

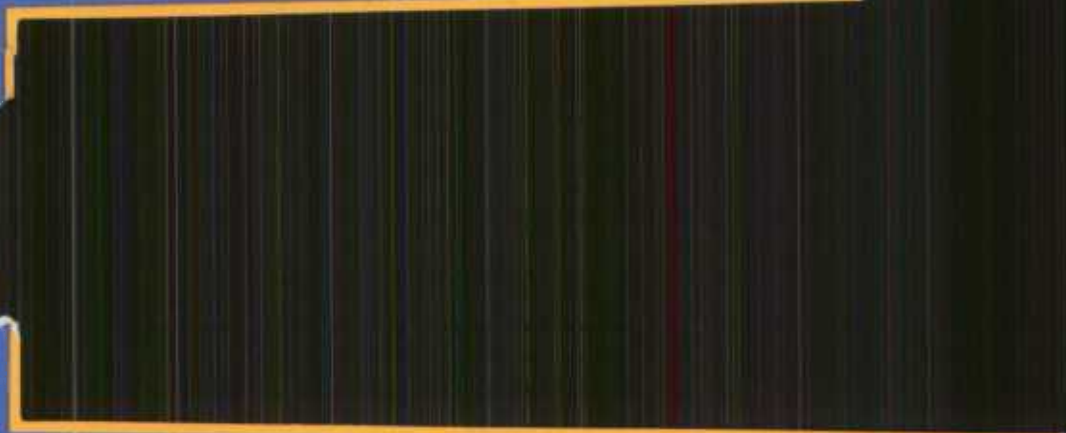
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# Special Surveys Program

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# **Overview of Special Surveys 1991**

**Conducted by the Household Surveys Division  
of Statistics Canada**





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## INTRODUCTION

This report provides an overview of the Special Surveys Program managed by the Special Surveys Group within the Household Surveys Division of Statistics Canada.

Further information on the survey activities of the Special Surveys Group may be obtained by contacting:

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Special Surveys Group  
Household Surveys Division  
Statistics Canada  
Jean Talon Building, 5-D5  
Tunney's Pasture  
Ottawa, Ontario  
K1A 0T6

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## THE SPECIAL SURVEYS PROGRAM

The Special Surveys Program was established in 1973 to provide a focus for the design and implementation of surveys not provided for in Statistics Canada's regular program of surveys. Thus, the term "Special" refers to the fact that the program provides special interest data not available elsewhere. The program is managed by the Special Surveys Group, which is part of the Household Surveys Division in the Social, Institutions and Labour Statistics Field. The Group offers a broad range of survey design and implementation services on a cost-recovery basis to federal and provincial government departments, institutions and private agencies. The Group specializes in the design and conduct of household surveys and has successfully used a variety of data collection methodologies including personal, telephone and mail. Related services are provided through Statistics Canada's national network of regional offices, which employ approximately 1,000 experienced interviewers and maintain sophisticated data capture facilities. The Group also has access to several cost effective and statistically reliable sampling methodologies, including the ability to conduct surveys as supplements to the 72,300 dwellings in the monthly Labour Force Survey. Statistical and methodological advice is provided by statisticians from the Bureau's Social Survey Methods Division.

## DATA HOLDINGS OF THE SPECIAL SURVEYS GROUP

Since its inception, the Special Surveys Program has amassed a wealth of data relating to a wide variety of research topics, all of it in machine-readable format. For many subjects these files represent the only source of national and provincial estimates. Included as Appendix A is a list of surveys conducted by the Special Surveys Group dating back to 1976. Data for most surveys is available in the form of public use microdata files relating to individual survey respondents, or in the form of user specified tabulations. In both cases users are required to pay a small amount to offset the marginal cost of producing the output. Information on exactly what is available may be obtained by contacting:



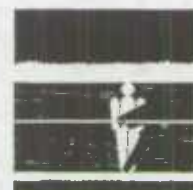
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INTERNET: WCSSTCAN@CCS.CARLETON.CA

### **THE SPECIAL SURVEYS PROGRAM IN 1991**

A number of interesting and innovative surveys were fielded in 1991. The following section provides readers with the name of a contact for each study, a brief outline of the survey methodology, and copies of any questionnaires used. Since a number of the surveys included in the report were conducted as supplements to the monthly Labour Force Survey, copies of the LFS questionnaires and code sheets have been appended as Appendix B. Readers requiring additional information about any of the surveys contained in this report are encouraged to write or call the Dissemination and User Support Unit or the Project Manager listed with each survey. Interested users may also obtain copies of similar "Overviews" for the years 1966-1990.

## Labour Market Activity Survey (1990)



<b>Survey Month:</b>	January to February 1991		
<b>Title:</b>	Labour Market Activity Survey (1990)		
<b>Sponsor:</b>	Employment and Immigration Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	62,000 persons		
<b>Objectives:</b>	<p>Information obtained from the Labour Market Activity Survey:</p> <ul style="list-style-type: none"><li>- measures the frequency and number of job changes occurring in the Canadian labour market over one- and two-year periods,</li><li>- provides information on the characteristics (wage rates, usual work schedules, etc.) of jobs held,</li><li>- identifies groups of people who would benefit from EIC programs,</li><li>- identifies participants of specific EIC programs.</li></ul>		
<b>Project Manager:</b>	Richard Veevers (951-4617)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$1,000.00*	

---

\* A 1990 cross-sectional file costs \$1,000.00 and a three year longitudinal file (1988 to 1990) costs \$1,000.00 as well.







## Labour Market Activity Survey (1990)

Confidential  
(when completed)

Authority — Statistics Act,  
Revised Statutes of Canada,  
1985, Chapter S19.

<p>LABEL GOES HERE</p>	<p><b>COMPLETE FOR NEW HOUSEHOLD MEMBERS ON F03A OR F03C AND NEW ELIGIBLE HOUSEHOLD MEMBERS ON F03B</b></p> <table style="width: 100%;"><tr><td style="width: 20%;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0 8</div> Form No.</td><td style="width: 20%;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Docket No.</td><td style="width: 20%;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Assignment No.</td><td style="width: 40%;"></td></tr><tr><td colspan="4" style="text-align: center;">F03B</td></tr><tr><td><div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> F03A or F03C HRD page-line No.</td><td style="text-align: center;">OR</td><td><div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> Split LD.</td><td><div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> HRD page-line No.</td></tr><tr><td></td><td></td><td><div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> Lang.</td><td></td></tr></table> <table style="width: 100%;"><tr><td style="width: 20%;">6 Given Name</td><td style="width: 80%;"><div style="border: 1px solid black; height: 15px;"></div></td></tr><tr><td>7 Surname</td><td><div style="border: 1px solid black; height: 15px;"></div></td></tr><tr><td>8 Telephone No.</td><td><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></td></tr></table>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 8</div> Form No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Docket No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Assignment No.		F03B				<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> F03A or F03C HRD page-line No.	OR	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> Split LD.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> HRD page-line No.			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> Lang.		6 Given Name	<div style="border: 1px solid black; height: 15px;"></div>	7 Surname	<div style="border: 1px solid black; height: 15px;"></div>	8 Telephone No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0 8</div> Form No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Docket No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Assignment No.																					
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7 Surname	<div style="border: 1px solid black; height: 15px;"></div>																						
8 Telephone No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>																						

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

COMPLETING THE FORM	
<ul style="list-style-type: none"><li>Introduce the survey by <b>saying</b>: "Statistics Canada is doing this survey at the request of Employment and Immigration Canada. The purpose is to collect information about the patterns of work and the <b>types</b> of jobs held during 1990. All information will be kept <b>strictly</b> confidential as required by the Statistics Act."</li></ul>	<ul style="list-style-type: none"><li>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 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.</li></ul>
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"><p>9. START TIME <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"></div></p><p>DATE <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"></div> 9 1</p><p style="text-align: center; font-size: small;">D D M M Y Y</p></div>	
<p>10. IN 1990, HOW MANY EMPLOYERS DID ... WORK FOR, INCLUDING SELF-EMPLOYMENT?</p> <div style="text-align: center; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"></div> If <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">0 0</div> Go to 140</div>	
<p>I AM GOING TO ASK YOU ABOUT THE JOBS ... HELD IN 1990. IN THIS SURVEY, A JOB CHANGE IS A CHANGE IN BOTH <u>USUAL</u> DUTIES AND <u>USUAL</u> WAGE OR SALARY.</p>	

	JOB 1 1	JOB 1 2
18. WAS ... WORKING AT THIS JOB OR BUSINESS AT THE BEGINNING OF JANUARY 1990 (i.e., immediately after New Year's)?	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <sup>3</sup> <input type="radio"/> Go to 20 No <sup>4</sup> <input type="radio"/> Go to 19
19. IN 1990, WHEN DID ... FIRST START WORKING AT THIS JOB OR BUSINESS?	<input type="text"/>	<input type="text"/> 9 0 D D M M Y Y
20. LAST WEEK, DID ... WORK AT THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 <input type="radio"/> Go to 21	Yes <sup>5</sup> <input type="radio"/> Go to 23 No <sup>6</sup> <input type="radio"/> Go to 21
21. LAST WEEK, DID ... STILL HAVE THIS JOB OR BUSINESS?	<input type="radio"/> Go to 22	Yes <sup>7</sup> <input type="radio"/> Go to 23 No <sup>8</sup> <input type="radio"/> Go to 22
22. WHEN DID ... LAST WORK AT THIS JOB OR BUSINESS?	<input type="text"/>	<input type="text"/> Go to 23 D D M M Y Y

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

11. (Col. 11) THINKING BACK TO ...'S FIRST DAY OF WORK IN 1990, FOR WHOM DID HE/SHE WORK?	<input type="text"/>	<input type="text"/>
(Col.'s 12 to 15) FOR WHOM DID ... WORK?	<input type="text"/>	<input type="text"/>

12. WHAT KIND OF BUSINESS, INDUSTRY OR SERVICE WAS THIS?	Confirmed Job <input type="radio"/> <input type="text"/>	Confirmed Job <input type="radio"/> OR <input type="text"/>
13. WHAT KIND OF WORK WAS ... DOING?	Confirmed Job <input type="radio"/> <input type="text"/>	Confirmed Job <sup>2</sup> <input type="radio"/> OR <input type="text"/>
14. IN THIS WORK WHAT WERE ...'S MOST IMPORTANT ACTIVITIES OR DUTIES?	Confirmed Job <input type="radio"/> OR <input type="text"/>	Confirmed Job <sup>3</sup> <input type="radio"/> OR <input type="text"/>
15. CLASS OF WORKER	<input type="text"/>	<input type="text"/> Enter code
16. <u>INTERVIEWER CHECK ITEM:</u> • If code 1 (Paid Worker) in Item 15 • Otherwise	<input type="radio"/> Go to 17A <input type="radio"/> Go to 17B	<sup>4</sup> <input type="radio"/> Go to 17A <sup>5</sup> <input type="radio"/> Go to 17B
17A. IN 1990, DID ... HAVE ANY PROMOTIONS OR OTHER JOBS WITH ... (repeat name of employer in Item 11)?	Yes <input type="radio"/> Go to Item 11 in next available column No <input type="radio"/> Go to 17B	Yes <sup>6</sup> <input type="radio"/> Go to Item 11 in next available column No <sup>7</sup> <input type="radio"/> Go to 17B
17B. IN 1990, DID ... HAVE A JOB WITH ANY OTHER EMPLOYER?	Yes <input type="radio"/> Go to Item 11 in next available column No <input type="radio"/> Go to Item 18 for Job 11	Yes <sup>1</sup> <input type="radio"/> Go to Item 11 in next available column No <sup>2</sup> <input type="radio"/> Go to Item 18 for Job 11



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

[illegible]





• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

WORK AT EACH JOB BEFORE 1990

1 ☐ Go to 24  
 2 ☐ Go to 25

D D M M Y Y Go to 55

3 ☐ Go to 26  
 4 ☐ Go to 38

Yes ☐ Go to 27  
 No ☐ Go to 36

Before Jan. 1, 1989 ☐ Go to 38  
 OR  
 D D M M Y Y 8 9 Go to 28

Yes ☐ Go to 29  
 No ☐ Go to 38

Enter code

1 ☐ Go to 55  
 2 ☐ Go to 31

No Yes No of weeks  
 01 ☐ ☐ → 

--

  
 02 ☐ ☐ → 

--

  
 03 ☐ ☐ → 

--

  
 04 ☐ ☐ → 

--

  
 05 ☐ ☐ → 

--

  
 06 ☐ ☐ → 

--

  
 07 ☐ ☐ → 

--

  
 08 ☐ ☐ → 

--

  
 09 ☐ ☐ → 

--

  
 10 ☐ ☐ → 

--

  
 11 ☐ ☐ → 

--

  
 12 ☐ ☐ → 

--

  
 13 ☐ ☐ → 

--

  
 14 ☐ ☐ → 

--

No Yes No of weeks  
 01 ☐ ☐ → 

--

  
 02 ☐ ☐ → 

--

  
 03 ☐ ☐ → 

--

  
 04 ☐ ☐ → 

--

  
 05 ☐ ☐ → 

--

  
 06 ☐ ☐ → 

--

  
 07 ☐ ☐ → 

--

  
 08 ☐ ☐ → 

--

  
 09 ☐ ☐ → 

--

  
 10 ☐ ☐ → 

--

  
 11 ☐ ☐ → 

--

  
 12 ☐ ☐ → 

--

  
 13 ☐ ☐ → 

--

  
 14 ☐ ☐ → 

--











• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

**JOB SEARCH ACTIVITIES BEFORE STARTING WORK AT EACH JOB**

8-5103-216 1







• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

[illegible]

### JOB SEARCH ACTIVITIES BEFORE STARTING WORK AT EACH JOB

8-5103-216 1



	JOB 1	JOB 2
18. WAS ... WORKING AT THIS JOB OR BUSINESS AT THE BEGINNING OF JANUARY 1990 (i.e., immediately after New Year's)?	Yes <input type="radio"/> Go to 19 No <input type="radio"/> Go to 18	Yes <sup>3</sup> <input type="radio"/> Go to 20 No <sup>4</sup> <input type="radio"/> Go to 19
19. IN 1990, WHEN DID ... FIRST START WORKING AT THIS JOB OR BUSINESS?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y
20. LAST WEEK, DID ... WORK AT THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <sup>5</sup> <input type="radio"/> Go to 23 No <sup>6</sup> <input type="radio"/> Go to 21
21. LAST WEEK, DID ... STILL HAVE THIS JOB OR BUSINESS?	<input type="radio"/> Yes <input type="radio"/> No	Yes <sup>7</sup> <input type="radio"/> Go to 23 No <sup>8</sup> <input type="radio"/> Go to 22
22. WHEN DID ... LAST WORK AT THIS JOB OR BUSINESS?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Go to 23

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

11. (Col. 11) THINKING BACK TO ...'S FIRST DAY OF WORK IN 1990, FOR WHOM DID HE/SHE WORK?	<input type="text"/>	<input type="text"/>
(Col.'s 12 to 15) FOR WHOM DID ... WORK?	<input type="text"/>	<input type="text"/>

#### ABSENCES FROM EACH JOB IN 1990

58. NOT COUNTING FULLY PAID VACATION OR EDUCATION LEAVE, DID ... WORK CONTINUOUSLY AT THIS JOB FROM (beginning of January/repeat date in Item 19) UNTIL (repeat date in Item 22/last week) WITH NO BREAKS OF A WEEK OR MORE?	Yes <input type="radio"/> Go to 99 No <input type="radio"/> Go to 59																								
59. AFTER (beginning of January/repeat date in Item 19), WHEN DID ... FIRST STOP WORKING AT THIS JOB?	<input type="text"/> D D M M Y Y																								
60. WHAT WAS THE MAIN REASON FOR STOPPING WORK?	<input type="text"/> Enter code																								
61. DID ... RECEIVE ANY OF THE FOLLOWING KINDS OF FINANCIAL COMPENSATION FOR THIS ABSENCE? For each type of compensation received, ask: HOW MANY WEEKS OF (repeat type of compensation) DID ... RECEIVE FOR THIS ABSENCE?	<table border="1"> <thead> <tr> <th>No</th> <th>Yes</th> <th>No. of weeks</th> </tr> </thead> <tbody> <tr><td>01 <input type="radio"/></td><td>02 <input type="radio"/></td><td><input type="text"/></td></tr> <tr><td>03 <input type="radio"/></td><td>04 <input type="radio"/></td><td><input type="text"/></td></tr> <tr><td>05 <input type="radio"/></td><td>06 <input type="radio"/></td><td><input type="text"/></td></tr> <tr><td>07 <input type="radio"/></td><td>08 <input type="radio"/></td><td><input type="text"/></td></tr> <tr><td>09 <input type="radio"/></td><td>10 <input type="radio"/></td><td><input type="text"/></td></tr> <tr><td>11 <input type="radio"/></td><td>12 <input type="radio"/></td><td><input type="text"/></td></tr> <tr><td>13 <input type="radio"/></td><td>14 <input type="radio"/></td><td><input type="text"/></td></tr> </tbody> </table>	No	Yes	No. of weeks	01 <input type="radio"/>	02 <input type="radio"/>	<input type="text"/>	03 <input type="radio"/>	04 <input type="radio"/>	<input type="text"/>	05 <input type="radio"/>	06 <input type="radio"/>	<input type="text"/>	07 <input type="radio"/>	08 <input type="radio"/>	<input type="text"/>	09 <input type="radio"/>	10 <input type="radio"/>	<input type="text"/>	11 <input type="radio"/>	12 <input type="radio"/>	<input type="text"/>	13 <input type="radio"/>	14 <input type="radio"/>	<input type="text"/>
No	Yes	No. of weeks																							
01 <input type="radio"/>	02 <input type="radio"/>	<input type="text"/>																							
03 <input type="radio"/>	04 <input type="radio"/>	<input type="text"/>																							
05 <input type="radio"/>	06 <input type="radio"/>	<input type="text"/>																							
07 <input type="radio"/>	08 <input type="radio"/>	<input type="text"/>																							
09 <input type="radio"/>	10 <input type="radio"/>	<input type="text"/>																							
11 <input type="radio"/>	12 <input type="radio"/>	<input type="text"/>																							
13 <input type="radio"/>	14 <input type="radio"/>	<input type="text"/>																							
62. INTERVIEWER CHECK ITEM: • If code 01, 09 or 10 (own illness, accident or pregnancy) in Item 60 • Otherwise	<input type="radio"/> Go to 63 <input type="radio"/> Go to 64																								
63. DID ... LOOK FOR WORK AT ANY TIME DURING THIS ABSENCE?	Yes <input type="radio"/> Go to 64 No <input type="radio"/> Go to 65																								
64. WHAT DID ... DO TO FIND WORK DURING THIS ABSENCE? (Mark all methods reported)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter code's: Go to 66 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter code's: and Go to 66																								
65. DID ... WANT A JOB AT ANY TIME DURING THIS ABSENCE?	Yes <input type="radio"/> Go to 66 No <input type="radio"/> Go to 67																								
66. WAS THERE ANY REASON ... COULD NOT TAKE A JOB DURING THIS ABSENCE?	<input type="text"/> Enter code																								







	JOB 1 1	JOB 1 2
18. WAS ... WORKING AT THIS JOB OR BUSINESS AT THE BEGINNING OF JANUARY 1990 (i.e., immediately after New Year's)?	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 18	Yes <sup>3</sup> <input type="radio"/> Go to 20 No <sup>4</sup> <input type="radio"/> Go to 19
19. IN 1990, WHEN DID ... FIRST START WORKING AT THIS JOB OR BUSINESS?	<input type="text"/>	<input type="text"/> 9 0 D D M M Y Y
20. LAST WEEK, DID ... WORK AT THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <sup>5</sup> <input type="radio"/> Go to 23 No <sup>6</sup> <input type="radio"/> Go to 21
21. LAST WEEK, DID ... STILL HAVE THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <sup>7</sup> <input type="radio"/> Go to 23 No <sup>8</sup> <input type="radio"/> Go to 22
22. WHEN DID ... LAST WORK AT THIS JOB OR BUSINESS?	<input type="text"/>	<input type="text"/> Go to 23 D D M M Y Y

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

11. (Col. 11) THINKING BACK TO ...'S FIRST DAY OF WORK IN 1990, FOR WHOM DID HE/SHE WORK?	<input type="text"/>	<input type="text"/>
(Col.'s 12 to 15) FOR WHOM DID ... WORK?	<input type="text"/>	<input type="text"/>

#### ABSENCES FROM EACH JOB IN 1990

67. WHEN DID ... RETURN TO THIS JOB?	Has not yet returned <input type="radio"/> Go to 101 <input type="text"/>	Has not yet returned <sup>7</sup> <input type="radio"/> Go to 101 OR <input type="text"/> Go to 68 D D M M Y Y
68. NOT COUNTING FULLY PAID VACATION OR EDUCATION LEAVE, DID ... HAVE A SECOND BREAK OF A WEEK OR MORE FROM THIS JOB (I.E., SINCE (repeat date in Item 67))?	<input type="radio"/>	Yes <sup>1</sup> <input type="radio"/> Go to 69 No <sup>2</sup> <input type="radio"/> Go to 99
69. AFTER (repeat date in Item 67) WHEN DID ... NEXT STOP WORKING AT THIS JOB?	<input type="text"/>	<input type="text"/> D D M M Y Y
70. WHAT WAS THE MAIN REASON FOR STOPPING WORK?	<input type="text"/>	<input type="text"/> Enter code
71. DID ... RECEIVE ANY OF THE FOLLOWING KINDS OF FINANCIAL COMPENSATION FOR THIS ABSENCE? For each type of compensation received, ask HOW MANY WEEKS OF (repeat type of compensation) DID ... RECEIVE FOR THIS ABSENCE? a) Unemployment insurance? ..... b) Worker's Compensation? ..... c) Group insurance? ..... d) Automobile insurance? ..... e) Full pay from this employer? ..... f) Partial pay from this employer? ..... g) Any other financial compensation? .....	<input type="radio"/> No <input type="radio"/> Yes <input type="text"/>	No Yes <sup>01</sup> <input type="radio"/> <sup>02</sup> <input type="radio"/> → <input type="text"/> <sup>03</sup> <input type="radio"/> <sup>04</sup> <input type="radio"/> → <input type="text"/> <sup>05</sup> <input type="radio"/> <sup>06</sup> <input type="radio"/> → <input type="text"/> <sup>07</sup> <input type="radio"/> <sup>08</sup> <input type="radio"/> → <input type="text"/> <sup>09</sup> <input type="radio"/> <sup>10</sup> <input type="radio"/> → <input type="text"/> <sup>11</sup> <input type="radio"/> <sup>12</sup> <input type="radio"/> → <input type="text"/> <sup>13</sup> <input type="radio"/> <sup>14</sup> <input type="radio"/> → <input type="text"/> No. of weeks
72. <u>INTERVIEWER CHECK ITEM:</u> • If code 01, 09 or 10 (own illness, accident or pregnancy) in Item 70 ..... • Otherwise .....	<input type="radio"/> Go to 77 <input type="radio"/> Go to 73	<sup>1</sup> <input type="radio"/> Go to 77 <sup>2</sup> <input type="radio"/> Go to 73
73. DID ... LOOK FOR WORK AT ANY TIME DURING THIS ABSENCE?	Yes <sup>3</sup> <input type="radio"/> Go to 74 No <sup>4</sup> <input type="radio"/> Go to 75	Yes <sup>3</sup> <input type="radio"/> Go to 74 No <sup>4</sup> <input type="radio"/> Go to 75
74. WHAT DID ... DO TO FIND WORK DURING THIS ABSENCE? (Mark all methods reported)	<input type="text"/> Enter code(s) and Go to	<input type="text"/> Enter code(s) and Go to 76
75. DID ... WANT A JOB AT ANY TIME DURING THIS ABSENCE?	Yes <sup>5</sup> <input type="radio"/> Go to 76 No <sup>6</sup> <input type="radio"/> Go to 77	Yes <sup>5</sup> <input type="radio"/> Go to 76 No <sup>6</sup> <input type="radio"/> Go to 77
76. WAS THERE ANY REASON ... COULD NOT TAKE A JOB DURING THIS ABSENCE?	<input type="text"/> Enter code	<input type="text"/> Enter code

8-5103-216.1







	JOB 1	JOB 2
18. WAS ... WORKING AT THIS JOB OR BUSINESS AT THE BEGINNING OF JANUARY 1990 (i.e., immediately after New Year's)?	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
19. IN 1990, WHEN DID ... FIRST START WORKING AT THIS JOB OR BUSINESS?	<input type="text" value=""/> D D M M Y Y	<input type="text" value=""/> D D M M Y Y
20. LAST WEEK, DID ... WORK AT THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21
21. LAST WEEK, DID ... STILL HAVE THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22
22. WHEN DID ... LAST WORK AT THIS JOB OR BUSINESS?	<input type="text" value=""/> D D M M Y Y	<input type="text" value=""/> Go to 23 D D M M Y Y

**ABSENCES FROM EACH JOB IN 1990**

<b>77. WHEN DID ... RETURN TO THIS JOB?</b>	Has not yet returned <input type="radio"/> Go to 101 OR <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>D</span><span>D</span><span>M</span><span>M</span> </div>	Has not yet returned <input type="radio"/> Go to 101 OR <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span> </div>																								
<b>78. NOT COUNTING FULLY PAID VACATION OR EDUCATION LEAVE, DID ... HAVE A THIRD BREAK OF A WEEK OR MORE FROM THIS JOB (IE., SINCE (repeat date in Item 77))?</b>	Yes <input type="radio"/> Go to 79 No <input type="radio"/> Go to 99																									
<b>79. AFTER (repeat date in Item 77) WHEN DID ... NEXT STOP WORKING AT THIS JOB?</b>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span> </div>																								
<b>80. WHAT WAS THE MAIN REASON FOR STOPPING WORK?</b>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div> Enter code	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div> Enter code																								
<b>81. DID ... RECEIVE ANY OF THE FOLLOWING KINDS OF FINANCIAL COMPENSATION FOR THIS ABSENCE?</b> For each type of compensation received, ask HOW MANY WEEKS OF (repeat type of compensation) DID ... RECEIVE FOR THIS ABSENCE?	<div style="display: flex; justify-content: space-between;"> <div>           No <input type="radio"/> Yes <input type="radio"/> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px;"></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>No</th> <th>Yes</th> <th>No. of weeks</th> </tr> </thead> <tbody> <tr><td>01 <input type="radio"/></td><td>02 <input type="radio"/></td><td></td></tr> <tr><td>03 <input type="radio"/></td><td>04 <input type="radio"/></td><td></td></tr> <tr><td>05 <input type="radio"/></td><td>06 <input type="radio"/></td><td></td></tr> <tr><td>07 <input type="radio"/></td><td>08 <input type="radio"/></td><td></td></tr> <tr><td>09 <input type="radio"/></td><td>10 <input type="radio"/></td><td></td></tr> <tr><td>11 <input type="radio"/></td><td>12 <input type="radio"/></td><td></td></tr> <tr><td>13 <input type="radio"/></td><td>14 <input type="radio"/></td><td></td></tr> </tbody> </table>	No	Yes	No. of weeks	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"/>		13 <input type="radio"/>	14 <input type="radio"/>	
No	Yes	No. of weeks																								
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11 <input type="radio"/>	12 <input type="radio"/>																									
13 <input type="radio"/>	14 <input type="radio"/>																									
<b>a) Unemployment Insurance?</b> <b>b) Worker's Compensation?</b> <b>c) Group Insurance?</b> <b>d) Automobile Insurance?</b> <b>e) Full pay from this employer?</b> <b>f) Partial pay from this employer?</b> <b>g) Any other financial compensation?</b>																										
<b>82. INTERVIEWER CHECK ITEM:</b>	If code 01, 09 or 10 (own illness, accident or pregnancy) in Item 80 <input type="radio"/> Go to 87 Otherwise <input type="radio"/> Go to 83	<input type="radio"/> Go to 87 <input type="radio"/> Go to 83																								
<b>83. DID ... LOOK FOR WORK AT ANY TIME DURING THIS ABSENCE?</b>	Yes <input type="radio"/> Go to 84 No <input type="radio"/> Go to 85	Yes <input type="radio"/> Go to 84 No <input type="radio"/> Go to 85																								
<b>84. WHAT DID ... DO TO FIND WORK DURING THIS ABSENCE? (Mark all methods reported)</b>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Enter code(s) and Go to 86	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Enter code(s) and Go to 86																								
<b>85. DID ... WANT A JOB AT ANY TIME DURING THIS ABSENCE?</b>	Yes <input type="radio"/> Go to 86 No <input type="radio"/> Go to 87	Yes <input type="radio"/> Go to 86 No <input type="radio"/> Go to 87																								
<b>86. WAS THERE ANY REASON ... COULD NOT TAKE A JOB DURING THIS ABSENCE?</b>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div> Enter code	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div> Enter code																								







• **COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18**

**ABSENCES FROM EACH JOB IN 1990**

8-5103-216.1



JOB 1 3	JOB 1 4	JOB 1 5
<input type="radio"/> Go to 20 <input type="radio"/> Go to 19  D D M M Y Y	Yes <sup>3</sup> <input type="radio"/> Go to 20 No <sup>4</sup> <input type="radio"/> Go to 19  D D M M Y Y	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19  D D M M Y Y
<input type="radio"/> Go to 23 <input type="radio"/> Go to 21  D D M M Y Y	Yes <sup>5</sup> <input type="radio"/> Go to 23 No <sup>6</sup> <input type="radio"/> Go to 21  D D M M Y Y	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21  D D M M Y Y
<input type="radio"/> Go to 22  D D M M Y Y	Yes <sup>7</sup> <input type="radio"/> Go to 23 No <sup>8</sup> <input type="radio"/> Go to 22  D D M M Y Y	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22  D D M M Y Y

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18


### ABSENCES FROM EACH JOB IN 1990

Has not yet returned <sup>7</sup> <input type="radio"/> Go to 101 OR D D M M Y Y Go to 88  Yes <input type="radio"/> Go to 89 No <input type="radio"/> Go to 88  D D M M Y Y Enter code	Has not yet returned <sup>7</sup> <input type="radio"/> Go to 101 OR D D M M Y Y Go to 88  Yes <sup>1</sup> <input type="radio"/> Go to 89 No <sup>2</sup> <input type="radio"/> Go to 89  D D M M Y Y Enter code	Has not yet returned <sup>7</sup> <input type="radio"/> Go to 101 OR D D M M Y Y Go to 88  Yes <input type="radio"/> Go to 89 No <input type="radio"/> Go to 89  D D M M Y Y Enter code
No. of weeks Yes <input type="radio"/> No. of weeks 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"/> → 13 <input type="radio"/> 14 <input type="radio"/> →	No. of weeks Yes <input type="radio"/> No. of weeks 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"/> → 13 <input type="radio"/> 14 <input type="radio"/> →	No. of weeks Yes <input type="radio"/> No. of weeks 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"/> → 13 <input type="radio"/> 14 <input type="radio"/> →
<sup>1</sup> <input type="radio"/> Go to 97 <sup>2</sup> <input type="radio"/> Go to 93	<sup>1</sup> <input type="radio"/> Go to 97 <sup>2</sup> <input type="radio"/> Go to 93	<sup>1</sup> <input type="radio"/> Go to 97 <sup>2</sup> <input type="radio"/> Go to 93
Yes <sup>3</sup> <input type="radio"/> Go to 94 No <sup>4</sup> <input type="radio"/> Go to 95	Yes <sup>3</sup> <input type="radio"/> Go to 94 No <sup>4</sup> <input type="radio"/> Go to 95	Yes <sup>3</sup> <input type="radio"/> Go to 94 No <sup>4</sup> <input type="radio"/> Go to 95
Enter code(s) and Go to 96	Enter code(s) and Go to 96	Enter code(s) and Go to 96
Yes <sup>5</sup> <input type="radio"/> Go to 96 No <sup>6</sup> <input type="radio"/> Go to 97	Yes <sup>5</sup> <input type="radio"/> Go to 96 No <sup>6</sup> <input type="radio"/> Go to 97	Yes <sup>5</sup> <input type="radio"/> Go to 96 No <sup>6</sup> <input type="radio"/> Go to 97
Enter code	Enter code	Enter code

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

ABSENCES FROM EACH JOB IN 1990

### JOB CHARACTERISTICS FOR PAID WORKERS

A-5103-216 1



JOB 1 3	JOB 1 4	JOB 1 5
Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
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COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

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### ABSENCES FROM EACH JOB IN 1990

Has not yet returned <input type="radio"/> Go to 100 OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Has not yet returned <input type="radio"/> Go to 101 OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Go to 98	Has not yet returned <input type="radio"/> Go to 102 OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
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### JOB CHARACTERISTICS FOR PAID WORKERS

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• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### JOB CHARACTERISTICS FOR PAID WORKERS

8-5103-218.1



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### JOB CHARACTERISTICS FOR PAID WORKERS

8-5103-216 1



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### JOB CHARACTERISTICS FOR PAID WORKERS

8-5103-216 1





• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### JOB CHARACTERISTICS FOR SELF-EMPLOYED WORKERS

8.5103-216 1

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### JOB CHARACTERISTICS FOR SELF-EMPLOYED WORKERS

8-5103-216.1



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

JOB SEARCH ACTIVITIES AFTER LAST DATE WORKED IN THE YEAR8-5103-216 1



JOB 1 3	JOB 1 4	JOB 1 5
Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
<div style="border: 1px solid black; padding: 2px;">             D D M M Y Y           </div>	<div style="border: 1px solid black; padding: 2px;">             D D M M Y Y           </div>	<div style="border: 1px solid black; padding: 2px;">             D D M M Y Y           </div>
Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21
Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22
<div style="border: 1px solid black; padding: 2px;">             D D M M Y Y           </div>	<div style="border: 1px solid black; padding: 2px;">             D D M M Y Y           </div>	<div style="border: 1px solid black; padding: 2px;">             D D M M Y Y           </div>

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18


### JOB SEARCH ACTIVITIES FOR THOSE PERSONS WITH NO JOBS IN 1990

<p>140. HAS ... EVER WORKED AT A JOB OR BUSINESS FOR SIX MONTHS OR LONGER?</p> <p>Yes <input type="radio"/> No <input type="radio"/></p> <p>141. DID ... WANT A JOB AT ANY TIME DURING 1990?</p> <p>Yes <input type="radio"/> Go to 142 No <input type="radio"/> Go to 143</p> <p>142. IN WHICH MONTH(S) DID ... WANT A JOB?</p> <p style="text-align: center;">J A S O N D J F M A M J J A S O N</p> <p>143. IN 1990, DID ... LOOK FOR WORK AT ANY TIME?</p> <p>Yes <input type="radio"/> Go to 144 No <input type="radio"/> Go to 145</p> <p>144. IN WHICH MONTH(S) DID ... LOOK FOR WORK?</p> <p style="text-align: center;">J A S O N D J F M A M J J A S O N</p> <p>145. IN 1990, WHAT DID ... DO TO FIND WORK? (Mark all that apply)</p> <p>146. DID ... HAVE ANY REASON ... COULD NOT TAKE A JOB?</p> <p>147. DID ANY OF THE FOLLOWING CAUSE ... DIFFICULTY WHEN LOOKING FOR WORK?</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Not having enough information about available jobs</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>b) Not having the skills or experience for available jobs</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>c) Not having enough education for available jobs</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>d) Having a long-term physical condition, mental condition, or health problem</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>e) A shortage of jobs in the area</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>f) Anything else?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Not having enough information about available jobs	<input type="radio"/>	<input type="radio"/>	b) Not having the skills or experience for available jobs	<input type="radio"/>	<input type="radio"/>	c) Not having enough education for available jobs	<input type="radio"/>	<input type="radio"/>	d) Having a long-term physical condition, mental condition, or health problem	<input type="radio"/>	<input type="radio"/>	e) A shortage of jobs in the area	<input type="radio"/>	<input type="radio"/>	f) Anything else?	<input type="radio"/>	<input type="radio"/>	<p>148. DID ... HAVE ANY OF THE FOLLOWING PREVENT ... FROM FINDING WORK?</p> <p>a) Not having enough information about available jobs</p> <p>b) Not having the skills or experience for available jobs</p> <p>c) Not having enough education for available jobs</p> <p>d) Having a long-term physical condition, mental condition, or health problem</p> <p>e) A shortage of jobs in the area</p> <p>f) Not knowing what type of work or where to go to choose</p> <p>149. IN 1990, DID ... RECEIVE ANY OF THE FOLLOWING BENEFITS?</p> <p>a) Unemployment Insurance Benefits</p> <p>b) Pension Benefits</p> <p>c) Worker's Compensation</p> <p>d) Unemployment Insurance Benefits</p> <p>150. IN 1990, DID ... RECEIVE ANY INCOME FROM SOCIAL ASSISTANCE OR WELFARE BENEFITS?</p> <p>Yes <input type="radio"/> Go to 151 No <input type="radio"/> Go to 152</p> <p>151. IN WHICH MONTH(S) DID ... RECEIVE THIS INCOME?</p> <p style="text-align: center;">J A S O N D J F M A M J J A S O N D</p>
	Yes	No																				
a) Not having enough information about available jobs	<input type="radio"/>	<input type="radio"/>																				
b) Not having the skills or experience for available jobs	<input type="radio"/>	<input type="radio"/>																				
c) Not having enough education for available jobs	<input type="radio"/>	<input type="radio"/>																				
d) Having a long-term physical condition, mental condition, or health problem	<input type="radio"/>	<input type="radio"/>																				
e) A shortage of jobs in the area	<input type="radio"/>	<input type="radio"/>																				
f) Anything else?	<input type="radio"/>	<input type="radio"/>																				



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### SCHOOL ATTENDANCE AND OTHER TRAINING

8-5103-2-6



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

<div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: #ccc; width: 100%; height: 10px;"></div> <div style="background-color: #ccc; width: 100%; height: 10px;"></div> </div> <div> <div style="background-color: #ccc; width: 100%; height: 10px;"></div> <div style="background-color: #ccc; width: 100%; height: 10px;"></div> </div> <div> <div style="background-color: #ccc; width: 100%; height: 10px;"></div> <div style="background-color: #ccc; width: 100%; height: 10px;"></div> </div> </div>											
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SCHOOL ATTENDANCE AND OTHER TRAINING

8-5103-216.1







• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

8-5103-216.1



	JOB 1	JOB 2
18. WAS ... WORKING AT THIS JOB OR BUSINESS AT THE BEGINNING OF JANUARY 1990 (i.e., immediately after New Year's)?	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
19. IN 1990, WHEN DID ... FIRST START WORKING AT THIS JOB OR BUSINESS?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D M M Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D M M Y Y
20. LAST WEEK, DID ... WORK AT THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21
21. LAST WEEK, DID ... STILL HAVE THIS JOB OR BUSINESS?	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22
22. WHEN DID ... LAST WORK AT THIS JOB OR BUSINESS?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D M M Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D M M Y Y

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

11. (Col. 11) THINKING BACK TO ...'S FIRST DAY OF WORK IN 1990, FOR WHOM DID HE/SHE WORK?	<input type="text"/>	<input type="text"/>
Col. 12 to 15) FOR WHOM DID ... WORK?	<input type="text"/>	<input type="text"/>

THESE QUESTIONS ARE FOR PERSONS WHO WERE NOT WORKING AT A JOB OR BUSINESS AT THE END OF 1990

181. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
182. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
183. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
184. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
185. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
186. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
187. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
188. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
189. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
190. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
191. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
192. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
193. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
194. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
195. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
196. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
197. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
198. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
199. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183
200. WHEN DID ... FIRST BEGIN TO LOOK FOR WORK?	Yes <input type="radio"/> Go to 182 No <input type="radio"/> Go to 183



JOB 1 3	JOB 1 4	JOB 1 5
<input type="radio"/> Go to 20 <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
D D M M Y Y 9 0	D D M M Y Y 9 0	D D M M Y Y 9 0
<input type="radio"/> Go to 23 <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21
<input type="radio"/> Go to 23 <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	<input type="radio"/> Go to 23 <input type="radio"/> Go to 22
D D M M Y Y Go to 23	D D M M Y Y Go to 23	D D M M Y Y Go to 23

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18


THESE QUESTIONS ARE FOR PERSONS WHO  
WERE WORKING AT A JOB OR BUSINESS AT THE END OF 1990

<p>YOU HAVE REPORTED THAT ... WORKED AT A JOB OR BUSINESS DURING 1990. YOU HAVE ALSO TOLD ME THAT ... HAS SOME LIMITATION IN THE ACTIVITIES HE/SHE IS ABLE TO DO. I WOULD NOW LIKE TO ASK YOU ABOUT HOW ...'S LIMITATION AFFECTS HIS/HER ABILITY TO WORK.</p> <p>IS ... LIMITED IN THE KIND OR AMOUNT OF WORK HE/SHE CAN DO BECAUSE OF HIS/HER CONDITION OR HEALTH PROBLEM?</p> <p>Yes <input type="radio"/> No <input type="radio"/> Go to 194</p>	<p>HOW DOES THE CONDITION ... NOW HAS MAKE IT DIFFICULT FOR HIM/HER TO CHANGE JOBS OR GET A BETTER JOB?</p> <p>IN TERMS OF ... MOST RECENT JOB, WOULD HIS/HER JOB SECURITY AS ...</p> <p><input type="radio"/> Excellent Go to 194</p> <p><input type="radio"/> Good?</p> <p><input type="radio"/> Fair?</p> <p><input type="radio"/> Poor? Go to 193</p>
<p>WHEN DID ... CONDITION BEGIN TO LIMIT THE KIND OR AMOUNT OF WORK HE/SHE COULD DO AT ANY JOB OR BUSINESS?</p> <p>Was always limited <input type="radio"/></p> <p>Before 1989 <input type="radio"/></p> <p>During 1989 <input type="radio"/> → Month <input type="text"/></p> <p>During 1990 <input type="radio"/> → Month <input type="text"/></p> <p>During 1991 <input type="radio"/> → Month <input type="text"/></p>	<p>IS ...'S JOB SECURITY FAIR/POOR BECAUSE OF HIS/HER CONDITION?</p> <p>Yes <input type="radio"/></p>



• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

### QUESTIONS ON SPECIAL TOPICS

8-5103-216 1



JOB 1 3	JOB 1 4	JOB 1 5
Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
D D M M Y Y <input type="text" value="9,0"/>	D D M M Y Y <input type="text" value="9,0"/>	D D M M Y Y <input type="text" value="9,0"/>
Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21
Yes <input type="radio"/> Go to 22 No <input type="radio"/> Go to 23	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22
D D M M Y Y <input type="text" value="9,0"/>	D D M M Y Y <input type="text" value="9,0"/>	D D M M Y Y <input type="text" value="9,0"/>

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

<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"/>

202. **INTERVIEWER:** Has this person moved since last year's interview?

