\$ <input type="text"/> .00 yearly</p>
<p>41. What was your net income for the year 1986 as reported on line 224 of your Federal Income Tax return?</p> <p>\$ <input type="text"/> .00</p> <p><input type="radio"/> Don't know</p>	<p>47. When your spouse or common-law partner died, did he/she provide you with any mortgage insurance policy?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not applicable</p>
<p>42. For the year 1986, what was your total <b>household</b> income before any deductions, from all sources including wages, salaries, tips, commissions, bonuses? (See income guide)</p> <p>\$ <input type="text"/> .00</p> <p><input type="radio"/> Don't know</p>	<p>48. When your spouse or common-law partner died, did he/she provide you with any life insurance benefits?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p>} Go to Question 50</p>
<p>43. In the year <b>before</b> you started receiving Canada Pension survivor benefits, what was your approximate personal total income from all sources?</p> <p>\$ <input type="text"/> .00</p> <p><input type="radio"/> No income</p> <p><input type="radio"/> Don't know</p>	<p>49. What was the approximate value of these life insurance policies (excluding any mortgage insurance policy)?</p> <p>\$ <input type="text"/> .00 (amount if a lump sum payment)</p> <p>\$ <input type="text"/> .00 (amount per year (in annuities))</p>
<p>44. In the year <b>before</b> you started receiving Canada Pension survivor benefits, what was the approximate total income from all sources of your spouse or common-law partner, if applicable?</p> <p>\$ <input type="text"/> .00</p> <p><input type="radio"/> No income</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Not applicable</p>	<p>50. In 1986, excluding Canada Pension Plan survivor pension, did you receive any <b>other</b> regular monthly survivor pensions (that are <b>not</b> annuities)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → End</p>
<p>45. In the year <b>before</b> your spouse or common-law partner died, how adequate was your net income in meeting your essential needs (and those of your spouse or common-law partner, and children living with you, if applicable)?</p> <p><input type="radio"/> More than adequate</p> <p><input type="radio"/> Adequate</p> <p><input type="radio"/> Less than adequate</p> <p>} Go to Question 47</p>	<p>51. Does (or will) the amount of any of these other regular monthly survivor pensions (that are <b>not</b> annuities) increase with the cost of living?</p> <p><input type="radio"/> Yes, all of them</p> <p><input type="radio"/> Yes, some of them</p> <p><input type="radio"/> No, none of them</p> <p><input type="radio"/> Don't know</p>

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



## Guide to Income Questions

This guide is to assist you in answering the income questions on this questionnaire. You may also find it helpful to refer to records such as your income tax form for some of the information requested. This information will help give us a better picture of the financial situation of people receiving a disability benefit.

### **Question 39**

Report your annual income from each of the sources described for the period of January 1 to December 31, 1986. Do not report the same income under two sources.

**a) Federal and Provincial Family Allowances:**

Payments received under the federal and the Quebec programs should be reported by the person who claimed a personal tax exemption for the child(ren) in respect of whom the allowance was paid. If neither parent (or guardian) claimed the exemption for the child(ren), the person to whom the cheques were made out should report the payments.

**b) Federal Old Age Security Pension, Guaranteed Income Supplement or Spouse's Allowance:**

Include payments from the federal government to persons aged 65 years and over, and payments to eligible persons 60-64 years of age.

**Note:** Income supplements from provincial governments are to be reported in item (h).

**c) War Veterans/Civilian War Allowances:**

Include veterans' pensions and pensions to widows and dependents of veterans.

**e) Regular payments received from provincial automobile insurance plans:**

Exclude any lump sum payments received from such plans. These payments should be reported in item (p).

**f) Long Term Disability Insurance:**

Exclude any lump sum retroactive payments received from such plans. These should be reported in item (p).

**g) Company or Employee Retirement Pensions or Superannuation:**

Include income received as a result of having been a member of a pension plan of one or more employers; pensions of retired civil servants, armed forces personnel and R.C.M.P. officers.

**Note:** Do not include lump sum death benefits, lump sum benefits and withdrawals from a pension plan or refunds of overcontributions.