Yes ☐ Go to 203      No ☐ Go to 204

203. **WHAT IS ...'S CURRENT ADDRESS?**

STREET AND NO. OR RAIL CONFESSION

CITY, TOWN, VILLAGE, MUNICIPALITY

PROVINCE OR TERRITORY

POSTAL CODE

204. **ON WHAT DATE DID ... MOVE INTO THIS HOME?**

205. **WHAT WAS THE REASON FOR THIS MOVE? (Mark only one)**

a) Transfer by employer ☐

b) To accept a job/work ☐

c) To look for a job/work ☐

d) Spouse/parent moved ☐

e) To go to school ☐

f) To live with, or close to, family/friend ☐

g) Retirement ☐

h) Other ☐

206. **HAS ... MOVED MORE THAN ONCE IN THE PAST 12 MONTHS?**

Yes ☐      No ☐





JOB 1 3	JOB 1 4	JOB 1 5
Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19	Yes <sup>3</sup> <input type="radio"/> Go to 20 No <sup>4</sup> <input type="radio"/> Go to 19	Yes <input type="radio"/> Go to 20 No <input type="radio"/> Go to 19
D D M M Y Y	D D M M Y Y	D D M M Y Y
Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21	Yes <sup>5</sup> <input type="radio"/> Go to 23 No <sup>6</sup> <input type="radio"/> Go to 21	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 21
Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22	Yes <sup>7</sup> <input type="radio"/> Go to 23 No <sup>8</sup> <input type="radio"/> Go to 22	Yes <input type="radio"/> Go to 23 No <input type="radio"/> Go to 22
D D M M Y Y	D D M M Y Y	D D M M Y Y

• COMPLETE ITEMS 11 THROUGH 17 FOR ALL JOBS BEFORE COMPLETING ITEM 18

D D M M Y Y D D M M Y Y D D M M Y Y	D D M M Y Y D D M M Y Y D D M M Y Y	D D M M Y Y D D M M Y Y D D M M Y Y
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## Canadian Travel Survey



<b>Survey Month:</b>	January 1991		
<b>Title:</b>	Canadian Travel Survey		
<b>Sponsor:</b>	Tourism Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	One civilian member, 15 years of age or over, from each household in rotation group 4 throughout Canada. In addition, the survey was conducted in rotation group 5 in Nova Scotia and in rotation groups 5 and 6 in the provinces of Newfoundland, New Brunswick, Quebec and Alberta.		
<b>Objectives:</b>	This survey provides the sponsor with information on travel by Canadians in terms of their contribution to the Canadian economy and the utilization of various travel related services (e.g., transportation, accommodation facilities). The data will also be used to provide an understanding of the Canadian traveller's habits, their destination, the purpose of their trips, the length of stay, etc., and to provide a picture of the socio-economic characteristics of Canadians who travel.		
<b>Project Manager:</b>	Denis Lefebvre (951-4600)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$500.00	







## Travel Survey (Fourth Quarter)

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

### INTRODUCTION AT TIME OF LABOUR FORCE SURVEY

... has been randomly selected from your household as a respondent for the 1990 Travel Survey.

Is he/she available?

Yes ☐ → Conduct interview

No ☐ → Make an appointment →

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

### INTRODUCTION AT TIME OF PERSONAL OR TELEPHONE INTERVIEW

You have been randomly selected from your household as a respondent for the 1990 Travel Survey. This survey is being conducted in order to obtain information on travel and tourism, one of Canada's major industries.

I would like to ask some questions about any trips you may have taken which ended during the three month period from October 1st to December 31, 1990. Please keep in mind that Thanksgiving Day, Remembrance Day, and Christmas fell during 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 one night or more which ended during this three month period?

Yes ☐ → How many?   No ☐

B. Did you take any other trips of one night or more which ended during this three month period? Other trips include: taking a vacation, visiting friends or relatives, attending a wedding, fair or festival, etc.

Yes ☐ → How many?   No ☐

C. Did you take any same 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 ... 1 ☐ Go to 10

Otherwise ... 2 ☐ 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)



<b>TRIP 1</b> <b>BEGINNING WITH THE FIRST TRIP THAT ENDED DURING THIS PERIOD:</b>		<b>21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES (Read list and mark all that apply)</b>															
<b>11. WHERE DID YOU LIVE WHEN YOU TOOK THIS TRIP?</b>  <div style="display: flex; justify-content: space-between;"> <div>           (nearest) CITY/TOWN _____             PROVINCE _____         </div> <div>           FOR OFFICE USE ONLY  <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div>           Visiting friends or relatives ..... 01 <input type="radio"/> </div> <div>           Visit a Provincial Park ..... 12 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Festivals or events ..... 02 <input type="radio"/> </div> <div>           Visit a Regional/Municipal Park ..... 13 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Shopping ..... 03 <input type="radio"/> </div> <div>           Attend sports events ..... 14 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Sightseeing ..... 04 <input type="radio"/> </div> <div>           Participate in sports or outdoor activity (specify) ..... 15 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Attend cultural events e.g. plays, concerts ..... 05 <input type="radio"/> </div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Nightlife/entertainment ..... 06 <input type="radio"/> </div> <div>           Swimming ..... 16 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Dining at high quality restaurants ..... 07 <input type="radio"/> </div> <div>           Other water sports ..... 17 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Visit a theme park ..... 08 <input type="radio"/> </div> <div>           Golfing ..... 18 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Visit zoo/museum/natural display ..... 09 <input type="radio"/> </div> <div>           Hunting ..... 19 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Visit a National Park ..... 10 <input type="radio"/> </div> <div>           Fishing ..... 20 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Visit an Historic site ..... 11 <input type="radio"/> </div> <div>           Cross country skiing ..... 21 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>           Downhill skiing ..... 22 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>           Other ..... 23 <input type="radio"/> </div> </div> <div style="text-align: right; padding-top: 10px;">           None of the above 24 <input type="radio"/> </div>															
<b>12. WHAT WAS YOUR DESTINATION ON THIS TRIP? (If the respondent went to more than one place on this trip, enter name of place that is furthest from his/her home)</b>  <div style="display: flex; justify-content: space-between;"> <div>           (Nearest) CITY/TOWN _____             COUNTRY (if outside Canada) _____         </div> <div>           PROVINCE/STATE _____  <div style="border: 1px solid black; width: 100px; height: 20px;"></div>           FOR OFFICE USE ONLY         </div> </div>		<b>22. IF "VISIT A NATIONAL PARK" OR "VISIT AN HISTORIC SITE" IS 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>           enter code(s)  <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div>           Did not visit a National park or Historic site ..... 99 <input type="radio"/> </div> </div>															
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____? (REPEAT DESTINATION FROM QUESTION 12)</b>  <div style="display: flex; justify-content: space-between;"> <div>           Miles ..... 1 <input type="radio"/> </div> <div>           Kilometres ..... 2 <input type="radio"/> </div> </div> <div style="margin-top: 10px;">           Enter number <div style="border: 1px solid black; width: 100px; height: 20px;"></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;"> <div>           under 15 years ..... <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div>           15 years and over ..... <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>																	
<b>15. WAS THIS A WEEK-END TRIP?</b> <div style="display: flex; justify-content: space-between;"> <div>Yes 1 <input type="radio"/></div> <div>No 2 <input type="radio"/></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>           Prepaid packages (i.e. package tours) ..... 1 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div>           Transportation to and from destination including expenditures for gas ..... 2 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Local transportation (i.e. taxis, bus, etc.) ..... 3 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div>           Accommodation ..... 4 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Food and beverages ..... 5 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div>           Recreation and entertainment ..... 6 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Other (souvenirs, etc.) ..... 7 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div>           Total (if no breakdown given) ..... 8 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div>															
<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;"></div> # 000 go to 19																	
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<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>  <div style="display: flex; justify-content: space-between;"> <div>           Automobile 1 <input type="radio"/> </div> <div>           Rail 3 <input type="radio"/> </div> <div>           Other 5 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Bus ..... 2 <input type="radio"/> </div> <div>           Boat 4 <input type="radio"/> </div> </div> <div style="margin-top: 10px;">           Air 6 <input type="radio"/> → Did you rent a car? Yes 7 <input type="radio"/> No 8 <input type="radio"/> </div>		<b>25. IN WHICH MONTH DID THIS TRIP END?</b> <div style="display: flex; justify-content: space-between;"> <div>October 1 <input type="radio"/></div> <div>November 2 <input type="radio"/></div> <div>December 3 <input type="radio"/></div> </div>															
<b>20. WHAT WAS YOUR MAIN REASON FOR TAKING THIS TRIP? (Mark one only)</b>  <div style="display: flex; justify-content: space-between;"> <div>           Visiting friends/relatives ..... 1 <input type="radio"/> </div> <div>           Pleasure ..... 2 <input type="radio"/> </div> <div>           Personal ..... 3 <input type="radio"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Business ..... 4 <input type="radio"/> </div> <div>           A convention ..... 5 <input type="radio"/> </div> </div> <div style="margin-top: 10px;">           Was it to attend a convention? Yes 6 <input type="radio"/> No 7 <input type="radio"/> </div>		<b>26. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1990?</b> None 1 <input type="radio"/> Go to 28 OR (Enter number) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>															
<b>27. HOW MANY OF THESE IDENTICAL TRIPS ENDED IN ...</b>  <div style="display: flex; justify-content: space-between;"> <div>October? 1 <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>November? 2 <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div>December? 3 <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div>		<b>28. INTERVIEWER CHECK ITEM:</b>  <div style="display: flex; justify-content: space-between;"> <div>           Last trip ..... 1 <input type="radio"/> </div> <div>           Go to 29         </div> </div> <div style="display: flex; justify-content: space-between;"> <div>           Otherwise ..... 2 <input type="radio"/> </div> <div>           Go to TRIP 2         </div> </div>															

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<b>TRIP 4</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</div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </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> (Read list and mark all that apply) <table style="width: 100%; font-size: x-small;"> <tr> <td>Visiting friends or relatives</td> <td>01 <input type="radio"/></td> <td>Visit a Provincial Park</td> <td>12 <input type="radio"/></td> </tr> <tr> <td>Festivals or events</td> <td>02 <input type="radio"/></td> <td>Visit a Regional/Municipal Park</td> <td>13 <input type="radio"/></td> </tr> <tr> <td>Shopping</td> <td>03 <input type="radio"/></td> <td>Attend sports events</td> <td>14 <input type="radio"/></td> </tr> <tr> <td>Sightseeing</td> <td>04 <input type="radio"/></td> <td>Participate in sports or outdoor activity (specify)</td> <td>15 <input type="radio"/></td> </tr> <tr> <td>Attend cultural events e.g. plays, concerts</td> <td>05 <input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Nightlife/entertainment</td> <td>06 <input type="radio"/></td> <td>Swimming</td> <td>16 <input type="radio"/></td> </tr> <tr> <td>Dining at high quality restaurants</td> <td>07 <input type="radio"/></td> <td>Other water sports</td> <td>17 <input type="radio"/></td> </tr> <tr> <td>Visit a theme park</td> <td>08 <input type="radio"/></td> <td>Golfing</td> <td>18 <input type="radio"/></td> </tr> <tr> <td>Visit zoo/museum/natural display</td> <td>09 <input type="radio"/></td> <td>Hunting</td> <td>19 <input type="radio"/></td> </tr> <tr> <td>Visit a National Park</td> <td>10 <input type="radio"/></td> <td>Fishing</td> <td>20 <input type="radio"/></td> </tr> <tr> <td>Visit an historic site</td> <td>11 <input type="radio"/></td> <td>Cross country skiing</td> <td>21 <input type="radio"/></td> </tr> <tr> <td></td> <td></td> <td>Downhill skiing</td> <td>22 <input type="radio"/></td> </tr> <tr> <td></td> <td></td> <td>Other</td> <td>23 <input type="radio"/></td> </tr> <tr> <td colspan="4" style="text-align: center;">None of the above 24 <input type="radio"/></td> </tr> </table>	Visiting friends or relatives	01 <input type="radio"/>	Visit a Provincial Park	12 <input type="radio"/>	Festivals or events	02 <input type="radio"/>	Visit a Regional/Municipal Park	13 <input type="radio"/>	Shopping	03 <input type="radio"/>	Attend sports events	14 <input type="radio"/>	Sightseeing	04 <input type="radio"/>	Participate in sports or outdoor activity (specify)	15 <input type="radio"/>	Attend cultural events e.g. plays, concerts	05 <input type="radio"/>			Nightlife/entertainment	06 <input type="radio"/>	Swimming	16 <input type="radio"/>	Dining at high quality restaurants	07 <input type="radio"/>	Other water sports	17 <input type="radio"/>	Visit a theme park	08 <input type="radio"/>	Golfing	18 <input type="radio"/>	Visit zoo/museum/natural display	09 <input type="radio"/>	Hunting	19 <input type="radio"/>	Visit a National Park	10 <input type="radio"/>	Fishing	20 <input type="radio"/>	Visit an historic site	11 <input type="radio"/>	Cross country skiing	21 <input type="radio"/>			Downhill skiing	22 <input type="radio"/>			Other	23 <input type="radio"/>	None of the above 24 <input type="radio"/>			
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<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="border-bottom: 1px solid black; margin-bottom: 5px;">(Nearest) CITY/TOWN</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">PROVINCE/STATE</div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> <div style="text-align: center; font-size: small;">FOR OFFICE USE ONLY</div>																																																									
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____?</b> (REPEAT DESTINATION FROM QUESTION 12)  Miles <input type="radio"/> 1 } Enter number <div style="border-bottom: 1px solid black; width: 50px;"></div> Kilometres <input type="radio"/> 2 }																																																									
<b>14. INCLUDING YOURSELF, HOW MANY PEOPLE NOW LIVING IN THIS HOUSEHOLD WENT ON THIS TRIP?</b> under 15 years <div style="border-bottom: 1px solid black; width: 20px;"></div> 15 years and over <div style="border-bottom: 1px solid black; width: 20px;"></div>																																																									
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	<b>22. IF "VISIT A NATIONAL PARK" OR "VISIT AN HISTORIC SITE" IS MARKED IN 21 ASK: WHAT WAS THE NAME OF THE NATIONAL PARK(S) OR HISTORIC SITE(S) YOU VISITED?</b>  enter code(s) <div style="border-bottom: 1px solid black; width: 50px;"></div> Did not visit a National park or Historic site <input type="radio"/> 99																																																								
	<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: x-small;"> <tr> <td>Prepaid packages (i.e. package tours)</td> <td>1</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Transportation to and from destination including expenditures for gas</td> <td>2</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Local transportation (i.e. taxis, bus, etc.)</td> <td>3</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Accommodation</td> <td>4</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Food and beverages</td> <td>5</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Recreation and entertainment</td> <td>6</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Other (souvenirs, etc.)</td> <td>7</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> <tr> <td>Total (if no breakdown given)</td> <td>8</td> <td><div style="border-bottom: 1px solid black; width: 100px;"></div></td> </tr> </table>	Prepaid packages (i.e. package tours)	1	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Transportation to and from destination including expenditures for gas	2	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Local transportation (i.e. taxis, bus, etc.)	3	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Accommodation	4	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Food and beverages	5	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Recreation and entertainment	6	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Other (souvenirs, etc.)	7	<div style="border-bottom: 1px solid black; width: 100px;"></div>	Total (if no breakdown given)	8	<div style="border-bottom: 1px solid black; width: 100px;"></div>																																
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	<b>24. IF "BUSINESS" MARKED IN 20 ASK: WHAT PERCENTAGE OF THESE EXPENDITURES WERE PAID FOR BY:</b>  An employer? <input type="radio"/> 1 <div style="border-bottom: 1px solid black; width: 20px;"></div> % Yourself? <input type="radio"/> 2 <div style="border-bottom: 1px solid black; width: 20px;"></div> % Other member(s) of your household? <input type="radio"/> 3 <div style="border-bottom: 1px solid black; width: 20px;"></div> %																																																								
	<b>25. IN WHICH MONTH DID THIS TRIP END?</b> October <input type="radio"/> 1      November <input type="radio"/> 2      December <input type="radio"/> 3																																																								
	<b>26. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1990?</b> None <input type="radio"/> 1      Go to 28      OR (Enter number) <div style="border-bottom: 1px solid black; width: 20px;"></div>																																																								
	<b>27. HOW MANY OF THESE IDENTICAL TRIPS ENDED IN ...</b> October? <input type="radio"/> 1 <div style="border-bottom: 1px solid black; width: 20px;"></div> November? <input type="radio"/> 2 <div style="border-bottom: 1px solid black; width: 20px;"></div> December? <input type="radio"/> 3 <div style="border-bottom: 1px solid black; width: 20px;"></div>																																																								
	<b>28. INTERVIEWER CHECK ITEM:</b>  Last trip <input type="radio"/> 1      Go to 29 Otherwise <input type="radio"/> 2      Go to TRIP 5																																																								



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<b>TRIP 6</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; align-items: flex-start;"> <div style="width: 40%;">           (nearest) CITY/TOWN _____            PROVINCE _____         </div> <div style="width: 15%; text-align: center;">           FOR OFFICE USE ONLY  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div>																																																					
<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; align-items: flex-start;"> <div style="width: 40%;">           (nearest) CITY/TOWN _____            COUNTRY (if outside Canada) _____         </div> <div style="width: 15%; text-align: center;">           PROVINCE/STATE _____            FOR OFFICE USE ONLY  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div>																																																					
<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;"> <div>           Miles ..... 1 <input type="radio"/> } Enter number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>            Kilometres ..... 2 <input type="radio"/> }         </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;"> <div>Yes 1 <input type="radio"/></div> <div>No 2 <input type="radio"/></div> </div>																																																					
<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>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%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Newfoundland .....</td> <td style="width: 10%;">01</td> <td style="width: 20%;"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td style="width: 30%;">Saskatchewan .....</td> <td style="width: 10%;">08</td> <td style="width: 20%;"><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>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>Ontario .....</td> <td>06</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> <tr> <td>Manitoba .....</td> <td>07</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td></td> <td></td> <td></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>	United States .....	12	<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>	All other countries .....	13	<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>													
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**TRIP 7**

**CONTINUING WITH THE NEXT TRIP**

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

(nearest) CITY/TOWN \_\_\_\_\_

PROVINCE \_\_\_\_\_ FOR OFFICE USE ONLY \_\_\_\_\_

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

(Nearest) CITY/TOWN \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_

COUNTRY (if outside Canada) \_\_\_\_\_ FOR OFFICE USE ONLY \_\_\_\_\_

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

Miles ☐ 1 \_\_\_\_\_ } Enter number \_\_\_\_\_

Kilometres ☐ 2 \_\_\_\_\_ } \_\_\_\_\_

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

under 15 years   15 years and over

**15. WAS THIS A WEEK-END TRIP?**

Yes ☐ 1 No ☐ 2

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

Enter number   If 000 go to 19

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

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

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

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

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

Automobile ☐ 1 Rail ☐ 3 Other ☐ 5

Bus ☐ 2 Boat ☐ 4

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

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

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

Business ☐ 4 A convention ☐ 5

Was it to attend a convention? Yes ☐ 6 No ☐ 7

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

Visiting friends or relatives	<input type="radio"/> 01	Visit a Provincial Park	<input type="radio"/> 12
Festivals or events	<input type="radio"/> 02	Visit a Regional/Municipal Park	<input type="radio"/> 13
Shopping	<input type="radio"/> 03	Attend sports events	<input type="radio"/> 14
Sightseeing	<input type="radio"/> 04	Participate in sports or outdoor activity (specify) →	<input type="radio"/> 15
Attend cultural events e.g. plays, concerts	<input type="radio"/> 05	Swimming	<input type="radio"/> 18
Nightlife/entertainment	<input type="radio"/> 06	Other water sports	<input type="radio"/> 17
Dining at high quality restaurants	<input type="radio"/> 07	Golfing	<input type="radio"/> 16
Visit a theme park	<input type="radio"/> 08	Hunting	<input type="radio"/> 19
Visit zoo/museum/natural display	<input type="radio"/> 09	Fishing	<input type="radio"/> 20
Visit a National Park	<input type="radio"/> 10	Cross country skiing	<input type="radio"/> 21
Visit an Historic site	<input type="radio"/> 11	Downhill skiing	<input type="radio"/> 22
		Other	<input type="radio"/> 23

None of the above ☐ 24

**22. IF "VISIT A NATIONAL PARK" OR "VISIT AN HISTORIC SITE" IS MARKED IN 21 ASK: WHAT WAS THE NAME OF THE NATIONAL PARK(S) OR HISTORIC SITE(S) YOU VISITED?**

enter code(s)    Did not visit a National park or Historic site ☐ 99

**23. INCLUDING CHARGES ON CREDIT CARDS, WHAT WERE THE TOTAL EXPENDITURES FOR YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS WHO WENT ON THIS TRIP FOR ... ?**

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

**24. IF "BUSINESS" MARKED IN 20 ASK: WHAT PERCENTAGE OF THESE EXPENDITURES WERE PAID FOR BY:**

An employer?   %

Yourself?   %

Other member(s) of your household?   %

**25. IN WHICH MONTH DID THIS TRIP END?**

October ☐ 1 November ☐ 2 December ☐ 3

**26. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1990?**

None ☐ 1 Go to 28 OR (Enter number)

**27. HOW MANY OF THESE IDENTICAL TRIPS ENDED IN ...**

October?  November?  December?

**28. INTERVIEWER CHECK ITEM:**

Last trip ☐ 1 Go to 29

Otherwise ☐ 2 Go to TRIP 8

<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; text-align: center;">(nearest) CITY/TOWN</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">PROVINCE</div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>		<b>21. ON THIS TRIP, DID YOU PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES</b> (Read list and mark all that apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Visiting friends or relatives</td> <td style="width: 10%; text-align: center;">01 <input type="radio"/></td> <td style="width: 50%;">Visit a Provincial Park</td> <td style="width: 10%; text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>Festivals or events</td> <td style="text-align: center;">02 <input type="radio"/></td> <td>Visit a Regional/Municipal Park</td> <td style="text-align: center;">13 <input type="radio"/></td> </tr> <tr> <td>Shopping</td> <td style="text-align: center;">03 <input type="radio"/></td> <td>Attend sports events</td> <td style="text-align: center;">14 <input type="radio"/></td> </tr> <tr> <td>Sightseeing</td> <td style="text-align: center;">04 <input type="radio"/></td> <td>Participate in sports or outdoor activity (specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>Attend cultural events e.g. plays, concerts</td> <td style="text-align: center;">05 <input type="radio"/></td> <td>Swimming</td> <td style="text-align: center;">16 <input type="radio"/></td> </tr> <tr> <td>Nightlife/entertainment</td> <td style="text-align: center;">06 <input type="radio"/></td> <td>Other water sports</td> <td style="text-align: center;">17 <input type="radio"/></td> </tr> <tr> <td>Dining at high quality restaurants</td> <td style="text-align: center;">07 <input type="radio"/></td> <td>Golfing</td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> <tr> <td>Visit a theme park</td> <td style="text-align: center;">08 <input type="radio"/></td> <td>Hunting</td> <td style="text-align: center;">19 <input type="radio"/></td> </tr> <tr> <td>Visit zoo/museum/natural display</td> <td style="text-align: center;">09 <input type="radio"/></td> <td>Fishing</td> <td style="text-align: center;">20 <input type="radio"/></td> </tr> <tr> <td>Visit a National Park</td> <td style="text-align: center;">10 <input type="radio"/></td> <td>Cross country skiing</td> <td style="text-align: center;">21 <input type="radio"/></td> </tr> <tr> <td>Visit an Historic site</td> <td style="text-align: center;">11 <input type="radio"/></td> <td>Downhill skiing</td> <td style="text-align: center;">22 <input type="radio"/></td> </tr> <tr> <td></td> <td></td> <td>Other</td> <td style="text-align: center;">23 <input type="radio"/></td> </tr> <tr> <td colspan="4" style="text-align: center;">None of the above 24 <input type="radio"/></td> </tr> </table>	Visiting friends or relatives	01 <input type="radio"/>	Visit a Provincial Park	12 <input type="radio"/>	Festivals or events	02 <input type="radio"/>	Visit a Regional/Municipal Park	13 <input type="radio"/>	Shopping	03 <input type="radio"/>	Attend sports events	14 <input type="radio"/>	Sightseeing	04 <input type="radio"/>	Participate in sports or outdoor activity (specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	15 <input type="radio"/>	Attend cultural events e.g. plays, concerts	05 <input type="radio"/>	Swimming	16 <input type="radio"/>	Nightlife/entertainment	06 <input type="radio"/>	Other water sports	17 <input type="radio"/>	Dining at high quality restaurants	07 <input type="radio"/>	Golfing	18 <input type="radio"/>	Visit a theme park	08 <input type="radio"/>	Hunting	19 <input type="radio"/>	Visit zoo/museum/natural display	09 <input type="radio"/>	Fishing	20 <input type="radio"/>	Visit a National Park	10 <input type="radio"/>	Cross country skiing	21 <input type="radio"/>	Visit an Historic site	11 <input type="radio"/>	Downhill skiing	22 <input type="radio"/>			Other	23 <input type="radio"/>	None of the above 24 <input type="radio"/>			
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<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; margin-top: 10px;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">(Nearest) CITY/TOWN</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">COUNTRY (if outside Canada)</div> </div> <div style="width: 50%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">PROVINCE/STATE</div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div> </div>																																																						
<b>13. APPROXIMATELY HOW FAR FROM YOUR HOME IS _____?</b> (REPEAT DESTINATION FROM QUESTION 12) <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 20px;"> Miles <span style="margin-left: 10px;">1 <input type="radio"/></span>  Kilometres <span style="margin-left: 10px;">2 <input type="radio"/></span> </div> <div style="margin-right: 20px;">} Enter number</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></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-around; margin-top: 10px;"> <div>under 15 years</div> <div>15 years and over</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>																																																						
<b>15. WAS THIS A WEEK-END TRIP?</b> Yes 1 <input type="radio"/> No 2 <input type="radio"/>																																																						
<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: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> If 000 go to 19																																																						
<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%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;">Newfoundland</td> <td style="width: 10%; text-align: center;">01</td> <td style="width: 30%;">Saskatchewan</td> <td style="width: 10%; text-align: center;">08</td> </tr> <tr> <td>P.E.I.</td> <td style="text-align: center;">02</td> <td>Alberta</td> <td style="text-align: center;">09</td> </tr> <tr> <td>Nova Scotia</td> <td style="text-align: center;">03</td> <td>British Columbia</td> <td style="text-align: center;">10</td> </tr> <tr> <td>New Brunswick</td> <td style="text-align: center;">04</td> <td>N.W.T. or Yukon</td> <td style="text-align: center;">11</td> </tr> <tr> <td>Quebec</td> <td style="text-align: center;">05</td> <td>United States</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Ontario</td> <td style="text-align: center;">06</td> <td>All other countries</td> <td style="text-align: center;">13</td> </tr> <tr> <td>Manitoba</td> <td style="text-align: center;">07</td> <td></td> <td></td> </tr> </table>		Newfoundland	01	Saskatchewan	08	P.E.I.	02	Alberta	09	Nova Scotia	03	British Columbia	10	New Brunswick	04	N.W.T. or Yukon	11	Quebec	05	United States	12	Ontario	06	All other countries	13	Manitoba	07																											
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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%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 80%;">Hotel (including tourist homes)</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Motel</td> <td style="text-align: center;">2</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Camping or trailer park</td> <td style="text-align: center;">3</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Home of friends or relatives</td> <td style="text-align: center;">4</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Private cottage or vacation home</td> <td style="text-align: center;">5</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Commercial cottage or cabin</td> <td style="text-align: center;">6</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Other (hostels, universities, etc.)</td> <td style="text-align: center;">7</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table>		Hotel (including tourist homes)	1		Motel	2		Camping or trailer park	3		Home of friends or relatives	4		Private cottage or vacation home	5		Commercial cottage or cabin	6		Other (hostels, universities, etc.)	7																																	
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<b>19. WHAT MEANS OF TRANSPORTATION DID YOU USE TO TRAVEL THE GREATEST DISTANCE ON THIS TRIP?</b> Include as "auto" motor homes, jeeps, trucks, vans and campers. Include as "other" motorcycles and bicycles. (Mark one only.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Automobile 1 <input type="radio"/></div> <div>Rail 3 <input type="radio"/></div> <div>Other 5 <input type="radio"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Bus 2 <input type="radio"/></div> <div>Boat 4 <input type="radio"/></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">Air 6 <input type="radio"/></div> <div style="margin-right: 10px;">→ Did you rent a car?</div> <div style="margin-right: 10px;">Yes 7 <input type="radio"/></div> <div>No 8 <input type="radio"/></div> </div>																																																						
<b>20. WHAT WAS YOUR MAIN REASON FOR TAKING THIS TRIP?</b> (Mark one only) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Visiting friends/relatives 1 <input type="radio"/></div> <div>Pleasure 2 <input type="radio"/></div> <div>Personal 3 <input type="radio"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Business 4 <input type="radio"/></div> <div>A convention 5 <input type="radio"/></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">Was it to attend a convention?</div> <div style="margin-right: 10px;">Yes 6 <input type="radio"/></div> <div>No 7 <input type="radio"/></div> </div>																																																						
<b>22. IF "VISIT A NATIONAL PARK" OR "VISIT AN HISTORIC SITE" IS 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; margin-top: 10px;"> <div style="width: 60%;"> enter code(s)  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> <div style="width: 35%;"> Did not visit a National park or Historic site 99 <input type="radio"/> </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%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 80%;">Prepaid packages (i.e. package tours)</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Transportation to and from destination including expenditures for gas</td> <td style="text-align: center;">2</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Local transportation (i.e. taxis, bus, etc.)</td> <td style="text-align: center;">3</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Accommodation</td> <td style="text-align: center;">4</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Food and beverages</td> <td style="text-align: center;">5</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Recreation and entertainment</td> <td style="text-align: center;">6</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Other (souvenirs, etc.)</td> <td style="text-align: center;">7</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td>Total (if no breakdown given)</td> <td style="text-align: center;">8</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> </table>		Prepaid packages (i.e. package tours)	1		Transportation to and from destination including expenditures for gas	2		Local transportation (i.e. taxis, bus, etc.)	3		Accommodation	4		Food and beverages	5		Recreation and entertainment	6		Other (souvenirs, etc.)	7		Total (if no breakdown given)	8																														
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<b>24. IF "BUSINESS" MARKED IN 20 ASK: WHAT PERCENTAGE OF THESE EXPENDITURES WERE PAID FOR BY:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>An employer?</div> <div style="width: 10%; text-align: center;">1</div> <div style="width: 80%; border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Yourself?</div> <div style="width: 10%; text-align: center;">2</div> <div style="width: 80%; border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Other member(s) of your household?</div> <div style="width: 10%; text-align: center;">3</div> <div style="width: 80%; border: 1px solid black; width: 100px; height: 20px;"></div> </div>																																																						
<b>25. IN WHICH MONTH DID THIS TRIP END?</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>October 1 <input type="radio"/></div> <div>November 2 <input type="radio"/></div> <div>December 3 <input type="radio"/></div> </div>																																																						
<b>26. HOW MANY OTHER TRIPS IDENTICAL TO THIS ONE DID YOU TAKE DURING THE PERIOD OCTOBER 1<sup>st</sup> TO DECEMBER 31, 1990?</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>None 1 <input type="radio"/></div> <div>Go to 28</div> <div>OR (Enter number)</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>																																																						
<b>27. HOW MANY OF THESE IDENTICAL TRIPS ENDED IN _____</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>October? 1 <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div>November? 2 <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div>December? 3 <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div>																																																						
<b>28. INTERVIEWER CHECK ITEM:</b> <div style="margin-top: 10px;"> Last trip <span style="margin-left: 10px;">1 <input type="radio"/></span> Go to 29         </div>																																																						



29. DURING THE NINE MONTH PERIOD FROM JANUARY 1, 1990 TO SEPTEMBER 30, 1990 DID YOU TAKE ANY NON-BUSINESS TRIP(S) OF ONE NIGHT OR MORE TO A DESTINATION ....

	Yes	No
... within the province? .....	1 <input type="radio"/>	2 <input type="radio"/>
... to some other province(s)? .....	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 1990, 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 to 79,999 .....	8 <input type="radio"/>
\$20,000 to \$29,999 .....	3 <input type="radio"/>	\$50,000 to \$59,999 .....	6 <input type="radio"/>	\$80,000 and over .....	9 <input type="radio"/>
		Not Stated .....	0 <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. ARE YOU A MEMBER OF A FREQUENT FLYER PROGRAM?

Yes 1 ☐ No 2 ☐

NOTES:

## Absence from Work 1991



<b>Survey Month:</b>	February 1991		
<b>Title:</b>	Absence from Work 1991		
<b>Sponsor:</b>	Employment and Immigration Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	All civilian members 15 to 69 years of age in rotation groups 3, 4 and 5		
<b>Objectives:</b>	These supplementary questions are designed to obtain information about the absences from work by paid employees during 1990, which were due to illness, accident or pregnancy, and about the financial compensation they received as a result. The data from this survey provide government departments with important information on the amount of time lost from work by Canadians due to health reasons. This information also contributes to the development of programs to assist those who experience such absences.		
<b>Project Manager:</b>	Denis Lefebvre (951-4600)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$500.00	







Docket No.	2	Survey Date	3	Assignment No.	4
HRD page-line No.	5	Given name	6	Surname	7
				1 FORM NO	06

FEBRUARY'S SUPPLEMENTARY QUESTIONS CONCERN ...'S ABSENCES FROM WORK DUE TO ILLNESS, ACCIDENT OR PREGNANCY, DURING THE LAST YEAR THAT IS, FROM JANUARY 1, 1990 TO DECEMBER 31, 1990.

10. Did ... work as a paid employee in 1990?

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 1990 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, 1990.

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"/>
Worker's 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 ☐ 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 1990 was ... a paid employee?

No. of weeks

Go to 24

23. How many weeks in 1990 was ... a paid employee?

No. of weeks

24. Interview:

Proxy ☐ Non-proxy ☐

NOTES

See over for additional NOTES

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Item no.	
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## Current Population Profile



<b>Survey Month:</b>	February 1991		
<b>Title:</b>	Current Population Profile		
<b>Sponsor:</b>	Governments of Alberta and British Columbia		
<b>Survey Method:</b>	Personal/Telephone Interviews		
<b>Sample Size:</b>	All rotation groups in the Labour Force Survey -- approximately 59,000 households		
<b>Objectives:</b>	<p>The Current Population Profile provides information on the characteristics of persons who have moved from another province, territory or country to their current province of residence since the 1986 Census of Canada (June 3, 1986).</p> <p>Information was collected on their most recent move only.</p> <p>Migrants were asked for the date of their most recent move; the reason for the move; the province, territory or country from which they moved; and their labour force status, occupation and industry in the month prior to the move.</p> <p>This information, along with information from the current Labour Force Survey, can be used to provide data on the family, education, age, occupation and other characteristics of migrants.</p>		
<b>Project Manager:</b>	Jack Beauregard (951-4019)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$500.00	







# CURRENT POPULATION PROFILE

CONFIDENTIAL when completed

Collected under the authority of the  
Statistics Act, Revised Statutes of Canada,  
1985, Chapter S19.

Docket No. 2  Survey Date 3  Mo  Yr  Assignment No. 4

HRO page-line No. 5  Given Name 6  Surname 7  1 FORM NO 09

THE NEXT FEW QUESTIONS HAVE TO DO WITH CHANGES IN  
YOUR PLACE OF RESIDENCE IN THE LAST 5 YEARS.

10. Has . . . lived in any other province, territory or country  
since June 3, 1986, that is, since the last Census of  
Canada?

Yes <sup>1</sup> ☐ → Go to Q11  
No <sup>2</sup> ☐ → End

THE FOLLOWING QUESTIONS REFER TO . . . 'S MOST RECENT  
MOVE TO

(province of interview)

11. In which province, territory or country did . . . live before  
moving here?

Newfoundland . . . . . <sup>10</sup> ☐ Saskatchewan . . . . . <sup>47</sup> ☐  
Prince Edward Island . . . . . <sup>11</sup> ☐ Alberta . . . . . <sup>48</sup> ☐  
Nova Scotia . . . . . <sup>12</sup> ☐ British Columbia . . . . . <sup>59</sup> ☐  
New Brunswick . . . . . <sup>13</sup> ☐ Yukon . . . . . <sup>60</sup> ☐  
Quebec . . . . . <sup>24</sup> ☐ Northwest Territories . . . . . <sup>61</sup> ☐  
Ontario . . . . . <sup>35</sup> ☐ USA . . . . . <sup>90</sup> ☐  
Manitoba . . . . . <sup>46</sup> ☐ Other (specify) . . . . . <sup>91</sup> ☐



12. When did . . . (last) move from  
(repeat answer from previous question)

Mo.  Yr.

13. What was the main reason that . . . moved to present  
province?  
(mark only one answer)

Transfer by employer . . . . . <sup>01</sup> ☐  
To accept a job/work . . . . . <sup>02</sup> ☐  
To look for a job/work . . . . . <sup>03</sup> ☐  
Spouse/parent moved to the province . . . . . <sup>04</sup> ☐  
To go to school . . . . . <sup>05</sup> ☐  
To live with, or close to, family/friend . . . . . <sup>06</sup> ☐  
Retirement . . . . . <sup>07</sup> ☐  
Health . . . . . <sup>08</sup> ☐  
Climate/scenery . . . . . <sup>09</sup> ☐  
Other . . . . . <sup>10</sup> ☐  
Don't know . . . . . <sup>11</sup> ☐

14. Which of the following best describes . . . 's main activity  
during the one-month period prior to this move?  
(mark only one answer)

Working at a job or business . . . . . <sup>1</sup> ☐  
Looking for work . . . . . <sup>2</sup> ☐  
Attending school full-time . . . . . <sup>3</sup> ☐  
Retired . . . . . <sup>4</sup> ☐  
Keeping house . . . . . <sup>5</sup> ☐  
Other . . . . . <sup>6</sup> ☐  
Don't know . . . . . <sup>7</sup> ☐

15. For whom did . . . last work before moving to this  
province?  
(Name of business, government dept. or agency, or person.)

Never worked before  
moving to this province . . . . . <sup>1</sup> ☐ → End

OR Don't know . . . . . <sup>2</sup> ☐

OR

16. When did . . . last work for this employer?

Mo.  Yr.

17. What kind of business, industry or service was this?  
(Give full description: e.g., federal government, canning  
industry, forestry services.)

18. What kind of work was . . . doing?  
(Give full description: e.g., office clerk, factory worker,  
forestry technician.)

Don't know . . . . . <sup>1</sup> ☐

OR

19. Was this work full-time or part-time?

Full-time <sup>2</sup> ☐ Part-time <sup>3</sup> ☐ Don't know <sup>4</sup> ☐

20. Class of worker

NOTES

See over for additional NOTES

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Item no.   
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99

FRANÇAIS AU VERSO

8 5103-258 1990-10-25 STC/MLD-035-04279



Statistics  
Canada

Statistique  
Canada

Canada





## Follow-up of 1986 Graduates



<b>Survey Month:</b>	March 1991		
<b>Title:</b>	Follow-up of 1986 Graduates		
<b>Sponsor:</b>	Employment and Immigration Canada		
<b>Survey Method:</b>	Telephone Interview		
<b>Sample Size:</b>	40,443 persons in 1991		
<b>Objectives:</b>	<p>The survey was designed to determine the employment experience of university and college graduates and provide information on rates of unemployment, under-employment, career expectations, and the relationship between post-secondary education and occupational experience. Information is given on fields of study, employment two to five years after graduation (occupations and industries), relationships between study and employment, annual salaries, percentage working/not working, and job satisfaction.</p> <p>All graduates of universities, colleges and trade vocational programs are included.</p> <p>The first survey was conducted in 1988 for 1986 graduates; update conducted in 1991 for 1986 graduates.</p>		
<b>Project Manager:</b>	Bill Magnus (951-4577)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$1,000.00	







# Follow-up of 1986 Graduates

Form F86G-02

Confidential when completed

Collected under the authority of the  
Statistics Act / Révisés Statutes of  
Canada 1985 Chapter S19

PLACE LABEL HERE	INTERVIEWER NUMBER <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
	INTERVIEWER NAME
	SENIOR INTERVIEWER NAME

RECORD OF CALLS / TRACING						
	Date	Start time	Finish time	Comments - Results	Telephone Number	Int. Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Call Coverage by Time of Day and Day of Week						
Time Period	Mon.	Tues	Wed	Thur	Fri	Sat
09:00 - 12:00						
12:01 - 16:00						
16:01 - 19:00						
19:01 - 21:00						

Total number of calls	<div><div>1</div><div></div><div></div></div>
Length of interview	<div><div>2</div><div></div><div></div></div> minutes
Final Status	<div><div>3</div><div></div><div></div></div>

5-5 (03/255) 1 1990-11-16 STC HLD-040-04269



Statistics  
Canada

Statistique  
Canada



**INTRODUCTION:**

Hello, I'm ... (your name) ... from Statistics Canada. We are conducting a follow-up survey of 1986 graduates to add to the information you gave us in 1988. The survey is being carried out under the Statistics Act for Employment and Immigration Canada. Your answers will be kept confidential and used only for statistical purposes. While your participation is voluntary, your assistance is essential if the results are to be accurate.

**SECTION A: LAST WEEK**

**A1. Last week, did you work at a job or business?**

Yes ..... 1 ☐ go to B1

No ..... 2 ☐ go to A2

**A2. Last week, did you have a job or business at which you did not work?**

Yes ..... 3 ☐ go to A3

No ..... 4 ☐ go to A4

**A3. Were you absent from work because of a temporary layoff?**

Yes ..... 5 ☐ } go to B1  
No ..... 6 ☐ }

**A4. Last week, did you have a job to start at a definite date in the future?**

Yes ..... 1 ☐ go to A5

No ..... 2 ☐ go to A7

**A5. Will you usually work 30 or more hours per week?**

Yes ..... 3 ☐ go to C1

No ..... 4 ☐ go to A6

Don't know ..... 5 ☐ go to C1

**A6. What is the reason you will usually work less than 30 hours per week? (Do not read list; check one only.)**

Full-time work is under 30 hours a week ..... 1 ☐ }

Did not want full-time work ..... 2 ☐ }

Own illness or disability ..... 3 ☐ }

Personal or family responsibilities ..... 4 ☐ } go to C1

Going to school ..... 5 ☐ }

Could only find part-time work ..... 6 ☐ }

Other reason (Specify) ..... 7 ☐ }

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A7. Last week, were you looking for a job?**

Yes ..... 1 ☐ go to A8

No ..... 2 ☐ go to A10

**A8. Were you looking for a full-time job?**

Yes ..... 3 ☐ go to A11

No ..... 4 ☐ go to A9

**A9. Were you looking for a job at which you would usually work 30 or more hours per week?**

Yes ..... 5 ☐ } go to A11  
No ..... 6 ☐ }

**A10. What was the main reason you did not look for a job last week? (Do not read list; check one only.)**

Own illness or disability ..... 01 ☐

Personal or family responsibilities ..... 02 ☐

Going to school ..... 03 ☐

No longer interested in finding a job ..... 04 ☐

Waiting for recall (to former job) ..... 05 ☐

Has already found a new job ..... 06 ☐

Waiting for replies from employer ..... 07 ☐

Could not find the kind of job wanted ..... 08 ☐

Discouraged with looking ..... 09 ☐

No reason given ..... 10 ☐

Other reason (Specify) ..... 11 ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A11. Since January 1988, did you ever have a full-time job which lasted six months or more?**

Yes ..... 1 ☐ go to D1

No ..... 2 ☐ go to A12

**A12. Since January 1988, did you ever have a job at which you usually worked 30 or more hours per week and which lasted six months or more?**

Yes ..... 3 ☐ go to D1

No ..... 4 ☐ go to E1

B1. INTERVIEWER CHECK ITEM:

Otherwise ..... 2 ☐ go to B4

B2. Last week, did you have a job with ... (Read INFO Item 1.) ...?

Yes ..... 3 ☐ go to B3

No ..... \* ☐ go to B4

B3. Have you held a job with that employer continuously since May 1988? Include time off for illness, (maternity leave), vacations, labour disputes or temporary layoffs.

Yes ..... 5 ☐ go to B5

No ..... 6 ○ oo 10 B4

B4. Did you have more than one job or business last week?

Yes ..... 7 ☐ } go to C1  
No ..... 8 ☐ }

B5. Did you have more than one job or business last week?

Yes ..... 1 ☐ go to B6

No ..... 20 go to B7

**B6.** Last week, was your main job with... (Read INFO Item 1.) ...?

(INTERVIEWER: If asked, the main job refers to the job usually worked at for the most number of hours.)

Yes ..... 3 ☐ go to B7

No. \_\_\_\_\_ - O go to C1

B7. INTERVIEWER CHECK ITEM:

If occupation is listed  
in INFO Item 2 ..... 5 ☐ go to B11

Otherwise ..... 6 ☐ go to 88

B9. In this work, what were your most important activities or duties? (Give full description, e.g., teaching geography, managing a research lab., selling shoes.)