**h) Social Assistance:**

Payments received from provincial or municipal programs by persons in need, including mothers with dependent children, persons temporarily or permanently unable to work, elderly individuals, the blind and the disabled. Include cash benefits covering basic needs (i.e. food, fuel, shelter, clothing) plus cash benefits for special needs.

**Some of the readily identifiable benefits to be included are:**

1. Newfoundland – Newfoundland Social Assistance
2. P.E.I. – Financial Assistance Program
3. Nova Scotia – Family Benefits Program and Municipal Social Assistance Plan
4. New Brunswick – Social Assistance
5. Quebec – Social Aid Benefits and Work Income Supplement
6. Ontario – Family benefits (including GAINS-D) General Welfare Assistance
7. Manitoba – Provincial Social Allowance Program, Municipal Assistance Program, Child Related Income Support Program (CRISP)
8. Saskatchewan – Family Income Plan (FIP), Saskatchewan Assistance Plan (SAP)
9. Alberta – Social Allowance Program
10. British Columbia – Income Assistance under the GAIN Act

**i) Unemployment Insurance or Canada Manpower Training Allowances:**

Report total benefits, before income tax deductions, received under the Federal Unemployment Insurance scheme. Include benefits for sickness, and payments received from Employment and Immigration for training programs administered under the National Training Program (NTP).

**j) Interest, Dividends and Other Investment Income:**

Include interest received during 1986 on all deposits in banks, credit unions, trust companies, etc., all kinds of bonds and savings certificates. Also include interest received from outside Canada.

Include dividends from all types of domestic and foreign corporate stocks. Report the actual amount received, not the taxable amount.

Include investment income such as net rents from real estate (including rents for leased farm land), interest from loans and mortgages or regular income from an estate or trust fund.

**k) Registered Retirement Savings Plans or other Annuities:**

Include payments received from all annuities, including payments from a matured registered retirement savings plan (RRSP) in the form of a life annuity, a fixed term annuity, a registered retirement investment fund or an income-averaging annuity contract; pensions paid to widows or other relatives of deceased pensioners; annuity payments received from Canadian Government Annuities Fund, an insurance company, etc.

**l) Roomers and Boarders:**

Include all income from roomers and boarders. Exclude payments received from relatives.

**m) Work or Employment:**

Include any income (wages, salaries, tips, commissions) from all jobs before all deductions such as income tax, pension fund contributions, etc., but exclude fringe benefits; also include any net income from an unincorporated business or net earnings from a profession or from farming.

**p) One Time Only Payments:**

Include amounts such as money inherited during the year in a lump sum, lump sum disability benefits, lump sum death benefits, (excluding the Canada Pension Plan Death Benefit), lump sum benefits and withdrawals from a pension plan, refunds of overcontributions or severance pay.

**q) Other Income (exclude any Canada Pension Plan Benefits):**

Report any other money income not included elsewhere such as Children's Aid, provincial tax credits and allowances, Federal Child Tax Credit or any income from outside Canada (excluding pension income). Exclude any Canada Pension Plan Benefits, receipts from the sale of property or personal belongings, income tax refunds, loans received, loans repaid to you as a lender, rebates of property taxes and other taxes.

**Question 42**

Include as members of the household all persons who usually live here (for example, your current spouse or common-law partner, son(s) or daughter(s) and any other family relatives who stay with you and do not live elsewhere). Do not include as members of the household all persons such as roomers and boarders who are not related to you.