B10. In May 1988, did you do the same kind of work and activities or duties?

Yes ..... 7 ☐ go to B12

No ..... 80 go to B16

**B11.** In May 1988 you were working as a... (Read INFO Item 2.1 ... Since then, have you changed the kind of work, activities or duties you were doing?

Yes ..... 1 ☐ go to B14

No ..... 2 ☐ go to B12

INFO Item 2 data incorrect . . . 3 ☐ go to B14

**B12.** Last week, were you a paid worker or self-employed?

Paid worker ..... 4 ☐ go to B13

Self-employed ..... 5 ☐ go to B23

Other  
(e.g., unpaid family worker) . . . 6 ○ go to B13

**B13.** Is this a permanent position or a temporary position?

Permanent ..... 7 ☐ go to B23

(Definition: There was no indication that the job would end at some definite point in time, e.g., hired permanently with no specified term.)

Temporary ..... 8 ☐ go to B23

(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.)

**B8.** What kind of work did you usually do at that job?  
(Give full description, e.g., elementary school teacher,  
manager of a biological research department, shoe  
salesperson.)

**B14.** What kind of work did you usually do at the job you had last week? (Give full description, e.g., elementary school teacher, manager of a biological research department, shoe salesperson.)





**B21a.** Did the employer specify that it must be in a specific field or fields of study?

Yes <sup>1</sup> ☐ → **B21b.** What field(s) of study?  
(If two of equal importance, enter both.)

1st

2nd

No <sup>2</sup> ☐

**B22.** Did the employer specify that related work experience was essential for that job?

Yes ..... <sup>3</sup> ☐

No ..... <sup>4</sup> ☐

Don't know ..... <sup>5</sup> ☐

**B23.** Has the level of education required to get this job changed since you started it?

Yes ..... <sup>6</sup> ☐ go to B24

No ..... <sup>7</sup> ☐ } go to B25

Don't know ..... <sup>8</sup> ☐

**B24.** What level of education is required for this job now? (Do not read list; check one only.)

Don't know ..... <sup>01</sup> ☐

No qualifications specified ..... <sup>02</sup> ☐

High School:

Some high school ..... <sup>03</sup> ☐

High school diploma certificate ..... <sup>04</sup> ☐

General Postsecondary:

Some postsecondary education (level not specified) ..... <sup>05</sup> ☐

Trade or Vocational:

Some trade-vocational ..... <sup>06</sup> ☐

Trade or vocational certificate diploma ..... <sup>07</sup> ☐

College:

Some college, CEGEP or similar institution, incl. nursing school ..... <sup>08</sup> ☐

Diploma or certificate from college, CEGEP or similar institution, incl. nursing school ..... <sup>09</sup> ☐

University:

Some university (incl. university transfer in Alta. and B.C.) ..... <sup>10</sup> ☐

University diploma or certificate below bachelor's level ..... <sup>11</sup> ☐

Degree, level not specified ..... <sup>12</sup> ☐

Bachelor's degree (e.g., B. A., B. Sc., 4-year B.Ed.) ..... <sup>13</sup> ☐

University diploma or certificate, level not specified ..... <sup>14</sup> ☐

University diploma or certificate above bachelor's level but below master's level ..... <sup>15</sup> ☐

Master's degree (e.g., M.A., M.Sc., M.Ed.) ..... <sup>16</sup> ☐

Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S., D.M.D., D.V.M., LL.B., O.D., M.Div.) or 1-year B. Ed. after another Bachelor's degree ..... <sup>17</sup> ☐

Earned Doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... <sup>18</sup> ☐

Other (Specify) ..... <sup>19</sup> ☐



<p><b>B25.</b> In this job, did you use any of the skills acquired from the educational program you completed in 1986?</p> <p>Yes <input type="radio"/> 1                      No <input type="radio"/> 2</p>	<p><b>B31.</b> Last week, did you have a job to start at a definite date in the future?</p> <p>Yes ..... <input type="radio"/> 1 go to B32</p> <p>No ..... <input type="radio"/> 2 go to B34</p>
<p><b>B26.</b> Considering all aspects of the job you had last week, how satisfied were you with the job? Would you say that you were ... (Read first four categories.) ...</p> <p>very satisfied? ..... <input type="radio"/> 3</p> <p>satisfied? ..... <input type="radio"/> 4</p> <p>dissatisfied? ..... <input type="radio"/> 5</p> <p>very dissatisfied? ..... <input type="radio"/> 6</p> <p>Don't know, no opinion ..... <input type="radio"/> 7</p>	<p><b>B32.</b> Will you usually work 30 or more hours per week at that job?</p> <p>Yes ..... <input type="radio"/> 3 go to B35</p> <p>No ..... <input type="radio"/> 4 go to B33</p> <p>Don't know ..... <input type="radio"/> 5 go to B35</p>
<p><b>B27.</b> 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.) ...</p> <p>very satisfied? ..... <input type="radio"/> 1</p> <p>satisfied? ..... <input type="radio"/> 2</p> <p>dissatisfied? ..... <input type="radio"/> 3</p> <p>very dissatisfied? ..... <input type="radio"/> 4</p> <p>Don't know, no opinion ..... <input type="radio"/> 5</p>	<p><b>B33.</b> What is the reason you will usually work less than 30 hours per week? (Do not read list; check one only.)</p> <p>Full-time work is less than 30 hours a week ..... <input type="radio"/> 1 } go to B35</p> <p>Did not want full-time work ..... <input type="radio"/> 2 }</p> <p>Own illness or disability ..... <input type="radio"/> 3</p> <p>Personal or family responsibilities ..... <input type="radio"/> 4</p> <p>Going to school ..... <input type="radio"/> 5</p> <p>Could only find part-time work ..... <input type="radio"/> 6</p> <p>Other reason (Specify) ..... <input type="radio"/> 7</p> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> </div>
<p><b>B28.</b> Working your usual hours, approximately what would be your gross annual earnings at that job? (Record to the nearest thousand dollars.)</p> <p>\$ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> ,000</p> <p>Don't know ..... <input type="radio"/> 997</p> <p>Refused ..... <input type="radio"/> 998</p>	<p><b>B34.</b> Last week, were you looking for a full-time job or a job at which you would usually work 30 or more hours per week?</p> <p>Yes <input type="radio"/> 8                      No <input type="radio"/> 9</p>
<p><b>B29.</b> How many hours a week did you usually work at that job? (If respondent says "it varies", ask for an average of the last four weeks.)</p> <p><span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> Number of hours</p> <p>(INTERVIEWER: If the number of hours is 30 or more, go to F1.)</p>	<p><b>B35.</b> In the job you held last week, did you ever work full-time for a period of six months or more since January 1988? By this we mean doing the same kind of work for the same employer.</p> <p>Yes ..... <input type="radio"/> 1 go to F1</p> <p>No ..... <input type="radio"/> 2 go to B36</p>
<p><b>B30.</b> What is the reason you usually worked less than 30 hours per week? (Do not read list; check one only.)</p> <p>Full-time work is less than 30 hours a week ..... <input type="radio"/> 1 go to F1</p> <p>Did not want full-time work ..... <input type="radio"/> 2 go to B35</p> <p>Own illness or disability ..... <input type="radio"/> 3</p> <p>Personal or family responsibilities ..... <input type="radio"/> 4</p> <p>Going to school ..... <input type="radio"/> 5</p> <p>Could only find part-time work ..... <input type="radio"/> 6</p> <p>Other reason (Specify) ..... <input type="radio"/> 7</p> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> </div>	<p><b>B36.</b> Since January 1988, did you ever work at that job for 30 hours or more per week for a period of six months or more?</p> <p>Yes ..... <input type="radio"/> 3 go to F1</p> <p>No ..... <input type="radio"/> 4 go to B37</p>
<p><b>B37.</b> Since January 1988, did you ever have a full-time job which lasted six months or more?</p> <p>Yes ..... <input type="radio"/> 5 go to B39</p> <p>No ..... <input type="radio"/> 6 go to B38</p>	

**B38.** Since January 1988, did you ever have a job at which you usually worked 30 or more hours per week and which lasted six months or more?

Yes ..... 7 ☐ go to B39

No ..... 8 ☐ go to F1

**B39.** INTERVIEWER: For questions B39 through B44, if the respondent had more than one such job, ask about the most recent job.

**For whom did you work?** (Name of business, government department or agency, or person.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B40.** What kind of business, industry or service is this? (Give full description, e.g. elementary school, municipal government, retail shoe store.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B41.** What kind of work did you do? (Give full description, e.g., elementary school teacher, manager of a biological research department, shoe salesperson.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B42.** In this work, what were your most important activities or duties? (Give full description, e.g., teaching geography, managing a research lab., selling shoes.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B43.** When did you begin that job?

\_\_\_\_

Month

1 9 \_\_\_\_

Year

(INTERVIEWER: Item B43 date must be before December 1990.)

**B44.** When did you end that job?

1 \_\_\_\_

Month

1988 2 ☐

1989 3 ☐

1990 4 ☐

1991 5 ☐

(INTERVIEWER: Now go to F1.)

## SECTION C: DESCRIPTION OF MAIN JOB

**C1.** INTERVIEWER: For questions C1 through C32, 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.

**For whom did (will) you work?** (Name of business, government department or agency, or person.)

Same employer as in INFO Item 1 ..... 6 ☐

or

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C2.** What kind of business, industry or service is this? (Give full description, e.g. elementary school, municipal government, retail shoe store.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C3.** What kind of work did (will) you do? (Give full description, e.g., elementary school teacher, manager of a biological research department, shoe salesperson.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C4.** 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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**C5. Working your usual hours, approximately what would be your gross annual earnings at that job? (Record to the nearest thousand dollars.)**

\$    ,000

Don't know ..... 997 ☐

Refused ..... 998 ☐

**C6. Was the educational program you completed in 1986 intended to prepare you for this job?**

Yes ..... 1 ☐

No ..... 2 ☐

Don't know ..... 3 ☐

**C7. Were you (will you be) a paid worker or self-employed?**

Paid worker ..... 4 ☐ go to C8

Self-employed ..... 5 ☐ go to C12

Other (e.g., unpaid family worker) ... 6 ☐ go to C8

**C8. Is this a permanent position or a temporary position?**

Permanent ..... 7 ☐  
(Definition: There was no indication that the job would end at some definite point in time, e.g., hired permanently with no specified term.)

Temporary ..... 8 ☐  
(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.)

**C9. When you were selected for that job, what level of education was needed to get the job? (Do not read list; check one only.)**

Don't know ..... 01 ☐

No qualifications specified ..... 02 ☐

High School:

Some high school ..... 03 ☐

High school diploma/certificate ..... 04 ☐

General Postsecondary:

Some postsecondary education (level not specified) ..... 05 ☐

Trade or Vocational:

Some trade-vocational ..... 06 ☐

Trade or vocational certificate diploma ..... 07 ☐

College:

Some college, CEGEP or similar institution, incl. nursing school ..... 08 ☐

Diploma or certificate from college, CEGEP or similar institution, incl. nursing school ..... 09 ☐

University:

Some university (incl. university transfer in Alta. and B.C.) ..... 10 ☐

University diploma or certificate below bachelor's level ..... 11 ☐

Degree, level not specified ..... 12 ☐

Bachelor's degree (e.g., B. A., B. Sc., 4-year B.Ed.) ..... 13 ☐

University diploma or certificate, level not specified ..... 14 ☐

University diploma or certificate above bachelor's level but below master's level ..... 15 ☐

Master's degree (e.g., M.A., M.Sc., M.Ed.) ..... 16 ☐

Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S., D.M.D., D.V.M., LL.B., O.D., M.Div.) or 1-year B. Ed. after another Bachelor's degree ..... 17 ☐

Earned Doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... 18 ☐

Other (Specify) ..... 19 ☐

**C10a. Did the employer specify that it must be in a specific field or fields of study?**

Yes <sup>1</sup> ☐ → **C10b. What field(s) of study?**  
(If two of equal importance,  
enter both.)

1st

2nd

No <sup>2</sup> ☐

**C11. Did the employer specify that related work experience was essential for that job?**

Yes ..... <sup>3</sup> ☐

No ..... <sup>4</sup> ☐

Don't know ..... <sup>5</sup> ☐

**C12. INTERVIEWER CHECK-ITEM:**

If "Yes" in Item A4 ..... <sup>6</sup> ☐ go to C13

Otherwise ..... <sup>7</sup> ☐ go to C15

**C13. Since January 1988, did you ever have a full-time job which lasted six months or more?**

Yes ..... <sup>8</sup> ☐ go to D1

No ..... <sup>9</sup> ☐ go to C14

**C14. Since January 1988, did you ever have a job at which you usually worked 30 hours or more per week and which lasted six months or more?**

Yes ..... <sup>1</sup> ☐ go to D1

No ..... <sup>2</sup> ☐ go to E1

**C15. Has the level of education required to get this job changed since you started it?**

Yes ..... <sup>3</sup> ☐ go to C16

No ..... <sup>4</sup> ☐ } go to C17

Don't know ..... <sup>5</sup> ☐ }

**C16. What level of education is required for this job now? (Do not read list; check one only.)**

Don't know ..... <sup>01</sup> ☐

No qualifications specified ..... <sup>02</sup> ☐

High School:

Some high school ..... <sup>03</sup> ☐

High school diploma certificate ..... <sup>04</sup> ☐

General Postsecondary:

Some postsecondary education (level not specified) ..... <sup>05</sup> ☐

Trade or Vocational:

Some trade-vocational ..... <sup>06</sup> ☐

Trade or vocational certificate diploma ..... <sup>07</sup> ☐

College:

Some college, CEGEP or similar institution, incl. nursing school ..... <sup>08</sup> ☐

Diploma or certificate from college, CEGEP or similar institution, incl. nursing school ..... <sup>09</sup> ☐

University:

Some university (incl. university transfer in Alta. and B.C.) ..... <sup>10</sup> ☐

University diploma or certificate below bachelor's level ..... <sup>11</sup> ☐

Degree, level not specified ..... <sup>12</sup> ☐

Bachelor's degree (e.g., B. A., B. Sc., 4-year B.Ed.) ..... <sup>13</sup> ☐

University diploma or certificate, level not specified ..... <sup>14</sup> ☐

University diploma or certificate above bachelor's level but below master's level ..... <sup>15</sup> ☐

Master's degree (e.g., M.A., M.Sc., M.Ed.) ..... <sup>16</sup> ☐

Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S., D.M.D., D.V.M., LL.B., O.D., M.Div.) or 1-year B. Ed. after another Bachelor's degree ..... <sup>17</sup> ☐

Earned Doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... <sup>18</sup> ☐

Other (Specify) ..... <sup>19</sup> ☐



<p><b>C17.</b> In this job, did you use any of the skills acquired from the educational program you completed in 1986?</p> <p>Yes <input type="radio"/> 1                      No <input type="radio"/> 2</p>	<p><b>C24.</b> What is the reason you will usually work less than 30 hours per week? (Do not read list; check one only.)</p> <p>Full-time work is less than 30 hours a week <input type="radio"/> 1 } go to C26</p> <p>Did not want full-time work <input type="radio"/> 2 }</p> <p>Own illness or disability <input type="radio"/> 3</p> <p>Personal or family responsibilities <input type="radio"/> 4</p> <p>Going to school <input type="radio"/> 5</p> <p>Could only find part-time work <input type="radio"/> 6</p> <p>Other reason (Specify) <input type="radio"/> 7</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><b>C18.</b> Considering all aspects of the job you had last week, how satisfied were you with the job? Would you say that you were ... (Read first four categories.) ...</p> <p>very satisfied? <input type="radio"/> 3</p> <p>satisfied? <input type="radio"/> 4</p> <p>dissatisfied? <input type="radio"/> 5</p> <p>very dissatisfied? <input type="radio"/> 6</p> <p>Don't know, no opinion <input type="radio"/> 7</p>	<p><b>C25.</b> Last week, were you looking for a full-time job or a job at which you would usually work 30 or more hours per week?</p> <p>Yes <input type="radio"/> 8                      No <input type="radio"/> 9</p>
<p><b>C19.</b> 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.) ...</p> <p>very satisfied? <input type="radio"/> 1</p> <p>satisfied? <input type="radio"/> 2</p> <p>dissatisfied? <input type="radio"/> 3</p> <p>very dissatisfied? <input type="radio"/> 4</p> <p>Don't know, no opinion <input type="radio"/> 5</p>	<p><b>C26.</b> When did you begin the job you held last week?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">9</div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div> <p style="text-align: center;">Month                      Year</p>
<p><b>(INTERVIEWER: If the number of hours is 30 or more, go to C26.)</b></p>	
<p><b>C21.</b> What is the reason you usually worked less than 30 hours per week? (Do not read list; check one only.)</p> <p>Full-time work is less than 30 hours a week <input type="radio"/> 1 } go to C26</p> <p>Did not want full-time work <input type="radio"/> 2 }</p> <p>Own illness or disability <input type="radio"/> 3</p> <p>Personal or family responsibilities <input type="radio"/> 4</p> <p>Going to school <input type="radio"/> 5</p> <p>Could only find part-time work <input type="radio"/> 6</p> <p>Other reason (Specify) <input type="radio"/> 7</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><b>C27. INTERVIEWER CHECK-ITEM:</b></p> <p>If the date in Item C26 is after November 1990 (11/90) <input type="radio"/> 1 go to C30</p> <p>Otherwise <input type="radio"/> 2 go to C28</p>
<p><b>C22.</b> Last week, did you have a job to start at a definite date in the future?</p> <p>Yes <input type="radio"/> 8 go to C23</p> <p>No <input type="radio"/> 9 go to C25</p>	<p><b>C28.</b> Since January 1988, did you ever work at that job full-time for a period of six months or more? By this we mean doing the same kind of work for the same employer.</p> <p>Yes <input type="radio"/> 3 go to C32</p> <p>No <input type="radio"/> 4 go to C29</p>
<p><b>C23.</b> Will you usually work 30 or more hours per week?</p> <p>Yes <input type="radio"/> 1 go to C26</p> <p>No <input type="radio"/> 2 go to C24</p> <p>Don't know <input type="radio"/> 3 go to C26</p>	<p><b>C29.</b> Since January 1988, did you ever work at that job for 30 hours or more per week for a period of six months or more?</p> <p>Yes <input type="radio"/> 5 go to C32</p> <p>No <input type="radio"/> 6 go to C30</p>
<p><b>C30.</b> Since January 1988, did you ever have a full-time job which lasted six months or more?</p> <p>Yes <input type="radio"/> 7 go to D1</p> <p>No <input type="radio"/> 8 go to C31</p>	<p><b>C31.</b> Since January 1988, did you ever have a job at which you usually worked 30 or more hours per week and which lasted six months or more?</p> <p>Yes <input type="radio"/> 1 go to D1</p> <p>No <input type="radio"/> 2 go to C32</p>
<p><b>(INTERVIEWER CHECK-ITEM: If the year in Item C26 is 1990 or 1991 <input type="radio"/> 3 go to E1 Otherwise <input type="radio"/> 4 go to F1)</b></p>	

**SECTION D:**

**MOST RECENT JOB LASTING SIX MONTHS OR MORE**

D1. INTERVIEWER: For questions in section D, if the respondent had more than one such job, ask about the most recent job.

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

Same employer as in C1 . . . . . 5 ○

or

A horizontal number line with 15 tick marks, labeled from 0 to 14. The line is used for plotting the data points from the frequency table.

A horizontal number line with 11 tick marks, labeled from 0 to 10. The line is drawn with a solid horizontal line and vertical tick marks at each integer. The numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 are written below the corresponding tick marks.

D2. What kind of business, industry or service was this? (Give full description, e.g. elementary school, municipal government, retail shoe store.)

Same business, industry  
or service as in C2 . . . . . 5 ○

or

A horizontal number line with 11 tick marks, labeled from 0 to 10. The line is used for plotting the data points from the frequency table.

\_\_\_\_\_

D3. What kind of work did you do? (Give full description, e.g., elementary school teacher, manager of a biological research department, shoe salesperson.)

Same kind of work as in C3 . . . . . 70

or

\_\_\_\_\_

**D4.** In this work, what were your most important activities or duties? (Give full description, e.g., teaching geography, managing a research lab., selling shoes.)

Same activities or duties as in C4 . . . 8 ○

or

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

## D5. INTERVIEWER CHECK-ITEM:

If "No" in item A2 ..... 1 ☐ go to D6

Otherwise ..... 2 ○ go to D16

D6. Working your usual hours, approximately what would have been your gross annual earnings at that job? (Record to the nearest thousand dollars.)

\$ 

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 ,000

Don't know . . . . . 997 ○

Refused ..... 998 ○

D7. Was the educational program you completed in 1986 intended to prepare you for this job?

Yes ..... 10

No ..... 2 ○

Don't know ..... 3 ○

**D8. Were you a paid worker or self-employed?**

Paid worker ..... 4 ☐ go to D9Self-employed ..... \$ ☐ go to D13

Other  
(e.g., unpaid family worker) . . . 6 ☐ go to D9

D9. Was this a permanent position or a temporary position?

Permanent ..... 70

(Definition: There was no indication that the job would end at some definite point in time, e.g., hired permanently with no specified term.)

Temporary ..... 8 ○

(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.)



D10. When you were selected for that job, what level of education was needed to get the job? (Do not read list; check one only.)

Don't know ..... 01 ☐

No qualifications specified ..... 02 ☐

High School:

Some high school ..... 03 ☐

High school diploma/certificate ..... 04 ☐

go to  
D12

General Postsecondary:

Some postsecondary education (level not specified) ..... 05 ☐

Trade or Vocational:

Some trade-vocational ..... 06 ☐

Trade or vocational certificate diploma ..... 07 ☐

College:

Some college, CEGEP or similar institution, incl. nursing school ..... 08 ☐

Diploma or certificate from college, CEGEP or similar institution, incl. nursing school ..... 09 ☐

University:

Some university (incl. university transfer in Alta. and B.C.) ..... 10 ☐

University diploma or certificate below bachelor's level ..... 11 ☐

Degree, level not specified ..... 12 ☐

Bachelor's degree (e.g., B. A., B. Sc., 4-year B. Ed.) ..... 13 ☐

University diploma or certificate, level not specified ..... 14 ☐

University diploma or certificate above bachelor's level but below master's level ..... 15 ☐

Master's degree (e.g., M.A., M.Sc., M.Ed.) ..... 16 ☐

Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S., D.M.D., D.V.M., LL.B., O.D., M.Div.) or 1-year B. Ed. after another Bachelor's degree ..... 17 ☐

Earned Doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... 18 ☐

Other (Specify) ..... 19 ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D11a. Did the employer specify that it must be in a specific field or fields of study?

Yes 1 ☐ → D11b. What field(s) of study? (If two of equal importance, enter both.)

1st \_\_\_\_\_

\_\_\_\_\_

2nd \_\_\_\_\_

\_\_\_\_\_

No 2 ☐

D12. Did the employer specify that related work experience was essential for that job?

Yes ..... 3 ☐

No ..... 4 ☐

Don't know ..... 5 ☐

D13. In this job, did you use any of the skills acquired from the educational program you completed in 1986?

Yes 6 ☐

No 7 ☐

D14. Considering all aspects of the job, how satisfied were you with that job? Would you say that you were ... (Read first four categories.)

very satisfied? ..... 1 ☐

satisfied? ..... 2 ☐

dissatisfied? ..... 3 ☐

very dissatisfied? ..... 4 ☐

Don't know, no opinion ..... 5 ☐

D15. 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.) ...

very satisfied? ..... 1 ☐

satisfied? ..... 2 ☐

dissatisfied? ..... 3 ☐

very dissatisfied? ..... 4 ☐

Don't know, no opinion ..... 5 ☐

D16. When did you begin that job?

Month

1 9 Year

(INTERVIEWER: Item D16 date must be before December 1990.)

D17. When did you end that job?

1 Month

1988 2 ☐

1989 3 ☐

1990 4 ☐

1991 5 ☐

D18. INTERVIEWER CHECK ITEM:

If the year in Item D16 is 1990 6 ☐ go to E1

Otherwise 7 ☐ go to D19

D19. INTERVIEWER CHECK ITEM:

If the year in Item D17 is 1991 8 ☐ go to F1

Otherwise 9 ☐ go to E1

SECTION E: ACTIVITIES IN 1990																					
<p><b>E1. Now some questions about the whole of 1990. During that year, were you ever without a job or business ... (read reasons) ...</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center; width: 10%;">Yes</td> <td style="text-align: center; width: 10%;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td>a. because you were going to school? .....</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> <td></td> </tr> <tr> <td>b. because you had personal or family responsibilities? .....</td> <td style="text-align: center;">3 <input type="radio"/></td> <td style="text-align: center;">4 <input type="radio"/></td> <td></td> </tr> <tr> <td>c. because you couldn't find work? .....</td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> <td></td> </tr> <tr> <td>d. for any other reason? (Specify) .....</td> <td style="text-align: center;">7 <input type="radio"/></td> <td style="text-align: center;">8 <input type="radio"/></td> <td></td> </tr> </table> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 15px;"></div> </div>		Yes	No		a. because you were going to school? .....	1 <input type="radio"/>	2 <input type="radio"/>		b. because you had personal or family responsibilities? .....	3 <input type="radio"/>	4 <input type="radio"/>		c. because you couldn't find work? .....	5 <input type="radio"/>	6 <input type="radio"/>		d. for any other reason? (Specify) .....	7 <input type="radio"/>	8 <input type="radio"/>		<p><b>E6. During this ... (Read answer in E3.) ... month-period, how long in total were you looking for a job?</b></p> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <span style="margin-left: 10px;">Number of months</span> </div>
	Yes	No																			
a. because you were going to school? .....	1 <input type="radio"/>	2 <input type="radio"/>																			
b. because you had personal or family responsibilities? .....	3 <input type="radio"/>	4 <input type="radio"/>																			
c. because you couldn't find work? .....	5 <input type="radio"/>	6 <input type="radio"/>																			
d. for any other reason? (Specify) .....	7 <input type="radio"/>	8 <input type="radio"/>																			
<p><i>(INTERVIEWER: Item E6 must <u>not</u> be more than item E3.)</i></p>																					
<p><b>E7. At any time during this ... (Read answer in E6.) ... month-period you were looking for a job, were you a full-time student?</b></p> <p>Yes ..... 1 <input type="radio"/> go to E8</p> <p>No ..... 2 <input type="radio"/> go to E9</p>																					
<p><b>E8. How much of this ... (Read answer in E6.) ... month-period were you a full-time student?</b></p> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <span style="margin-left: 10px;">Number of months</span> </div>																					
<p><i>(INTERVIEWER: Item E8 must <u>not</u> be more than item E6.)</i></p>																					
<p><b>E9. During the period when you were <u>NOT</u> looking for a job, were you ever waiting to start a new job or return to an old job?</b></p> <p>Yes ..... 3 <input type="radio"/> go to E10</p> <p>No ..... 4 <input type="radio"/> go to F1</p>																					
<p><b>E10. How long were you waiting? That is, how long were you waiting to start a new job or return to an old job during the period you were <u>not</u> looking for a job?</b></p> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <span style="margin-left: 10px;">Number of months</span> </div>																					
<p><i>(INTERVIEWER: Now go to F1.)</i></p>																					
<p><b>E11. At any time during this ... (Read answer in E3.) ... month-period you were without a job, were you ever a full-time student?</b></p> <p>Yes ..... 5 <input type="radio"/> go to E12</p> <p>No ..... 6 <input type="radio"/> go to F1</p>																					
<p><b>E12. How much of this ... (Read answer in item E3.) ... month-period were you a full-time student?</b></p> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <span style="margin-left: 10px;">Number of months</span> </div>																					
<p><i>(INTERVIEWER: Item E12 must <u>not</u> be more than item E3.)</i></p>																					





**F8. INTERVIEWER CHECK ITEM:**If INFO Item 5 is blank ..... 4 ☐ go to F15Otherwise ..... 5 ☐ go to F9**F9. The information from the May 1988 survey also indicates that you were attending an educational program leading to a ... (Read INFO Item 5.). Is this correct?**Yes ..... 6 ☐ go to F11No ..... 7 ☐ go to F10**F10. What type of degree, diploma, certificate or licence was it? (Do not read list; check one only).**None ..... 01 ☐ go to F15

or

Trade or vocational:

a. Certificate or diploma ..... 02 ☐Community College, CEGEP,  
Technical Institute,  
Nursing School:b. Certificate or diploma ..... 03 ☐

University:

c. Certificate or diploma  
below bachelor level ..... 04 ☐d. Bachelor's degree (e.g. B.A.,  
B.Sc., B.A.Sc. 4-year B.Ed.) ..... 05 ☐e. Certificate or diploma  
above bachelor level but  
below master's level ..... 06 ☐f. Master's degree  
(e.g., M.A., M.Sc., M.Ed.) ..... 07 ☐g. Degree in medicine,  
dentistry, veterinary  
medicine, law,  
optometry or theology  
(M.D., D.D.S., D.M.D., D.V.M.,  
LL.B., O.D., M.D.V.), or  
1-year B. Ed. after a  
Bachelor's degree ..... 08 ☐h. Earned doctorate  
(e.g., Ph.D., D.Sc., D.Ed.) ..... 09 ☐

Professional Association:

i. Diploma, certificate  
or licence such as in  
accounting, banking  
or insurance ..... 10 ☐j. Other (Specify) ..... 11 ☐**F11. INTERVIEWER CHECK ITEM:**If INFO Item 6 is blank ..... 1 ☐ go to F13Otherwise ..... 2 ☐ go to F12**F12. Was the major field of study or specialization ... (Read INFO Item 6.) ...?**Yes ..... 3 ☐ go to F14No ..... 4 ☐ go to F13**F13. What was the major field of study or specialization?**1st 2nd **F14. In what month and year did you, or do you expect to, complete the requirements?**

5

Month Year

Don't know ..... 6 ☐Dropped out ..... 7 ☐**F15. Since May 1988 have you taken any (other) education or training programs leading to any degrees, diplomas, certificates or licences?**Yes ..... 8 ☐ go to F16aNo ..... 9 ☐ go to F18





<p><b>F17. Did you take any of these programs as a full-time student?</b></p> <p>Yes <input type="radio"/> 1                      No <input type="radio"/> 2</p>	<p><b>F22. What level of degree or diploma would you have taken? (Do not read list; mark one only.)</b></p> <p>University diploma or certificate below bachelor level ..... <input type="radio"/> 1</p> <p>Bachelor's degree, general or honours (e.g., B.A., B.Sc., 4-year B.Ed.) ..... <input type="radio"/> 2</p> <p>University diploma or certificate above bachelor's level but below master's level ..... <input type="radio"/> 3</p> <p>Master's degree (e.g., M.A., M.Sc., M.Ed.) ..... <input type="radio"/> 4</p> <p>Degree in medicine, dentistry, veterinary medicine, law, optometry or theology (M.D., D.D.S., D.M.D., D.V.M., LL.B., O.D., M.D.IV.), or 1-year B. Ed. after another Bachelor's degree ..... <input type="radio"/> 5</p> <p>Doctorate (e.g., Ph.D., D.Sc., D.Ed.) ..... <input type="radio"/> 6</p> <p>Don't know ..... <input type="radio"/> 7</p> <p>Other (Specify) ..... <input type="radio"/> 8</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>																				
<p><b>F18. Given your experiences since completing the educational program in 1986, would you have selected the same educational program, a different program, or not taken any postsecondary program?</b></p> <p>Same ..... <input type="radio"/> 3 go to F23</p> <p>Different ..... <input type="radio"/> 4 go to F19</p> <p>None ..... <input type="radio"/> 5 go to F23</p> <p>Don't know ..... <input type="radio"/> 6 go to F23</p>	<p><b>F23. In general, how important is it that any job you get be related to your field of study or specialization? Would you say it is ... (Read first four categories.) ...</b></p> <p>very important? ..... <input type="radio"/> 1</p> <p>important? ..... <input type="radio"/> 2</p> <p>not important? ..... <input type="radio"/> 3</p> <p>not at all important? ..... <input type="radio"/> 4</p> <p>Don't know, no opinion ..... <input type="radio"/> 5</p>																				
<p><b>F19. Would you have chosen the same field of study or specialization?</b></p> <p>Yes ..... <input type="radio"/> 7 go to F21</p> <p>No ..... <input type="radio"/> 8 go to F20</p> <p>Don't know ..... <input type="radio"/> 9 go to F21</p>	<p><b>SECTION G: GENERAL QUESTIONS</b></p> <p><b>G1. Now some general questions. What is your marital status? Are you ... (Read the categories.)...</b></p> <p>now married or living common-law? ..... <input type="radio"/> 6</p> <p>single, that is, never married? ..... <input type="radio"/> 7</p> <p>a widow or widower? ..... <input type="radio"/> 8</p> <p>separated or divorced? ..... <input type="radio"/> 9</p>																				
<p><b>F20. What field of study or specialization would you have chosen? (If two, record the more important first.)</b></p> <p>1st <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div></p> <p>2nd <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div></p> <p>Don't know ..... <input type="radio"/> 1</p>	<p><b>G2a. Do you have any dependent children?</b></p> <p>Yes <input type="radio"/> 1 → <b>G2b. Please tell me their ages.</b> (Record age in years as of last birthday.)</p> <table style="width: 100%; text-align: center;"> <tr> <td>a</td><td>b</td><td>c</td><td>d</td><td>e</td> </tr> <tr> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> </tr> <tr> <td>f</td><td>g</td><td>h</td><td>i</td><td>j</td> </tr> <tr> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td> </tr> </table> <p>No <input type="radio"/> 2</p>	a	b	c	d	e	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	f	g	h	i	j	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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f	g	h	i	j																	
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<p><b>F21. What kind of program would you have taken: university, college, or trade-vocational?</b></p> <p>University ..... <input type="radio"/> 2 go to F22</p> <p>College ..... <input type="radio"/> 3</p> <p>Trade or vocational ..... <input type="radio"/> 4</p> <p>Don't know ..... <input type="radio"/> 5</p> <p>Other (Specify) ..... <input type="radio"/> 6</p> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>																					



**G3. What was your total personal income from all sources before taxes and deductions for the last 12 months? Was it ...**

Less than \$30,000? 01 ☐   
 Less than \$20,000? 05 ☐   
 Less than \$15,000? 11 ☐   
 \$15,000 or more? 12 ☐   
 \$20,000 or more? 06 ☐   
 Less than \$25,000? 13 ☐   
 \$25,000 or more? 14 ☐   
 \$30,000 or more? 02 ☐   
 Less than \$50,000? 03 ☐   
 Less than \$40,000? 07 ☐   
 Less than \$35,000 or more? 15 ☐   
 \$40,000 or more? 08 ☐   
 Less than \$45,000? 17 ☐   
 \$45,000 or more? 18 ☐   
 \$50,000 or more? 04 ☐   
 Less than \$60,000? 09 ☐   
 Less than \$55,000 or more? 19 ☐   
 \$60,000 or more? 10 ☐   
 Less than \$65,000? 21 ☐   
 \$65,000 or more? 22 ☐   
 No income ... 23 ☐   
 Don't know ... 24 ☐   
 Refused ... 25 ☐

**G4. 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 ... (Read list.) ...**

	Yes	No
a. at home? ...	1 <input type="radio"/>	2 <input type="radio"/>
b. at school or work? ...	3 <input type="radio"/>	4 <input type="radio"/>
c. in other activities, such as transportation or leisure-time activities? ...	5 <input type="radio"/>	6 <input type="radio"/>

**G5. INTERVIEWER CHECK-ITEM:**

If any "Yes" checked in Item G4 ... 7 ☐ go to G6a

Otherwise ... 8 ☐ go to G7

**G6a. Are you handicapped or disabled with regard to ... (Read list.) ...**

**G6b. How many years have you been handicapped or disabled in this way?**

	No	Yes	Number of years
a. Mobility, agility? ...	01 <input type="radio"/>	02 <input type="radio"/>	1 <input type="text"/>
b. Sight, seeing? ...	03 <input type="radio"/>	04 <input type="radio"/>	2 <input type="text"/>
c. Hearing? ...	05 <input type="radio"/>	06 <input type="radio"/>	3 <input type="text"/>
d. Speech, speaking? ...	07 <input type="radio"/>	08 <input type="radio"/>	4 <input type="text"/>
e. Learning? ...	09 <input type="radio"/>	10 <input type="radio"/>	5 <input type="text"/>
f. Emotions, mental problems? ...	11 <input type="radio"/>	12 <input type="radio"/>	6 <input type="text"/>
g. Anything else? ...	13 <input type="radio"/>	14 <input type="radio"/>	7 <input type="text"/>

(Specify)

**G7. From which of the following groups did your parents or grandparents descend? (Read list; mark all responses reported)**

	Yes	No
a) Chinese ...	01 <input type="radio"/>	02 <input type="radio"/>
b) Japanese ...	03 <input type="radio"/>	04 <input type="radio"/>
c) Korean ...	05 <input type="radio"/>	06 <input type="radio"/>
d) Filipino ...	07 <input type="radio"/>	08 <input type="radio"/>
e) East Indian (from India, Pakistan, Bangladesh, East Africa, Guyana, etc.) ...	09 <input type="radio"/>	10 <input type="radio"/>
f) Black (from Africa, the Caribbean, Haiti, the U.S.A., Canada, etc.) ...	11 <input type="radio"/>	12 <input type="radio"/>
g) North American Indian ...	13 <input type="radio"/>	14 <input type="radio"/>
h) Metis ...	15 <input type="radio"/>	16 <input type="radio"/>
i) Inuit (Esquimo) ...	17 <input type="radio"/>	18 <input type="radio"/>
j) Arab (from Egypt, Jordan, Lebanon, Iraq, etc.) ...	19 <input type="radio"/>	20 <input type="radio"/>
k) West Asian (from Syria, Turkey, Afghanistan, Armenia, Iran, etc.) ...	21 <input type="radio"/>	22 <input type="radio"/>
l) South East Asian (from Burma, Cambodia, Kampuchea, Laos, Thailand, Vietnam, etc.) ...	23 <input type="radio"/>	24 <input type="radio"/>
m) North African (from Egypt, Morocco, Algeria, Tunisia, etc.) ...	25 <input type="radio"/>	26 <input type="radio"/>
n) Latin American (from Mexico, Central America, South America) ...	27 <input type="radio"/>	28 <input type="radio"/>
o) British (from England, Scotland, Ireland, etc.) ...	29 <input type="radio"/>	30 <input type="radio"/>
p) French ...	31 <input type="radio"/>	32 <input type="radio"/>
q) Any other European groups ...	33 <input type="radio"/>	34 <input type="radio"/>
r) Canadian ...	35 <input type="radio"/>	36 <input type="radio"/>
s) Any others ...	37 <input type="radio"/>	38 <input type="radio"/>

(Specify)

**G8a. During 1990, did you take part in any Employment and Immigration Canada training or financial assistance programs?**

Yes 1 ☐ No 2 ☐ go to H1

**G8b. Which of the Employment and Immigration Canada programs did you take part in?**

Any others?

Any others?

## SECTION H: ADMINISTRATIVE QUESTIONS

H1. We may wish to contact you again for a follow-up to this survey ... (read address and telephone number from the INFORMATION SHEET.) ... and make any corrections below.

Name

No change 1 ☐☐ or

Surname

Given name

Address

No change 2 ☐☐ or

Street (name and number)

Apartment number, P.O. Box

City, Town, Village

Province

Postal code

No change 3 ☐☐ or

Home telephone

No change 4 ☐☐ or

Work telephone

No change 5 ☐☐ or

H2. 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? We will contact this person only if you have moved in order to obtain your new address or telephone number.

Address and telephone number same as in H1 6 ☐

Name

Surname

Given name

Address

Street (name and number)

Apartment number, P.O. Box

City, Town, Village

Province

Code postal

Home telephone

☐ or

Business telephone

Refused 7 ☐

H3. INTERVIEWER: READ THE FOLLOWING STATEMENT CONCERNING JOINT COLLECTION AND DATA-SHARING EXACTLY AS WORDED.

To avoid duplication of enquiry, Statistics Canada is again 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 8 ☐No 9 ☐

H4. END OF INTERVIEW:

Thank you for your participation in this survey.

INTERVIEWER: Please check question H5 and ensure that questions H1 and H2 are completed correctly. Enter the final status of the interview on the front page.

H5. Province or territory where respondent was located when interviewed:

Nfld. 01 <input type="radio"/>	Quebec 05 <input type="radio"/>	Alberta 09 <input type="radio"/>
P.E.I. 02 <input type="radio"/>	Ontario 06 <input type="radio"/>	B.C. 10 <input type="radio"/>
N.S. 03 <input type="radio"/>	Man. 07 <input type="radio"/>	Yukon 11 <input type="radio"/>
N.B. 04 <input type="radio"/>	Sask. 08 <input type="radio"/>	N.W.T. 12 <input type="radio"/>

H6. Language of interview:

English 1 ☒French 2 ☐



RECORD OF CALLS / TRACING						
	Date	Start time	Finish time	Comments - Results	Telephone Number	Int. Initials
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

COMMENTS:

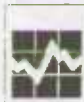
## 1990 Housing Repair and Renovation Survey



<b>Survey Month:</b>	March 1991						
<b>Title:</b>	1990 Housing Repair and Renovation Survey						
<b>Sponsor:</b>	Statistics Canada						
<b>Survey Method:</b>	Personal/Telephone Interview						
<b>Sample Size:</b>	Rotation group 5 (6,000 homeowners)						
<b>Objectives:</b>	The objective of the survey is to provide annual information on home improvement and maintenance expenditures of Canadian homeowners.						
<b>Project Manager:</b>	Robin Chaplin (951-4642)						
<b>Microdata:</b>	<table><tbody><tr><td><u>Yes</u></td><td><u>Price</u></td><td><u>No</u></td></tr><tr><td></td><td></td><td>X</td></tr></tbody></table>	<u>Yes</u>	<u>Price</u>	<u>No</u>			X
<u>Yes</u>	<u>Price</u>	<u>No</u>					
		X					





**1990 Housing repair and renovation survey**

1 FORM NO. 08

Confidential (when completed)

Collected under the authority of the  
Statistics Act / Revised Statutes of  
Canada, 1985, Chapter S19

PLACE LABEL HERE	Docket No. 2 <input type="text"/>	Date 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Assignment No. 4 <input type="text"/>
	Dwelling Type 5 <input type="text"/>	Listing Address 6 _____	
	Language of Assignment 7 <input type="text"/>	Telephone Number 8 <input type="text"/> - <input type="text"/> - <input type="text"/>	

**9. COMPLETION STATUS**

LFS non-interview	1 <input type="radio"/>	Partially completed	4 <input type="radio"/>
Interview ended in item 15		Refused F08	5 <input type="radio"/>
Did not own in 1990	2 <input type="radio"/>	Other non-response	6 <input type="radio"/>
Completed	3 <input type="radio"/>	(Specify in notes)	

**10.** This survey is being conducted in order to obtain information on homeowners' expenditures for housing repairs, maintenance and renovations.

**11.** Who would be the best person to talk to about this household's housing expenses for repairs, maintenance, renovations etc.?  
*If the person is not available, set up an appointment.*  

First name \_\_\_\_\_

Last name \_\_\_\_\_

HRD page line no. (item 31, F03)

**12. RECORD OF CALLS AND APPOINTMENTS**

#	Date	Time	Comments	Call back for:
1				
2				
3				
4				

**13.** How many months was this dwelling owned and occupied by a member of this household in 1990?  
 Months

**14.** In 1990, did anyone in this household occupy any other dwellings that they owned? Exclude vacation homes.  

Yes 1 ☐  
No 2 ☐

How many other dwellings?

For how many months in 1990?	Was this ...		
	a single family dwelling?	an apartment?	another type of dwelling?
1: <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2: <input type="text"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
3: <input type="text"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

**15. INTERVIEWER CHECK ITEM:**

If "00" in item 13 and "No" in item 14

☐ Thank respondent and end.  
Mark circle 2 in item 9.

Otherwise

☐ Go to 16

**NOTES**

Item No.

99

99



16. When answering the following questions, keep in mind that they apply to the months in the dwelling(s) you have just reported. Please report an expenditure only once.

**Part A.**

Were there expenditures in 1990 for the **ADDITION** of ...

What was the total cost of **WORK CONTRACTED OUT**? (Exclude the cost of any materials that you purchased separately.)

How much were **MATERIALS** that you purchased?

			Don't know		Don't know
17. A garage or car port? .....	Yes <input type="radio"/> 1 →	\$ <input type="text"/> .00	<input type="radio"/> 4	\$ <input type="text"/> .00	<input type="radio"/> 6
	No <input type="radio"/> 2				
18. Other structural extensions such as rooms, decks, garden sheds, etc.? .....	Yes <input type="radio"/> 7 →	\$ <input type="text"/> .00	<input type="radio"/> 2	\$ <input type="text"/> .00	<input type="radio"/> 4
	No <input type="radio"/> 8				
19. An inground swimming pool? .....	Yes <input type="radio"/> 5 →	\$ <input type="text"/> .00	<input type="radio"/> 8	\$ <input type="text"/> .00	<input type="radio"/> 2
	No <input type="radio"/> 6				
20. Fences, patios, driveways? .....	Yes <input type="radio"/> 3 →	\$ <input type="text"/> .00	<input type="radio"/> 6	\$ <input type="text"/> .00	<input type="radio"/> 8
	No <input type="radio"/> 4				
21. Landscaping? .....	Yes <input type="radio"/> 1 →	\$ <input type="text"/> .00	<input type="radio"/> 4	\$ <input type="text"/> .00	<input type="radio"/> 6
	No <input type="radio"/> 2				

22. Were there expenditures for **RENOVATIONS** or **ALTERATIONS** in 1990?

This includes jobs such as remodelling rooms, adding or replacing doors and windows, renovating exterior walls, upgrading insulation and adding eavestroughing. Include any finishing in new homes, and the cost of any equipment and built-in appliances that were part of the renovation project.

Yes ☐ 1      No ☐ 2      → Go to 26  
↓

**Part B.**

Were there any **RENOVATIONS** or **ALTERATIONS** that involved...

What was the total cost of **WORK CONTRACTED OUT**? (Exclude the cost of any materials that you purchased separately.)

How much were **MATERIALS** that you purchased?

			Don't know		Don't know
23. A combination of interior and exterior work? .....	Yes <input type="radio"/> 1 →	\$ <input type="text"/> .00	<input type="radio"/> 4	\$ <input type="text"/> .00	<input type="radio"/> 6
	No <input type="radio"/> 2				
(Example: a family room renovation that involved installing a fireplace and chimney; moving an interior wall and installing wall-to-wall)					
24. Exterior work only? .....	Yes <input type="radio"/> 7 →	\$ <input type="text"/> .00	<input type="radio"/> 2	\$ <input type="text"/> .00	<input type="radio"/> 4
	No <input type="radio"/> 8				
(Examples: remodelled porch and replaced front door; replaced living and dining room windows)					
25. Interior work only? .....	Yes <input type="radio"/> 5 →	\$ <input type="text"/> .00	<input type="radio"/> 8	\$ <input type="text"/> .00	<input type="radio"/> 2
	No <input type="radio"/> 6				
(Examples: installed seamless floor in kitchen; insulated basement walls and partitioned off laundry room; added a powder room)					

**NOTES**

Item No.	
99 <input type="text"/>	<input type="text"/>
99 <input type="text"/>	<input type="text"/>
99 <input type="text"/>	<input type="text"/>
99 <input type="text"/>	<input type="text"/>

**INTERVIEWER:** **REPLACEMENT** refers to the installation of equipment or fixtures that replaced an existing unit.  
Example: replacing an electric water heater with a gas model.

**NEW INSTALLATION** refers to the installation of equipment or fixtures that did not previously exist on the property, or that were installed in addition to the equipment or fixtures on the property. Example: installing a shower stall in what had been a half-bathroom.

**Part C.**

Were there expenditures in 1990 for the purchase or installation of ...

What was the total cost of **WORK CONTRACTED OUT?** (Exclude the cost of any materials that you purchased separately.)

How much were **MATERIALS** that you purchased?

**26. Plumbing fixtures?**

Yes ☐ 1 No ☐ 2 → Go to 27



For a replacement? ..... Yes ☐ 3 → \$ ..... .00  
No ☐ 4 5  6 ☐ Don't know

\$ ..... .00  
7  8 ☐ Don't know

For a new installation? ..... Yes ☐ 1 → \$ ..... .00  
No ☐ 2 3  4 ☐

\$ ..... .00  
5  6 ☐

**27. Heating or air conditioning equipment?**

Yes ☐ 7 No ☐ 8 → Go to 28



For a replacement? ..... Yes ☐ 1 → \$ ..... .00  
No ☐ 2 3  4 ☐

\$ ..... .00  
5  6 ☐

For a new installation? ..... Yes ☐ 7 → \$ ..... .00  
No ☐ 8 1  2 ☐

\$ ..... .00  
3  4 ☐

**28. Electrical fixtures or equipment? (Include wiring.)**

Yes ☐ 5 No ☐ 6 → Go to 29



For a replacement? ..... Yes ☐ 7 → \$ ..... .00  
No ☐ 8 1  2 ☐

\$ ..... .00  
3  4 ☐

For a new installation? ..... Yes ☐ 5 → \$ ..... .00  
No ☐ 6 7  8 ☐

\$ ..... .00  
1  2 ☐

**29. Built-in appliances such as ovens, dishwashers?**

Yes ☐ 3 No ☐ 4 → Go to 30



For a replacement? ..... Yes ☐ 5 → \$ ..... .00  
No ☐ 6 7  8 ☐

\$ ..... .00  
1  2 ☐

For a new installation? ..... Yes ☐ 3 → \$ ..... .00  
No ☐ 4 5  6 ☐

\$ ..... .00  
7  8 ☐

**30. Wall-to-wall carpeting?**

Yes ☐ 1 No ☐ 2 → Go to 31



For a replacement? ..... Yes ☐ 3 → \$ ..... .00  
No ☐ 4 5  6 ☐

\$ ..... .00  
7  8 ☐

For a new installation? ..... Yes ☐ 1 → \$ ..... .00  
No ☐ 2 3  4 ☐

\$ ..... .00  
5  6 ☐

**31. Other fixtures or built-in equipment?**

Yes ☐ 7 No ☐ 8 → Go to 32



For a replacement? ..... Yes ☐ 1 → \$ ..... .00  
No ☐ 2 3  4 ☐

\$ ..... .00  
5  6 ☐

SPECIFY

For a new installation? ..... Yes ☐ 7 → \$ ..... .00  
No ☐ 8 1  2 ☐

\$ ..... .00  
3  4 ☐

SPECIFY

**NOTES**

Item No.	
99 <input type="text"/>	<input type="text"/>
99 <input type="text"/>	<input type="text"/>
99 <input type="text"/>	<input type="text"/>
99 <input type="text"/>	<input type="text"/>



**Part D.**

The following questions are about REPAIRS and MAINTENANCE costs for the dwelling(s) in 1990.

Were there any expenditures for...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much were MATERIALS that you purchased?

			Don't know		Don't know
32. Painting (interior or exterior)?	Yes 1 <input type="radio"/> → No 2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>
33. Wall papering?	Yes 7 <input type="radio"/> → No 8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>
34. Repairs to interior walls and ceilings, plastering, drywall, panelling, tiling?	Yes 5 <input type="radio"/> → No 6 <input type="radio"/>	\$ <input type="text"/> .00 7 <input type="text"/>	8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>
35. Repairs to hard surface flooring and wall-to-wall carpeting? (Exclude wooden flooring.)	Yes 3 <input type="radio"/> → No 4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>	\$ <input type="text"/> .00 7 <input type="text"/>	8 <input type="radio"/>
36. Complete re-roofing?	Yes 1 <input type="radio"/> → No 2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>
37. Eavestroughing and other roof repairs?	Yes 7 <input type="radio"/> → No 8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>
38. Repairs to exterior walls including soffits, fascia, foundations and chimneys? (Include chimney cleaning.)	Yes 5 <input type="radio"/> → No 6 <input type="radio"/>	\$ <input type="text"/> .00 7 <input type="text"/>	8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>
39. Caulking and weather stripping, etc.? (Include replacement of insulation, vapour barriers, etc.)	Yes 3 <input type="radio"/> → No 4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>	\$ <input type="text"/> .00 7 <input type="text"/>	8 <input type="radio"/>
40. Repairs to outdoor patios, fences and driveways?	Yes 1 <input type="radio"/> → No 2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>
41. Heating and air conditioning system? (Include service contracts.)	Yes 7 <input type="radio"/> → No 8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>
42. Plumbing?	Yes 5 <input type="radio"/> → No 6 <input type="radio"/>	\$ <input type="text"/> .00 7 <input type="text"/>	8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>
43. Electrical?	Yes 3 <input type="radio"/> → No 4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>	\$ <input type="text"/> .00 7 <input type="text"/>	8 <input type="radio"/>
44. Carpentry? (Include wooden flooring.)	Yes 1 <input type="radio"/> → No 2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>	\$ <input type="text"/> .00 5 <input type="text"/>	6 <input type="radio"/>
45. Other repairs and maintenance? (Exclude housekeeping maintenance work such as rug cleaning, window washing, groundskeeping, snow removal, garbage removal, etc.)	Yes 7 <input type="radio"/> → No 8 <input type="radio"/>	\$ <input type="text"/> .00 1 <input type="text"/>	2 <input type="radio"/>	\$ <input type="text"/> .00 3 <input type="text"/>	4 <input type="radio"/>
		SPECIFY "OTHER" <input type="text"/>			

INTERVIEWER: THANK RESPONDENT AND COMPLETE ITEM 9 ON FRONT COVER

**NOTES**

Item No.	
99 <input type="checkbox"/>	<input type="text"/>
99 <input type="checkbox"/>	<input type="text"/>
99 <input type="checkbox"/>	<input type="text"/>
99 <input type="checkbox"/>	<input type="text"/>

## 1990 Shelter Cost Survey



<b>Survey Month:</b>	March 1991
<b>Title:</b>	1990 Shelter Cost Survey
<b>Sponsor:</b>	Canada Mortgage and Housing Corporation/Statistics Canada
<b>Survey Method:</b>	Personal/Telephone Interview
<b>Sample Size:</b>	Labour Force Survey assignments in rotation groups 1, 2, 3 and 6 across Canada (45,000 households)
<b>Objectives:</b>	<p>One of the purposes of the Shelter Cost Survey is to provide jointly, with the Survey of Consumer Finances (SCF) and the Survey of Household Facilities and Equipment (HFE), data which will permit the measurement of housing needs. Housing needs may be measured in terms of crowding, adequacy and affordability. For example, the data will show the incidence of dwellings in which households are:</p> <ul style="list-style-type: none"><li>- in inadequate, crowded conditions,</li><li>- in unaffordable accommodations,</li><li>- are unable to improve their housing conditions without paying an inexcessive portion of their income.</li></ul>
<b>Project Manager:</b>	Robin Chaplin (951-4642)
<b>Microdata:</b>	<u>Yes</u> <u>Price</u> <u>No</u>
	Refer to the Survey of Consumer Finances





**1990 Shelter  
Cost Survey**

1 Form no. 08B

Confidential (when completed)

Collected under the authority of the  
Statistics Act, Revised Statutes of  
Canada, 1985, Chapter S19

PLACE LABEL HERE	Docket No. 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Assignment No. 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Dwelling Type 5 <input type="text"/>	Listing Address 6 _____ _____	
	Language of Assignment 7 <input type="text"/>	Telephone Number 8 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	

**9. COMPLETION STATUS**

LFS non-interview	1 <input type="radio"/>	Partially completed	4 <input type="radio"/>
		Refused F08	5 <input type="radio"/>
Completed	3 <input type="radio"/>	Other non-response (specify in notes)	6 <input type="radio"/>

**10. The Shelter Cost survey is being conducted in order to obtain information on expenditures related to housing.**

**11. Who would be the best person to talk to about this household's housing expenses for repairs, utility bills, maintenance, renovations etc.?**

*If this person is not available, set up an appointment.*

First name	Last name	<input type="text"/> <input type="text"/>
HRD page line no. (item 31, F03)		

**12. RECORD OF CALLS AND APPOINTMENTS**

#	Date	Time	Comments	Call back for:
1				
2				
3				
4				

**13. INTERVIEWER CHECK ITEM ON FORM 03**

If yes on item 42 (dwelling owned)      5 <input type="radio"/> Go to 22	If no on item 42 (dwelling not owned)      6 <input type="radio"/> Go to 14
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**NOTES**

Item No.	<input type="text"/>	<input type="text"/>
999	<input type="text"/>	<input type="text"/>
999	<input type="text"/>	<input type="text"/>



1 ☐ ☐ months

2 ☐ Don't know

If 00  $\longrightarrow$  Go to 21

Were there any expenditures in 1990 for...

Don't know

Yes ☒ No ☐

\$3.00



Yes 5 ☐ 

No 6 ☐

**\$**  **.00**

8 ○

Yes 1 ☐ →  
No 2 ☐

\$ 3.00

4 ○

Yes 5 ☒ 

No 6 ☐

\$                      .00

80

Yes 1 ☒ →  
No 2 ☐

\$ 3.00

40

Yes 5 ☐ →  
No 6 ☐

\$                      .00

300

or Inuit (Eskimo)

## NOTES

999 

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999 

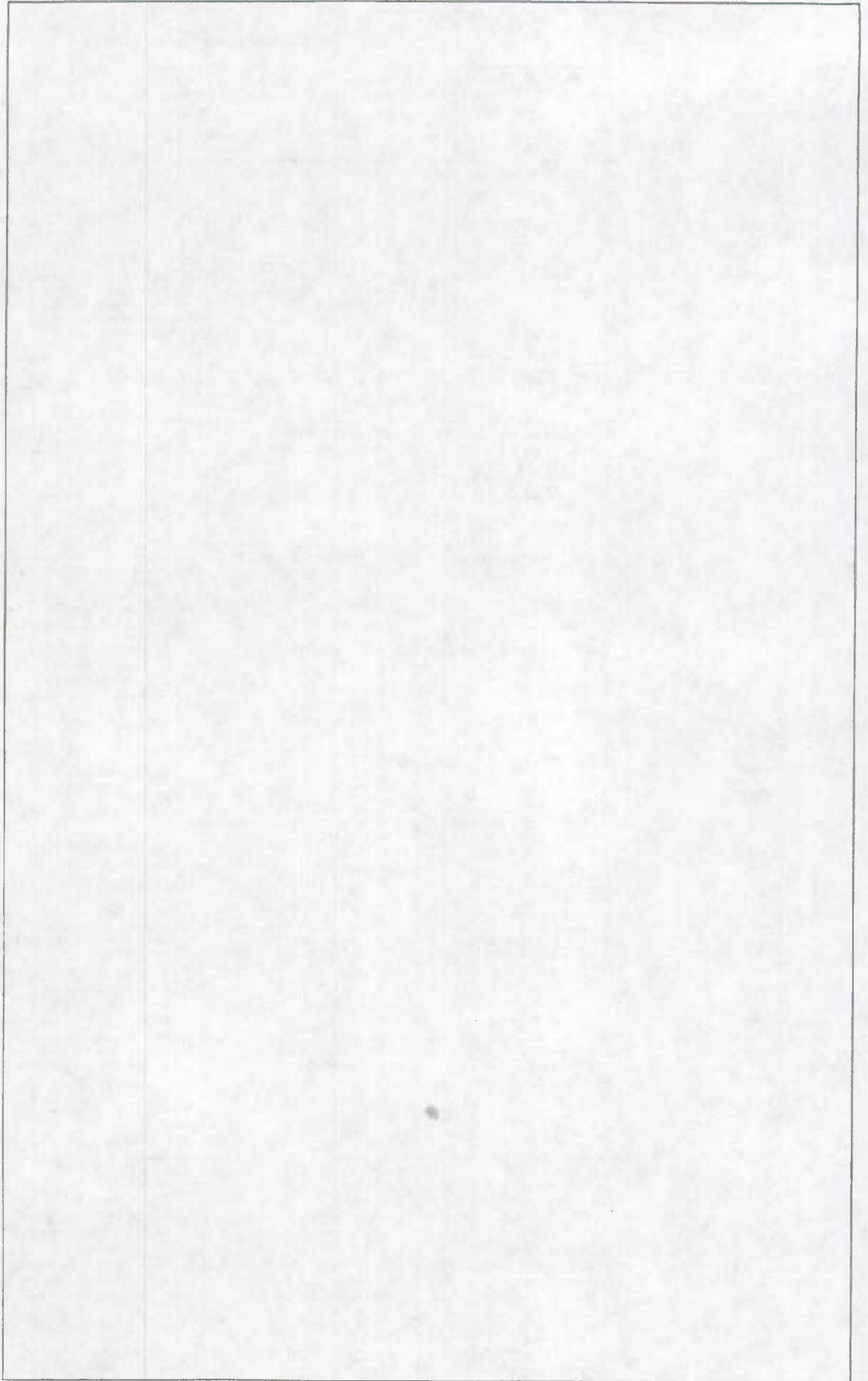
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999 

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999 

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HOMEOWNERS ONLY - THIS DWELLING			
<b>22. What were the total property taxes on this dwelling in 1990?</b> (include special service charges and local improvements) \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00      Don't know <input type="radio"/>			
<b>23. For how much would this dwelling sell today?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00      Don't know <input type="radio"/>			
<b>24. Is there a first mortgage on this dwelling?</b>  Yes <input type="radio"/> No <input type="radio"/> <span style="float: right;">Go to 38</span>	<b>31. Is there a second mortgage on this dwelling?</b>  Yes <input type="radio"/> No <input type="radio"/> <span style="float: right;">Go to 38</span>	<b>38. Is there another loan that was used to pay for this dwelling or for additions, renovations, repairs and maintenance?</b>  Yes <input type="radio"/> No <input type="radio"/> <span style="float: right;">Go to 54</span>	<b>46. Is there another loan that was used to pay for this dwelling or for additions, renovations, repairs and maintenance?</b>  Yes <input type="radio"/> No <input type="radio"/> <span style="float: right;">Go to 54</span>
<b>25. What is the amount of the regular payments?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>	<b>32. What is the amount of the regular payments?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>	<b>39. to pay for this dwelling ?</b> Yes <input type="radio"/> No <input type="radio"/>	<b>47. to pay for this dwelling ?</b> Yes <input type="radio"/> No <input type="radio"/>
<b>26. Are these payments made...</b> monthly? <input type="radio"/> weekly? <input type="radio"/> every two weeks? <input type="radio"/> at other intervals? <input type="radio"/> <span style="float: right;">Go to 38</span> if 4, specify number of payments per year <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Don't know <input type="radio"/>	<b>33. Are these payments made...</b> monthly? <input type="radio"/> weekly? <input type="radio"/> every two weeks? <input type="radio"/> at other intervals? <input type="radio"/> <span style="float: right;">Go to 38</span> if 4, specify number of payments per year <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Don't know <input type="radio"/>	<b>40. to pay for additions, renovations, repairs &amp; maintenance</b> Yes <input type="radio"/> No <input type="radio"/>	<b>48. to pay for additions, renovations, repairs &amp; maintenance</b> Yes <input type="radio"/> No <input type="radio"/>
<b>27. What is the current rate of interest?</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> % Don't know <input type="radio"/>	<b>34. What is the current rate of interest?</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> % Don't know <input type="radio"/>	<b>41. What is the amount of the regular payments?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>	<b>49. What is the amount of the regular payments?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>
<b>28. Do these payments include property taxes?</b>  Yes <input type="radio"/> No <input type="radio"/>	<b>35. Do these payments include property taxes?</b>  Yes <input type="radio"/> No <input type="radio"/>	<b>42. Are these payments made....</b> monthly? <input type="radio"/> weekly? <input type="radio"/> every two weeks? <input type="radio"/> at other intervals? <input type="radio"/> <span style="float: right;">Go to 38</span> if 4, specify number of payments per year <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Don't know <input type="radio"/>	<b>50. Are these payments made....</b> monthly? <input type="radio"/> weekly? <input type="radio"/> every two weeks? <input type="radio"/> at other intervals? <input type="radio"/> <span style="float: right;">Go to 38</span> if 4, specify number of payments per year <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> Don't know <input type="radio"/>
<b>29. What is the balance outstanding at this time?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>	<b>36. What is the balance outstanding at this time?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>	<b>43. What is the current rate of interest?</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> % Don't know <input type="radio"/>	<b>51. What is the current rate of interest?</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> % Don't know <input type="radio"/>
<b>30. INTERVIEWER</b>  <i>If the respondent can only provide an estimate of the amount outstanding on a different date, record the amount above and report the date to which it applies</i>  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> month</span> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> year</span> <span>Go to 31</span> </div>	<b>37. INTERVIEWER</b>  <i>If the respondent can only provide an estimate of the amount outstanding on a different date, record the amount above and report the date to which it applies</i>  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> month</span> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> year</span> <span>Go to 38</span> </div>	<b>44. What is the balance outstanding at this time?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>	<b>52. What is the balance outstanding at this time?</b> \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00 Don't know <input type="radio"/>
<b>45. INTERVIEWER</b>  <i>If the respondent can only provide an estimate of the amount outstanding on a different date, record the amount above and report the date to which it applies</i>  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> month</span> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> year</span> <span>Go to 46</span> </div>	<b>53. INTERVIEWER</b>  <i>If the respondent can only provide an estimate of the amount outstanding on a different date, record the amount above and report the date to which it applies</i>  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> month</span> <span><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> year</span> <span>Go to 54</span> </div>		

# HOMEOWNERS ONLY - THIS DWELLING

54. How many months was this dwelling owned and occupied by a member of this household in 1990?

1   months

If 00 → Go to 97

2 ☐ Don't know

55. When answering the following series of questions about homeowner costs, keep in mind that they apply to the \_\_\_\_\_ months that you have just reported. Only include expenditures for the home in which you live.

56. What was the total amount paid in 1990 for homeowner's insurance?

\$       .00

Don't know 4 ☐

57. Were there any condominium charges in 1990?

Yes 5 ☐ → Go to 58

No 6 ☐ → Go to 63

58. What was the total cost of the condominium charges?

\$       .00

Don't know 8 ☐

Did these condo charges include....

Yes

No

Don't know

59. Taxes? ..... 1 ☐ 2 ☐ 3 ☐

60. Heat? ..... 4 ☐ 5 ☐ 6 ☐

61. Electricity? ..... 1 ☐ 2 ☐ 3 ☐

62. Water? ..... 4 ☐ 5 ☐ 6 ☐

Were there any expenditures in 1990 for...

What was the total cost?

Don't know

63. Water and sewage? ..... Yes 1 ☐ → \$       .00 4 ☐  
No 2 ☐

64. Electricity (include rental charges such as for hot water heaters)? ..... Yes 5 ☐ → \$       .00 8 ☐  
No 6 ☐

65. Piped gas (include any rental charges such as for hot water heaters)? ..... Yes 1 ☐ → \$       .00 4 ☐  
No 2 ☐

66. Fuel oil and other liquid fuel? ..... Yes 5 ☐ → \$       .00 8 ☐  
No 6 ☐

67. Other fuels (such as bottled gas, stove and fireplace wood, coal, charcoal, etc.)? ..... Yes 1 ☐ → \$       .00 4 ☐  
No 2 ☐

## NOTES

Item no.

999

999

999

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# HOMEOWNERS ONLY - THIS DWELLING

FOR THE FOLLOWING QUESTIONS, PLEASE REPORT AN EXPENDITURE ONLY ONCE.

## Part A.

Were there expenditures in 1990 for the ADDITION of...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much MATERIALS that were purchased?

68. A garage or car port? ..... Yes 1 ☐ → \$  .00 Don't know 4 ☐ No 2 ☐ 3  \$  .00 6 ☐ 5
69. Other structural extensions such as rooms, decks, garden sheds, etc.? ..... Yes 7 ☐ → \$  .00 2 ☐ No 8 ☐ 1  \$  .00 4 ☐ 3
70. An inground swimming pool? ..... Yes 5 ☐ → \$  .00 8 ☐ No 6 ☐ 7  \$  .00 2 ☐ 1
71. Fences, patios, driveways? ... Yes 3 ☐ → \$  .00 6 ☐ No 4 ☐ 5  \$  .00 8 ☐ 7
72. Landscaping? ..... Yes 1 ☐ → \$  .00 4 ☐ No 2 ☐ 3  \$  .00 6 ☐ 5

## 73. Were there expenditures for RENOVATIONS or ALTERATIONS in 1990?

This includes jobs such as remodelling rooms, adding or replacing doors and windows, renovating exterior walls, upgrading insulation and adding eavestroughing. Include any finishing in new homes, and the cost of any equipment and built-in appliances that were part of the renovation project.

Yes 1 ☐ No 2 ☐ → Go to 77

## Part B.

Were there any RENOVATIONS or ALTERATIONS that involved...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much MATERIALS that were purchased?

74. A combination of interior and exterior work? ..... Yes 3 ☐ → \$  .00 Don't know 6 ☐ No 4 ☐ 5  \$  .00 Don't know 8 ☐ 7
- (Example: a family room renovation that involved installing a fireplace and chimney; moving an interior wall and installing wall-to-wall)
75. Exterior work only? ..... Yes 1 ☐ → \$  .00 4 ☐ No 2 ☐ 3  \$  .00 6 ☐ 5
- (Examples: remodelled porch and replaced front door; replaced living and dining room windows)
76. Interior work only? ..... Yes 7 ☐ → \$  .00 2 ☐ No 8 ☐ 1  \$  .00 4 ☐ 3
- (Examples: installed seamless floor in kitchen, insulated basement walls and partitioned off laundry room; added a powder room)

## NOTES

Item No.	
999 <input type="text"/>	<input type="text"/>
999 <input type="text"/>	<input type="text"/>
999 <input type="text"/>	<input type="text"/>
999 <input type="text"/>	<input type="text"/>

# HOMEOWNERS ONLY - THIS DWELLING

INTERVIEWER: REPLACEMENT refers to the installation of equipment or fixtures that replaced an existing unit.  
Example: replacing an electric water heater with a gas model.

NEW INSTALLATION refers to the installation of equipment or fixtures that did not previously exist on the property, or that were installed in addition to the equipment or fixtures on the property. Example: installing a shower stall in what had been a half-bathroom.

## Part C.

Were there expenditures in 1990 for the purchase or installation of...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much MATERIALS that were purchased?

### 77. Plumbing fixtures?

Yes ☐ No ☐ → Go to 78

For a replacement? Yes ☐ No ☐ → \$  .00 ☐ Don't know ☐ \$  .00 ☐ Don't know ☐

For a new installation? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

### 78. Heating or air conditioning equipment?

Yes ☐ No ☐ → Go to 79

For a replacement? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

For a new installation? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

### 79. Electrical fixtures or equipment? (include wiring.)

Yes ☐ No ☐ → Go to 80

For a replacement? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

For a new installation? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

### 80. Built-in appliances such as ovens, dishwashers?

Yes ☐ No ☐ → Go to 81

For a replacement? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

For a new installation? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

### 81. Wall-to-wall carpeting?

Yes ☐ No ☐ → Go to 82

For a replacement? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

For a new installation? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

### 82. Other fixtures or built-in equipment?

Yes ☐ No ☐ → Go to 83

For a replacement? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐

SPECIFY  For a new installation? Yes ☐ No ☐ → \$  .00 ☐ \$  .00 ☐ SPECIFY

## NOTES

Item No.

999

999

999

999



The following questions are about REPAIRS and MAINTENANCE costs for the dwelling in 1990.

Were there any expenditures for ...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much of the MATERIALS that you purchased?

					Don't know				Don't know
83. Painting? .....	Yes 1 <input type="radio"/> → \$ <input type="text"/> .00 4 <input type="radio"/>					\$ <input type="text"/> .00 6 <input type="radio"/>			
	No 2 <input type="radio"/> 3					5			
84. Wall papering? .....	Yes 7 <input type="radio"/> → \$ <input type="text"/> .00 2 <input type="radio"/>					\$ <input type="text"/> .00 4 <input type="radio"/>			
	No 8 <input type="radio"/> 1					3			
85. Repairs to interior walls and ceilings, plastering, drywall, panelling, tiling? .....	Yes 5 <input type="radio"/> → \$ <input type="text"/> .00 8 <input type="radio"/>					\$ <input type="text"/> .00 2 <input type="radio"/>			
	No 6 <input type="radio"/> 7					1			
86. Repairs to hard surface flooring and wall-to-wall carpeting? (exclude wooden flooring.) ...	Yes 3 <input type="radio"/> → \$ <input type="text"/> .00 6 <input type="radio"/>					\$ <input type="text"/> .00 8 <input type="radio"/>			
	No 4 <input type="radio"/> 5					7			
87. Complete re-roofing? .....	Yes 1 <input type="radio"/> → \$ <input type="text"/> .00 4 <input type="radio"/>					\$ <input type="text"/> .00 6 <input type="radio"/>			
	No 2 <input type="radio"/> 3					5			
88. Eavestroughing and other roof repairs? .....	Yes 7 <input type="radio"/> → \$ <input type="text"/> .00 2 <input type="radio"/>					\$ <input type="text"/> .00 4 <input type="radio"/>			
	No 8 <input type="radio"/> 1					3			
89. Repairs to exterior walls including soffits, facia, foundations and chimneys? (include chimney cleaning.) ..	Yes 5 <input type="radio"/> → \$ <input type="text"/> .00 8 <input type="radio"/>					\$ <input type="text"/> .00 2 <input type="radio"/>			
	No 6 <input type="radio"/> 7					1			
90. Caulking and weather stripping, etc.? (include replacement of insulation, vapour barriers, etc.)	Yes 3 <input type="radio"/> → \$ <input type="text"/> .00 6 <input type="radio"/>					\$ <input type="text"/> .00 8 <input type="radio"/>			
	No 4 <input type="radio"/> 5					7			
91. Repairs to outdoor patios, fences and driveways? .....	Yes 1 <input type="radio"/> → \$ <input type="text"/> .00 4 <input type="radio"/>					\$ <input type="text"/> .00 6 <input type="radio"/>			
	No 2 <input type="radio"/> 3					5			
92. Heating and air conditioning system? (include service contracts.) .....	Yes 7 <input type="radio"/> → \$ <input type="text"/> .00 2 <input type="radio"/>					\$ <input type="text"/> .00 4 <input type="radio"/>			
	No 8 <input type="radio"/> 1					3			
93. Plumbing? .....	Yes 5 <input type="radio"/> → \$ <input type="text"/> .00 8 <input type="radio"/>					\$ <input type="text"/> .00 2 <input type="radio"/>			
	No 6 <input type="radio"/> 7					1			
94. Electrical? .....	Yes 3 <input type="radio"/> → \$ <input type="text"/> .00 6 <input type="radio"/>					\$ <input type="text"/> .00 8 <input type="radio"/>			
	No 4 <input type="radio"/> 5					7			
95. Carpentry? ( wooden flooring.)	Yes 1 <input type="radio"/> → \$ <input type="text"/> .00 4 <input type="radio"/>					\$ <input type="text"/> .00 6 <input type="radio"/>			
	No 2 <input type="radio"/> 3					5			
96. Other repairs and maintenance?	Yes 7 <input type="radio"/> → \$ <input type="text"/> .00 2 <input type="radio"/>					\$ <input type="text"/> .00 4 <input type="radio"/>			
	No 8 <input type="radio"/> 1					3			

Exclude housekeeping maintenance work such as rug cleaning, window washing, groundskeeping, snow removal, garbage removal.

SPECIFY  
"OTHER"

## NOTES

Item no.

999

999

999

999

# HOMEOWNERS ONLY - OTHER DWELLINGS

97. Did anyone in this household occupy any other dwellings in 1990 that they owned? Exclude vacation homes.

Yes 1 ☐  
No 2 ☐

How many other dwellings?

For how many months in 1990?

Was this...  
a single family dwelling? an apartment? another type of dwelling?

1:

1 ☐

2 ☐

3 ☐

2:

4 ☐

5 ☐

6 ☐

3:

7 ☐

8 ☐

9 ☐

Go to 140

98. When answering the following series of questions about homeowner costs, keep in mind that they apply to the \_\_\_\_\_ months in the dwelling(s) you have just reported.

99. What was the total amount paid in 1990 for homeowner's insurance?

\$  .00

Don't know 2 ☐

100. Were there any condominium charges in 1990?

Yes 3 ☐ Go to 101

No 4 ☐ Go to 106

101. What was the total cost of the condominium charges?

\$  .00

Don't know 5 ☐

Did these condo charges include....

Yes

No

Don't know

102. Taxes? ☐ 1 ☐ 2 ☐ 3

103. Heat? ☐ 4 ☐ 5 ☐ 6

104. Electricity? ☐ 1 ☐ 2 ☐ 3

105. Water? ☐ 4 ☐ 5 ☐ 6

Were there any expenditures in 1990 for...

What was the total cost?

Don't know

106. Water and sewage? Yes ☐ 1 ☐ 2 No ☐ 3

\$  .00

4 ☐

107. Electricity (include rental charges such as for hot water heaters)? Yes ☐ 5 ☐ 6 No ☐ 7

\$  .00

8 ☐

108. Piped gas (include any rental charges such as for hot water heaters)? Yes ☐ 1 ☐ 2 No ☐ 3

\$  .00

4 ☐

109. Fuel oil and other liquid fuel? Yes ☐ 5 ☐ 6 No ☐ 7

\$  .00

8 ☐

110. Other fuels (such as bottled gas, stove and fireplace wood, coal, charcoal, etc.)? Yes ☐ 1 ☐ 2 No ☐ 3

\$  .00

4 ☐

## NOTES

Item no.

999

999

999



# HOMEOWNERS ONLY - OTHER DWELLINGS

FOR THE FOLLOWING QUESTIONS, PLEASE REPORT AN EXPENDITURE ONLY ONCE.

## Part A.

Were there expenditures in 1990 for the ADDITION of...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much MATERIALS that were purchased?

111. A garage or car port? ..... Yes 1 ☐ → \$  .00 ☐ Don't know No 2 ☐ 3  4 ☐ \$  .00 5 ☐ Don't know
112. Other structural extensions such as rooms, decks, garden sheds, etc.? ..... Yes 7 ☐ → \$  .00 2 ☐ No 8 ☐ 1  3  4 ☐ \$  .00
113. An inground swimming pool? ..... Yes 5 ☐ → \$  .00 8 ☐ No 6 ☐ 7  1  2 ☐ \$  .00
114. Fences, patios, driveways? ... Yes 3 ☐ → \$  .00 6 ☐ No 4 ☐ 5  7  8 ☐ \$  .00
115. Landscaping? ..... Yes 1 ☐ → \$  .00 4 ☐ No 2 ☐ 3  5  6 ☐ \$  .00

116. Were there expenditures for RENOVATIONS or ALTERATIONS in 1990?

This includes jobs such as remodelling rooms, adding or replacing doors and windows, renovating exterior walls, upgrading insulation and adding eavestroughing. Include any finishing in new homes, and the cost of any equipment and built-in appliances that were part of the renovation project.

Yes 1 ☐ No 2 ☐ → Go to 120

## Part B.

Were there any RENOVATIONS or ALTERATIONS that involved...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much MATERIALS that were purchased?

117. A combination of interior and exterior work? ..... Yes 3 ☐ → \$  .00 6 ☐ Don't know No 4 ☐ 5  7  8 ☐ \$  .00
- (Example: a family room renovation that involved installing a fireplace and chimney; moving an interior wall and installing wall-to-wall)
118. Exterior work only? ..... Yes 1 ☐ → \$  .00 4 ☐ No 2 ☐ 3  5  6 ☐ \$  .00
- (Example: remodelled porch and replaced front door, replaced living and dining room windows)
119. Interior work only? ..... Yes 7 ☐ → \$  .00 2 ☐ No 8 ☐ 1  3  4 ☐ \$  .00
- (Example: installed seamless floor in kitchen, insulated basement walls and partitioned off laundry room, added a powder room)

## NOTES

Item no.	
999 <input type="text"/>	<input type="text"/>
999 <input type="text"/>	<input type="text"/>
999 <input type="text"/>	<input type="text"/>
999 <input type="text"/>	<input type="text"/>

# HOMEOWNERS ONLY - OTHER DWELLINGS

**INTERVIEWER:** *REPLACEMENT* refers to the installation of equipment or fixtures that replaced an existing unit. Example: replacing an electric water heater with a gas model.

*NEW INSTALLATION* refers to the installation of equipment or fixtures that did not previously exist on the property, or that were installed in addition to the equipment or fixtures on the property. Example: installing a shower stall in what had been a half-bathroom.

## Part C.

Were there expenditures in 1990 for the purchase or installation of...

What was the total cost of WORK CONTRACTED OUT? (Exclude the cost of any materials that you purchased separately.)

How much MATERIALS that were purchased?

## 120. Plumbing fixtures?

Yes ☐ No ☐ → Go to 121

For a replacement? ..... Yes ☐ → \$  .00 ☐ Don't know ☐ \$  .00 ☐ Don't know ☐

For a new installation? ..... Yes ☐ → \$  .00 ☐ No ☐ 3  \$  .00 ☐

## 121. Heating or air conditioning equipment?

Yes ☐ No ☐ → Go to 122

For a replacement? ..... Yes ☐ → \$  .00 ☐ No ☐ 3  \$  .00 ☐

For a new installation? ..... Yes ☐ → \$  .00 ☐ No ☐ 8  1  \$  .00 ☐

## 122. Electrical fixtures or equipment? (include wiring.)

Yes ☐ No ☐ → Go to 123

For a replacement? ..... Yes ☐ → \$  .00 ☐ No ☐ 8  1  \$  .00 ☐

For a new installation? ..... Yes ☐ → \$  .00 ☐ No ☐ 6  7  \$  .00 ☐

## 123. Built-in appliances such as ovens, dishwashers?

Yes ☐ No ☐ → Go to 124

For a replacement? ..... Yes ☐ → \$  .00 ☐ No ☐ 6  7  \$  .00 ☐

For a new installation? ..... Yes ☐ → \$  .00 ☐ No ☐ 4  5  \$  .00 ☐

## 124. Wall-to-wall carpeting?

Yes ☐ No ☐ → Go to 125

For a replacement? ..... Yes ☐ → \$  .00 ☐ No ☐ 4  5  \$  .00 ☐

For a new installation? ..... Yes ☐ → \$  .00 ☐ No ☐ 2  3  \$  .00 ☐

## 125. Other fixtures or built-in equipment?

Yes ☐ No ☐ → Go to 126

For a replacement? ..... Yes ☐ → \$  .00 ☐ No ☐ 2  3  \$  .00 ☐

SPECIFY

For a new installation? ..... Yes ☐ → \$  .00 ☐ No ☐ 8  1  \$  .00 ☐

SPECIFY

## NOTES

Item no.

999

999

999

999



# HOMEOWNERS ONLY - OTHER DWELLINGS

## Part D.

The following questions are about REPAIRS and MAINTENANCE costs for the dwelling(s) in 1990.

Were there any expenditures for...

What was the total cost of  
WORK CONTRACTED OUT?  
(Exclude the cost of any  
materials that you purchased  
separately.)

How much that  
MATERIALS were  
purchased?

			Don't know		Don't know
126. Painting? .....	Yes 1 <input type="radio"/> → \$	<input type="text"/>	.00 4 <input type="radio"/>	\$	<input type="text"/>
	No 2 <input type="radio"/> 3			5	.00 6 <input type="radio"/>
127. Wall papering? .....	Yes 7 <input type="radio"/> → \$	<input type="text"/>	.00 2 <input type="radio"/>	\$	<input type="text"/>
	No 8 <input type="radio"/> 1			3	.00 4 <input type="radio"/>
128. Repairs to interior walls and ceilings, plastering, drywall, panelling, tiling? .....	Yes 5 <input type="radio"/> → \$	<input type="text"/>	.00 8 <input type="radio"/>	\$	<input type="text"/>
	No 6 <input type="radio"/> 7			1	.00 2 <input type="radio"/>
129. Repairs to hard surface flooring and wall-to-wall carpeting? (exclude wooden flooring.) .....	Yes 3 <input type="radio"/> → \$	<input type="text"/>	.00 6 <input type="radio"/>	\$	<input type="text"/>
	No 4 <input type="radio"/> 5			7	.00 8 <input type="radio"/>
130. Complete re-roofing? .....	Yes 1 <input type="radio"/> → \$	<input type="text"/>	.00 4 <input type="radio"/>	\$	<input type="text"/>
	No 2 <input type="radio"/> 3			5	.00 6 <input type="radio"/>
131. Eavestroughing and other roof repairs? .....	Yes 7 <input type="radio"/> → \$	<input type="text"/>	.00 2 <input type="radio"/>	\$	<input type="text"/>
	No 8 <input type="radio"/> 1			3	.00 4 <input type="radio"/>
132. Repairs to exterior walls including soffits, fascia, foundations and chimneys? (include chimney cleaning.)	Yes 5 <input type="radio"/> → \$	<input type="text"/>	.00 8 <input type="radio"/>	\$	<input type="text"/>
	No 6 <input type="radio"/> 7			1	.00 2 <input type="radio"/>
133. Caulking and weather stripping, etc.? (include replacement of insulation, vapour barriers, etc.) .....	Yes 3 <input type="radio"/> → \$	<input type="text"/>	.00 6 <input type="radio"/>	\$	<input type="text"/>
	No 4 <input type="radio"/> 5			7	.00 8 <input type="radio"/>
134. Repairs to outdoor patios, fences and driveways? .....	Yes 1 <input type="radio"/> → \$	<input type="text"/>	.00 4 <input type="radio"/>	\$	<input type="text"/>
	No 2 <input type="radio"/> 3			5	.00 6 <input type="radio"/>
135. Heating and air conditioning system? (include service contracts.) .....	Yes 7 <input type="radio"/> → \$	<input type="text"/>	.00 2 <input type="radio"/>	\$	<input type="text"/>
	No 8 <input type="radio"/> 1			3	.00 4 <input type="radio"/>
136. Plumbing? .....	Yes 5 <input type="radio"/> → \$	<input type="text"/>	.00 8 <input type="radio"/>	\$	<input type="text"/>
	No 6 <input type="radio"/> 7			1	.00 2 <input type="radio"/>
137. Electrical? .....	Yes 3 <input type="radio"/> → \$	<input type="text"/>	.00 6 <input type="radio"/>	\$	<input type="text"/>
	No 4 <input type="radio"/> 5			7	.00 8 <input type="radio"/>
138. Carpentry? (include wooden flooring.) .....	Yes 1 <input type="radio"/> → \$	<input type="text"/>	.00 4 <input type="radio"/>	\$	<input type="text"/>
	No 2 <input type="radio"/> 3			5	.00 6 <input type="radio"/>
139. Other repairs and maintenance? .....	Yes 7 <input type="radio"/> → \$	<input type="text"/>	.00 2 <input type="radio"/>	\$	<input type="text"/>
	No 8 <input type="radio"/> 1			3	.00 4 <input type="radio"/>

Exclude housekeeping maintenance  
work such as rug cleaning, window  
washing, groundskeeping, snow  
removal, garbage removal, etc.