## SPECIAL SURVEYS GROUP PROGRAMS

**SURVEY MONTH:** January to December 1987

**TITLE:** Fuel Consumption Survey

**SPONSOR:** Strategic Studies Branch of Transport Canada

**SURVEY METHOD:** Telephone screening interview followed by mailout/mailback diary covering a one month period

**SAMPLE SIZE** 333 passenger cars and 260 light trucks and vans per month

**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
- seasonal fluctuations in fuel consumption and distance travelled by province

**PROJECT MANAGER:** Phil Stevens

**MICRODATA:** Yes                      Price                      No  
Available on request



## FUEL CONSUMPTION SURVEY - SCREENING QUESTIONNAIRE

Authority - Statistics Act: Statistics of  
Canada 1970-71-72 Chapter 15

Identification number _____	FCS1 no _____ of _____	REGISTERED OWNER:
Make _____ Model _____ Licence Plate Number _____ Model Year _____ Serial Number _____		Name _____ Address _____ Telephone _____ Notes: _____

INTERVIEWER: \_\_\_\_\_ Total contact attempts made by phone \_\_\_\_\_

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

Yes <sup>1</sup>○ go to 4      No (once owned) <sup>2</sup>○ go to 2

No (never owned, never leased, once leased) <sup>3</sup>○ END

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

Sold/given away/traded in ..... <sup>4</sup>○ go to 3

No longer roadworthy/demolished/stolen ..... <sup>5</sup>○ END

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

Yes <sup>6</sup>○ go to new screening questionnaire, record  
identification number and trace

No <sup>7</sup>○ END4. WHICH OF THE FOLLOWING BEST DESCRIBES THIS  
VEHICLE?

Station wagon .....	<sup>01</sup> ○	} go to 5
2 door passenger car (including hatchback) .....	<sup>02</sup> ○	
4 door passenger car (including hatchback) .....	<sup>03</sup> ○	
Pickup .....	<sup>04</sup> ○	
Van .....	<sup>05</sup> ○	
Other truck type (specify) _____	<sup>06</sup> ○	
Motorcycle .....	<sup>07</sup> ○	} END
Trailer or camper .....	<sup>08</sup> ○	
Motor home .....	<sup>09</sup> ○	
Ambulance or hearse .....	<sup>10</sup> ○	

5. IS THE OWNER OF THIS VEHICLE A LEASING COMPANY?

No <sup>1</sup>○ go to 7Yes <sup>2</sup>○ → ARE YOU THE LESSEE OF  
THIS VEHICLE?No <sup>2</sup>○ go to 6      Yes <sup>3</sup>○ go to 76. WHAT ARE THE NAME, ADDRESS AND TELEPHONE NUMBER  
OF THE LESSEE?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Trace and contact  
lessee, read  
flashcard, then  
go to 7

OR refusal <sup>1</sup>○ END7. 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 flash-  
card, then go to 8.

8. WILL THIS VEHICLE BE DRIVEN AT ANY TIME DURING  
THE MONTH OF \_\_\_\_\_?

repeat survey month

Yes <sup>1</sup>○      No <sup>2</sup>○ END9. WILL THIS VEHICLE BE DRIVEN FOR PERSONAL USE AT ANY  
TIME DURING THE MONTH OF \_\_\_\_\_?

repeat survey month

Yes <sup>1</sup>○ introduce diary mailoutNo <sup>2</sup>○ END (specify) \_\_\_\_\_

ONTARIO ONLY: initiate business procedure

Notes:

Interviewer check item:	For Head Office Use Only
Diary mailed ..... <sup>1</sup> ○	FCS1 result _____
Diary refused ..... <sup>2</sup> ○	FCS2A result _____
Not eligible for diary ..... <sup>3</sup> ○	Curb wght _____ Avg G V W _____ Min. G V W _____ Max G V W _____ _____

## FCS2A

This diary is for providing details about your vehicle and for recording information about your fuel purchases for the month of \_\_\_\_\_

Your vehicle has been identified as follows. If this information is incorrect or incomplete, please make the necessary corrections in the space provided below.