SPECIFY  
"OTHER"

140. Did your ancestors or those of any other member of your household descend from any of the following groups?

North American Indian

Metis

or Inuit (Eskimo)

Yes 1 ☐

No 2 ☐

INTERVIEWER: THANK THE RESPONDENT AND END  
Complete item 9 on front cover

## Survey of Job Opportunities



<b>Survey Month:</b>	March 1991		
<b>Title:</b>	Survey of Job Opportunities		
<b>Sponsor:</b>	Statistics Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	All rotation groups		
<b>Objectives:</b>	<p>The purpose of this survey is to identify:</p> <ul style="list-style-type: none"><li>- the actual participation patterns of persons inactive due to labour market conditions or their own preferences,</li><li>- the desired participation patterns of persons inactive due to labour market conditions or their own preferences,</li><li>- the type of work desired by such individuals,</li><li>- those persons who have become discouraged looking for work and believe that no suitable jobs are available,</li><li>- 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.</li></ul>		
<b>Project Manager:</b>	Denis Lefebvre (951-4600)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$500.00	







Document No. 2 \_\_\_\_\_ Survey date 3 \_\_\_\_\_ Assignment No. 4 \_\_\_\_\_  
HRD page - line No. \_\_\_\_\_ Given name \_\_\_\_\_ Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_

1 FORM NO **06****INTERVIEWER CHECK ITEM:** On FORM 05

- If blank in Item 50 ..... ☐ END.
- If "Yes" or "No" in Item 50 ..... ☐ →

Complete the 2  
reference items  
below by copying  
from the FORM 05



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 D  
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 16

More than 6 months ..... ☐

Length of employ-  
ment does not  
matter ..... ☐ go to 19

**18 WHAT IS THE MAIN REASON  
THAT ... WANTS A JOB TO  
LAST FOR LESS THAN 6  
MONTHS?**

☐ Enter code

**19 DOES ... WANT A FULL-TIME  
JOB OR A PART-TIME JOB?**

Full-time ..... ☐

Part-time ..... ☐

Either full-time or  
part-time ..... ☐

**20 WOULD ... MOVE TO  
ANOTHER LOCATION IN THIS  
PROVINCE IF A SUITABLE  
JOB WERE OFFERED?**

Yes ☐ No ☐

**21 WOULD ... MOVE TO  
ANOTHER PROVINCE IF A  
SUITABLE JOB WERE  
OFFERED?**

Yes ☐ No ☐

**22 DOES ... EXPECT TO BE  
WORKING AT ANYTIME IN  
THE NEXT 6 MONTHS?**

Yes ☐ No ☐ go to 24

**23 DOES ... EXPECT TO BE  
WORKING FOR A FORMER  
EMPLOYER?**

Yes ☐ No ☐

**24 INFORMATION SOURCE:**

Enter HRD page-line  
number of person  
providing the above  
information.

☐

## CODES

**13** A Own illness or disability  
B Child care responsibilities - own children  
C Other personal or family responsibilities  
D Going to school  
E No longer interested in finding work  
F Waiting for recall (to former job)  
**15** G Has found new job  
H Waiting for replies from employers  
I Believes no work available (in area, or  
suited to skills)  
N No reason given  
O Other - Do not specify in NOTES

**16**

- A Own illness or disability
- B Child care responsibilities - own children
- C Other personal or family responsibilities
- D Going to school
- E Already has a job
- N No reason given
- O Other - Specify in NOTES

**18**

- A Own illness or disability
- B Child care responsibilities - own children
- C Other personal or family responsibilities
- D Continuing with education or returning to  
school full-time
- E No jobs available (in area or suited to skills)  
which last more than six months
- F Expects to return to a former job or  
employer
- O Other - Specify in NOTES

99 NOTES

See over for additional NOTES ☐

Item No.  
☐

Item No.  
☐

Item No.  
☐

Item No.  
☐





## Survey of Consumer Finances



<b>Survey Month:</b>	April 1991		
<b>Title:</b>	Survey of Consumer Finances		
<b>Sponsor:</b>	Statistics Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	LFS rotation groups 1, 2, 3 and 6 (45,000 households across Canada)		
<b>Objectives:</b>	<p>The survey is the only source providing up-to-date information on the distribution and sources of income, before and after tax, for families and individuals. Key measures produced include female-to-male earnings ratios and low income rates for major socio-economic groups such as the elderly, lone-parent families and children. Statistics on income distributions and on low income for these and other groups are essential for evaluating present programs and for planning future policies affecting the well-being of all Canadians.</p>		
<b>Project Manager:</b>	Kevin Bishop (951-2211)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$1,000.00	
	<i>Five microdata tapes are produced annually, at a cost of \$1,000.00 each. They are:</i>		
	<ul style="list-style-type: none"><li>- <i>Economic Families,</i></li><li>- <i>Census Families,</i></li><li>- <i>Individuals with Income,</i></li><li>- <i>Household Income Facilities and Equipment,</i></li><li>- <i>Key File (for linkage of preceding four files).</i></li></ul>		







Statistics Canada / Statistique Canada

### Survey of Consumer Finances

## 1990 Income questionnaire

To be completed by persons 15 years of age and over

Authority - Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

This act prohibits the disclosure by Statistics Canada of any particulars which could reveal the identity of an individual.

R.O.	Docket No.	Survey date	Assignment No.	HRD page - line No.
1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/> <input type="text"/> Mo. Yr.	4 <input type="text"/>	5 <input type="text"/> <input type="text"/>

USE THE ACCOMPANYING GUIDE TO HELP COMPLETE THIS FORM

DURING THE TWELVE MONTHS ENDING DECEMBER 31, 1990, DID YOU RECEIVE ANY INCOME FROM THE FOLLOWING SOURCES? MARK "X" IN THE APPROPRIATE CIRCLE AND ENTER AMOUNT RECEIVED. FOR A LOSS, WRITE "LOSS" ABOVE THE AMOUNT.

25

		DOLLARS	CENTS
1. WAGES and SALARIES before deductions	No <input type="radio"/> Yes <input type="radio"/>	01	
2. MILITARY PAY and ALLOWANCES	No <input type="radio"/> Yes <input type="radio"/>	02	
3. Net income from NON-FARM SELF-EMPLOYMENT	No <input type="radio"/> Yes <input type="radio"/>	03	
4. Net income from FARM SELF-EMPLOYMENT	No <input type="radio"/> Yes <input type="radio"/>	04	
5. Net income from ROOMERS and BOARDERS	No <input type="radio"/> Yes <input type="radio"/>	05	
6. INTEREST on bonds, deposits and savings certificates, Canada Savings Bonds	No <input type="radio"/> Yes <input type="radio"/>	06	
7. DIVIDENDS, actual amount received (not taxable amount)	No <input type="radio"/> Yes <input type="radio"/>	07	
8. TAXABLE CAPITAL GAINS	No <input type="radio"/> Yes <input type="radio"/>	08	
9. OTHER INVESTMENT INCOME (Interest received from loans or mortgages, cash dividends from life insurance policies, net rents from real estate)	No <input type="radio"/> Yes <input type="radio"/>	09	
10. FAMILY ALLOWANCES, including Quebec Allowance for Newborn Children	No <input type="radio"/> Yes <input type="radio"/>	10	
11. OLD AGE SECURITY PENSION, GUARANTEED INCOME SUPPLEMENT, SPOUSE'S ALLOWANCE	No <input type="radio"/> Yes <input type="radio"/>	11	
	from federal government only. Report provincial supplements in question 14		
12. CANADA or QUEBEC PENSION PLAN BENEFITS	No <input type="radio"/> Yes <input type="radio"/>	12	
13. UNEMPLOYMENT INSURANCE BENEFITS, total benefits before tax deductions	No <input type="radio"/> Yes <input type="radio"/>	13	
14. SOCIAL ASSISTANCE and PROVINCIAL INCOME SUPPLEMENTS	No <input type="radio"/> Yes <input type="radio"/>	14	
15. GOODS and SERVICES TAX CREDIT	No <input type="radio"/> Yes <input type="radio"/>	15	
16. CHILD TAX CREDIT	No <input type="radio"/> Yes <input type="radio"/>	16	
17. FEDERAL SALES TAX CREDIT	No <input type="radio"/> Yes <input type="radio"/>	17	
18. PROVINCIAL TAX CREDITS, including Quebec Real Estate Tax Refund	No <input type="radio"/> Yes <input type="radio"/>	18	
19. OTHER INCOME from GOVERNMENT SOURCES	No <input type="radio"/> Yes <input type="radio"/>	19	
PLEASE SPECIFY			
20. RETIREMENT PENSIONS, SUPERANNUATION and ANNUITIES	No <input type="radio"/> Yes <input type="radio"/>	20	
PLEASE SPECIFY			
21. OTHER MONEY INCOME	No <input type="radio"/> Yes <input type="radio"/>	21	
PLEASE SPECIFY			
22. TOTAL, sum of entries in questions 1 to 21	No <input type="radio"/> Yes <input type="radio"/>	22	
TAX PAYABLE ON 1990 INCOME -			
23. TOTAL PAYABLE, federal plus provincial income tax	No <input type="radio"/> Yes <input type="radio"/>	23	

[illegible]



## Household Environment Survey



<b>Survey Month:</b>	May 1991		
<b>Title:</b>	Household Environment Survey		
<b>Sponsor:</b>	Environment and Natural Resources Group/Statistics Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	LFS rotation groups 1, 2, 3 and 6 (43,000 households across Canada)		
<b>Objectives:</b>	<p>To collect information on the extent to which households are adopting facilities, products, and behaviours that are "environment-friendly".</p> <p>A benchmark for future surveys on the changes in household behaviour that may result from public concern about the environment.</p>		
<b>Project Manager:</b>	Penny Barclay (951-4634)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
			X







## HOUSEHOLD ENVIRONMENT SURVEY

R.O.

1

Docket No.

2

Survey date

3

Assignment No.

4

5 ☐ Response  
Code

## INTRODUCTION: THE FOLLOWING QUESTIONS ARE ENVIRONMENT RELATED.

DOES THIS HOUSEHOLD HAVE ACCESS TO CURBSIDE RECYCLING OR  
RECYCLING DEPOTS FOR:DOES THIS HOUSEHOLD  
USE THIS SERVICE?

- |                    |                                  |                                  |                           |                             |                         |
|--------------------|----------------------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|
|                    | No                               | Don't know                       | Yes                       | Yes                         | No                      |
| 10. PAPER?         | 1 <input type="radio"/> Go to 12 | 2 <input type="radio"/> Go to 12 | 3 <input type="radio"/> → | 11. 1 <input type="radio"/> | 2 <input type="radio"/> |
| 12. METAL CANS?    | 4 <input type="radio"/> Go to 14 | 5 <input type="radio"/> Go to 14 | 6 <input type="radio"/> → | 13. 3 <input type="radio"/> | 4 <input type="radio"/> |
| 14. GLASS BOTTLES? | 1 <input type="radio"/> Go to 16 | 2 <input type="radio"/> Go to 16 | 3 <input type="radio"/> → | 15. 5 <input type="radio"/> | 6 <input type="radio"/> |
| 16. PLASTICS?      | 4 <input type="radio"/> Go to 18 | 5 <input type="radio"/> Go to 18 | 6 <input type="radio"/> → | 17. 7 <input type="radio"/> | 8 <input type="radio"/> |

18. DOES THIS HOUSEHOLD HAVE ACCESS TO SPECIAL DISPOSAL PROGRAMMES  
FOR HOUSEHOLD HAZARDOUS PRODUCTS SUCH AS PAINTS, CHEMICALS,  
BATTERIES, ETC.?19. DOES THIS  
HOUSEHOLD USE  
THIS SERVICE?

- |                                  |                                  |                           |                         |                         |
|----------------------------------|----------------------------------|---------------------------|-------------------------|-------------------------|
| No                               | Don't know                       | Yes                       | Yes                     | No                      |
| 1 <input type="radio"/> Go to 20 | 2 <input type="radio"/> Go to 20 | 3 <input type="radio"/> → | 4 <input type="radio"/> | 5 <input type="radio"/> |

20. INTERVIEWER CHECK ITEM:  
If any age in item 33 of F03

- is 00 or 01 ..... 1 ☐ Go to 21
- Otherwise ..... 2 ☐ Go to 22

21. ARE DISPOSABLE DIAPERS USED FOR THE CHILD(REN)...

- ALL OF THE TIME? ... 1 ☐ NEVER? ..... 4 ☐
- MOST OF THE TIME? ..... 2 ☐ Child(ren) not in diapers ..... 5 ☐
- SOMETIMES? ..... 3 ☐

22. DOES ANYONE IN THIS HOUSEHOLD REGULARLY  
BUY PAPER TOWELS OR TOILET PAPER MADE  
FROM RECYCLED PAPER?

- Yes 1 ☐ No 2 ☐ Don't know 3 ☐

23. DOES ANYONE IN THIS HOUSEHOLD REGULARLY TAKE  
THEIR OWN BAG WHEN SHOPPING?

- Yes 4 ☐ Don't know 8 ☐
- No 5 ☐ Not applicable 9 ☐

24. DOES THIS DWELLING HAVE A YARD, LAWN OR  
GARDEN?

- Yes 1 ☐ No 2 ☐ Go to 27

IN THE LAST TWELVE MONTHS, DID ANYONE, INCLUDING  
COMMERCIAL OPERATORS, APPLY THE FOLLOWING  
CHEMICALS TO THE YARD, LAWN OR GARDEN:

- |                  |                         |                         |                         |
|------------------|-------------------------|-------------------------|-------------------------|
|                  | Yes                     | No                      | Don't know              |
| 25. PESTICIDES?  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 26. FERTILIZERS? | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

27. DOES THIS HOUSEHOLD USE A COMPOST HEAP,  
CONTAINER, OR COMPOSTING SERVICE?

- Yes 1 ☐ No 2 ☐ Don't know 3 ☐

28. IS THERE A THERMOSTAT IN THIS DWELLING TO  
CONTROL THE TEMPERATURE?

- Yes 1 ☐ No 2 ☐ Go to 31

29. IS IT A PROGRAMMABLE THERMOSTAT?

- Yes 4 ☐ Go to 31 No 5 ☐ Don't know 6 ☐

30. IN WINTER, IS THE THERMOSTAT SETTING REGULARLY  
LOWERED?

- Yes 1 ☐ No 2 ☐ Don't know 3 ☐

31. DOES THIS DWELLING HAVE ANY ENERGY EFFICIENT  
COMPACT FLUORESCENT LIGHT BULBS? INCLUDE  
SCREW-IN BULBS ONLY.

- Yes 4 ☐ No 5 ☐ Don't know 6 ☐

LAST WEEK, HOW MANY HOUSEHOLD MEMBERS USED THE  
FOLLOWING AS THEIR PRINCIPAL METHOD OF TRAVEL TO  
WORK:32. NO ONE WORKING OUTSIDE THE HOME ... 1 ☐ Go to 39

No. of persons

33. PUBLIC TRANSIT? ☐34. MOTOR VEHICLE AS DRIVER? ☐35. MOTOR VEHICLE AS PASSENGER? ☐36. BICYCLE? ☐37. WALK ONLY? ☐38. OTHER? (specify in Notes) ☐39. IN THIS DWELLING, IS THERE A WATER SAVING, LOW  
FLOW OR MODIFIED SHOWER HEAD?

- Yes 1 ☐ Don't know 3 ☐
- No 2 ☐ Not applicable 9 ☐

40. IN THIS DWELLING, IS THERE A WATER SAVING, LOW  
VOLUME TOILET OR MODIFIED TOILET TANK? (include  
brick, bottle, etc.)

- Yes 4 ☐ Don't know 6 ☐
- No 5 ☐ Not applicable 9 ☐

41. DOES THIS DWELLING HAVE A FILTER OR PURIFIER FOR  
DRINKING WATER? (Attached to tap or as a stand alone  
container)

- Yes 1 ☐ No 2 ☐ Don't know 3 ☐

42. IN THE LAST FOUR WEEKS, HAS ANYONE IN THIS  
HOUSEHOLD PURCHASED BOTTLED WATER FOR DRINKING  
AT HOME? (Do not include soda water, tonic water or other  
carbonated drinking water)

- Yes 4 ☐ No 5 ☐ Don't know 6 ☐

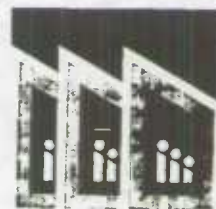
## NOTES

Item no. 99 ☐Item no. 99 ☐





## 1991 Household Facilities and Equipment Survey



<b>Survey Month:</b>	May 1991		
<b>Title:</b>	1991 Household Facilities and Equipment Survey		
<b>Sponsor:</b>	Statistics Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	LFS rotation groups 1, 2, 3 and 6 (43,000 households across Canada)		
<b>Objectives:</b>	<p>The HFE provides an annual profile of dwelling characteristics and the facilities and equipment they contain. This data are used by private industry to analyze market trends in order to anticipate future demand and by governments for policy development and analysis of current programs.</p> <p>Household data are linked with income data from SCF and labour market and rent data from the LFS on a microdata file to produce distributions of housing characteristics and consumer goods by household income groups. The 1991 data will also be linked to data from the Shelter Cost Survey.</p>		
<b>Project Manager:</b>	Penny Barclay (951-4634)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$1,000.00	





## 1991 HOUSEHOLD FACILITIES &amp; EQUIPMENT SURVEY

R.O.		Docket No.		Survey date		Assignment No.		Response Code	
1	2	3	4	5	6	7	8	9	0
<b>10. DATE STRUCTURE ORIGINALLY BUILT</b>									
Before 1941 ..... 1○									
1941 - 1950 ..... 2○									
1951 - 1960 ..... 3○									
1961 - 1970 ..... 4○									
1971 - 1980 ..... 5○									
1981 - 1985 ..... 6○									
1986 - 1991 ..... 7○									
<b>USE QUESTION CARD FOR 11</b>									
<b>11. IS THIS DWELLING IN NEED OF ANY REPAIRS?</b> (Do NOT include desirable remodelling, additions, conversions or energy improvements).									
Yes, MAJOR REPAIRS ..... 1○									
Yes, MINOR REPAIRS ..... 2○									
No, only REGULAR MAINTENANCE ..... 3○									
<b>12. TOTAL NUMBER OF ROOMS</b> (including bedrooms) <input type="text"/>									
<b>13. NUMBER OF BEDROOMS</b> (if none enter 0) <input type="text"/>									
<b>14. PRINCIPAL HEATING EQUIPMENT</b>									
Steam or hot water furnace ..... 1○									
Forced hot air furnace ..... 2○									
Other hot air furnace ..... 3○									
Heating stove (incl. wood stove) ..... 4○									
Electric heating ..... 5○									
Cookstove or other (Specify) ..... 6○									
<b>15. AGE OF PRINCIPAL HEATING EQUIPMENT</b>									
5 years or less ..... 1○									
6 to 10 years ..... 2○									
Over 10 years ..... 3○									
<b>16. PRINCIPAL FUEL FOR THIS HEATING EQUIPMENT</b>									
Oil or other liquid fuel ..... 1○									
Piped gas ..... 2○									
Bottled gas ..... 3○									
Electricity ..... 4○									
Wood ..... 5○									
Other (Specify in NOTES) ..... 6○									
<b>17. DOES THIS HEATING EQUIPMENT HAVE ANY SPECIAL FEATURES?</b>									
Heat pump ..... 1○									
Solar panels ..... 2○									
Dual-fuel system (Specify) ..... 3○									
Other (Specify) ..... 4○									
No special features ..... 5○									
<b>18. SUPPLEMENTARY HEATING EQUIPMENT</b> (excluding fireplace)									
Heating stove ..... 1○									
Cookstove or range ..... 2○									
Portable heater ..... 3○									
Other (Specify in NOTES) ..... 4○									
None ..... 5○ → Go to 20.									
<b>19. FUEL FOR SUPPLEMENTARY HEATING EQUIPMENT</b>									
Oil or other liquid fuel ..... 1○									
Gas ..... 2○									
Electricity ..... 3○									
Wood ..... 4○									
Other (Specify in NOTES) ..... 5○									
<b>20. HOME AIR CONDITIONING</b>									
Window type ..... 1○									
Central unit ..... 2○									
None ..... 3○									
<b>21. TYPE OF WATER SUPPLY</b>									
Hot and cold running water ..... 1○									
Cold running water only ..... 2○ } Go to 23.									
No running water ..... 3○									
<b>22. PRINCIPAL FUEL FOR PIPED HOT WATER SUPPLY</b>									
Oil or other liquid fuel ..... 1○									
Piped gas ..... 2○									
Bottled gas ..... 3○									
Electricity ..... 4○									
Wood or other (Specify in NOTES) ..... 5○									
<b>23. INSTALLED BATHTUB OR SHOWER</b>									
In one bathroom ..... 1○									
In two or more bathrooms ..... 2○									
Bath facilities shared with another household ..... 3○									
No installed bathtub or shower ..... 4○									
<b>24. TOILET FACILITIES</b>									
One flush toilet ..... 1○									
Two flush toilets ..... 2○									
Three or more flush toilets ..... 3○									
Chemical or other type ..... 4○									
Toilet facilities shared with another household ..... 5○									
No installed toilet ..... 6○									
<b>25. FUEL FOR PRINCIPAL COOKING EQUIPMENT</b>									
Oil or other liquid fuel ..... 1○									
Piped gas ..... 2○									
Bottled gas ..... 3○									
Electricity ..... 4○									
Wood or other (Specify in NOTES) ..... 5○									
None ..... 6○									
<b>26. MICROWAVE OVEN</b>									
Yes 1○ No 2○									
<b>27. GAS BARBECUE</b>									
Yes 1○ No 2○									
<b>28. NUMBER OF REFRIGERATORS</b> (if none enter 0) <input type="text"/>									
<b>29. HOME FREEZER SEPARATE FROM REFRIGERATOR</b>									
Yes 1○ No 2○									
<b>30. AUTOMATIC DISHWASHER</b>									
Built-in ..... 1○									
Portable ..... 2○									
None ..... 3○									
<b>31. WASHING MACHINE</b>									
Automatic washer ..... 1○									
Electric wringer-washer ..... 2○									
Other electric washer ..... 3○									
None ..... 4○									
<b>32. CLOTHES DRYER</b>									
Electric ..... 1○									
Gas ..... 2○									
None ..... 3○									
<b>TOTAL NUMBER OF:</b> (if none enter 0) <input type="text"/>									
<b>33. RADIOS</b> <input type="text"/>									
<b>34. COLOUR TV SETS</b> <input type="text"/>									
<b>35. BLACK AND WHITE TV SETS</b> <input type="text"/>									
<b>36. VIDEO RECORDERS</b> <input type="text"/>									
<b>DOES THIS HOUSEHOLD HAVE THE FOLLOWING:</b>									
Yes No									
<b>37. CABLE TELEVISION</b> 1○ 2○									
<b>38. COMPACT DISC PLAYER</b> 1○ 2○									
<b>39. CASSETTE PLAYER OR TAPE RECORDER</b> 1○ 2○									
<b>40. HOME COMPUTER</b> 1○ 2○									
<b>TOTAL NUMBER OF:</b> (if none enter 0) <input type="text"/>									
<b>41. SMOKE DETECTORS</b> (inside dwelling) <input type="text"/>									
<b>42. PORTABLE FIRE EXTINGUISHERS</b> (inside dwelling) <input type="text"/>									

NOTES — See over for additional NOTES ○

Item no.		Item no.	
99	<input type="text"/>	99	<input type="text"/>
99	<input type="text"/>	99	<input type="text"/>



## NOTES

8-5100-9.1

## Federation of Saskatchewan Indian Nations Housing Quality Survey



<b>Survey Month:</b>	April-October 1991
<b>Title:</b>	Federation of Saskatchewan Indian Nations Housing Quality Survey
<b>Sponsor:</b>	Indian and Northern Affairs/Statistics Canada
<b>Survey Method:</b>	Personal Interview
<b>Sample Size:</b>	8,600 dwellings (50,000 residents)
<b>Objectives:</b>	<p>The Saskatchewan Indian Housing Commission, a part of the Federation of Saskatchewan Indian Nations (FSIN), requested help in planning and organizing a survey of housing needs on Saskatchewan Indian Reserves. The survey was in two parts: a supplement to the 1991 Census of Population on Saskatchewan Reserves, in which, for legal reasons, a limited number of Census questions were asked again of all households so that the responses could belong to the FSIN; and a survey of all dwellings on Reserves. The FSIN want the data in order to be able to demonstrate to INAC, and other agencies, the overall level of quality of the dwelling stock compared with accepted standards, and the level of crowding. As well, the data were designed to be usable by each Saskatchewan Indian Band as an aid in administration of housing funds.</p> <p>The Census supplement questionnaire (FSIN-1) was administered to each household by Statistics Canada's Census Representatives (i.e., Census interviewers) immediately after the Census during June 1991. Dwelling survey data collection (using questionnaire FSIN-2) was administered by the FSIN, between April and October 1991. The Special Surveys Group developed both questionnaires; produced questionnaire FSIN-1; developed and administered training for the FSIN Survey Inspectors who administered questionnaire FSIN-2; and advised the FSIN on data capture, processing, analysis and reporting.</p>
<b>Project Manager:</b>	Phil Stevens (951-9481)
<b>Microdata:</b>	Data are available only from the FSIN





Prov	FED No	EA No	VN	FORM FSIN-1
Hhid No	Quest No		of	

☐ TD    2 ☐ M  
1 ☐ UD    3 ☐ OC

FSIN USE ONLY

**1991 HOUSING NEEDS ASSESSMENT (HNA) QUESTIONNAIRE**



## PART 1: BEGIN HERE

by printing the address

No. and street or lot and concession

Act No.

City, town, village, Indian reserve

Province/Territory

Postal code

Area code

Telephone number

**INTRODUCTION TO RESPONDENTS:**

*INTERVIEWER: show FSIN introductory letter*

The Federation of Saskatchewan Indian Nations is carrying out a survey of housing needs on Saskatchewan Reserves. The information will be shared with your band council and with the federal government and will be kept confidential. I would like to ask some questions about the house and the persons in it for the Federation. The questions are the same as some of the Census questions I've just asked, but the Statistics Act does not allow disclosure, so for legal reasons I need to ask them again. May I go ahead?

1 ☐ Yes → Continue to Question 1.  
2 ☐ No → Thank respondent and leave.

Turn page and continue with PART 2 →

# PART 2

## 1. NAME

Enter the names of all persons living here on June 4, 1991.

PERSON 1		PERSON 2	
Family name		Family name	
Given name	Initial	Given name	Initial
Age		Age	

## 2. How is this person related to ?

Mark one circle only.

If you mark the circle "Other", use the box provided to indicate this person's relationship to Person 1.

Examples of "Other" persons related to Person 1:

- cousin
- grandfather/grandmother
- son's common-law partner
- nephew/niece

Examples of "Other" persons not related to Person 1:

- lodger's husband/wife or common-law partner
- lodger's son/daughter
- room-mate's son/daughter
- employee

01

01 ☒ PERSON 1

02

- 02 ☐ Husband/wife of Person 1
- 03 ☐ Common-law partner of Person 1
- 04 ☐ Son/daughter of Person 1
- 05 ☐ Son-in-law/daughter-in-law of Person 1
- 06 ☐ Grandchild of Person 1
- 07 ☐ Father/mother of Person 1
- 08 ☐ Father-in-law/mother-in-law of Person 1
- 09 ☐ Brother/sister of Person 1
- 10 ☐ Brother-in-law/sister-in-law of Person 1
- 11 ☐ Lodger/boarder
- 12 ☐ Room-mate
- 13 ☐ Other — Specify

## 3. What is this person's date of birth?

Example:

If this person was born on the 10th of February 1945, enter

Day Month Year  
10 02 1945

If exact date is not known, enter best estimate.

If born before June 4, 1976, mark "X" in the age box which is below each person's name.

Day Month Year  
1

Day Month Year  
1

## 4. Is this person male or female?

- 1 ☐ Male
- 2 ☐ Female

- 1 ☐ Male
- 2 ☐ Female

## 16. (a) Is this person a registered Indian as defined by the Indian Act of Canada?

- 3 ☐ No
- 4 ☐ Yes, registered Indian

- 3 ☐ No
- 4 ☐ Yes, registered Indian

## (b) Is this person a member of an Indian Band?

- 5 ☐ Yes — Which one?  
Specify Indian Band or First Nation

- 5 ☐ Yes — Which one?  
Specify Indian Band or First Nation

- 6 ☐ No

- 6 ☐ No

## PART 3 - Answer Questions 20 and 21 for each person aged 15 and over.

## 20. Where did this person live 1 year ago, that is, on June 4, 1990?

Mark one circle only.

- 1 ☐ Lived in the same house as now
- 2 ☐ Lived in the same province/territory, but not in the same house
- 3 ☐ Lived in a different province/territory in Canada  
Print name of province/territory.

- 1 ☐ Lived in the same house as now
- 2 ☐ Lived in the same province/territory, but not in the same house
- 3 ☐ Lived in a different province/territory in Canada  
Print name of province/territory.

- 4 ☐ Lived outside Canada  
Print name of country.

- 4 ☐ Lived outside Canada  
Print name of country.

## 21. Did this person live in this house 5 years ago, that is, on June 4, 1986?

- 5 ☐ Yes
- 6 ☐ No

- 5 ☐ Yes
- 6 ☐ No

Turn the page and answer the questions about this dwelling.

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Initial	Given name	Initial	Given name	Initial	Given name	Initial
Age		Age		Age		Age	

03	04	05	06
04 <input type="radio"/> Son/daughter of Person 1	04 <input type="radio"/> Son/daughter of Person 1	04 <input type="radio"/> Son/daughter of Person 1	04 <input type="radio"/> Son/daughter of Person 1
05 <input type="radio"/> Son-in-law/daughter-in-law of Person 1	05 <input type="radio"/> Son-in-law/daughter-in-law of Person 1	05 <input type="radio"/> Son-in-law/daughter-in-law of Person 1	05 <input type="radio"/> Son-in-law/daughter-in-law of Person 1
06 <input type="radio"/> Grandchild of Person 1	06 <input type="radio"/> Grandchild of Person 1	06 <input type="radio"/> Grandchild of Person 1	06 <input type="radio"/> Grandchild of Person 1
07 <input type="radio"/> Father/mother of Person 1	07 <input type="radio"/> Father/mother of Person 1	07 <input type="radio"/> Father/mother of Person 1	07 <input type="radio"/> Father/mother of Person 1
08 <input type="radio"/> Father-in-law/mother-in-law of Person 1	08 <input type="radio"/> Father-in-law/mother-in-law of Person 1	08 <input type="radio"/> Father-in-law/mother-in-law of Person 1	08 <input type="radio"/> Father-in-law/mother-in-law of Person 1
09 <input type="radio"/> Brother/sister of Person 1	09 <input type="radio"/> Brother/sister of Person 1	09 <input type="radio"/> Brother/sister of Person 1	09 <input type="radio"/> Brother/sister of Person 1
10 <input type="radio"/> Brother-in-law/sister-in-law of Person 1	10 <input type="radio"/> Brother-in-law/sister-in-law of Person 1	10 <input type="radio"/> Brother-in-law/sister-in-law of Person 1	10 <input type="radio"/> Brother-in-law/sister-in-law of Person 1
11 <input type="radio"/> Lodger/boarder	11 <input type="radio"/> Lodger/boarder	11 <input type="radio"/> Lodger/boarder	11 <input type="radio"/> Lodger/boarder
12 <input type="radio"/> Room-mate	12 <input type="radio"/> Room-mate	12 <input type="radio"/> Room-mate	12 <input type="radio"/> Room-mate
13 <input type="radio"/> Other — Specify	13 <input type="radio"/> Other — Specify	13 <input type="radio"/> Other — Specify	13 <input type="radio"/> Other — Specify
Day Month Year	Day Month Year	Day Month Year	Day Month Year
1 <input type="radio"/> Male	1 <input type="radio"/> Male	1 <input type="radio"/> Male	1 <input type="radio"/> Male
2 <input type="radio"/> Female	2 <input type="radio"/> Female	2 <input type="radio"/> Female	2 <input type="radio"/> Female
3 <input type="radio"/> No	3 <input type="radio"/> No	3 <input type="radio"/> No	3 <input type="radio"/> No
4 <input type="radio"/> Yes, registered Indian	4 <input type="radio"/> Yes, registered Indian	4 <input type="radio"/> Yes, registered Indian	4 <input type="radio"/> Yes, registered Indian
5 <input type="radio"/> Yes — Which one? Specify Indian Band or First Nation	5 <input type="radio"/> Yes — Which one? Specify Indian Band or First Nation	5 <input type="radio"/> Yes — Which one? Specify Indian Band or First Nation	5 <input type="radio"/> Yes — Which one? Specify Indian Band or First Nation
6 <input type="radio"/> No	6 <input type="radio"/> No	6 <input type="radio"/> No	6 <input type="radio"/> No

**PART 3 - Answer Questions 20 and 21 for each person aged 15 and over.**

1 <input type="radio"/> Lived in the same house as now	1 <input type="radio"/> Lived in the same house as now	1 <input type="radio"/> Lived in the same house as now	1 <input type="radio"/> Lived in the same house as now
2 <input type="radio"/> Lived in the same province/territory, but not in the same house	2 <input type="radio"/> Lived in the same province/territory, but not in the same house	2 <input type="radio"/> Lived in the same province/territory, but not in the same house	2 <input type="radio"/> Lived in the same province/territory, but not in the same house
3 <input type="radio"/> Lived in a different province/territory in Canada Print name of province/territory	3 <input type="radio"/> Lived in a different province/territory in Canada Print name of province/territory	3 <input type="radio"/> Lived in a different province/territory in Canada Print name of province/territory	3 <input type="radio"/> Lived in a different province/territory in Canada Print name of province/territory
4 <input type="radio"/> Lived outside Canada Print name of country	4 <input type="radio"/> Lived outside Canada Print name of country	4 <input type="radio"/> Lived outside Canada Print name of country	4 <input type="radio"/> Lived outside Canada Print name of country
5 <input type="radio"/> Yes	5 <input type="radio"/> Yes	5 <input type="radio"/> Yes	5 <input type="radio"/> Yes
6 <input type="radio"/> No	6 <input type="radio"/> No	6 <input type="radio"/> No	6 <input type="radio"/> No

Turn the page and answer the questions about this dwelling.





<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Band Name</td> </tr> <tr> <td style="padding: 2px;">Reserve Name and Number</td> </tr> <tr> <td style="padding: 2px;">FED/EA</td> </tr> </table>	Band Name	Reserve Name and Number	FED/EA	<h1 style="margin: 0;">FORM FSIN-2</h1>
Band Name				
Reserve Name and Number				
FED/EA				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Census Hhd. No.</td> </tr> </table>	Census Hhd. No.		
Census Hhd. No.				

## 1991 HOUSING NEEDS ASSESSMENT (HNA) QUESTIONNAIRE

START TIME  
of inspection

		:		
--	--	---	--	--



### BEGIN HERE:

#### STEP 1:

FSIN/Reserve dwelling number

Dwelling address or description of location

City, town, village, Indian reserve

Apt or Unit #

Province/Territory

Postal Code

Area code

Telephone number

Head of Household:

Family Name

Given Name

#### STEP 2: Mark all that apply

1 ☐ UD

2 ☐ DC

3 ☐ Non-band housing

4 ☐ Write-off

#### Final Status Code

5 ☐ Complete inspection

6 ☐ Partial inspection

7 ☐ Refusal

8 ☐ Household absent for the survey period

9 ☐ No inspection - other reason

**INTRODUCTION TO RESPONDENTS:**  
(INSPECTOR: Show FSIN ID).

Hello. I'm the housing inspector from FSIN. As you may be aware, the Federation is carrying out a survey of housing needs on Saskatchewan Reserves. I'd like to get some information about your home. The information will be shared with your band council and with the federal government. If the census enumerator was already here, some information was collected for the Federation. If not, the census enumerator will be here later to collect information both for the census and the Federation.

**Part A.**

PART A Completed by:

**General Characteristics** (from Band records where available or from knowledgeable Band or household members)

1. What was the year of construction?

Year

Answer obtained from ... 1 ☐ Band 2 ☐ Household

2. Have any additions or extensions been made to this dwelling?  
(Mark all that apply)

1 ☐ Bedroom(s) → When was the last time?   Year

2 ☐ Kitchen → When was the last time?   Year

3 ☐ Living room, Family room, or den → When was the last time?   Year

4 ☐ Bathroom(s) → When was the last time?   Year

5 ☐ Storage → When was the last time?   Year

6 ☐ Other additions or extensions → When was the last time?   Year

7 ☐ No, none

Answers obtained from ... 8 ☐ Band 9 ☐ Household

3a. Have there been any renovations or repairs done on this dwelling?

1 ☐ Yes ... Go to 3b

6 ☐ No, none ... Go to 4

Answer obtained from ...

7 ☐ Band 8 ☐ Household

3b. 1) Total of the last job that was \$6000 or more ... \$

When was the last time?   Year

Answer obtained from ...

2 ☐ Band 3 ☐ Household

2) Total of the last job that was less than \$6000 ... \$

When was the last time?   Year

Answer obtained from ...

4 ☐ Band 5 ☐ Household

4. Has the dwelling ever received funds from CMHC for ...

	Yes	No	Don't Know
1) construction? .....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2) RRAP Program? .....	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Answer obtained from ... 7 ☐ Band 8 ☐ Household

5. Main general water supply distribution.  
(Mark one only)


1 ☐ piped ... Go to 5, next page

2 ☐ fetched by household ... Go to 7, next page

3 ☐ trucked to cistern ... Go to 9, next page

4 ☐ trucked to barrel ... Go to 11, next page



<b>6. (If piped) System:</b> <i>(Mark one only)</i>	<input type="radio"/> private (serves 1 or 2 dwellings) <input type="radio"/> serves 3 or more dwellings, no treatment <input type="radio"/> serves 3 or more dwellings with chlorine treatment only <input type="radio"/> serves 3 or more dwellings with more than chlorine treatment												
<b>7. Source</b> <i>(Mark one only)</i>	<input type="radio"/> private well (serves 1 or 2 dwellings) <input type="radio"/> communal well (serves 3 or more dwellings) <input type="radio"/> surface water (lake, river, stream, ...) ... Go to 10 <input type="radio"/> stand pipe ... Go to 10 <input type="radio"/> another dwelling ... Go to 10												
<b>8. If a well, is it ...</b> <i>(This question requires observation)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Yes</th> <th style="width: 30%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1) properly capped? .....</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2) landscaped for proper drainage? .....</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3) equipped with a working hand pump? .....</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 5px;">    <i>Now go to 10</i> </p>		Yes	No	1) properly capped? .....	<input type="radio"/>	<input type="radio"/>	2) landscaped for proper drainage? .....	<input type="radio"/>	<input type="radio"/>	3) equipped with a working hand pump? .....	<input type="radio"/>	<input type="radio"/>
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3) equipped with a working hand pump? .....	<input type="radio"/>	<input type="radio"/>											
<b>9. If a cistern, is it ...</b> <i>(This question requires observation)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Yes</th> <th style="width: 30%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1) properly capped? .....</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2) accessible? .....</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3) landscaped for proper drainage? .....</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		Yes	No	1) properly capped? .....	<input type="radio"/>	<input type="radio"/>	2) accessible? .....	<input type="radio"/>	<input type="radio"/>	3) landscaped for proper drainage? .....	<input type="radio"/>	<input type="radio"/>
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2) accessible? .....	<input type="radio"/>	<input type="radio"/>											
3) landscaped for proper drainage? .....	<input type="radio"/>	<input type="radio"/>											
<b>10a. (For all dwellings) Is water piped into the house?</b> <i>(This question requires observation)</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="radio"/> Yes →         </div> <div style="width: 50%; border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>10b. Is the water system working?</b>  <input type="radio"/> Yes  <input type="radio"/> No         </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <input type="radio"/> No →         </div> <div style="width: 50%; border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>10c. Is the lot serviced?</b>  <input type="radio"/> Yes  <input type="radio"/> No         </div> </div>												
<b>11. Drinking water.</b>	<input type="radio"/> Same source as general water supply ... Go to 13, next page <input type="radio"/> Different source												
<b>12. Different source.</b> <i>(Mark all that apply)</i>	<input type="radio"/> surface water (lake, river, stream, ...) <input type="radio"/> well <input type="radio"/> piped <input type="radio"/> dugout <input type="radio"/> rain <input type="radio"/> bottled <input type="radio"/> snow												

13. **Type of sewage disposal system in use. (Mark one only)**  
*(Note: a 'municipal' system takes the sewage to a mechanical treatment plant or to a two- or three-cell lagoon system. A 'shared' system takes the sewage to a small single-cell lagoon or to sewage mounds or to a jet system.)*

- 1 ☐ Municipal ... Go to 21, next page  
 2 ☐ Shared (serves 2 or more households)  
 3 ☐ Individual

14. **Is the lot serviced by a municipal system?** 4 ☐ Yes  
 5 ☐ No

Questions 15 to 21 require observation

- 15a. **Does the dwelling use a holding tank?**

01 ☐ Yes →

12 ☐ No

- 15b. **Is the holding tank ...**

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1) at least 3 feet from all buildings? .....       | Yes<br>02 <input type="radio"/> | No<br>03 <input type="radio"/> |
| 2) at least 25 feet from wells and cisterns? ..... | 04 <input type="radio"/>        | 05 <input type="radio"/>       |
| 3) properly capped? .....                          | 06 <input type="radio"/>        | 07 <input type="radio"/>       |
| 4) landscaped for proper drainage? .....           | 08 <input type="radio"/>        | 09 <input type="radio"/>       |
| 5) accessible? .....                               | 10 <input type="radio"/>        | 11 <input type="radio"/>       |

- 16a. **Does the dwelling use a lagoon?**

13 ☐ Yes →

28 ☐ No

- 16b. **Is the lagoon ...**

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1) at least 200 feet from the dwelling? .....              | Yes<br>14 <input type="radio"/> | No<br>15 <input type="radio"/> |
| 2) with cleanouts every 50 feet? .....                     | 16 <input type="radio"/>        | 17 <input type="radio"/>       |
| 3) at least 1000 feet from other occupied dwellings? ..... | 18 <input type="radio"/>        | 19 <input type="radio"/>       |
| 4) at least 1500 feet from surface water? .....            | 20 <input type="radio"/>        | 21 <input type="radio"/>       |
| 5) at least 150 feet from wells? .....                     | 22 <input type="radio"/>        | 23 <input type="radio"/>       |
| 6) fenced? .....   | 24 <input type="radio"/>        | 25 <input type="radio"/>       |
| 7) properly constructed? .....                             | 26 <input type="radio"/>        | 27 <input type="radio"/>       |

- 17a. **Does the dwelling use a jet system?**

01 ☐ Yes →

10 ☐ No

- 17b. **Is the jet system ...**

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1) at least 200 feet from the dwelling served? .....      | Yes<br>02 <input type="radio"/> | No<br>03 <input type="radio"/> |
| 2) at least 150 feet from wells? .....                    | 04 <input type="radio"/>        | 05 <input type="radio"/>       |
| 3) at least 500 feet from other occupied dwellings? ..... | 06 <input type="radio"/>        | 07 <input type="radio"/>       |
| 4) at least 1500 feet from surface water? .....           | 08 <input type="radio"/>        | 09 <input type="radio"/>       |

18a. Does the dwelling use a sewage mound?

11 ☐ Yes →

20 ☐ No

18b. Is the sewage mound ...

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1) at least 35 feet from all buildings? .....  | Yes<br>12 <input type="radio"/> | No<br>13 <input type="radio"/> |
| 2) at least 500 feet from surface water? ..... | 14 <input type="radio"/>        | 15 <input type="radio"/>       |
| 3) at least 50 feet from drilled wells? .....  | 16 <input type="radio"/>        | 17 <input type="radio"/>       |
| 4) at least 100 feet from dug wells? .....     | 18 <input type="radio"/>        | 19 <input type="radio"/>       |

19a. Does the dwelling use a tile field?

01 ☐ Yes →

12 ☐ No

19b. Is the tile field ...

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1) at least 35 feet from all buildings? .....      | Yes<br>02 <input type="radio"/> | No<br>03 <input type="radio"/> |
| 2) at least 50 feet from drilled wells? .....      | 04 <input type="radio"/>        | 05 <input type="radio"/>       |
| 3) at least 100 feet from dug wells? .....         | 06 <input type="radio"/>        | 07 <input type="radio"/>       |
| 4) at least 5 feet from walks and driveways? ..... | 08 <input type="radio"/>        | 09 <input type="radio"/>       |
| 5) at least 500 feet from surface water? .....     | 10 <input type="radio"/>        | 11 <input type="radio"/>       |

20a. Does the dwelling use a septic tank?

13 ☐ Yes →

26 ☐ No

20b. Is the septic tank ...

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1) at least 3 feet from all buildings? .....  | Yes<br>14 <input type="radio"/> | No<br>15 <input type="radio"/> |
| 2) at least 25 feet from cisterns? .....      | 16 <input type="radio"/>        | 17 <input type="radio"/>       |
| 3) at least 25 feet from drilled wells? ..... | 18 <input type="radio"/>        | 19 <input type="radio"/>       |
| 4) at least 50 feet from dug wells? .....     | 20 <input type="radio"/>        | 21 <input type="radio"/>       |
| 5) properly capped? .....                     | 22 <input type="radio"/>        | 23 <input type="radio"/>       |
| 6) landscaped for proper drainage? .....      | 24 <input type="radio"/>        | 25 <input type="radio"/>       |

21a. (For all dwellings) Does the dwelling use a pit privy (outhouse)?

1 ☐ Yes →

8 ☐ No

21b. Is the pit privy (outhouse) ...

- |  |                                |                               |
|--|--------------------------------|-------------------------------|
| 1) at least 50 feet from all dwellings? .....  | Yes<br>2 <input type="radio"/> | No<br>3 <input type="radio"/> |
| 2) at least 100 feet from wells? .....         | 4 <input type="radio"/>        | 5 <input type="radio"/>       |
| 3) at least 100 feet from surface water? ..... | 6 <input type="radio"/>        | 7 <input type="radio"/>       |

22. Has the sewage system had problems in the past year?

1 ☐ Yes

2 ☐ No



<b>23. This sewage system requires ...</b> (Mark all that apply)	<input type="checkbox"/> investigation by an EHO (possible water contamination) <input type="checkbox"/> maintenance work (eg. broken pump, missing lids) <input type="checkbox"/> no follow-up
<b>24. Garbage disposal.</b> (Mark all that apply)	<input type="checkbox"/> community pick-up <input type="checkbox"/> taken to dump by a member of the household <input type="checkbox"/> private heap <input type="checkbox"/> private pit <input type="checkbox"/> burnt in barrel, can, drum
<b>25. Does the dwelling have a proper garbage container or stand?</b> (that is, proof against rodents, dogs or weather) (This question requires observation)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments**

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- End of Part A -

## PART B.

Inspection completed by:

### Exterior Characteristics

26. In general, is the ground surface around the dwelling ...  
*Mark one only*
- 1 ☐ sloped away (enough for water to run away)?  
2 ☐ about level?  
3 ☐ sloped towards it?

27a. Foundation type:  
*(Mark one only)*

01 ☐ Full basement →

27b. What kind of full basement?

- 02 ☐ poured concrete  
03 ☐ concrete block  
04 ☐ pressure-treated wood ... Go to 29  
05 ☐ other ... Go to 32, next page

06 ☐ Crawl space →

27c. What kind of crawl space?

- 07 ☐ poured concrete ... Go to 30  
08 ☐ concrete block ... Go to 30  
09 ☐ brick ... Go to 30  
10 ☐ wood ... Go to 31  
11 ☐ pressure-treated wood ... Go to 31  
12 ☐ other ... Go to 31

13 ☐ Other ... Go to 32, next page

14 ☐ None ... Go to 32, next page

28. *(If full basement with poured or block concrete walls)*  
Have the basement walls heaved, settled or cracked?

15 ☐ Yes ... Go to 32, next page

16 ☐ No ... Go to 32, next page

29. *(If pressure-treated wood basement)*

- |  | Yes                     | No                      | Can't tell              |
|--|-------------------------|-------------------------|-------------------------|
| 1) Have the walls bowed in? .....                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | .                       |
| 2) Is the exterior polyethylene wall-covering torn or damaged? ..... | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 3) Has the wood above grade been parged? .....                       | 6 <input type="radio"/> | 7 <input type="radio"/> | .                       |

Now go to 32

30. *(If crawl space: poured concrete, block or brick)*  
Has the foundation heaved, settled or cracked?

1 ☐ Yes

2 ☐ No

31. *(If crawl space)* Is the crawl space ventilated?

3 ☐ Yes

4 ☐ No

5 ☐ Can't Tell

32. (For all dwellings) Are any of the outside walls, excluding porches and small additions ...

- |                      | Yes                      | No                       |
|----------------------|--------------------------|--------------------------|
| 1) leaning? .....    | 01 <input type="radio"/> | 02 <input type="radio"/> |
| 2) bulging? .....    | 03 <input type="radio"/> | 04 <input type="radio"/> |
| 3) bowed in? .....   | 05 <input type="radio"/> | 06 <input type="radio"/> |
| 4) separating? ..... | 07 <input type="radio"/> | 08 <input type="radio"/> |
| 5) with holes? ..... | 09 <input type="radio"/> | 10 <input type="radio"/> |

33. The wall surfaces of the outside are best described as ...  
(Mark one only)

- 1 ☐ Wood siding  
2 ☐ Brick veneer  
3 ☐ Masonite/X-90  
4 ☐ Stucco  
5 ☐ Vinyl metal  
6 ☐ Plywood only (incl. aspenite, particle board)  
7 ☐ Log  
8 ☐ Other

34. Are there any problems with the outside wall surfaces?

- 1 ☐ Yes  
2 ☐ No

35a. Are there entrance steps?

- 3 ☐ Yes  
6 ☐ No

35b. Are any missing or broken?

- 4 ☐ Yes  
5 ☐ No

36. Does the roof ...

- |                                       | Yes                      | No                       |
|---------------------------------------|--------------------------|--------------------------|
| 1) sag? .....                         | 01 <input type="radio"/> | 02 <input type="radio"/> |
| 2) bow? .....                         | 03 <input type="radio"/> | 04 <input type="radio"/> |
| 3) have holes? .....                  | 05 <input type="radio"/> | 06 <input type="radio"/> |
| 4) have missing starter strips? ..... | 07 <input type="radio"/> | 08 <input type="radio"/> |
| 5) have eavestroughing? .....         | 09 <input type="radio"/> | 10 <input type="radio"/> |

37. Does the roof have ...

- |                            | None                    | A few                   | Many                    | Most                    |
|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1) curled shingles? .....  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 2) missing shingles? ..... | 5 <input type="radio"/> | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> |

38. Are the soffits or the fascia or the edge of roof boards or sheathing loose, rotting or badly damaged?

- 1 ☐ Yes  
2 ☐ No



39. Are there air vents ...

1) in the soffits?

1 ☐ Yes

2 ☐ No

3 ☐ Not applicable

2) on the roof?

4 ☐ Yes → How Many?   Number

5 ☐ No

6 ☐ Not applicable

3) in the gables?

7 ☐ Yes → How Many?   Number

8 ☐ No

9 ☐ Not applicable

40. Are any of the windows ...

1) single-pane, without storm windows? . 1 ☐ Yes 2 ☐ No

2) broken? ..... 3 ☐ 4 ☐

3) not properly screened? ..... 5 ☐ 6 ☐

41. Are any window sashes or frames broken, rotting or badly damaged?

7 ☐ Yes → How Many?   Number

8 ☐ No

42. Is any of the caulking around the doors, windows and end mouldings in poor condition?  
(Mark one only)

1 ☐ All or most in poor condition

2 ☐ Some in poor condition

3 ☐ All in good condition

43. Are any of the outside doors ...

1) cracked? ..... 01 ☐ Yes 02 ☐ No

2) warped? ..... 03 ☐ 04 ☐

3) poorly fitting? ..... 05 ☐ 06 ☐

4) with holes? ..... 07 ☐ 08 ☐

5) with broken hinges? ..... 09 ☐ 10 ☐

6) rotting? ..... 11 ☐ 12 ☐

7) without proper screening? ..... 13 ☐ 14 ☐

Interior Characteristics.

44. Is there ...  
(Mark one only)

1 ☐ a full basement?

2 ☐ a crawl space? ... Go to 54, next page

3 ☐ other foundation? ... Go to 55, next page

4 ☐ no foundation? ... Go to 57, page 11

45. (If full basement) Are there problems with the basement stairs (example: missing, broken, rotten steps)?

5 ☐ Yes

6 ☐ No

7 ☐ No stairs ... Go to 47, next page

<p>46. (If basement stairs) Do the basement stairs meet these standards ...</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1) sufficient headroom (1.95 m.)</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>2) handrail on at least one side</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>3) stair width at least 860 mm.</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>4) treads of a uniform rise and run (maximum rise 200 mm. and minimum run 210 mm. and minimum tread width 235 mm.)</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> </tbody> </table>					Yes	No	1) sufficient headroom (1.95 m.)	01 <input type="radio"/>	02 <input type="radio"/>	2) handrail on at least one side	03 <input type="radio"/>	04 <input type="radio"/>	3) stair width at least 860 mm.	05 <input type="radio"/>	06 <input type="radio"/>	4) treads of a uniform rise and run (maximum rise 200 mm. and minimum run 210 mm. and minimum tread width 235 mm.)	07 <input type="radio"/>	08 <input type="radio"/>						
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<p>47. (If full basement) Does the basement have livable rooms? 09 <input type="radio"/> Yes  <i>(Note: rooms must be partitioned, and outside walls insulated. Exclude bathrooms, hallways, storage rooms, pantry, furnace room, workshop and laundry room.)</i> 10 <input type="radio"/> No rooms ... Go to 53</p>																								
<p>48. Inside measurements of livable basement rooms.  <i>(Note: rooms must be partitioned, and outside walls insulated. Exclude bathrooms, hallways, storage rooms, pantry, furnace room, workshop and laundry room.)</i></p> <table style="width: 100%;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">Is the room a bedroom?</th> </tr> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Room 1: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> </tr> <tr> <td>Room 2: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →</td> <td style="text-align: center;">03 <input type="radio"/></td> <td style="text-align: center;">04 <input type="radio"/></td> </tr> <tr> <td>Room 3: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →</td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>Room 4: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> </tr> <tr> <td>Room 5: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> </tbody> </table>					Is the room a bedroom?			Yes	No	Room 1: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →	01 <input type="radio"/>	02 <input type="radio"/>	Room 2: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →	03 <input type="radio"/>	04 <input type="radio"/>	Room 3: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →	05 <input type="radio"/>	06 <input type="radio"/>	Room 4: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →	07 <input type="radio"/>	08 <input type="radio"/>	Room 5: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →	09 <input type="radio"/>	10 <input type="radio"/>
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Room 5: <input type="text"/> m. by <input type="text"/> m. OR <input type="text"/> sq. m. →	09 <input type="radio"/>	10 <input type="radio"/>																						
<p>49. Are any of the rooms bedrooms? 1 <input type="radio"/> Yes ... Go to 50  2 <input type="radio"/> No ... Go to 53</p>																								
<p>50. How many bedrooms have all walls a minimum of 2 metres long? → <input type="text"/> Bedrooms</p>																								
<p>51. How many bedrooms have at least one window at least 380 mm. X 380 mm.? → <input type="text"/> Bedrooms</p>																								
<p>52. Can all the bedroom windows be easily opened? <i>(unobstructed and not requiring use of special tools or knowledge)</i></p> <p style="text-align: right;">1 <input type="radio"/> Yes  2 <input type="radio"/> No  3 <input type="radio"/> No windows in any of these bedrooms</p>																								
<p>53. (For all dwellings) Is there heaving or cracking ...</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1) in the basement walls?</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> </tr> <tr> <td>2) in the basement floor?</td> <td style="text-align: center;">6 <input type="radio"/></td> <td style="text-align: center;">7 <input type="radio"/></td> </tr> </tbody> </table>					Yes	No	1) in the basement walls?	4 <input type="radio"/>	5 <input type="radio"/>	2) in the basement floor?	6 <input type="radio"/>	7 <input type="radio"/>												
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2) in the basement floor?	6 <input type="radio"/>	7 <input type="radio"/>																						
<p>54. (If full basement or crawl space) Is there any sign of moisture or water penetration?  1 <input type="radio"/> Yes  2 <input type="radio"/> No</p>																								
<p>55. (If full basement, crawl space or other foundation) Is the floor between the foundation and the living space above insulated?</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Can't tell</th> </tr> </thead> <tbody> <tr> <td>1) Full insulation</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> <td style="text-align: center;">3 <input type="radio"/></td> </tr> <tr> <td>2) Perimeter insulation</td> <td style="text-align: center;">4 <input type="radio"/></td> <td style="text-align: center;">5 <input type="radio"/></td> <td style="text-align: center;">6 <input type="radio"/></td> </tr> </tbody> </table>					Yes	No	Can't tell	1) Full insulation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	2) Perimeter insulation	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>									
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56. Are the floor joists or beams above the foundation cracked, sagging or rotten?	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Can't tell																		
57. (All dwellings) Type of heater: (Mark one only for main. Mark all that apply for secondary.)	<table border="0"> <thead> <tr> <th>Main</th> <th>Secondary</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> 01</td> <td><input type="radio"/> 02 Forced hot air furnace</td> </tr> <tr> <td><input type="radio"/> 03</td> <td><input type="radio"/> 04 Heating stove (include wood stove)</td> </tr> <tr> <td><input type="radio"/> 05</td> <td><input type="radio"/> 06 Radiant heaters (include baseboard heaters)</td> </tr> <tr> <td><input type="radio"/> 07</td> <td><input type="radio"/> 08 Other electric heating (include space heaters)</td> </tr> <tr> <td><input type="radio"/> 09</td> <td><input type="radio"/> 10 Cook stove</td> </tr> <tr> <td><input type="radio"/> 11</td> <td><input type="radio"/> 12 Fire place</td> </tr> <tr> <td><input type="radio"/> 13</td> <td><input type="radio"/> 14 Some other type</td> </tr> <tr> <td><input type="radio"/> 15</td> <td><input type="radio"/> 15 None</td> </tr> </tbody> </table>	Main	Secondary	<input type="radio"/> 01	<input type="radio"/> 02 Forced hot air furnace	<input type="radio"/> 03	<input type="radio"/> 04 Heating stove (include wood stove)	<input type="radio"/> 05	<input type="radio"/> 06 Radiant heaters (include baseboard heaters)	<input type="radio"/> 07	<input type="radio"/> 08 Other electric heating (include space heaters)	<input type="radio"/> 09	<input type="radio"/> 10 Cook stove	<input type="radio"/> 11	<input type="radio"/> 12 Fire place	<input type="radio"/> 13	<input type="radio"/> 14 Some other type	<input type="radio"/> 15	<input type="radio"/> 15 None
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58. Does the main heating unit have a CSA or ULC label stating specified clearance?	<input type="radio"/> 16 Yes <input type="radio"/> 17 No <input type="radio"/> 18 Not applicable (example: fireplace)																		
59. Do all the heating units meet clearance and installation standards? (instructions may be on a CSA or ULC label on the unit)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Can't tell																		
60. Is there a make-up air duct or vent for the heating unit?	<input type="radio"/> 4 Yes <input type="radio"/> 5 No																		
61. Is there an air-to-air heat exchanger or heat recovery ventilator?	<input type="radio"/> 6 Yes <input type="radio"/> 7 No																		
62. Does the heating system need an inspection by a qualified technician?	<input type="radio"/> 1 Yes <input type="radio"/> 2 No																		
63. Main type of heating fuel:	<input type="radio"/> 1 Oil <input type="radio"/> 2 Natural gas <input type="radio"/> 3 Propane <input type="radio"/> 4 Electric <input type="radio"/> 5 Wood <input type="radio"/> 6 Other																		
64. Does the dwelling have electric wiring?	<input type="radio"/> 7 Yes <input type="radio"/> 8 No ... Go to 67, next page																		



<p>65. <i>(If dwelling has wiring)</i> What is the capacity of the service, in amps? (Mark one only)</p>	<p>1 <input type="radio"/> 30 amps or less</p> <p>2 <input type="radio"/> 31 - 59 amps</p> <p>3 <input type="radio"/> 60 amps</p> <p>4 <input type="radio"/> 61 - 70 amps</p> <p>5 <input type="radio"/> 71 - 99 amps</p> <p>6 <input type="radio"/> 100 amps</p> <p>7 <input type="radio"/> 101 - 199 amps</p> <p>8 <input type="radio"/> 200 amps or more</p>																																				
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70. (For all dwellings) Are there any problems with the plumbing (anywhere in the dwelling?) (Mark all that apply)
- 1 ☐ Yes, plumbing not connected
- 2 ☐ Yes, other problems
- 3 ☐ No problems
- 4 ☐ No plumbing

71. Does the dwelling have ventilation in the kitchen or cooking area ...

- |                              | Yes                     | No                      |
|------------------------------|-------------------------|-------------------------|
| 1) wall or ceiling fan ..... | 1 <input type="radio"/> | 2 <input type="radio"/> |
| 2) range hood .....          | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 3) air exhaust system .....  | 5 <input type="radio"/> | 6 <input type="radio"/> |

72. (Ground level floor) Inside measurements of livable ground level rooms (exclude bathrooms, hallways, storage rooms, laundry rooms).

				Is the room a bedroom?		
				Yes	No	
Room 1:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 01 <input type="radio"/>	02 <input type="radio"/>
Room 2:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 03 <input type="radio"/>	04 <input type="radio"/>
Room 3:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 05 <input type="radio"/>	06 <input type="radio"/>
Room 4:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 07 <input type="radio"/>	08 <input type="radio"/>
Room 5:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 09 <input type="radio"/>	10 <input type="radio"/>
Room 6:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 11 <input type="radio"/>	12 <input type="radio"/>
Room 7:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 13 <input type="radio"/>	14 <input type="radio"/>
Room 8:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 15 <input type="radio"/>	16 <input type="radio"/>
Room 9:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 17 <input type="radio"/>	18 <input type="radio"/>
Room 10:	<input type="text"/>	m. by	<input type="text"/>	m. OR <input type="text"/>	sq. m. → 19 <input type="radio"/>	20 <input type="radio"/>

73. Are any of the rooms bedrooms?
- 1 ☐ Yes ... Go to 74
- 2 ☐ No ... Go to 77

74. How many bedrooms have all walls a minimum of 2 metres long? →  Bedrooms

75. How many bedrooms have at least one window at least 380 mm. X 380 mm.? →  Bedrooms

76. Can all the bedroom windows be easily opened? (unobstructed and not requiring use of special tools or knowledge)
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No windows in any of these bedrooms

77. (For all dwellings - Measure thickness of wall using a door-frame)
- Are most exterior wall studs ...
- 4 ☐ 2 X 4?
- 5 ☐ 2 X 6?
- 6 ☐ Other?
- 7 ☐ Can't tell?
- 8 ☐ No exterior wall studs (eg. mobile home)

78. Does the dwelling have an upper level? 1 ☐ Yes  
2 ☐ No ... Go to 84

79. (Upper level floor(s)) Inside measurements of livable upper level rooms (exclude bathrooms, hallways, storage rooms, laundry rooms).

			Is the room a bedroom?	
			Yes	No
Room 1:	<input type="text"/> m. by <input type="text"/> m.	OR <input type="text"/> sq. m. →	01 <input type="radio"/>	02 <input type="radio"/>
Room 2:	<input type="text"/> m. by <input type="text"/> m.	OR <input type="text"/> sq. m. →	03 <input type="radio"/>	04 <input type="radio"/>
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Room 4:	<input type="text"/> m. by <input type="text"/> m.	OR <input type="text"/> sq. m. →	07 <input type="radio"/>	08 <input type="radio"/>
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80. Are any of the rooms bedrooms? 1 ☐ Yes ... Go to 81  
2 ☐ No ... Go to 84

81. How many bedrooms have all walls a minimum of 2 metres long? →  Bedrooms

82. How many bedrooms have at least one window at least 380 mm. X 380 mm.? →  Bedrooms

83. Can all the bedroom windows be easily opened? (unobstructed and not requiring use of special tools or knowledge)  
1 ☐ Yes  
2 ☐ No  
3 ☐ No windows in any of these bedrooms

84. (For all dwellings) On the ceilings or interior walls is/are there any ...

- |                         |                          |                          |                                     |
|-------------------------|--------------------------|--------------------------|-------------------------------------|
|                         | Yes                      | No                       |                                     |
| 1) water marks? .....   | 01 <input type="radio"/> | 02 <input type="radio"/> | } If both "No", Go to 86, next page |
| 2) paint peeling? ..... | 03 <input type="radio"/> | 04 <input type="radio"/> |                                     |

85. (If watermarks or paint peeling) In which rooms?

- |                       | Yes                      | No                       |
|-----------------------|--------------------------|--------------------------|
| 1) Kitchen? .....     | 05 <input type="radio"/> | 06 <input type="radio"/> |
| 2) Bathroom? .....    | 07 <input type="radio"/> | 08 <input type="radio"/> |
| 3) Living room? ..... | 09 <input type="radio"/> | 10 <input type="radio"/> |
| 4) Bedroom(s)? .....  | 11 <input type="radio"/> | 12 <input type="radio"/> |
| 5) Hallway? .....     | 13 <input type="radio"/> | 14 <input type="radio"/> |



86. (For all dwellings) Do any interior walls have large cracks (at least 1/4-inch wide)?

- |                                     | Yes                     | No                      |
|-------------------------------------|-------------------------|-------------------------|
| 1) In corners of walls? .....       | 1 <input type="radio"/> | 2 <input type="radio"/> |
| 2) Between ceiling and walls? ..... | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 3) Anywhere else? .....             | 5 <input type="radio"/> | 6 <input type="radio"/> |

87. Are any interior doors to bedrooms or bathrooms missing or broken?

7 ☐ Yes

8 ☐ No

88. Are there any problems with the floor(s)?

1 ☐ Yes

2 ☐ No

89. Are there any problems with the floor covering(s)?

3 ☐ Yes

4 ☐ No

90a. Does the dwelling have ...

1) a smoke detector?

5 ☐ Yes

6 ☐ No

90b. (If yes) ...

How many? →

How many are working? →

2) a fire extinguisher?

7 ☐ Yes

8 ☐ No

90c. (If yes) ...

How many? →

How many are working? →

91. Is there an accessible attic?

1 ☐ Yes

2 ☐ No, not accessible ... Go to 94

3 ☐ No attic ... Go to 94

92. Is the attic hatch insulated?

1 ☐ Yes

2 ☐ No

93a. Is there any damage in the attic due to condensation, moisture or water penetration?

3 ☐ Yes

4 ☐ No

93b. (If yes) Why?  
(Mark all that apply)

5 ☐ poor ventilation

6 ☐ leaks in roof

7 ☐ other

94. (For all dwellings) Does the ceiling have ...

1) a vapour barrier?

1 ☐ Yes

2 ☐ No

3 ☐ Can't tell

2) Insulation?

4 ☐ Yes, partial

5 ☐ Yes, complete

6 ☐ No ... Go to 97, next page

7 ☐ Can't tell ... Go to 97, next page

<p>95. (If ceiling is insulated) Types of insulation: (Mark all that apply)</p>	<p>1 <input type="radio"/> fiberglass batts</p> <p>2 <input type="radio"/> blown fiberglass</p> <p>3 <input type="radio"/> cellulose</p> <p>4 <input type="radio"/> rock wool</p> <p>5 <input type="radio"/> another type</p>										
<p>96. Depth of most of the insulation: (Mark one only)</p>	<p>1 <input type="radio"/> less than 3 inches</p> <p>2 <input type="radio"/> 3 - 6 inches</p> <p>3 <input type="radio"/> 7 - 12 inches</p> <p>4 <input type="radio"/> more than 12 inches</p> <p>5 <input type="radio"/> can't tell</p>										
<p>97. (For all dwellings) Type of dwelling:</p>	<table border="0"> <tr> <td>01 <input type="radio"/> Bungalow</td> <td>02 <input type="radio"/> Fourplex</td> </tr> <tr> <td>03 <input type="radio"/> Split-level</td> <td>04 <input type="radio"/> Row</td> </tr> <tr> <td>05 <input type="radio"/> Bi-level</td> <td>06 <input type="radio"/> Semi-detached</td> </tr> <tr> <td>07 <input type="radio"/> Duplex</td> <td>08 <input type="radio"/> Mobile home</td> </tr> <tr> <td>09 <input type="radio"/> Triplex</td> <td>10 <input type="radio"/> Other</td> </tr> </table>	01 <input type="radio"/> Bungalow	02 <input type="radio"/> Fourplex	03 <input type="radio"/> Split-level	04 <input type="radio"/> Row	05 <input type="radio"/> Bi-level	06 <input type="radio"/> Semi-detached	07 <input type="radio"/> Duplex	08 <input type="radio"/> Mobile home	09 <input type="radio"/> Triplex	10 <input type="radio"/> Other
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07 <input type="radio"/> Duplex	08 <input type="radio"/> Mobile home										
09 <input type="radio"/> Triplex	10 <input type="radio"/> Other										
<p>98. Would you say this dwelling is in need of only regular maintenance, minor repairs, major repairs or is a write-off? (Mark one only)</p>	<p>1 <input type="radio"/> Only regular maintenance (painting, chimney cleaning, window washing, etc.)</p> <p>2 <input type="radio"/> Minor repairs (missing or loose floorboards, missing shingles, defective railing or siding, etc.)</p> <p>3 <input type="radio"/> Major repairs (structural repairs to walls, floors or ceilings, etc.)</p> <p>4 <input type="radio"/> Write off the dwelling</p>										

Comments:

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\* Thank the householder(s) for their cooperation.

Note: Be sure that PART A is complete.

FINISH TIME of inspection   :

## Survey on Ageing and Independence



<b>Survey Month:</b>	August 1991		
<b>Title:</b>	Survey on Ageing and Independence		
<b>Sponsor:</b>	Health and Welfare Canada		
<b>Survey Method:</b>	Telephone Interview		
<b>Sample Size:</b>	25,000 respondents aged 45 and over		
<b>Objectives:</b>	<p>The Survey on Ageing and Independence was developed to measure a wide range of characteristics on today's seniors (65 years of age or over) and on tomorrow's seniors (45-64 years of age). The information gathered relate to factors important to remain independent as one ages. Specifically, the survey questionnaire gathered basic information on characteristics and indicators such as:</p> <ul style="list-style-type: none"><li>- retirement and main activity,</li><li>- labour characteristics and retirement preparation,</li><li>- physical and social activities,</li><li>- well-being,</li><li>- social support,</li><li>- mobility,</li><li>- accidents and safety,</li><li>- housing characteristics,</li><li>- income and financial security.</li></ul>		
<b>Project Manager:</b>	Gilles Montigny (951-9731)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$500.00	







# Survey on Ageing and Independence

Copie française disponible.

Collected under the authority of  
Statistics Act, Revised Statutes  
of Canada, 1985, Chapter S19.

Confidential when completed.

1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7:	<input type="text"/>
8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9:	<input type="text"/>
10:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11:	<input type="text"/>	<input type="text"/>	12:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time period	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
09:00 - 12:00						
12:01 - 16:00						
16:01 - 19:00						
19:01 - 21:00						

1 <input type="radio"/> Phone Interview 2 <input type="radio"/> Personal Interview	Language of Interview	Final Status Code	Start time	Finish time
	3 <input type="radio"/> English 4 <input type="radio"/> French	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>

## Introduction

Hello, I'm \_\_\_\_\_ from Statistics Canada. I'm calling to complete a questionnaire on your retirement or pre-retirement plans, your health and lifestyle. By the year 2000, close to one third of Canada's population will be over 45 years of age. Your answers will provide information to policy and program developers for today's seniors and the seniors of tomorrow.

All the information we collect in this survey will be kept confidential.

I would like to begin by asking you some questions about yourself.

## SECTION A. Main activity

A.1 What is your current marital status? Are you ....

- 1 ☐ Married or living common-law?  
2 ☐ Separated?  
3 ☐ Divorced?  
4 ☐ Widowed?  
5 ☐ Single (never married)? ▶ Go to A.3

A.2 (See A.1) How long have you been \_\_\_\_\_?

Years (if less than a year, enter 01)

A.3 What is the date of your birth?

6   7   8    
Day Month Year

A.4 Interviewer check item:

- 1 ☐ If born before September 1926 ▶ Go to A.31 (page 4)  
2 ☐ If born after September 1926 ▶ Go to A.5  
3 ☐ If born in September 1926, ask respondent:  
▶ Are you now 65 years of age?  
4 ☐ Yes ▶ Go to A.31 (page 4)  
5 ☐ No ▶ Go to A.5

8-5103-264.1 1991-06-18 STC/MLD-040-05041



Statistics  
Canada

Statistique  
Canada

Canada

Respondents under 65 years	
<p>A.5 Do you currently have a paid job or operate a business or farm?</p> <p>6 <input type="radio"/> Yes</p> <p>7 <input type="radio"/> No ▶ Go to A.17 (next page)</p>	<p><b>Part-time workers and workers with 00 weeks worked in past 12 months</b></p> <p>A.12 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Working for pay or profit?</p> <p>2 <input type="radio"/> Managing a home or being a homemaker?</p> <p>3 <input type="radio"/> Taking care of a family member or close friend?</p> <p>4 <input type="radio"/> Doing volunteer work?</p> <p>5 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.14</i></p>
<p>A.6 During the past twelve months, that is since September 1990, how many weeks did you work at any job or business? Include time for vacation, illness, strikes or lockouts.</p> <p><input type="text"/> <input type="text"/> Weeks worked</p>	
<p>A.7 Interviewer check item:</p> <p>1 <input type="radio"/> If 00 weeks worked reported in A.6 ▶ Go to A.12</p> <p>2 <input type="radio"/> Otherwise ▶ Go to A.8</p>	
<p>A.8 During those weeks, was the work mostly full-time, that is 30 hours or more per week, or part-time, that is less than 30 hours per week?</p> <p>3 <input type="radio"/> Full-time</p> <p>4 <input type="radio"/> Part-time ▶ Go to A.12</p>	<p>A.13 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Working for pay or profit</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Working for pay or profit <u>and</u> managing a home</p> <p>4 <input type="radio"/> Taking care of a family member or close friend</p> <p>5 <input type="radio"/> Doing volunteer work</p> <p>6 <input type="radio"/> Something else</p>
<p><b>Full-time workers</b></p>	
<p>A.9 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Working for pay or profit?</p> <p>2 <input type="radio"/> Managing a home or being a homemaker?</p> <p>3 <input type="radio"/> Taking care of a family member or close friend?</p> <p>4 <input type="radio"/> Doing volunteer work?</p> <p>5 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.11</i></p>	<p>A.14 Have you permanently stopped working full-time for pay or profit?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to A.16</p> <p>3 <input type="radio"/> Don't know ▶ Go to A.16</p>
<p>A.10 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Working for pay or profit</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Working for pay or profit <u>and</u> managing a home</p> <p>4 <input type="radio"/> Taking care of a family member or close friend</p> <p>5 <input type="radio"/> Doing volunteer work</p> <p>6 <input type="radio"/> Something else</p>	<p>A.15 Do you consider yourself to be retired?</p> <p>4 <input type="radio"/> Yes ▶ Go to SECTION B (page 5)</p> <p>5 <input type="radio"/> No</p>
<p>A.11 At what age do you expect to retire?</p> <p>7 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>801 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>802 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>	<p>A.16 At what age do you expect to retire?</p> <p>6 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>701 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>702 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>



Non-workers	Non-workers – Not looking for work
<p>A.17 Are you currently looking for work?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to A.23</p>	<p>A.23 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>1 <input type="radio"/> Managing a home or being a homemaker?</p> <p>2 <input type="radio"/> Taking care of a family member or close friend?</p> <p>3 <input type="radio"/> Doing volunteer work?</p> <p>4 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.25</i></p>
<p><b>Non-workers – Looking for work</b></p>	
<p>A.18 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>3 <input type="radio"/> Looking for work?</p> <p>4 <input type="radio"/> Managing a home or being a homemaker?</p> <p>5 <input type="radio"/> Taking care of a family member or close friend?</p> <p>6 <input type="radio"/> Doing volunteer work?</p> <p>7 <input type="radio"/> Something else?</p> <p><i>Interviewer: if only one activity marked, go to A.20</i></p>	<p>A.24 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>5 <input type="radio"/> Managing a home or being a homemaker</p> <p>6 <input type="radio"/> Taking care of a family member or close friend</p> <p>7 <input type="radio"/> Doing volunteer work</p> <p>8 <input type="radio"/> Something else</p>
<p>A.19 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Looking for work</p> <p>2 <input type="radio"/> Managing a home or being a homemaker</p> <p>3 <input type="radio"/> Taking care of a family member or close friend</p> <p>4 <input type="radio"/> Doing volunteer work</p> <p>5 <input type="radio"/> Something else</p>	<p>A.25 Did you ever work full-time for pay or profit, that is 30 hours or more per week?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to SECTION D (page 8)</p>
	<p>A.26 In what year did you last have a paid job or operate a business or farm?</p> <p><input type="text"/> <input type="text"/> Year</p>
	<p>A.27 Have you permanently stopped working full-time for pay or profit?</p> <p>3 <input type="radio"/> Yes</p> <p>4 <input type="radio"/> No ▶ Go to A.30</p> <p>5 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p>
<p>A.20 Are you looking for full-time work, that is, 30 hours or more per week, or part-time work, less than 30 hours per week?</p> <p>6 <input type="radio"/> Full-time ▶ Go to A.22</p> <p>7 <input type="radio"/> Part-time</p> <p>8 <input type="radio"/> Both ▶ Go to A.22</p>	<p>A.28 Are you permanently unable to work because of a disability?</p> <p>6 <input type="radio"/> Yes</p> <p>7 <input type="radio"/> No</p>
<p>A.21 Have you permanently stopped working full-time for pay or profit?</p> <p>1 <input type="radio"/> Yes ▶ Go to SECTION B (page 5)</p> <p>2 <input type="radio"/> No</p> <p>3 <input type="radio"/> Don't know</p>	<p>A.29 Did you ever retire from a job or business? Exclude lay-offs, quitting, or stopping work to have a family.</p> <p>1 <input type="radio"/> Yes ▶ Go to SECTION B (page 5)</p> <p>2 <input type="radio"/> No ▶ Go to SECTION D (page 8)</p>
<p>A.22 At what age do you expect to retire?</p> <p>4 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>501 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>502 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>	<p>A.30 At what age do you expect to retire?</p> <p>3 <input type="text"/> <input type="text"/> Age ▶ Go to SECTION C (page 7)</p> <p>OR</p> <p>401 <input type="radio"/> Don't know ▶ Go to C.2 part b. (page 7)</p> <p>402 <input type="radio"/> Don't expect to retire ▶ Go to SECTION D (page 8)</p>

**Respondents 65 years and over**

A.31 In what year did you last have a paid job or operate a business or farm?

5   Year ▶ Go to A.46 (next page)

OR

601 ☐ Currently working

602 ☐ Never worked ▶ Go to A.43 (next page)

**Currently working**

A.32 During the past twelve months, that is since September 1990, how many weeks did you work at any job or business? Include time for vacation, illness, strikes or lockouts.

Weeks worked

A.33 Interviewer check item:

7 ☐ If 00 weeks worked reported in A.32 ▶ Go to A.38

8 ☐ Otherwise ▶ Go to A.34

A.34 During those weeks, was the work mostly full-time, that is 30 hours or more, or part-time, that is less than 30 hours?

1 ☐ Full-time

2 ☐ Part-time ▶ Go to A.38

**Full-time workers**

A.35 Which of the following are major activities in your life at this time? (Mark all that apply)

3 ☐ Working for pay or profit?

4 ☐ Managing a home or being a homemaker?

5 ☐ Taking care of a family member or close friend?

6 ☐ Doing volunteer work?

7 ☐ Something else?

Interviewer: if only one activity marked, go to A.37

A.36 Of the activities just mentioned, what best describes the main thing you currently do? (Mark one only)

1 ☐ Working for pay or profit

2 ☐ Managing a home or being a homemaker

3 ☐ Working for pay or profit and managing a home

4 ☐ Taking care of a family member or close friend

5 ☐ Doing volunteer work

6 ☐ Something else

A.37 At what age do you expect to retire?

7   Age ▶ Go to SECTION C (page 7)

OR

801 ☐ Don't know ▶ Go to C.2 part b. (page 7)

802 ☐ Don't expect to retire ▶ Go to SECTION D (page 8)

**Part-time workers and workers with 00 weeks worked in past 12 months**

A.38 Which of the following are major activities in your life at this time? (Mark all that apply)

1 ☐ Working for pay or profit?

2 ☐ Managing a home or being a homemaker?

3 ☐ Taking care of a family member or close friend?

4 ☐ Doing volunteer work?

5 ☐ Something else?

Interviewer: if only one activity marked, go to A.40

A.39 Of the activities just mentioned, what best describes the main thing you currently do? (Mark one only)

1 ☐ Working for pay or profit

2 ☐ Managing a home or being a homemaker

3 ☐ Working for pay or profit and managing a home

4 ☐ Taking care of a family member or close friend

5 ☐ Doing volunteer work

6 ☐ Something else

A.40 Have you permanently stopped working full-time for pay or profit?

1 ☐ Yes

2 ☐ No ▶ Go to A.42

3 ☐ Don't know ▶ Go to A.42

A.41 Do you consider yourself to be retired?

4 ☐ Yes ▶ Go to SECTION B (next page)

5 ☐ No

A.42 At what age do you expect to retire?

6   Age ▶ Go to SECTION C (page 7)

OR

701 ☐ Don't know ▶ Go to C.2 part b. (page 7)

702 ☐ Don't expect to retire ▶ Go to SECTION D (page 8)

<p><b>Never worked</b></p>	<p><b>SECTION B. Retirement</b></p>																																				
<p>A.43 Are you permanently unable to work because of a disability?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>	<p>Now I have some questions about your retirement.</p> <p>B.1 What was your age when you retired? (If respondent retired more than once, use last retirement)</p> <p>3 <input type="text"/> <input type="text"/> Age at retirement</p>																																				
<p>A.44 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>3 <input type="radio"/> Managing a home or being a homemaker?</p> <p>4 <input type="radio"/> Taking care of a family member or close friend?</p> <p>5 <input type="radio"/> Doing volunteer work?</p> <p>6 <input type="radio"/> Something else?</p> <p>Interviewer: if only one activity marked, go to SECTION D (page 8)</p>	<p>OR</p> <p>401 <input type="radio"/> Didn't retire ► Go to SECTION D (page 8)</p>																																				
<p>A.45 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Managing a home or being a homemaker</p> <p>2 <input type="radio"/> Taking care of a family member or close friend</p> <p>3 <input type="radio"/> Doing volunteer work</p> <p>4 <input type="radio"/> Something else</p> <p>Now go to SECTION D (page 8)</p>	<p>B.2 Would you say your retirement was voluntary, that is you retired when you wanted to?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No</p>																																				
<p><b>Stopped working</b></p> <p>A.46 Which of the following are major activities in your life at this time? (Mark all that apply)</p> <p>5 <input type="radio"/> Managing a home or being a homemaker?</p> <p>6 <input type="radio"/> Taking care of a family member or close friend?</p> <p>7 <input type="radio"/> Doing volunteer work?</p> <p>8 <input type="radio"/> Something else?</p> <p>Interviewer: if only one activity marked, go to A.48</p>	<p>B.3 There are many preparations that people make for retirement. Did you ...</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. change your work pattern? (For example, work part-time or work more hours) . . . . .</td> <td>01 <input type="radio"/></td> <td>02 <input type="radio"/></td> </tr> <tr> <td>b. develop physical activities? . . . . .</td> <td>03 <input type="radio"/></td> <td>04 <input type="radio"/></td> </tr> <tr> <td>c. develop other leisure activities and hobbies? . . . . .</td> <td>05 <input type="radio"/></td> <td>06 <input type="radio"/></td> </tr> <tr> <td>d. gather retirement information? (For example, talk with a consultant, attend a course) . . . . .</td> <td>07 <input type="radio"/></td> <td>08 <input type="radio"/></td> </tr> <tr> <td colspan="3">The next few questions are about your <u>household</u> financial preparations for retirement. Did you...</td> </tr> <tr> <td>e. contribute to an RRSP? . . . . .</td> <td>09 <input type="radio"/></td> <td>10 <input type="radio"/></td> </tr> <tr> <td>f. build up your savings? . . . . .</td> <td>11 <input type="radio"/></td> <td>12 <input type="radio"/></td> </tr> <tr> <td>g. make other investments? (Includes buying properties) . . . . .</td> <td>13 <input type="radio"/></td> <td>14 <input type="radio"/></td> </tr> <tr> <td colspan="3">In preparation for retirement, did you ...</td> </tr> <tr> <td>h. pay-off or avoid debts? . . . . .</td> <td>15 <input type="radio"/></td> <td>16 <input type="radio"/></td> </tr> <tr> <td>i. make major purchases? . . . . .</td> <td>17 <input type="radio"/></td> <td>18 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a. change your work pattern? (For example, work part-time or work more hours) . . . . .	01 <input type="radio"/>	02 <input type="radio"/>	b. develop physical activities? . . . . .	03 <input type="radio"/>	04 <input type="radio"/>	c. develop other leisure activities and hobbies? . . . . .	05 <input type="radio"/>	06 <input type="radio"/>	d. gather retirement information? (For example, talk with a consultant, attend a course) . . . . .	07 <input type="radio"/>	08 <input type="radio"/>	The next few questions are about your <u>household</u> financial preparations for retirement. Did you...			e. contribute to an RRSP? . . . . .	09 <input type="radio"/>	10 <input type="radio"/>	f. build up your savings? . . . . .	11 <input type="radio"/>	12 <input type="radio"/>	g. make other investments? (Includes buying properties) . . . . .	13 <input type="radio"/>	14 <input type="radio"/>	In preparation for retirement, did you ...			h. pay-off or avoid debts? . . . . .	15 <input type="radio"/>	16 <input type="radio"/>	i. make major purchases? . . . . .	17 <input type="radio"/>	18 <input type="radio"/>
	Yes	No																																			
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<p>A.47 Of the activities just mentioned, what best describes the <u>main</u> thing you currently do? (Mark one only)</p> <p>1 <input type="radio"/> Managing a home or being a homemaker</p> <p>2 <input type="radio"/> Taking care of a family member or close friend</p> <p>3 <input type="radio"/> Doing volunteer work</p> <p>4 <input type="radio"/> Something else</p>	<p>B.4 Do you have a pension plan through employment (besides Canada/Quebec Pension Plan)?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>																																				
<p>A.48 Did you ever retire from a job or business? Exclude lay-offs, quitting, or stopping work to have a family.</p> <p>5 <input type="radio"/> Yes ► Go to SECTION B</p> <p>6 <input type="radio"/> No ► Go to SECTION D (page 8)</p>	<p>B.5 How long before retiring did you begin to actively prepare for your retirement? (For example, make decisions like moving, paying debts). Would that be ...</p> <p>3 <input type="radio"/> 1-2 years before retiring?</p> <p>4 <input type="radio"/> 3-5 years before retiring?</p> <p>5 <input type="radio"/> 6-10 years before retiring?</p> <p>6 <input type="radio"/> more than 10 years before retiring?</p> <p>7 <input type="radio"/> did not prepare</p>																																				



<p><b>B.6</b> There are many reasons why people retire. Which of the following were reasons why you retired?</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. Your health .....</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. To provide care to a family member .....</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. Had adequate retirement income (such as pensions and investments) .....</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. Mandatory retirement policies .....</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. Company early retirement plan .....</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. Your job ended and you were unable to find other work ....</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. Pressure from co-workers to retire .....</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. Wanted to stop working .....</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. Your health .....	01 <input type="radio"/>	02 <input type="radio"/>	b. To provide care to a family member .....	03 <input type="radio"/>	04 <input type="radio"/>	c. Had adequate retirement income (such as pensions and investments) .....	05 <input type="radio"/>	06 <input type="radio"/>	d. Mandatory retirement policies .....	07 <input type="radio"/>	08 <input type="radio"/>	e. Company early retirement plan .....	09 <input type="radio"/>	10 <input type="radio"/>	f. Your job ended and you were unable to find other work ....	11 <input type="radio"/>	12 <input type="radio"/>	g. Pressure from co-workers to retire .....	13 <input type="radio"/>	14 <input type="radio"/>	h. Wanted to stop working .....	15 <input type="radio"/>	16 <input type="radio"/>	<p><b>B.12</b> At the moment you officially retired, for whom did you work? (Name of business, government department or agency, or person.)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
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<p><b>B.7</b> Interviewer check item: (See A.1)</p> <p>1 <input type="radio"/> If respondent is married or living common-law ▶ Go to B.8</p> <p>2 <input type="radio"/> Otherwise ▶ Go to B.9</p>	<p><b>B.13</b> What kind of business, industry or service was this? (Give full description: e.g., federal government, canning industry, forestry services.)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>																											
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<p><b>B.9</b> After you retired, did you ever go back to work at any job or employment?</p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ▶ Go to B.12</p>	<p><b>B.15</b> In this work, what were your most important activities or duties? (E.g., filing documents, drying vegetables, forest examiner.)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>																											
<p><b>B.10</b> Was this ... (Mark one only)</p> <p>3 <input type="radio"/> for the same employer?</p> <p>4 <input type="radio"/> for a different employer?</p> <p>5 <input type="radio"/> for yourself or your own business?</p>	<p><b>B.16</b> In this job, did you work mainly...</p> <p>1 <input type="radio"/> in your own business, farm or professional practice? ▶ Go to Section E (page 9)</p> <p>2 <input type="radio"/> for others for wages, salary or commission?</p>																											
<p><b>B.11</b> Was this mostly full-time work or part-time work?</p> <p>6 <input type="radio"/> Full-time</p> <p>7 <input type="radio"/> Part-time</p> <p>Now I'm going to ask you about the work you were doing prior to this, that is when you officially retired.</p>	<p><b>B.17</b> Was this....</p> <p>3 <input type="radio"/> in private business or industry?</p> <p>4 <input type="radio"/> in the public sector?</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Now go to SECTION E (page 9)</div>																											

## SECTION C. Work and pre-retirement

The next few questions ask about preparations for retirement.