ID. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make <input type="text"/>			
Model <input type="text"/>			
Model Year <input type="text"/>			<input type="text"/>
Licence Plate Number <input type="text"/>		Unit Number (optional) <input type="text"/>	
Serial Number <input type="text"/>		<input type="text"/>	

CORRECTIONS (if any)			
Make <input type="text"/>			
Model <input type="text"/>			
Model Year <input type="text"/>			<input type="text"/>
Licence Plate Number <input type="text"/>		Unit Number (optional) <input type="text"/>	
Serial Number <input type="text"/>		<input type="text"/>	

### GENERAL INSTRUCTIONS FOR COMPLETION OF THE DIARY

1. As the principal driver of this vehicle please notify other drivers of the survey and ensure that they record their fuel purchases in the diary.
2. Keep this diary in the vehicle during the reference month.
3. Please mark your answers clearly.
4. When entering numbers in boxes, insert leading zeros and record tenths in the shaded boxes. For example, if your answer is thirty thousand forty-six and four tenths (30046.4) kilometres (miles), you should enter your numbers as follows:

0	3	0	0	4	6	4
---	---	---	---	---	---	---

<sup>1/10</sup>

5. The odometer is the gauge which records the distance travelled.
6. THE INSTRUCTIONS FOR RECORDING FUEL PURCHASES BEGIN ON PAGE 4.
7. When the diary period is over, ensure that the Vehicle Description Section (below) has been completed and mail the completed diary to Statistics Canada using the envelope provided. If you wish to receive a diary for your own use check the circle for additional copy on page 16.

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### VEHICLE DESCRIPTION SECTION

PLEASE COMPLETE THIS SECTION AS SOON AS YOU RECEIVE THE DIARY.

<p>1. Which of the following best describes this vehicle?</p> <p>Station wagon ..... <sup>1</sup>○      Pickup ..... <sup>5</sup>○</p> <p>2 door passenger car (including hatchback) ..... <sup>2</sup>○      Van ..... <sup>6</sup>○</p> <p>4 door passenger car (including hatchback) ..... <sup>3</sup>○      Other truck type ..... <sup>7</sup>○ ↓ (specify) _____</p> <p>Ambulance or hears ..... <sup>4</sup>○      Motorcycle ..... <sup>8</sup>○</p>	<p>3. How many cylinders does this vehicle have?</p> <p>Four <sup>1</sup>○      Six <sup>2</sup>○      Eight <sup>3</sup>○      Other _____ <sup>4</sup>○ (specify)</p>													
<p>2. Is this vehicle equipped with ...</p> <p>Automatic transmission? ..... Yes <sup>1</sup>○      No <sup>2</sup>○</p> <p>Air conditioning? ..... Yes <sup>3</sup>○      No <sup>4</sup>○</p>	<p>4. Does the odometer of this vehicle register in kilometres or miles?</p> <p>Kilometres <sup>1</sup>○      Miles <sup>2</sup>○</p> <p>5. In what month and year did you obtain this vehicle?</p> <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Month</td> <td colspan="2">Year</td> </tr> </table> <p>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).</p> <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>kilometres (miles)</p>				Month	Year								
Month	Year													

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## INSTRUCTIONS FOR RECORDING FUEL PURCHASES

PLEASE RECORD ALL FUEL PURCHASES MADE DURING THE MONTH OF \_\_\_\_\_

PLEASE REFER TO THE EXAMPLE BELOW AS YOU READ THESE INSTRUCTIONS.

Every time you stop at a fuel pump, please do the following:

Column 1: This refers to the fuel purchase number. Record your first fuel purchase in 01, your second in 02, etc.

Column 2: Record the day and month of the fuel purchase.

Column 3: Record the distance showing on the odometer. For those vehicles equipped with a "trip odometer" as well as a "regular odometer," please record the odometer readings from the regular odometer only.

Column 4: Indicate the type of fuel bought by checking the appropriate circle. If you buy a different type of fuel, please specify in the "other" category.

Column 5: Record the price per litre in cents and tenths of a cent (price per gallon in dollars, cents and tenths of a cent).

Column 6: Record the number of litres (gallons) purchased. Also indicate whether you purchase litres or gallons. If you purchase fuel in the United States do not convert the U.S. gallons into litres or imperial gallons.

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Column 7: Check this circle only if the tank is full.

Column 8: Record the total amount paid for FUEL ONLY in dollars and cents. If you purchase fuel in the United States, check the circle but do not convert the cost into Canadian dollars.