C.1 At the age you expect to retire, do you think that your income and investments will be adequate to enable you to retire?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

C.2 There are many preparations that people make for retirement. Have you done or are you doing any of the following ...

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. changed your work patterns? (For example, worked part-time or worked more hours) ....                                  | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. (There are many preparations that people make for retirement. Have you done or are you doing any of the following ...) |                          |                          |
| developed physical activities? .....  | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. developed other leisure activities and hobbies? ....   | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. gathered retirement information? (For example, talked with a consultant or attended a course) .....                    | 07 <input type="radio"/> | 08 <input type="radio"/> |

The next few questions are about your household financial preparations for retirement. Have you ...

- e. contributed to an RRSP? ... 09 ☐ 10 ☐
- f. built up your savings? .... 11 ☐ 12 ☐
- g. made other investments? (Includes buying properties) 13 ☐ 14 ☐
- In preparation for retirement, have you ...
- h. paid-off or avoided debts? ... 15 ☐ 16 ☐
- i. made major purchases? ... 17 ☐ 18 ☐

C.3 Do you have a pension plan through employment (besides Canada/Québec Pension Plan)?

- 1 ☐ Yes
- 2 ☐ No

C.4 Do you feel that you are adequately preparing for your retirement?

- 3 ☐ Yes
- 4 ☐ No
- 5 ☐ Don't know

C.5 There are many reasons why people retire. Which of the following will most likely be the reasons that you retire? Will it be ...

- |  | Yes                      | No                       | Don't know               |
|--|--------------------------|--------------------------|--------------------------|
| a. Your health? .....  | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| b. Your need to provide care to a family member? ....                          | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| c. Having adequate retirement income? (Such as pensions and investments) ..... | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| d. Mandatory retirement policies? .....  | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e. Company early retirement plan? .....  | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| f. Your job ending and you being unable to find other work? .....              | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> |
| g. Pressure from co-workers to retire? ..                                      | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |
| h. Wanting to stop working? 22   | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |

C.6 Interviewer check item: (See A.1)

- 1 ☐ If respondent is married or living common-law ► Go to C.7
- 2 ☐ Otherwise ► Go to SECTION E (page 9)

C.7 Sometimes people's reasons for retirement are influenced by their spouse/partner. Which of the following will most likely influence your retirement?

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| a. Your spouse/partner's health .....   | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| b. Your spouse/partner's retirement income (such as pensions and investments) ..... | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| c. Your spouse/partner's retirement ...   | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| d. Pressure from your spouse/partner to retire                                      | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |

Now go to SECTION E (page 9)

# SECTION D. Preparation for the Future

D.1 There are many preparations that people make for their future. Please tell me if you have done any or are currently doing any of the following ...

Yes No

a. developed physical activities? 01 ☐ 02 ☐

b. developed other leisure activities and hobbies? 03 ☐ 04 ☐

c. gathered retirement information? (For example, talked with a consultant or attended a course) 05 ☐ 06 ☐

The next few questions are about your household financial preparations for the future. Have you...

d. contributed to an RRSP? 07 ☐ 08 ☐

e. built up your savings? 09 ☐ 10 ☐

f. made other investments? (Includes buying properties) 11 ☐ 12 ☐

In preparation for the future, have you ...

g. paid-off or avoided debts? 13 ☐ 14 ☐

h. made major purchases? 15 ☐ 16 ☐

D.2 Do you have a pension plan through employment (besides Canada/Quebec Pension Plan)?

1 ☐ Yes

2 ☐ No

D.3 Interviewer check item: (See A.1)

3 ☐ If married or living common-law ▶ Go to D.4

4 ☐ If widowed ▶ Go to D.9

5 ☐ Otherwise ▶ Go to SECTION E (next page)

D.4 Now we will talk about your spouse/partner. Is your spouse/partner retired?

6 ☐ Yes ▶ Go to D.6

7 ☐ No

D.5 At what age do you expect your spouse/partner to retire?

Age ▶ Go to D.7

OR

01 ☐ Don't expect him/her to retire ▶ Go to D.7

02 ☐ Don't know ▶ Go to D.7

D.6 For your spouse/partner, which of the following were reasons for his/her retirement?

Yes No Don't know

a. Your own health? 01 ☐ 02 ☐ 03 ☐

b. Your spouse/partner's health? 04 ☐ 05 ☐ 06 ☐

c. The need to provide care to a family member? 07 ☐ 08 ☐ 09 ☐

d. Having adequate retirement income? (such as pensions and investments) 10 ☐ 11 ☐ 12 ☐

e. Mandatory retirement policies? 13 ☐ 14 ☐ 15 ☐

f. Company early retirement plan? 16 ☐ 17 ☐ 18 ☐

g. Lack of available work? 19 ☐ 20 ☐ 21 ☐

D.7 Does your spouse/partner have a private pension plan through employment (besides Canada/Quebec Pension Plan)?

4 ☐ Yes

5 ☐ No ▶ Go to SECTION E (next page)

6 ☐ Don't know ▶ Go to SECTION E (next page)

D.8 On the death of your spouse/partner would you receive benefits from his/her pension plan (excluding Canada/Quebec Pension Plan or Old Age Security)?

1 ☐ Yes ▶ Go to SECTION E (next page)

2 ☐ No ▶ Go to SECTION E (next page)

3 ☐ Don't know ▶ Go to SECTION E (next page)

D.9 Did your spouse/partner have a private pension plan through employment (besides Canada/Quebec Pension Plan)?

4 ☐ Yes

5 ☐ No ▶ Go to SECTION E (next page)

6 ☐ Don't know ▶ Go to SECTION E (next page)

D.10 On the death of your spouse/partner did you receive benefits from his/her pension plan (excluding Canada/Quebec Pension Plan or Old Age Security)?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know



## SECTION E. Activities

Now I am going to ask you a few questions about your activities. Physical activity includes activities you do at work, at home and in your leisure time. It includes activities like walking, gardening, washing windows, dancing and golf.

E.1 Compared to other people your age, would you say that you are physically ...

- 5 ☐ more active?  
6 ☐ as active?  
7 ☐ less active?  
8 ☐ don't know

E.2 Do you consider the amount of physical activity you get to be ...

- 1 ☐ too much?  
2 ☐ too little?  
3 ☐ the right amount?  
4 ☐ don't know

E.3 Do you think that physical activity makes a difference in helping people avoid health problems like heart disease and high blood pressure as they get older? Does it make ...

- 5 ☐ a big difference?  
6 ☐ some difference?  
7 ☐ little or no difference?  
8 ☐ don't know

E.4 Do you think that physical activity makes a difference in helping people remain independent as they get older? Does it make ...

- 1 ☐ a big difference?  
2 ☐ some difference?  
3 ☐ little or no difference?  
4 ☐ don't know

E.5 In the next year, do you intend to be more physically active, as active, or less active than you are now?

- 5 ☐ More active  
6 ☐ As active  
7 ☐ Less active  
8 ☐ Don't know

Now I want to ask you some questions about activities you do in your leisure time.

E.6 During a typical month, do you often, sometimes or rarely ...

- Often Sometimes Rarely  
a. watch TV? ..... 01 ☐ 02 ☐ 03 ☐

During a typical month, do you often, sometimes or rarely ...

- b. listen to radio, records, tapes, etc.? ..... 04 ☐ 05 ☐ 06 ☐  
c. have a chat with others on the phone? 07 ☐ 08 ☐ 09 ☐

During a typical month, do you often, sometimes or rarely ...

- Often Sometimes Rarely  
d. do arts, crafts, or other hobbies? ... 10 ☐ 11 ☐ 12 ☐  
e. read papers, magazines, or books? 13 ☐ 14 ☐ 15 ☐  
f. have family or friends over? ..... 16 ☐ 17 ☐ 18 ☐

Now I am going to ask you a few questions about your activity outside your home.

E.7 During a typical month, do you often, sometimes or rarely ...

- Often Sometimes Rarely  
a. go to visit friends or relatives? ..... 19 ☐ 20 ☐ 21 ☐  
b. go shopping? (Excluding groceries) 22 ☐ 23 ☐ 24 ☐  
c. go out to movies? ... 25 ☐ 26 ☐ 27 ☐  
d. eat out? ..... 28 ☐ 29 ☐ 30 ☐  
e. go out for a drive? ... 31 ☐ 32 ☐ 33 ☐  
f. go for a walk? ..... 34 ☐ 35 ☐ 36 ☐  
g. go to clubs, church or a community centre? 37 ☐ 38 ☐ 39 ☐  
h. go to the library? ... 40 ☐ 41 ☐ 42 ☐  
i. play cards or other games? ..... 43 ☐ 44 ☐ 45 ☐

E.8 This summer, did you ...

- Yes No  
a. attend sporting events? ..... 1 ☐ 2 ☐  
b. attend concerts, plays or other performing arts events? ..... 3 ☐ 4 ☐  
c. go to museums or to art galleries? ..... 5 ☐ 6 ☐

E.9 In general, do you feel safe and secure in your house/apartment?

- 1 ☐ Yes  
2 ☐ No  
3 ☐ don't know

E.10 In general, do you feel safe and secure outside in your neighbourhood?

- 4 ☐ Yes ▶ Go to SECTION F (next page)  
5 ☐ No  
6 ☐ don't know ▶ Go to SECTION F (next page)

E.11 Does this concern limit your activities outside your home ...

- 1 ☐ a great deal?  
2 ☐ somewhat?  
3 ☐ not at all?

# SECTION F. Health

I am now going to ask some questions about your health.

F.1 How would you describe your state of health? Would you say, in general, your health is ...

- 4 ☐ excellent?
- 5 ☐ good?
- 6 ☐ fair?
- 7 ☐ poor?
- 8 ☐ Don't know

F.2 Compared to other people your age, would you say your health is ...

- 1 ☐ better?
- 2 ☐ about the same?
- 3 ☐ worse?
- 4 ☐ Don't know

F.3 How one feels at any particular time is affected by life experiences. In the past twelve months have you ...

- |  | Yes                      | No                       | Don't know               |
|--|--------------------------|--------------------------|--------------------------|
| a. changed or lost a job?                                    | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| b. changed residence?  | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| c. had a person move into or leave your home?                | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| d. had a death in the family?                                | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e. had a death of a close friend?                            | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| f. had a serious illness or injury?                          | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> |
| g. had a family member or a friend seriously ill or injured? | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |

F.4 Interviewer check item:

- 1 ☐ If any marked "Yes" in F.3 ▶ Go to F.5
- 2 ☐ Otherwise ▶ Go to F.7

F.5 Did you experience a lot of stress due to this/these event(s)?

- 3 ☐ Yes
- 4 ☐ No ▶ Go to F.7

F.6 Have you done any of the following to cope with stress from (Read 'Yes' response(s) from F.3)? Have you been ...

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. getting help from friends or relatives?   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. getting professional help?  | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. getting help from someone who has dealt with a similar experience? (Exclude self-help groups) | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. just trying to accept it?   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e. keeping busy?   | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f. praying or meditating?  | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g. changing the amount you smoke, drink or eat?  | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h. doing anything else to cope? (Specify):   | 15 <input type="radio"/> | 16 <input type="radio"/> |

F.7 I want to ask you some questions about the types of things you do on a daily basis to stay healthy. Do you...

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. eat a balanced diet?                   | 17 <input type="radio"/> | 18 <input type="radio"/> |
| b. get enough rest and sleep?             | 19 <input type="radio"/> | 20 <input type="radio"/> |
| c. keep physically active?                | 21 <input type="radio"/> | 22 <input type="radio"/> |
| d. brush your teeth?                      | 23 <input type="radio"/> | 24 <input type="radio"/> |
| e. avoid smoking?                         | 25 <input type="radio"/> | 26 <input type="radio"/> |
| f. avoid alcohol, or drink in moderation? | 27 <input type="radio"/> | 28 <input type="radio"/> |

F.8 Are you at all limited in the kind or amount of activity you can do because of a long-term illness, physical condition or health problem? By long term I mean a condition that lasted or is expected to last more than 6 months.

- 1 ☐ Yes
- 2 ☐ No ▶ Go to F.15

F.9 Are your activities limited ...

- |   | Yes                      | No                       | Don't know               | N/A                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. at home?   | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> |
| b. at work (or school)?   | 05 <input type="radio"/> | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> |
| c. in other activities (such as leisure time pursuits or transportation)? | 09 <input type="radio"/> | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |

F.10 Interviewer check item:

- 1 ☐ If any marked "Yes" in F.9 ▶ Go to F.11
- 2 ☐ Otherwise ▶ Go to F.15

<p><b>F.11</b> How well do you feel you are coping with this limitation? Would you say ...</p> <p>3 <input type="radio"/> very well?</p> <p>4 <input type="radio"/> fairly well?</p> <p>5 <input type="radio"/> not very well?</p> <p>6 <input type="radio"/> not at all well?</p> <p>7 <input type="radio"/> Don't know</p>	<p><b>F.15</b> Do you have any of the following health-care features at home ...</p> <table style="width: 100%; border: none;"> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td>a. bathroom modifications such as handrails? .....</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. extra handrails throughout your home? .....</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. a street-level entrance (no steps)? .....</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. closed-captioned TV? (A system for hearing-impaired television viewers whereby a simplified version of the dialogue is printed on screen via a special decoder) .....</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. some other modifications to your home? (Specify): .....</td> <td style="text-align: center;">09 <input type="radio"/></td> <td style="text-align: center;">10 <input type="radio"/></td> </tr> </table> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>		Yes	No	a. bathroom modifications such as handrails? .....	01 <input type="radio"/>	02 <input type="radio"/>	b. extra handrails throughout your home? .....	03 <input type="radio"/>	04 <input type="radio"/>	c. a street-level entrance (no steps)? .....	05 <input type="radio"/>	06 <input type="radio"/>	d. closed-captioned TV? (A system for hearing-impaired television viewers whereby a simplified version of the dialogue is printed on screen via a special decoder) .....	07 <input type="radio"/>	08 <input type="radio"/>	e. some other modifications to your home? (Specify): .....	09 <input type="radio"/>	10 <input type="radio"/>																																											
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<p><b>F.12</b> For each of the following activities, tell me if you can do it yourself, if you need assistance, or if you are totally unable to do it.</p> <table style="width: 100%; border: none;"> <tr> <th></th> <th style="text-align: center;">Self</th> <th style="text-align: center;">Needs help</th> <th style="text-align: center;">Unable to do</th> </tr> <tr> <td>a. Walking about 3 city blocks without resting .....</td> <td style="text-align: center;">01 <input type="radio"/></td> <td style="text-align: center;">02 <input type="radio"/></td> <td style="text-align: center;">03 <input type="radio"/></td> </tr> <tr> <td>b. Walking up or down a flight of stairs .....</td> <td style="text-align: center;">04 <input type="radio"/></td> <td style="text-align: center;">05 <input type="radio"/></td> <td style="text-align: center;">06 <input type="radio"/></td> </tr> <tr> <td>c. Dressing or undressing .....</td> <td style="text-align: center;">07 <input type="radio"/></td> <td style="text-align: center;">08 <input type="radio"/></td> <td style="text-align: center;">09 <input type="radio"/></td> </tr> <tr> <td>d. Cutting your own toenails .....</td> <td style="text-align: center;">10 <input type="radio"/></td> <td style="text-align: center;">11 <input type="radio"/></td> <td style="text-align: center;">12 <input type="radio"/></td> </tr> <tr> <td>e. Using the toilet .....</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> </table>		Self	Needs help	Unable to do	a. Walking about 3 city blocks without resting .....	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	b. Walking up or down a flight of stairs .....	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	c. Dressing or undressing .....	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	d. Cutting your own toenails .....	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	e. Using the toilet .....	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	<p><b>F.16</b> Would you describe your life as ...</p> <p>1 <input type="radio"/> very stressful?</p> <p>2 <input type="radio"/> not very stressful? ▶ Go to F.18</p> <p>3 <input type="radio"/> not at all stressful? ▶ Go to F.18</p>																																					
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<p><b>F.13</b> Because of your condition, do you have any of the following health-care features?</p> <table style="width: 100%; border: none;"> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td>a. bathroom modifications? .....</td> <td style="text-align: center;">16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> </tr> <tr> <td>b. extra handrails throughout your home? .....</td> <td style="text-align: center;">18 <input type="radio"/></td> <td style="text-align: center;">19 <input type="radio"/></td> </tr> <tr> <td>c. access ramps? .....</td> <td style="text-align: center;">20 <input type="radio"/></td> <td style="text-align: center;">21 <input type="radio"/></td> </tr> <tr> <td>d. widened doorways? .....</td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> </tr> <tr> <td>e. a street-level entrance (no steps)? .....</td> <td style="text-align: center;">24 <input type="radio"/></td> <td style="text-align: center;">25 <input type="radio"/></td> </tr> <tr> <td>f. an entrance that opens automatically? .....</td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> </tr> <tr> <td>g. an elevator or lift device? .....</td> <td style="text-align: center;">28 <input type="radio"/></td> <td style="text-align: center;">29 <input type="radio"/></td> </tr> <tr> <td>h. handicap parking? .....</td> <td style="text-align: center;">30 <input type="radio"/></td> <td style="text-align: center;">31 <input type="radio"/></td> </tr> <tr> <td>i. some other modifications to your home? (Specify): .....</td> <td style="text-align: center;">32 <input type="radio"/></td> <td style="text-align: center;">33 <input type="radio"/></td> </tr> </table> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>		Yes	No	a. bathroom modifications? .....	16 <input type="radio"/>	17 <input type="radio"/>	b. extra handrails throughout your home? .....	18 <input type="radio"/>	19 <input type="radio"/>	c. access ramps? .....	20 <input type="radio"/>	21 <input type="radio"/>	d. widened doorways? .....	22 <input type="radio"/>	23 <input type="radio"/>	e. a street-level entrance (no steps)? .....	24 <input type="radio"/>	25 <input type="radio"/>	f. an entrance that opens automatically? .....	26 <input type="radio"/>	27 <input type="radio"/>	g. an elevator or lift device? .....	28 <input type="radio"/>	29 <input type="radio"/>	h. handicap parking? .....	30 <input type="radio"/>	31 <input type="radio"/>	i. some other modifications to your home? (Specify): .....	32 <input type="radio"/>	33 <input type="radio"/>	<p><b>F.17</b> What is the <u>main</u> reason for this stress? Is it related to ... (Mark one only)</p> <p>4 <input type="radio"/> employment?</p> <p>5 <input type="radio"/> family?</p> <p>6 <input type="radio"/> health?</p> <p>7 <input type="radio"/> finances?</p> <p>8 <input type="radio"/> something else? (Specify): .....</p> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>																															
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## SECTION G. Social Support

There are many ways in which people may give their time and skills. It is hard to remember all the things one could have done during the past year, so let me ask you specifically ...

G.1 During the past twelve months, have you regularly provided any of the following types of assistance to others, either living with you or outside your home? Have you provided help with ...

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| a. housework? . . . . .                                     | 31 <input type="radio"/> | 32 <input type="radio"/> | 33 <input type="radio"/> |
| b. yardwork? . . . . .                                      | 34 <input type="radio"/> | 35 <input type="radio"/> | 36 <input type="radio"/> |
| c. meal preparation? . . . .                                | 37 <input type="radio"/> | 38 <input type="radio"/> | 39 <input type="radio"/> |
| d. grocery shopping? . . . .                                | 40 <input type="radio"/> | 41 <input type="radio"/> | 42 <input type="radio"/> |
| e. transportation? . . . . .                                | 43 <input type="radio"/> | 44 <input type="radio"/> | 45 <input type="radio"/> |
| f. babysitting? . . . . .                                   | 46 <input type="radio"/> | 47 <input type="radio"/> | 48 <input type="radio"/> |
| g. managing money? . . . .                                  | 49 <input type="radio"/> | 50 <input type="radio"/> | 51 <input type="radio"/> |
| h. personal care (such as bathing, dressing)? . . .         | 52 <input type="radio"/> | 53 <input type="radio"/> | 54 <input type="radio"/> |
| i. emotional support? . . . .                               | 55 <input type="radio"/> | 56 <input type="radio"/> | 57 <input type="radio"/> |
| j. volunteer service through a group or organization? . . . | 58 <input type="radio"/> | 59 <input type="radio"/> | 60 <input type="radio"/> |

G.2 Interviewer check item:

- 1 ☐ If any marked "Yes" in G.1 ► Go to G.3
- 2 ☐ Otherwise ► Go to G.4

G.3 Who did you help? Was it ...

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. your spouse/partner? . . . . .                                | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. a mother/father? . . . . .                                    | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. a son? . . . . .  | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. a daughter? . . . . .   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e. a grandchild? . . . . .                                       | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f. another family member?<br>(An in-law or brother/sister) . . . | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g. a friend or neighbour? . . . . .                              | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h. a volunteer group or organization? . . . . .                  | 15 <input type="radio"/> | 16 <input type="radio"/> |
| i. someone else? (specify): . . . .                              | 17 <input type="radio"/> | 18 <input type="radio"/> |

I am now going to ask you about any help you may have received on a regular basis.

G.4 During the past twelve months, have you regularly received any of the following types of assistance from others either living with you or from outside your home? Have you received help with ...

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| a. housework? . . . . .                             | 19 <input type="radio"/> | 20 <input type="radio"/> | 21 <input type="radio"/> |
| b. yardwork? . . . . .                              | 22 <input type="radio"/> | 23 <input type="radio"/> | 24 <input type="radio"/> |
| c. meal preparation? . . . .                        | 25 <input type="radio"/> | 26 <input type="radio"/> | 27 <input type="radio"/> |
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| h. personal care (such as bathing, dressing)? . . . | 40 <input type="radio"/> | 41 <input type="radio"/> | 42 <input type="radio"/> |
| i. emotional support? . . . .                       | 43 <input type="radio"/> | 44 <input type="radio"/> | 45 <input type="radio"/> |

G.5 Interviewer check item:

- 1 ☐ If any marked "Yes" in G.4 ► Go to G.6
- 2 ☐ Otherwise ► Go to G.7

G.6 Who helped you? Was it ...

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. your spouse/partner? . . . . .                                | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. a mother/father? . . . . .                                    | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. a son? . . . . .  | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. a daughter? . . . . .   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e. a grandchild? . . . . .                                       | 09 <input type="radio"/> | 10 <input type="radio"/> |
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| g. a friend or neighbour? . . . . .                              | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h. a volunteer group or organization? . . . . .                  | 15 <input type="radio"/> | 16 <input type="radio"/> |
| i. someone else? (specify): . . . .                              | 17 <input type="radio"/> | 18 <input type="radio"/> |

G.7 During the past twelve months, did you participate in a self-help group in which people with a common problem help each other? (For example, groups for people who have had a stroke or who have cancer, groups for recently widowed or divorced people, Alcoholics Anonymous, etc.)

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

<p>Now I have a few questions about your family.</p> <p>G.8 How many brothers and sisters do you have still living? (Include step, adopted, and half brothers and sisters).</p> <p><input type="text"/> <input type="text"/> Number</p> <p>OR</p> <p>94 <input type="radio"/> None</p>		<p>G.14 Not counting family members, do you have any close friends? That is, do you have any friends with whom you feel at ease, can talk to about private matters, or can call on for help?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No ▶ Go to G.19</p>
<p>G.9 How many children do you have still living? (Include step and adopted children).</p> <p><input type="text"/> <input type="text"/> Number</p> <p>OR</p> <p>95 <input type="radio"/> None</p>		<p>G.15 How many close friends do you have?</p> <p><input type="text"/> <input type="text"/> Number of close friends</p>
<p>I would like you to think now about your family and close friends. By family, I mean spouse or partner, children and other relatives.</p> <p>G.10 Do you have any family members you feel close to? That is, family members you feel at ease with, can talk to about private matters, or can call on for help?</p> <p>6 <input type="radio"/> Yes ▶ How many? <input type="text"/> <input type="text"/></p> <p>7 <input type="radio"/> No ▶ Go to G.14</p>		<p>G.16 Thinking about the friend you feel closest to, does this person live... (Mark one only)</p> <p>1 <input type="radio"/> in the same household as yourself?</p> <p>2 <input type="radio"/> within your neighbourhood?</p> <p>3 <input type="radio"/> within the same city or town?</p> <p>4 <input type="radio"/> in another city or town?</p>
<p>G.11 Thinking about the family member you feel closest to, does this person live ... (Mark one only)</p> <p>1 <input type="radio"/> in the same household as yourself?</p> <p>2 <input type="radio"/> within your neighbourhood?</p> <p>3 <input type="radio"/> within the same city or town?</p> <p>4 <input type="radio"/> in another city or town?</p>		<p>G.17 Is this closest friend male or female?</p> <p>5 <input type="radio"/> Male</p> <p>6 <input type="radio"/> Female</p>
<p>G.12 Is this closest family member male or female?</p> <p>5 <input type="radio"/> Male</p> <p>6 <input type="radio"/> Female</p>		<p>G.18 Are you satisfied or dissatisfied with the kind and frequency of contact you have with friends, including personal contact, phone calls and letters?</p> <p>1 <input type="radio"/> Satisfied</p> <p>2 <input type="radio"/> Dissatisfied</p> <p>Is that very or somewhat?</p> <p>3 <input type="radio"/> Very</p> <p>4 <input type="radio"/> Somewhat</p>
<p>G.13 Are you satisfied or dissatisfied with the kind and frequency of contact you have with family members, including personal contact, phone calls and letters?</p> <p>1 <input type="radio"/> Satisfied</p> <p>2 <input type="radio"/> Dissatisfied</p> <p>Is that very or somewhat?</p> <p>3 <input type="radio"/> Very</p> <p>4 <input type="radio"/> Somewhat</p>		<p>G.19 Do you have a household pet?</p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No</p>

**SECTION H. Dwelling Characteristics & Accident and Safety**

The next questions concern your home.

**H.1** Is your home in need of any repairs? (Do not include desirable remodelling, additions or conversions)

- 1 ☐ Yes  
2 ☐ No (only regular maintenance) ▶ Go to H.3

**H.2** Does it require major or minor repairs? (Examples of major repairs are sagging floors, damaged walls or damaged electrical wiring. Examples of minor repairs are broken windows, leaking sinks or small cracks in interior walls).

- 3 ☐ Major repairs  
4 ☐ Minor repairs  
5 ☐ Both

**H.3** Do you (or your spouse/partner) own or rent this dwelling?

- 6 ☐ Own  
7 ☐ Rent ▶ Go to H.8  
8 ☐ Other ▶ Go to H.8

**H.4** Is this with a mortgage or is your mortgage paid off completely?

- 1 ☐ With mortgage  
2 ☐ Paid off completely ▶ Go to H.6  
3 ☐ Don't know ▶ Go to H.6

**H.5** What is the amount remaining on your mortgage?

\$    (nearest thousand – if greater than 995, enter 996)

- 997 ☐ Don't know  
998 ☐ Refused

**H.6** If you were selling this dwelling now, for how much would you expect to sell it?

\$    (nearest thousand – if greater than 995, enter 996)

- 997 ☐ Don't know  
998 ☐ Refused

**H.7** In addition to your present home do you own other property? (For example, vacation home, rental property, business property or any other real estate).

- 1 ☐ Yes ▶ Go to H.9  
2 ☐ No ▶ Go to H.13

**H.8** Do you own any property elsewhere? (For example, vacation home, rental property, business property or any other real estate)

- 3 ☐ Yes  
4 ☐ No ▶ Go to H.13

**H.9** Is this with a mortgage or is the mortgage completely paid off? (If more than one property, select the higher mortgage).

- 5 ☐ With mortgage  
6 ☐ Paid off completely ▶ Go to H.11  
7 ☐ Don't know ▶ Go to H.11

**H.10** What is the amount remaining on this mortgage?

\$    (nearest thousand – if greater than 995, enter 996)

- 997 ☐ Don't know  
998 ☐ Refused

**H.11** Is this property ...

- 3 ☐ Inside Canada?  
4 ☐ Outside Canada?

**H.12** If you were selling this property now, for how much would you expect to sell it?

\$    (nearest thousand – if greater than 995, enter 996)

- 997 ☐ Don't know  
998 ☐ Refused

**H.13** Have you moved in the past 5 years, that is, since September 1986?

- 7 ☐ Yes  
8 ☐ No ▶ Go to H.15

**H.14** What were the reasons for this move? (Mark all that apply)

- 01 ☐ To provide care support to a relative  
02 ☐ To receive care support from a relative  
03 ☐ Job change or transfer  
04 ☐ Retirement (of self or spouse/partner)  
05 ☐ Decline in health (of self or spouse/partner)  
06 ☐ Separation or divorce  
07 ☐ Death of spouse/partner  
08 ☐ Financial reasons  
09 ☐ Previous home too big or too small  
10 ☐ Wanted more opportunities for recreation, leisure and physical activity  
11 ☐ Other (Specify):



H.15 Many new products available today contribute to an independent life. The next questions are on some electronic devices that you may have in your home.

Do you own or use a ...

In the next year, do you intend to acquire this?

Yes No

1. Microwave oven?

01 ☐ Yes

02 ☐ No ..... ▶ 04 ☐ 05 ☐

03 ☐ Don't know

2. Cable TV?

06 ☐ Yes

07 ☐ No ..... ▶ 10 ☐ 11 ☐

08 ☐ Not available

09 ☐ Don't know

3. Pay TV?

12 ☐ Yes

13 ☐ No ..... ▶ 16 ☐ 17 ☐

14 ☐ Not available

15 ☐ Don't know

4. VCR?

18 ☐ Yes

19 ☐ No ..... ▶ 21 ☐ 22 ☐

20 ☐ Don't know

5. Computer?

23 ☐ Yes

24 ☐ No ..... ▶ 26 ☐ 27 ☐

25 ☐ Don't know

6. Satellite dish?

28 ☐ Yes

29 ☐ No ..... ▶ 31 ☐ 32 ☐

30 ☐ Don't know

Accident and Safety

H.16 Interviewer check item:

1 ☐ If respondent is 65 years or over.  
(see A.3 & A.4) ▶ Go to H.17

2 ☐ Otherwise ▶ Go to SECTION J (page 17)

I am now going to ask you some questions about safety in and around your home.

H.17 Thinking about the past twelve months, were you injured in an accident around your home? We are looking for an injury that altered your routine for at least a day.

3 ☐ Yes

4 ☐ No ▶ Go to H.25

H.18 Thinking about the most recent accident, what injuries did you have? (Mark all that apply)

01 ☐ Cuts

02 ☐ Bruises

03 ☐ Dislocations

04 ☐ Fractures

05 ☐ Sprain/Strain

06 ☐ Choking/Suffocation

07 ☐ Swelling

08 ☐ Burns

09 ☐ Scalds

10 ☐ Poisoning

11 ☐ Concussion

12 ☐ Tenderness

H.19 Where did the accident happen?

13 ☐ Kitchen

14 ☐ Basement stairs

15 ☐ Basement

16 ☐ Driveway

17 ☐ Frontyard

18 ☐ Backyard

19 ☐ Path or sidewalk

20 ☐ Stairs

21 ☐ Living room

22 ☐ Dining room

23 ☐ Bathroom

24 ☐ Bedroom

25 ☐ Hallway

26 ☐ Entrance way

27 ☐ Other

<p><b>H.20 Did any equipment or product contribute to the accident?</b></p> <p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ► Go to H.22</p>	<p><b>H.25 In the past twelve months, were you injured in an accident away from your home (excluding automobile accidents)? We are looking for an injury that altered your routine for at least a day.</b></p> <p>5 <input type="radio"/> Yes</p> <p>6 <input type="radio"/> No ► Go to SECTION J (next page)</p>
<p><b>H.21 What was it?</b></p> <p>3 <input type="radio"/> Kitchen equipment</p> <p>4 <input type="radio"/> Bathroom fixtures</p> <p>5 <input type="radio"/> Chemicals</p> <p>6 <input type="radio"/> Electrical equipment</p> <p>7 <input type="radio"/> Carpet or stairs</p> <p>8 <input type="radio"/> Other</p>	<p><b>H.26 Thinking about the most recent accident, what injuries did you have? (Mark all that apply)</b></p> <p>01 <input type="radio"/> Cuts</p> <p>02 <input type="radio"/> Bruises</p> <p>03 <input type="radio"/> Dislocations</p> <p>04 <input type="radio"/> Fractures</p> <p>05 <input type="radio"/> Sprain/Strain</p> <p>06 <input type="radio"/> Choking/Suffocation</p> <p>07 <input type="radio"/> Swelling</p> <p>08 <input type="radio"/> Burns</p> <p>09 <input type="radio"/> Scalds</p> <p>10 <input type="radio"/> Poisoning</p> <p>11 <input type="radio"/> Concussion</p> <p>12 <input type="radio"/> Tenderness</p>
<p><b>H.22 What time of day did the accident happen? ...</b></p> <p>1 <input type="radio"/> Morning</p> <p>2 <input type="radio"/> Afternoon</p> <p>3 <input type="radio"/> Evening</p> <p>4 <input type="radio"/> During the night</p>	<p><b>H.27 What time of day did the accident happen? ...</b></p> <p>1 <input type="radio"/> Morning</p> <p>2 <input type="radio"/> Afternoon</p> <p>3 <input type="radio"/> Evening</p> <p>4 <input type="radio"/> During the night</p>
<p><b>H.23 Did you get treatment from a health care professional, such as a doctor, or did you treat the injury yourself?</b></p> <p>5 <input type="radio"/> Health care professional</p> <p>6 <input type="radio"/> Self</p> <p>7 <input type="radio"/> Both</p>	<p><b>H.28 Did you get treatment from a health care professional, such as a doctor, or did you treat the injury yourself?</b></p> <p>5 <input type="radio"/> Health care professional</p> <p>6 <input type="radio"/> Self</p> <p>7 <input type="radio"/> Both</p>
<p><b>H.24 Did this accident happen in the ...</b></p> <p>1 <input type="radio"/> Fall?</p> <p>2 <input type="radio"/> Winter?</p> <p>3 <input type="radio"/> Spring?</p> <p>4 <input type="radio"/> Summer?</p>	<p><b>H.29 Did this accident happen in the ...</b></p> <p>1 <input type="radio"/> Fall?</p> <p>2 <input type="radio"/> Winter?</p> <p>3 <input type="radio"/> Spring?</p> <p>4 <input type="radio"/> Summer?</p>

## SECTION J. Transportation and Travel

The next section includes questions on transportation and the travels you may have done within the past twelve months.

J.1 Do you have a valid driver's license?

5 ☐ Yes

6 ☐ No ► Go to J.5

J.2 Do you or any member of your household lease or own a car or truck?

7 ☐ Yes

8 ☐ No ► Go to J.5

J.3 Do you use this vehicle mostly as a driver or passenger?

1 ☐ Mostly as a driver

2 ☐ Mostly as a passenger

3 ☐ Does not use this vehicle ► Go to J.5

J.4 How often do you drive? ...

4 ☐ More than 3 times a week?

5 ☐ 1 to 3 times a week?

6 ☐ 1 to 3 times a month?

7 ☐ Less than once a month?

8 ☐ Never?

J.5 Is public transportation, for example, bus, rapid transit or subway, available in your area?

1 ☐ Yes

2 ☐ No ► Go to J.8

J.6 Within the past twelve months, have you used local public transportation?

3 ☐ Yes

4 ☐ No

J.7 Within the past twelve months, have you wanted to use local public transportation but been unable to do so?

5 ☐ Yes

6 ☐ No

J.8 Within the past twelve months, did you take a trip lasting more than one day outside your city or town?

7 ☐ Yes

8 ☐ No ► Go to SECTION K (next page)

J.9 Within the past twelve months, did you take a trip away from home which lasted 4 weeks or more, excluding any business trips?

1 ☐ Yes

2 ☐ No ► Go to SECTION K (next page)

J.10 Was this trip within Canada or outside Canada?

3 ☐ Within Canada

4 ☐ Outside Canada

5 ☐ Both

J.11 In what months were you away?  
(Mark all that apply)

01 ☐ September

02 ☐ October

03 ☐ November

04 ☐ December

05 ☐ January

06 ☐ February

07 ☐ March

08 ☐ April

09 ☐ May

10 ☐ June

11 ☐ July

12 ☐ August



**SECTION K. Demographic Characteristics****K.1 Were you born in Canada?**

- 1 ☐ Yes ► Go to K.3  
 2 ☐ No

**K.2 In what country were you born?**

- 01 ☐ United Kingdom  
 02 ☐ Italy  
 03 ☐ U.S.A.  
 04 ☐ India  
 05 ☐ U.S.S.R.  
 06 ☐ Germany  
 07 ☐ Poland  
 08 ☐ Portugal  
 09 ☐ Rep. of China  
 10 ☐ Netherlands  
 11 ☐ Other (Specify):

**K.3 What languages do you speak well enough to conduct a conversation?**

- 12 ☐ English  
 13 ☐ French  
 14 ☐ Italian  
 15 ☐ German  
 16 ☐ Chinese  
 17 ☐ Ukrainian  
 18 ☐ Portuguese  
 19 ☐ Dutch  
 20 ☐ Polish  
 21 ☐ Greek  
 22 ☐ Other (Specify):

Interviewer: If only one language, go to K.5

**K.4 What is your main language, that is the language in which you are most at ease? (Mark more than one only if the respondent is equally at ease in more than one language)**

- 01 ☐ English  
 02 ☐ French  
 03 ☐ Italian  
 04 ☐ German  
 05 ☐ Chinese  
 06 ☐ Ukrainian  
 07 ☐ Portuguese  
 08 ☐ Dutch  
 09 ☐ Polish  
 10 ☐ Greek  
 11 ☐ Other (Specify):

**K.5 Canadians come from many ethnic or cultural backgrounds (such as French, German, Italian). From which ethnic or cultural background did your parents descend? (Accept multiple responses. do not probe)**

- 12 ☐ English  
 13 ☐ French  
 14 ☐ German  
 15 ☐ Italian  
 16 ☐ Scottish  
 17 ☐ Irish  
 18 ☐ Ukrainian  
 19 ☐ Chinese  
 20 ☐ Dutch  
 21 ☐ North American Indian  
 22 ☐ Jewish  
 23 ☐ Polish  
 24 ☐ East Indian  
 25 ☐ Portuguese  
 26 ☐ Greek  
 27 ☐ Canadian  
 28 ☐ Other (Specify):

**K.6 Did you have any wartime service in the active military force of Canada or its allied forces?**

- 1 ☐ Yes, Canadian  
 2 ☐ Yes, Allied Forces  
 3 ☐ No ► Go to K.9

**K.7 In which war or conflict did you serve? (Mark all that apply)**

- 4 ☐ World War I  
 5 ☐ World War II  
 6 ☐ Korean Conflict  
 7 ☐ Persian Gulf  
 8 ☐ Other

**K.8 Did you serve in ...**

- 1 ☐ Canada  
 2 ☐ Overseas  
 3 ☐ Both

**K.9 Interviewer check item:**

- 4 ☐ If single (see A.1) ► Go to Section L (next page)  
 5 ☐ Otherwise ► Go to K.10

**K.10 Are you a spouse/partner or widow(er) of a Canadian or Allied veteran?**

- 6 ☐ Yes, Spouse/partner  
 7 ☐ Yes, Widow(er)  
 8 ☐ No

## SECTION L. INCOME

These next few questions are about your household finances.

L.1 In general, how well do your income and investments currently satisfy your needs? ...

- 1 ☐ very well?
- 2 ☐ adequately?
- 3 ☐ not very well?
- 4 ☐ totally inadequately?
- 5 ☐ Don't know

L.2 Looking to your future, how well do you think your income and investments will continue to satisfy your needs? ...

- 1 ☐ very well?
- 2 ☐ adequately?
- 3 ☐ not very well?
- 4 ☐ totally inadequately?
- 5 ☐ Don't know

L.3 Do you have any large debts, that is of \$5,000 or more (exclude mortgages)?

- 6 ☐ Yes
- 7 ☐ No ▶ Go to L.5
- 8 ☐ Don't know ▶ Go to L.5
- 9 ☐ Refused ▶ Go to L.5

L.4 Is this debt a ...

- |                                 | Yes                      | No                       | Refused                  |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| a. personal loan? .....         | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> |
| b. car loan? .....              | 04 <input type="radio"/> | 05 <input type="radio"/> | 06 <input type="radio"/> |
| c. home improvement loan? ..... | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> |
| d. credit card debt? .....      | 10 <input type="radio"/> | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e. other debt? .....            | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |

L.5 At the present time, are you assuming any financial responsibility for ...

- |                                   | Yes                     | No                      |
|-----------------------------------|-------------------------|-------------------------|
| a. a child? .....                 | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b. any other family member? ..... | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. anyone else? .....             | 5 <input type="radio"/> | 6 <input type="radio"/> |

The next questions are about your personal income.

L.6 Are you currently receiving income from any of the following sources? Are you receiving income from ...

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. work (self-employment, salaries, wages, commissions, tips)? ...   | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. a retirement pension (include superannuation and annuities)? .....  | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. government pension?   |                          |                          |
| 05 <input type="radio"/> Yes ▶ Are you receiving income from ...   |                          |                          |
| 06 <input type="radio"/> No  |                          |                          |
| 1) Old Age Security Pension, Guaranteed Income Supplement, Spouse's Allowance? .....   | 07 <input type="radio"/> | 08 <input type="radio"/> |
| 2) Canada/ Québec Pension Plan? .....  | 09 <input type="radio"/> | 10 <input type="radio"/> |
| d. other government sources (such as Unemployment Insurance Benefits, Social Assistance, worker's compensation, disability insurance, family allowances, veteran's allowance)? ..... | 11 <input type="radio"/> | 12 <input type="radio"/> |
| e. investments (interest, dividends, capital gains, net rents)? .....  | 13 <input type="radio"/> | 14 <input type="radio"/> |
| f. income from other family members? .....   | 15 <input type="radio"/> | 16 <input type="radio"/> |
| g. income from other sources (alimony, family inheritance, estate)? .....  | 17 <input type="radio"/> | 18 <input type="radio"/> |

L.7 Interviewer check item:

- 1 ☐ If more than one "Yes" marked in L.6 ▶ Go to L.8
- 2 ☐ Otherwise ▶ Go to L.9

L.8 Of all your income sources you have mentioned, which one do you consider the main source?