1. No.	2. Date	3. Odometer reading	4. Type of fuel purchased				5. Price per litre (cents)	6. Amount of fuel purchased (check litres or gallons)	7. Fill-up (check if tank is full only)	8. Total paid for fuel
			Landed	Unlanded	Diesel	Other Specify				
00	01 07 Day Month	014632	<input checked="" type="radio"/> Regular	<input type="radio"/> Unlanded	<input type="radio"/> Diesel	<input type="radio"/> Other Specify	0445 s c 1/10	0225 Litres 10 Gallons 20	<input type="radio"/>	01000 s c Check only if purchased in U.S.A. 10

If you need to make corrections to a purchase and there is insufficient space, please write "cancelled" across this purchase and record the correct information in the next available purchase number.

If you have missed recording a purchase and are unable to provide any details for it, please mark "missing" across that purchase number or indicate where you missed it.

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### FUEL PURCHASE SECTION

In order to calculate the fuel consumption rate of a vehicle, it is desirable to have at least two purchases that are fill-ups. The most accurately calculated rate for the diary period is obtained when the fuel tank is filled for both the first and last purchases. For this reason, please ensure, if possible, that the first and the last purchases for the reference month are fill-ups.

A fuel economy calculator is inserted if you wish to calculate the fuel consumption rate for your vehicle.

1. No.	2. Date	3. Odometer reading	4. Type of fuel purchased				5. Price per litre (pence)	6. Amount of purchased (litres or gallons)	7. Fill-up (check if tank is full only)	8. Total paid for fuel
			Leaded	Unleaded	Diesel	Other (specify)				
00	1 2 0 4 Day Month	0 5 3 6 7 8 9 1/10	Regular 1 <input type="radio"/> Premium 2 <input type="radio"/>	Regular 3 <input type="radio"/> Premium 4 <input checked="" type="radio"/>	Diesel 5 <input type="radio"/>	Other (specify) 6 _____	0 5 1 1 s e 1/10	0 3 6 6 1/10 Litres 1 <input checked="" type="radio"/> Gallons 2 <input type="radio"/>	1 <input checked="" type="radio"/>	0 1 8 7 0 s e Check only if purchased in U.S.A. 1 <input type="radio"/>

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1. No.	2. Date	3. Odometer reading	4. Type of fuel purchased				5. Price per litre (pence)	6. Amount of fuel purchased (check litres or gallons)	7. Fill-up (check if tank is full only)	8. Total paid for fuel
			Leaded	Unleaded	Diesel	Other (specify)				
01	_____ Day Month	_____ 1/10	Regular 1 <input type="radio"/> Premium 2 <input type="radio"/>	Regular 3 <input type="radio"/> Premium 4 <input type="radio"/>	Diesel 5 <input type="radio"/>	Other (specify) 6 _____	_____ s e 1/10	_____ 1/10 Litres 1 <input type="radio"/> Gallons 2 <input type="radio"/>	1 <input type="radio"/>	_____ s e Check only if purchased in U.S.A. 1 <input type="radio"/>
02	_____ Day Month	_____ 1/10	Regular 1 <input type="radio"/> Premium 2 <input type="radio"/>	Regular 3 <input type="radio"/> Premium 4 <input type="radio"/>	Diesel 5 <input type="radio"/>	Other (specify) 6 _____	_____ s e 1/10	_____ 1/10 Litres 1 <input type="radio"/> Gallons 2 <input type="radio"/>	1 <input type="radio"/>	_____ s e Check only if purchased in U.S.A. 1 <input type="radio"/>
03	_____ Day Month	_____ 1/10	Regular 1 <input type="radio"/> Premium 2 <input type="radio"/>	Regular 3 <input type="radio"/> Premium 4 <input type="radio"/>	Diesel 5 <input type="radio"/>	Other (specify) 6 _____	_____ s e 1/10	_____ 1/10 Litres 1 <input type="radio"/> Gallons 2 <input type="radio"/>	1 <input type="radio"/>	_____ s e Check only if purchased in U.S.A. 1 <input type="radio"/>

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