- 3 ☐ Income from work (self-employment, salaries, wages, commissions, tips)
- 4 ☐ Income from a retirement pension (including superannuation and annuities)
- 5 ☐ Income from government pension (Old Age Security, guaranteed Income Supplement, Spouse's Allowance, Canada Québec Pension plan)
- 6 ☐ Income from other government sources (such as Unemployment Insurance Benefits, Social Assistance, Worker's Compensation, disability insurance, family allowances, veteran's allowance)
- 7 ☐ Income from investments (interest, dividends, capital gains, net rents)
- 8 ☐ Income from other family members
- 9 ☐ Income from other sources (alimony, family inheritance, estate)

L.9 What is your best estimate of your own income from all sources, before deductions during 1990? Was your income ...

- 10 ☐ Less than \$20,000?
- 11 ☐ Less than \$10,000?
- 12 ☐ \$10,000 or more?
- 13 ☐ Less than \$5,000?
- 14 ☐ \$5,000 or more?
- 15 ☐ Less than \$15,000?
- 16 ☐ \$15,000 or more?

- 20 ☐ \$20,000 or more?
- 21 ☐ Less than \$40,000?
- 22 ☐ \$40,000 or more?
- 23 ☐ Less than \$30,000?
- 24 ☐ \$30,000 or more?
- 25 ☐ Less than \$60,000?
- 26 ☐ \$60,000 to \$80,000?
- 27 ☐ more than \$80,000?

- 94 ☐ No income
- 95 ☐ Don't know
- 96 ☐ Refused

L.10 How many people in your household other than yourself received income in 1990?

Number

Interviewer: if none ▶ Go to SECTION M

L.11 What is your best estimate of the total income of all household members from all sources, before deductions during 1990? Was it ...

- 30 ☐ Less than \$20,000?
- 31 ☐ Less than \$10,000?
- 32 ☐ \$10,000 or more?
- 33 ☐ Less than \$5,000?
- 34 ☐ \$5,000 or more?
- 35 ☐ Less than \$15,000?
- 36 ☐ \$15,000 or more?

- 40 ☐ \$20,000 or more?
- 41 ☐ Less than \$40,000?
- 42 ☐ \$40,000 or more?
- 43 ☐ Less than \$30,000?
- 44 ☐ \$30,000 or more?
- 45 ☐ Less than \$60,000?
- 46 ☐ \$60,000 to \$80,000?
- 47 ☐ more than \$80,000?

- 97 ☐ Don't know
- 98 ☐ Refused

## SECTION M. Overall satisfaction

M.1 Throughout the survey I have been asking you about many aspects of your life. How do you feel about your life as a whole? Are you satisfied or dissatisfied?

- 1 ☐ Satisfied
- 2 ☐ Dissatisfied

Is that very or somewhat?

- 3 ☐ Very
- 4 ☐ Somewhat

## SECTION N. Contacts for follow-up

N.1 Statistics Canada is conducting this survey jointly with Health and Welfare Canada. The information collected will be kept confidential and used only for statistical purposes. Do you agree to share your answers with Health and Welfare Canada?

- 5 ☐ Yes
- 6 ☐ No

This survey is part of a larger project. For this reason, we may need to contact you some time in the future.

N.2 Would you be willing to be contacted in the future for a follow-up of this project?

- 7 ☐ Yes
- 8 ☐ No ▶ Thank respondent and end the interview

N.3 I would like to confirm your present address. (Read the address on the label on the front cover of the questionnaire - mark corrections below if necessary)

- 1 ☐ Address O.K.
- 2 ☐ Correction ▶ Address:

N.4 In case you move or change telephone numbers, it would be helpful if you could provide the name, address and telephone number of someone we could contact, such as a friend or relative, who would help us to contact you.

Name of Contact:

First name

Last name

Address of Contact:

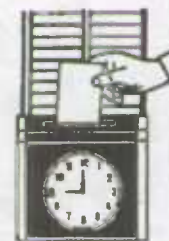
Phone number:

-    -

THANK YOU



## Survey of Work Arrangements



<b>Survey Month:</b>	November 1991		
<b>Title:</b>	Survey of Work Arrangements		
<b>Sponsor:</b>	Statistics Canada		
<b>Survey Method:</b>	Personal/Telephone Interview		
<b>Sample Size:</b>	All civilian members 15 to 69 years of age in LFS rotation groups 1, 3 and 6		
<b>Objectives:</b>	<p>The Labour Force Survey only gives weekly hours of Canadian workers but does not provide any detail about their work schedules or the reasons for such arrangements. The objectives of the Survey of Work Arrangements are to provide additional information on the main and second paid-worker jobs of respondents on issues such as:</p> <ul style="list-style-type: none"><li>- work schedule, e.g., days of the week, hours of work,</li><li>- how much control they have over their schedules, e.g., how many are "on call" and how many are on a flexible schedule,</li><li>- how many home-based workers there are and why they work at home,</li><li>- how many "moonlighters" there are and why they hold down two jobs at once.</li></ul> <p>Some additional information about pay, overtime, unionization, temporary or permanent character of jobs will be gathered to expand the knowledge of today's jobs.</p>		
<b>Project Manager:</b>	Elizabeth Majewski (951-4584)		
<b>Microdata:</b>	<u>Yes</u>	<u>Price</u>	<u>No</u>
	X	\$500.00	





Dossier No. 2

Survey date 3

Assignment No. 4

HRD page - line No.

Given name

Mo. Yr.

Surname

1 FORM NO. 06

5

6

7

## 10: INTERVIEWER CHECK ITEMS

10A: If item 50 on F05 is

- blank ..... 1 ☐ Go to 10B  
Otherwise ..... 2 ☐ END

10B: If item 76 on F05 is

- "paid worker" (code 1) ..... 3 ☐ Go to 11  
Otherwise ..... 4 ☐ Go to 32

11. This month we are asking some additional questions on work schedules.

How many weeks per month does ... usually work at his/her main job? weeks12. How many days a week does ... usually work at this job? days OR It varies ..... 8 ☐13. Which days of the week does ... usually work at this job?Monday to Friday only ..... 1 ☐

OR (Mark all that apply)

- Monday ..... 2 ☐ Tuesday ..... 3 ☐  
Wednesday ..... 4 ☐ Thursday ..... 5 ☐  
Friday ..... 6 ☐ Saturday ..... 7 ☐  
Sunday ..... 8 ☐

OR

Days vary from week to week ..... 9 ☐14. How many hours per day does ... usually work at his/her main job? hrs  min OR It varies ..... 2 ☐15. At what time does ... usually begin work at this job? :  OR It varies ..... 4 ☐16. At what time does ... usually end work at this job? :  OR It varies ..... 6 ☐

17. Is ... on a flexible schedule that allows workers to choose the time they begin and end their work day?

- Yes ..... 1 ☐  
No ..... 2 ☐  
Don't know ..... 3 ☐

18. Which of the following best describes ...'s work schedule?

Is it ...? (Mark one only)

- A regular daytime schedule ..... 1 ☐ Go to 21  
A regular evening shift ..... 2 ☐  
A regular night or graveyard shift ..... 3 ☐  
A rotating shift (that changes periodically from days to evenings or nights) ..... 4 ☐  
A split shift (consisting of two distinct periods each day) ..... 5 ☐  
On call ..... 6 ☐  
An irregular schedule ..... 7 ☐  
Other ..... 8 ☐

19. How long has ... had this schedule at this job?

- Less than one month ..... 1 ☐  
1 month to less than 6 months ..... 2 ☐  
6 months to less than 1 year ..... 3 ☐  
1 year to less than 2 years ..... 4 ☐  
2 years to less than 5 years ..... 5 ☐  
5 years or more ..... 6 ☐  
Don't know ..... 7 ☐

20. What is the main reason that ... works this schedule? (Mark one only)

- Earn more money ..... 1 ☐  
Care for children ..... 2 ☐  
Care for other family members ..... 3 ☐  
Allow time for school ..... 4 ☐  
Requirements of the job/no choice ..... 5 ☐  
Other reason ..... 6 ☐

21. Some people work all or some of their regularly scheduled hours at home.

Excluding overtime, does ... usually work any of his/her scheduled hours at home?

- Yes ..... 7 ☐  
No ..... 8 ☐ Go to 25

22. What is the main reason ... works at home?

- Care for children ..... 1 ☐  
Care for other family members ..... 2 ☐  
Other personal/family responsibilities ..... 3 ☐  
Requirements of the job ..... 4 ☐  
Home is usual place of work ..... 5 ☐  
Other reason ..... 6 ☐

23. Does ...'s employer provide any equipment or supplies for this work done at home?

- Yes ..... 7 ☐  
No ..... 8 ☐

24. Last week, about how many scheduled hours did ... work at home?

 hrs  min OR None ..... 2 ☐

25. At this job, what was ...'s usual wage or salary before taxes and other deductions?

\$ 

- Hourly ..... 1 ☐ Twice a month ..... 2 ☐  
Daily ..... 3 ☐ Monthly ..... 4 ☐  
Weekly ..... 5 ☐ Yearly ..... 6 ☐  
Every two weeks ..... 7 ☐ Other ..... 8 ☐  
Don't know ..... 9 ☐

26. Last week, in addition to the scheduled hours, did ... work any hours of paid overtime?

- Yes ..... 1 ☐  
No ..... 2 ☐ Go to 29 (OTHER SIDE)

27. How many hours of paid overtime did ... work last week?

 hrs  min

28. Was the rate of pay for these hours mainly ...? (Mark one only)

- Straight time ..... 4 ☐  
Time and a half ..... 5 ☐  
Double time ..... 6 ☐  
Other ..... 7 ☐  
Don't know ..... 8 ☐

Go to 29  
(OTHER SIDE)



<p>29. Is ... a union member or covered by a union contract or collective agreement in this job?</p> <p>Yes ..... 1○</p> <p>No ..... 2○</p>	<p>41. At what time does ... <u>usually</u> begin work at this job?</p> <p>3 : : OR It varies ..... 4○</p>
<p>30. Is ...'s work for this employer a temporary job (that is, a job lasting 6 months or less)?</p> <p>Yes ..... 3○</p> <p>No ..... 4○ Go to 32</p>	<p>42. At what time does ... <u>usually</u> end work at this job?</p> <p>5 : : OR It varies ..... 6○</p>
<p>31. Is ...'s salary paid by a temporary help agency (that is, by a business or service which supplies workers on a temporary assignment to other businesses)?</p> <p>Yes ..... 5○</p> <p>No ..... 6○</p>	<p>43. Is ... on a flexible schedule that allows workers to choose the time they begin and end their work day?</p> <p>Yes ..... 1○</p> <p>No ..... 2○</p> <p>Don't know ... 3○</p>
<p><b>32. INTERVIEWER CHECK ITEM</b></p> <p>If item 77 on F05 is :</p> <p>"paid worker" (code 1) ..... 1○ Go to 33</p> <p>Otherwise ..... 2○ Go to 50</p>	<p>44. (Some people work all or some of their regularly scheduled hours at home.)</p> <p>Excluding overtime, does ... <u>usually</u> work any of his/her scheduled hours at home?</p> <p>Yes ..... 4○</p> <p>No ..... 5○ Go to 48</p>
<p>33. The following questions refer to ...'s other job last week. (If more than one other job, choose the one with more hours)</p> <p>For whom did ... work in this job?</p> <p>_____</p> <p>_____</p>	<p>45. What is the main reason ... works part of his/her scheduled hours at home?</p> <p>Care for children ..... 1○</p> <p>Care for other family members ..... 2○</p> <p>Other personal/family responsibilities ... 3○</p> <p>Requirements of the job ..... 4○</p> <p>Home is usual place of work ..... 5○</p> <p>Other reason ..... 6○</p>
<p>34. What kind of business, industry or service was this?</p> <p>_____</p> <p>_____</p>	<p>46. Does ...'s employer provide any equipment or supplies for this work done at home?</p> <p>Yes ..... 7○</p> <p>No ..... 8○</p>
<p>35. What kind of work was ... doing?</p> <p>_____</p> <p>_____</p>	<p>47. <u>Last week</u>, about how many scheduled hours did ... work at home?</p> <p>1 : : hrs : : min. OR None ..... 2○</p>
<p>36. In this work, what were ...'s most important activities or duties?</p> <p>_____</p> <p>_____</p>	<p>48. At this job, what was ...'s usual wage or salary before taxes and other deductions?</p> <p>\$ : : : : . : :</p> <p>Hourly ..... 1○ Twice a month ..... 2○</p> <p>Daily ..... 3○ Monthly ..... 4○</p> <p>Weekly ..... 5○ Yearly ..... 6○</p> <p>Every two weeks ..... 7○ Other ..... 8○</p> <p>Don't know ..... 9○</p>
<p>37. How many weeks per month does ... <u>usually</u> work at this job?</p> <p> weeks</p>	<p>49. What is the <u>main</u> reason that ... worked at more than one job last week? (Mark one only)</p> <p>Meet regular household expenses ..... 1○</p> <p>Pay off debts ..... 2○</p> <p>Buy something special ..... 3○</p> <p>Save for the future ..... 4○</p> <p>Gain experience ..... 5○</p> <p>Build up a business ..... 6○</p> <p>Enjoys the work of this second job ... 7○</p> <p>Other ..... 8○</p>
<p>38. How many days a week does ... <u>usually</u> work at this job?</p> <p> days OR It varies ..... 8○</p>	<p>50. Interview: Proxy ..... 1○ Non-proxy ..... 2○</p>
<p>39. Which days of the week does ... <u>usually</u> work at this job?</p> <p>Monday to Friday only ..... 1○</p> <p>OR (Mark all that apply)</p> <p>Monday ..... 2○ Tuesday ..... 3○</p> <p>Wednesday ..... 4○ Thursday ..... 5○</p> <p>Friday ..... 6○ Saturday ..... 7○</p> <p>Sunday ..... 8○</p> <p>OR</p> <p>Days vary from week to week ..... 9○</p>	
<p>40. How many hours per day does ... <u>usually</u> work at this job?</p> <p>1 : : hrs : : min. OR It varies ..... 2○</p>	

# **APPENDIX A**

## **SPECIAL SURVEYS GROUP**

### **LIST OF SURVEYS**

*1976-1991*





Year	Month	Survey Title	Cost of Microdata File
1991			
	November	Survey of Work Arrangements	\$500
	August	Survey on Ageing and Independence	\$500
	April-October	Federation of Saskatchewan Indian Nations	N/A
	May	1991 Household Facilities and Equipment Survey	\$1,000
	May	Household Environment Survey	N/A
	April	Survey of Consumer Finances	\$1,000
	March	Survey of Job Opportunities	\$500
	March	1990 Shelter Cost Survey	N/A
	March	1990 Housing Repair and Renovation Survey	N/A
	March	Follow-up of 1986 Graduates Survey	\$1,000
	February	Current Population Profile	\$500
	February	Absence From Work Survey 1991	\$500
	January	Canadian Travel Survey	\$500
	Jan.-Feb.	Labour Market Activity Survey	\$1,000
1990			
	Oct. to Feb. '91	Ontario Mental Health Survey	N/A
	Jan. to Nov.	Ontario Health Survey	Ont. Min. of Health
	November	Adult Education and Training Survey	\$600
	September	Households and the Environment Survey	\$1,000
	June	Health Promotion Survey	\$1,000
	May	Household Facilities and Equipment Survey	\$1,000
	April	Survey of Consumer Finances	\$1,000
	April/July/ October	Canadian Travel Survey	\$300
	March	National Apprenticeship Survey	\$1,000
	March	Housing Repair and Renovation Survey	N/A
	March	Smoking Habits Survey	\$1,000
	February	Absence From Work Survey	\$300
	January	Labour Market Activity Survey	\$1,000
	Monthly	Food Expenditure Survey	N/A
1989			
	November	National Apprenticeship Survey	\$1,000
	October	Survey of Literacy Skills Used in Daily Activities	\$1,000
	October	Alberta Apprentice/Journeymen and Work Reduction Survey	\$500
	June	Barriers to Advancement in the Public Service	N/A
	May	Households Facilities and Equipment Survey	See SCF
	April	Survey of Consumer Finances	\$800
	April	Survey of Pacific Costs and Earnings	N/A
	March	Survey of Job Opportunities	\$300
	March	National Alcohol and Drug Survey	\$1,000
	March	Housing Repair and Renovation Survey	N/A
	February	Survey of Pacific Fishermen	N/A
	February	Survey of Atlantic Fishermen	N/A
	February	Absence From Work Survey	\$300

Year	Month	Survey Title	Cost of Microdata File
<b>1989 - Concluded</b>			
	January	Canadian Travel Survey	\$300
	January	Labour Market Activity Survey	\$1,000
<b>1988</b>			
	November	Survey on Telephone Services	\$300
	November	Health and Employment Survey	N/A
	October	Survey of Apprentices and Journeymen in Alberta	\$500
	September	National Child Care Survey	\$1,000
	May	The Household Facilities and Equipment Survey	See SCF
	May	1988 Veterans Survey	See SCF
	April/July/	Canadian Travel Survey	\$300
	October		
	April	Survey of 1986 Graduates	N/A
	April	Survey of Consumer Finances	\$800
	March	Survey of Job Opportunities	\$300
	March	Survey on Drinking and Driving	\$500
	March	Shelter Cost Survey	See SCF
	February	Absence From Work Survey	\$300
	February	Survey of The Importance of Wildlife to Canadians	\$500
	January	Labour Market Activity Survey	\$1,000
<b>1987</b>			
	Monthly	Fuel Consumption Survey	N/A
	November	Canada Pension Plan Survivors Beneficiaries Survey	N/A
	November	Canada Pension Plan Disability Beneficiaries Survey	N/A
	November	Health and Activities Survey	N/A
	November	Current Population Profile	\$500
	October	Survey of Volunteer Activity	\$500
	October	Survey of Apprentices and Journeymen in Alberta	\$500
	September	Survey of Full-time Employees Concerning Part-time Employment	N/A
	September	Part-time Employment Evaluation	N/A
	April	Ontario Child Health Follow-up Survey	N/A
	March	Follow-up of 1982 Graduates	\$500
	March	Survey of Job Opportunities	\$300
	February	Absence From Work Survey	\$300
	January	Labour Market Activity Survey	\$1,000
	January	Canadian Travel Survey	\$300
<b>1986</b>			
	Monthly	Fuel Consumption Survey	N/A
	December	Survey of Smoking Habits	\$500
	November	Survey of Self Employed	\$500
	October	Yukon Travel Survey	N/A
	October	Health Promotion Survey (Montreal)	\$500
	October	Survey of Apprentices and Journeymen in Alberta	\$500
	September	Ontario Tourism and Motivation Study	\$500
	May	Survey of Pacific Cost and Earnings	N/A

Year	Month	Survey Title	Cost of Microdata File
<b>1986 - Concluded</b>			
	April/May	Census Awareness Survey	N/A
	April	Survey of Pacific Fishermen	N/A
	April/July/ October	Canadian Travel Survey	\$300
	March	Survey of Job Opportunities	\$300
	February	Absence From Work Survey	\$300
	February	Adult Training Survey	\$500
	January	Survey of Displaced Workers	\$500
<b>1985</b>			
	Monthly	Fuel Consumption Survey	N/A
	December	Survey of Annual Work Patterns (1985)	\$300
	October	Survey of Apprentices and Journeymen in Alberta	\$500
	September	General Social Survey (Phase 1) (Health and Social Support)	N/A
	September	Survey of Disentitled Family Allowance Recipients	N/A
	July	Airport Official Languages	N/A
	June	Health Promotion Survey	\$500
	June	Survey of Work Reduction	\$500
	March	Survey of Job Opportunities	\$300
	March	Survey of Educational Attainment	\$500
	February	Survey of Maternity Leave	\$500
	February	Absence From Work Survey	\$300
	February	Survey of Atlantic Fishermen	N/A
	January	Canadian Travel Survey	\$300
	January	Survey of Annual Work Patterns (1984)	\$300
<b>1984</b>			
	Monthly	Fuel Consumption Survey	N/A
	December	Survey of Union Membership	\$1,000
	November	Travel to Work Survey	\$300
	September	Survey of Job Opportunities	\$300
	August	Vehicle Maintenance Survey	N/A
	August	Canadian Transport Commission Survey	N/A
	June	National Graduates Survey	N/A
	June	The Canadian Health and Disability Survey	N/A
	May	Transportation Survey for Special Care Facilities	N/A
	April/July/ October	Canadian Travel Survey	\$300
	March	Survey of Job Opportunities	\$300
	March	Postsecondary Student Survey	N/A
	February	Vehicle Maintenance Survey	N/A
	February	Family History Survey	\$1,000
	February	Absence From Work Survey	\$300
	January	Adult Education Survey	\$500



Year	Month	Survey Title	Cost of Microdata File
<b>1983</b>			
	Monthly	Fuel Consumption Survey	N/A
	December	Survey of Smoking Habits	\$300
	December	Survey of Annual Work Patterns	\$300
	November	Travel to Work Survey	\$300
	October	Canadian Health and Disability Survey	N/A
	September	Tourism Attitude and Motivation	\$500
	August	Special Needs in Public Transportation Survey	N/A
	March	Survey of Job Opportunities	\$300
	February	Absence From Work Survey	\$300
	January	Canadian Travel Survey	\$300
	Jan./March	The Ontario Child Health Survey	N/A
<b>1982</b>			
	Monthly	Fuel Consumption Survey	N/A
	December	Survey of Annual Work Patterns	\$300
	November	Travel to Work Survey	\$300
	September	Education Survey	N/A
	August	Current Population Profile	\$500
	April/July/ October	Canadian Travel Survey	\$300
	March	Survey of Job Opportunities	\$300
	March	Survey of Skills and Training	N/A
	February	Survey on The Value of Wildlife to Canadians	\$300
	February	Absence From Work Survey	\$300
	January	Survey of 1981 Work History	\$500
	January	Crime Survey (7 City)	\$1,000
<i>Prices for the following surveys will be dependent on the cost of reproduction.</i>			
<b>1981</b>			
	Monthly	Passenger Car Fuel Consumption Survey	
	December	Smoking Habits Survey	
	November	Travel to Work Survey	
	January/April/ October	Canadian Travel Survey	
	April	Job Separation Survey	
	March	Survey of Job Opportunities	
	February	Survey of Child Care	
	February	Absence From Work Survey	
	January	Annual Work Patterns Survey	
<b>1980</b>			
	Monthly	Passenger Car Fuel Consumption Survey	
	December	Current Population Profile	
	November	Travel to Work Survey	
	June	Survey of Student Finances	

Year	Month	Survey Title	Cost of Microdata File
<b>1980 - Concluded</b>			
	April/July/ October	Canadian Travel Survey	
	March	Survey of Job Opportunities	
	February	Survey of Volunteer Workers	
	February	Absence From Work Survey	
	January	Annual Work Patterns Survey	
<b>1979</b>			
	Monthly from July	Passenger Car Fuel Consumption Survey	
	December	Smoking Habits Survey	
	November	Travel to Work Survey	
	January/April/ July/October	Canadian Travel Survey	
	April	Labour Market Comparison Study	
	March	Survey of Job Opportunities	
	February	Absence From Work Survey	
	January	Annual Work Patterns Survey	
	January	Greater Vancouver Crime Survey	
<b>1978</b>			
	November	Travel to Work Survey	
	October	Canadian Travel Survey	
	September	Attitudes About Surveys	
	June	Survey of 1976 Graduates of Post-Secondary Programs	
	June	Hamilton-Wentworth Victimization Survey	
	March	Survey of Job Opportunities	
	February	Absence From Work Survey	
	February	Survey of Leisure Time Activities Reading Habits	
	January	Annual Work Patterns Survey	
<b>1977</b>			
	December	Smoking Habits Survey	
	November	Travel to Work Survey	
	October	Methods Test	
	October	Weeks Worked Since September 1976	
	June	Travel Survey	
	May to September	Student Identification	
	March	Survey of Job Opportunities	
	February	Absence From Work Survey	
	January	Annual Work Patterns Survey	
<b>1976</b>			
	November	Travel To Work Survey	
	October	Physical Recreation and Sport	
	August	Guns/Ownership Survey	
	June	Census Micro Match	

<b>Year</b>	<b>Month</b>	<b>Survey Title</b>	<b>Cost of Microdata File</b>
<b>1976 - Concluded</b>			
	May	Household Facilities and Equipment Survey	
	April	Survey of Consumer Finances	
	February	Absence From Work/Annual Work Patterns	
	January	Income Screen Survey	



## **APPENDIX B**

### **LABOUR FORCE SURVEY QUESTIONNAIRES AND CODE SHEETS**



Statistics Canada  
Statistique Canada

LABOUR FORCE SURVEY QUESTIONNAIRE

CONFIDENTIAL when completed  
FRANÇAIS AU VERSO

Docket No. 2

Survey date 3

Assignment No. 4

1 FORM NO 05

HRD page - line No. 5

6

Mo. Yr.

7

10 LAST WEEK, DID ... WORK AT A JOB OR BUSINESS? (Regardless of the number of hours.)  
Yes ☐ No ☐ Go to 30  
PERMANENTLY unable to work ☐ Go to 50

11 DID ... HAVE MORE THAN ONE JOB OR BUSINESS LAST WEEK?  
Yes ☐ No ☐ Go to 12

12 WAS THIS A RESULT OF CHANGING EMPLOYERS LAST WEEK?  
Yes ☐ No ☐

13 HOW MANY HOURS PER WEEK DOES ... USUALLY WORK AT HIS/HER:  
(Main) JOB?  if total 30 or more go to 15  
Other jobs?

14 WHAT IS THE REASON ... USUALLY WORKS LESS THAN 30 HOURS PER WEEK?  
 Enter Code

15 LAST WEEK, HOW MANY HOURS OF OVERTIME OR EXTRA HOURS DID ... WORK?  
include paid and unpaid time at all jobs  if none enter 00

16 LAST WEEK, HOW MANY HOURS WAS ... AWAY FROM WORK FOR ANY REASON? (Holiday vacation, illness, labour dispute, etc.)  
From all jobs  if none enter 00 and go to 18

17 WHAT WAS THE MAIN REASON FOR BEING AWAY FROM WORK?  
 Enter code

18 HOW MANY HOURS DID ... ACTUALLY WORK LAST WEEK AT HIS/HER:  
(Main) JOB?   
Other jobs?

19 IN THE PAST 4 WEEKS, HAS ... LOOKED FOR ANOTHER JOB?  
Yes ☐ No ☐

30 LAST WEEK, DID ... HAVE A JOB OR BUSINESS AT WHICH HE/SHE DID NOT WORK?  
Yes ☐ Go to 31 No ☐ Go to 50

31 LAST WEEK, DID ... HAVE A JOB TO START AT A DEFINITE DATE IN THE FUTURE?  
Yes ☐ No ☐ Go to 50

32 COUNTING FROM THE END OF LAST WEEK, IN HOW MANY WEEKS WILL ... START TO WORK AT HIS/HER NEW JOB?  
 Go to 50

33 WHY WAS ... ABSENT FROM WORK LAST WEEK?  
 Enter code and if code 6 go to 32

34 DID ... HAVE MORE THAN ONE JOB OR BUSINESS LAST WEEK?  
Yes ☐ No ☐

35 HOW MANY HOURS PER WEEK DOES ... USUALLY WORK AT HIS/HER:  
(Main) JOB?  if total 30 or more go to 37  
Other jobs?

36 WHAT IS THE REASON ... USUALLY WORKS LESS THAN 30 HOURS PER WEEK?  
 Enter code

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

38 IS ... GETTING ANY WAGES OR SALARY FROM HIS/HER EMPLOYER FOR ANY TIME OFF LAST WEEK?  
Yes ☐ No ☐

39 INTERVIEWER CHECK ITEM  
If code 5 (input) in 32 ☐ go to 55  
Other codes ☐ go to 40

40 IN THE PAST 4 WEEKS, HAS ... LOOKED FOR ANOTHER JOB?  
Yes ☐ No ☐ Go to 72

50 HAS ... EVER WORKED AT A JOB OR BUSINESS?  
Yes ☐ No ☐ Go to 55

51 WHEN DID ... LAST WORK AT A JOB OR BUSINESS?  
No change ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

52 INTERVIEWER CHECK ITEM  
If 51 is below ☐ go to 55  
If 51 is equal to or above ☐ go to 55

53 DID ... USUALLY WORK 30 OR MORE HOURS PER WEEK?  
Full-time (30 or more hours per week) ☐ Part-time (less than 30 hours per week) ☐

54 WHAT WAS THE MAIN REASON WHY ... LEFT THAT JOB?  
 Enter code

55 INTERVIEWER CHECK ITEM  
If 54 is below ☐ go to 55  
If 54 is equal to or above ☐ go to 55

56 IN THE PAST 6 MONTHS, HAS ... LOOKED FOR WORK?  
Yes ☐ No ☐ Go to 64

57 IN THE PAST 4 WEEKS, WHAT HAS ... DONE TO FIND WORK? (Mark all methods reported.)  
Nothing ☐ Go to 62

IN THE PAST 4 WEEKS, HAS ... DONE ANYTHING ELSE TO FIND WORK? Mark all other methods reported  
For each method given, list

WHEN DID ... LAST (Repeat method) ?  
Method used ago (week) ago (month) ago (year)  
Checked with:  
PUBLIC employment AGENCY ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9  
PRIVATE employment AGENCY ☐ 3  
UNION ☐ 4  
EMPLOYERS directly ☐ 5  
FRIENDS or relatives ☐ 6  
Placed or answered ADS ☐ 7  
LOOKED at job ADS ☐ 8  
OTHER: Specify in NOTES ☐ 9

58 UP TO THE END OF LAST WEEK, HOW MANY WEEKS HAS ... BEEN LOOKING FOR WORK? (Not counting weeks worked.)

59 WHAT WAS ... MAIN ACTIVITY BEFORE HE/SHE STARTED TO LOOK FOR WORK?  
 Enter code

60 IS ... LOOKING FOR A JOB TO LAST MORE THAN 6 MONTHS?  
Yes ☐ No ☐ (More than 6 months) (6 months or less)

61 IS ... LOOKING FOR A FULL-TIME OR PART-TIME JOB?  
Full-time (30 or more hours per week) ☐ Part-time (less than 30 hours per week) ☐ Go to 63

62 WHAT WAS THE MAIN REASON WHY ... DID NOT LOOK FOR WORK LAST WEEK?  
 Enter code

63 WAS THERE ANY REASON WHY ... COULD NOT TAKE A JOB LAST WEEK?  
 Enter code

64 INTERVIEWER CHECK ITEM  
If "No" never worked in 50 ☐ go to 80  
If upper circle in 52 is marked ☐ go to 80  
Other codes ☐ go to 72

EDUCATIONAL ACTIVITIES (if age 65 or over, go to 9D)  
80 LAST WEEK, WAS ... ATTENDING A SCHOOL, COLLEGE OR UNIVERSITY?  
Yes ☐ No ☐ Go to 90

81 WAS ... ENROLLED AS A FULL-TIME OR PART-TIME STUDENT?  
Full time ☐ Part time ☐

82 WHAT KIND OF SCHOOL WAS THIS?  
 Enter code

INFORMATION SOURCE  
90 HRD page-line No. of person providing the above information  
Last interview  This interview

DESCRIPTION OF MAIN JOB OR BUSINESS

72 FOR WHOM DID ... WORK? (Name of business, government dept. or agency, or person)

73 WHEN DID ... START WORKING FOR THIS EMPLOYER?  
Mo. Yr.  Mo. Yr.  if month unknown enter - in month

74 WHAT KIND OF BUSINESS, INDUstry OR SERVICE WAS THIS? (Give full description, e.g. federal government, canning industry, forestry services.)

75A WHAT KIND OF WORK WAS ... DOING? (Give full description, e.g. office clerk, factory worker, forestry technician.)

75B IN THIS WORK, WHAT WERE ... S MOST IMPORTANT ACTIVITIES OR DUTIES? (Give full description, e.g. filing documents, driving vegetables, forest examiner.)

76 Class of worker  
Main job ☐ No change ☐ 1 ☐ Enter Code

77 Other job ☐ No change ☐ 1 ☐ Enter Code go to 80

NOTES

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# Code Sheet

Labour Force Survey Questionnaire (Form 05)

Exemplaire fr  
disponible su  
demande

14

36

- 1 Own illness or disability
- 2 Personal or family responsibilities
- 3 Going to school
- 4 Could only find part-time work
- 5 Did not want full-time work
- 6 Full-time work under 30 hours per week
- 0 Other - Specify in NOTES

17

- 1 Own illness or disability
- 2 Personal or family responsibilities
- 3 Weather
- 4 Labour dispute (strike or lockout)
- 5 Layoff, expects to return (**Paid Workers Only**)
- 6 New job started during week, or job terminated (does not expect to return)
- 7 Vacation
- 8 Holiday (legal or religious)
- 9 Working short-time (because of material shortages, plant maintenance or repair, etc.)
- 0 Other - Specify in NOTES

33

- 1 Own illness or disability
- 2 Personal or family responsibilities (Include maternity leave)
- 3 Weather
- 4 Labour dispute (strike or lockout)
- 5 Temporary layoff, expects to return (**Paid Workers Only**)
- 6 New job to start in the future
- 7 Vacation
- 8 Seasonal Business (Excl. **Paid Workers**)
- 0 Other - Specify in NOTES

54

- 1 Own illness or disability
- 2 Personal or family responsibilities  
*Include: Marriage, pregnancy, trip, vacation, family illness, etc.*
- 3 Going to school
- 4 Quit job for no specific reason
- 5 Lost job or laid off job (**Paid Workers Only**)  
*Include: Seasonal job, on-call arrangement, temporary job, dismissal (fired), company moved or went out of business, economic conditions, etc.*
- 6 Changed residence
- 7 Dissatisfied with job  
*Include: Low pay, poor hours, transportation problems, working conditions, conflict with employer or co-workers, no opportunity for advancement, etc.*
- 8 Retired
- 0 Other - Specify in NOTES

59

- 1 Working
- 2 Keeping house
- 3 Going to school
- 0 Other - **DO NOT** specify in NOTES

62

- 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 suit to skills)
- 9 No reason given
- 0 Other - Specify in NOTES

63

Yes, because of:

- 1 Own illness or disability
- 2 Personal or family responsibilities
- 3 Going to school
- 4 Already has a job
- 0 Other - Specify in NOTES
- 5 No (Was available for work)

76

77

"IN... 'S JOB, WAS HE/SHE A PAID WORKER, SELF-EMPLOYED OR AN UNPAID FAMILY WORKER?"

"IN... 'S OTHER JOB, WAS HE/SHE A PAID WORKER, SELF-EMPLOYED OR AN UNPAID FAMILY WORKER?"

Worked for Others

- 1 Paid Worker
- 2 Unpaid family worker

Self-employed

- 3 Incorporated business - **With** paid help
- 4 Incorporated business - **No** paid help
- 5 Not incorporated business - **With** paid help
- 6 Not incorporated business (*Include self-employed without a business*) - **No** paid help

82

- 1 Primary or secondary school
- 2 Community college, junior college, or CEGEP
- 3 University
- 0 Other - Specify in NOTES

7-5030-440 1: 03-06-91



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# HOUSEHOLD RECORD DOCKET

CONFIDENTIAL  
when completed

1 FORM NO. 03

Docket no.  Survey date  Assignment no.  Designated interviewer no.  Your interviewer no.

P.S.U.  Group  Cluster  Rel. no.  Listing  Subl.

6  7  8

No change ☐ or ☐ Type of dwelling ☐ Enter code

Record one of every call on this household.

1 Mon.					
2 Tues.					
3 Wed.					
4 Thur.					
5 Fri.					
6 Sat.					

10 Listing address

11 INTERVIEWER CHECK ITEM:  
• Is this the first interview at this dwelling or a new household since last interview?  
Yes ☐ Go to 12 No ☐ Go to 20

12 IS (read listing address in item 10) YOUR CORRECT MAILING ADDRESS?  
Yes ☐ Go to 13 No ☐ Enter correct mailing address on Form 23 and go to 13

FIRST INTERVIEW WITH THIS HOUSEHOLD

13 WOULD YOU PREFER TO BE INTERVIEWED IN ENGLISH OR IN FRENCH?  
English ☐ French ☐ Either ☐ Neither ☐

14 INTERVIEWER CHECK ITEM:  
Language of interview:  
English ☐ French ☐ Other ☐ Go to 15

15 WHAT ARE THE NAMES OF ALL PERSONS NOW LIVING OR STAYING HERE WHO HAVE NO USUAL PLACE OF RESIDENCE ELSEWHERE?  
Enter names in 32.

16 ARE THERE ANY PERSONS AWAY FROM THIS HOUSEHOLD ATTENDING SCHOOL, VISITING, TRAVELLING OR IN HOSPITAL WHO USUALLY LIVE HERE?  
Yes ☐ Enter names in 32 and go to 22 No ☐ Go to 22

20 • If Personal interview ☐ Go to 21  
• Otherwise ask:  
ARE YOU STILL LIVING IN THE SAME DWELLING AS LAST MONTH?  
• where possible, state selling address  
Yes ☐ Go to 21 No ☐ Personal visit required

21 DO THE FOLLOWING PERSONS STILL LIVE OR STAY AT THIS DWELLING?  
• Read all names in 32.  
• Enter appropriate code in 40.

22 DOES ANYONE ELSE LIVE AT THIS DWELLING SUCH AS OTHER RELATIVES, ROOMERS, BOARDERS OR EMPLOYEES?  
Yes ☐ Enter names in 32, COMPLETE 33 through 40 and go to 42  
No ☐ • For a first interview, COMPLETE 33 through 40 and go to 42  
• For a subsequent interview, go to 42

31	32	33	34	35	36	37	38	40	41
HRD	Names of household members	Age	Sex	M	F	R	E	Members	Answers to supplementary questions
Ps Ln	Given name Surname								L A S C R E P O H I J K L M
1	Given name Surname								1
2	Given name Surname								2
3	Given name Surname								3
4	Given name Surname								4
5	Given name Surname								5
6	Given name Surname								6
7	Given name Surname								7
8	Given name Surname								8

42 IS THIS DWELLING OWNED BY A MEMBER OF THIS HOUSEHOLD?  
Yes ☐ Go directly to FORMS 05 & 06 No ☐ Complete FORM 04

COMPLETE AT END OF INTERVIEW

43 FOR ALL HOUSEHOLDS  
Telephone no.  → Permission to interview by phone:  
Granted ☐ Go to 44  
Denied ☐  
No telephone ☐ Telephone no. refused ☐ Go to 44

44 Determine and record the best time to call on this household.

45 RESPONSE CODE  
Month  Code   
IF CODE "8" EXPLAIN IN NOTES

46 Was this interview conducted by telephone?  
Yes ☐ No ☐

47 Forms Control  
Form 04 05 06  
Printed ☐  
Completed ☐

48 NOTES  
See over for additional NOTES.  
1 ☐  
2 ☐  
3 ☐  
4 ☐



- 8
- 1 Single Detached
  - 2 Double
  - 3 Row or Terrace
  - 4 Duplex
  - 5 Low-Rise Apartment (less than 5 stories) or Flat
  - 6 High-Rise Apartment (5 stories or more)
  - 7 Institution
  - 8 Hotel; Rooming/Lodging House; Camp  
(Logging, Construction, etc.); Hutterite Colony
  - 9 Mobile Home
  - 0 Other - Specify in NOTES

- 34 M Male  
F Female

WHAT IS.....MARITAL STATUS?  
(Read categories to respondent)

- 35 1 Now married or living common-law  
2 Single (never married)  
3 Widow or widower  
4 Separated or divorced

- 36 Assign one letter to all household members related to the head of a family by one of the relationships listed in Item 37.  
("A" for each member of the first family, "B" for each member of the second family, etc.)

- Each different letter used in Item 36 requires a different 'Head of Family' in Item 37.
- 1 Head of Family
  - 2 Spouse
  - 3 Son or daughter (natural, adopted or step)
  - 4 Grandchild
  - 5 Son-in-law or daughter-in-law
  - 6 Foster child (less than 18)
  - 7 Parent
  - 8 Parent-in-law
  - 9 Brother or sister
  - 0 Other relative - Specify in NOTES
- Unrelated roomers, boarders and friends require a separate family identifier in Item 36.

- 40
- 0 Not a household member this month
  - 1 Civilian household member this month
  - 2 Full-time member of Canadian Armed Forces this month
  - 3 Household member 70 years of age and over (non-birth interview only)

**FIRST CODE:** Entered by interviewer

**NOTE:** for any code other than X, explain situation on appropriate form(s)

- |   |  |       |
|---|--|-------|
| X | LFS questionnaire completed for all eligible household members   | 22    |
| E | LFS questionnaire completed for some (not all) eligible household members  | 15/22 |
| N | No one at home (after several calls)   | 15/22 |
| R | Household refusal  | 15/22 |
| K | Interview prevented by death, sickness, language problem or other unusual circumstances related to the household | 15/22 |
| L | Interview prevented by weather conditions  | 15/22 |
| T | Household temporarily absent   | 15/22 |
| V | Vacant dwelling (or trailer stall and) vacant seasonal dwelling  | 22    |
| C | Dwelling under construction  | 22    |
| S | Dwelling occupied by persons not to be interviewed   | 15/22 |
| D | Dwelling demolished, converted to business premises, moved, abandoned (unit for habitation), listed in error     | 12/22 |
| A | Interview cancelled for lack of an interviewer (Regional Office use only)  |       |

**SECOND CODE:** Regional Office use only

Blank interview or attempt to interview again

- 3 Do not interview unless there is a complete  
change in household membership  
4 Attempt to interview again, a letter was sent  
5 Attempt to interview again, personal  
contact made by Regional Office staff

Column 1: WHAT IS THE HIGHEST GRADE OF  
ELEMENTARY OR HIGH SCHOOL  
(SECONDARY SCHOOL) .... EVER  
COMPLETED?

- |    |                  |  |
|----|------------------|--|
| 0  | Grade 6 or lower | Quebec: Secondary II or lower                                      |
| 1  | Grade 9 - 10     | Quebec: Secondary III or IV<br>Newfoundland: 1st year of secondary |
| 38 | Grade 11 - 13    | Quebec: Secondary V<br>Newfoundland: 2nd to 4th year of secondary  |

DID.....GRADUATE FROM HIGH SCHOOL  
(SECONDARY SCHOOL)?

- 2 No  
3 Yes

Column 2: HAS.....RECEIVED ANY OTHER  
EDUCATION?

- ☐ No  
☐ Yes

COULD THIS EDUCATION BE COUNTED TOWARDS A DEGREE, CERTIFICATE OR DIPLOMA FROM AN EDUCATIONAL INSTITUTION?

- 0 No  
1 Yes

WHAT IS THE HIGHEST DEGREE, CERTIFICATE OR DIPLOMA... HAS OBTAINED?

- 1 No postsecondary degree, certificate or diploma
- 2 Trades certificate or diploma from a vocational school or apprenticeship training
- 3 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 4 University certificate below bachelor's level
- 5 Bachelor's degree
- 6 University degree or certificate above bachelor's level

### USING TEMPORARY DOCKET NUMBERS

T					A
---	--	--	--	--	---

Always start with "T" for Temporary

Use the last 4 digits of your Assn. No.

"A" for the first additional dwelling, "B" for the second, "C" for the third, etc.