



## Health Division

Occupational and  
Environmental  
Health Research Unit

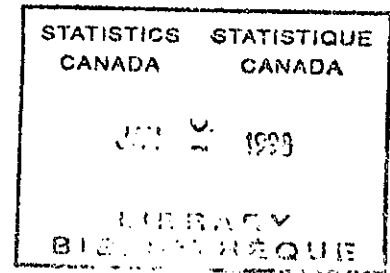
## Division de la santé

L'unité de recherche  
en hygiène du  
travail et du milieu

# DATA COLLECTION PACKAGE

Occupational and Environmental Health Research Section  
1989





# DATA COLLECTION PACKAGE

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## DATA COLLECTION PACKAGE

September, 1988

### FOREWORD

This package was developed to aid researchers and to facilitate standard health record keeping in Canada, particularly where long-term follow-up studies using the Canadian Mortality Data Base are required. This package may be updated as further experience is gained with its use. If you have any comments, problems, or questions regarding the questionnaire and its use within your organization for a study, or would like an application package for undertaking a particular study using the Canadian Mortality Data Base, please complete and return the last page of this document.



## DATA COLLECTION PACKAGE

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The Occupation and Environmental Health Research Section (OEHRs), Statistics Canada gratefully acknowledges the financial support of the Atomic Energy Control Board of Canada in the development of this Data Collection Package for health record keeping in Canada.





## LONG TERM MEDICAL FOLLOW UP IN CANADA DATA COLLECTION

### Introduction

This Package is intended to provide information on the type and amount of individual identification information recommended for future health monitoring of employees, or other specific groups of individuals (e.g. those with specific diseases or experiencing certain medical treatments), for whom studies of long term health effects are needed. It also contains rules on how to edit and maintain this information in machine readable form.

Studies are usually undertaken to determine health outcomes such as disease or death of individuals exposed to potentially hazardous elements or substances. This individual identification is intended to be used in conjunction with:

- i) dose exposure records
- ii) endpoint (i.e. health outcome) files (e.g. mortality, cancer, genetic effects, chromosome aberrations)
- iii) other potential assessment factors (e.g. individual lifestyle, family health history).

Use of this Data Collection Package can be by:

- i) companies who do not yet have an employee Occupational Health Data Base but who may be considering initiating one;
- ii) companies who already have such a Data Base but have not yet undertaken any long-term health studies and may wish to improve or modify their record keeping using some of the ideas given here;
- iii) researchers (e.g. epidemiologists, geneticists) who are undertaking long-term medical follow up studies;
- iv) researchers or organizations who need to have consistent data collection for various emergencies caused by the accidental release of toxic chemical, radiation, etc. to follow those who have been exposed for long-term carcinogenic or genetic effects eg: Chernobyl;
- v) persons involved in forms review to collect information eg: vital statistics, cancer, and other registers.

### What Does the Data Collection Package Include?

The Package includes:

- i) reasons for collecting the information in Question and Answer format for employees or other individuals who will be completing the form. These can be used or adapted as you wish;
- ii) an Individual Identity Summary questionnaire in a two page format. The first page is for completion by the employee/individual and the second page should be completed by the employer or study organizer. Both pages can also be used to extract information on past employees or for other study groups from a file review. A third optional page is included for collection of information on children for those wishing to include these details;

iii) some explanatory notes relating to specific items on the identity summary questionnaire (given on the reverse side of the first page);

iv) a suggested computer data base record layout and coding advice in the form of a data dictionary manual to be used when entering the data into a computer file;

v) a sample coding sheet for coding the information collected;

vi) how to apply to undertake a long term health follow-up study using the national death file i.e. the Canadian Mortality Data Base.

### Maintaining the Data Base

It is important to arrange for the addition of new employees, the updating of information for current employees and the maintenance of records for at least retired employees, (if not for all employees who have left employment but have been employed with the organization for a certain minimum length of time). Arrangements can perhaps be made for input and updates to be transferred automatically from a main personnel data base.

### Other Assessment Factors

Individual lifestyle and genetic inheritance can also influence health outcomes. Consideration should be given to factors in addition to occupational exposure that might also have a bearing on the diseases or deaths experienced by any study population e.g. smoking, nutrition, exercise, or family disease history. A medical/lifestyle questionnaire should be considered to include an assessment of these factors. Previous employment exposures might also be very relevant.

### CONFIDENTIALITY AND SECURITY OF RECORDS

The Statistics Act and the Privacy Act of Canada protect the confidentiality of all records at Statistics Canada. All information or data files sent to Statistics Canada for particular long-term health studies (using records at Statistics Canada such as the Canadian Mortality Data Base) must satisfy a prescribed review and approval process. This will include the need for a signed confirmation from a responsible organizational representative that appropriate safeguards for the confidentiality of all identifiable information have been met. It is advisable that organizations holding personally identified data and all personnel and researchers involved in studies using confidential data should be responsible for ensuring that both physical and electronic security are in place for all such data.

SUGGESTED GENERAL INFORMATION FOR RESPONDENTS

- THIS GIVES REASONS FOR COLLECTING THE INFORMATION REQUESTED
- IT IS PRESENTED IN A QUESTION AND ANSWER FORMAT
- THE ITEMS MUST BE ADAPTED TO AGREE WITH YOUR OWN PARTICULAR STUDY
- A SET OF TYPICAL QUESTIONS AND ANSWERS ARE PROVIDED



HEALTH RECORD KEEPING:  
SUGGESTED GENERAL INFORMATION FOR RESPONDENTS

1. What is the Individual Identity Summary?

The Individual Identity Summary (IIS) is a questionnaire to collect individual identifying information for occupational and environmental health studies.

2. Why is the information being collected?

To help answer the question raised throughout industry in recent years i.e. "Is the workplace or environment hazardous to your health?"

3. Why is this information needed?

To ensure correct identification of individuals when checking against general health files of disease, death or genetic effects.

4. What is the information going to be used for?

The information collected would make it possible to undertake a variety of health studies and may assist in health promotion activities, prevention procedures and improving upon sound safety standards in the work place.

Such studies will be discussed and agreed upon between both union and management.

5. Why is parental information needed?

To help in the correct identification of you as a unique individual because others may have similar names and birth dates.

6. Why is spousal information needed?

- i) To help in correct identification, as spousal information is noted on various vital statistics records.
- ii) To aid in any follow-up health studies involving children of the relationship.

**7. Why is children information needed?**

(If collection of information on children is planned)

There are questions regarding long term genetic and environmental effects of certain agents or substances. Some long term health studies are looking at diseases of children and previous exposure of parents.

**8. How will the information be used?**

The "Occupational Health and Safety Division" will set up a health record file for all present and past employees. They will review company records for job types, and types and amounts of exposures at the worksite(s).

For a health study, a comparison will be made with the general population using morbidity and mortality files held at Statistics Canada.

**9. What about confidentiality?**

All the information you provide is held in strict confidence and will be kept in a secure environment. The privacy of each and every employee will be strictly preserved. No information or report will be released which may identify any individual.

**10. How will the collection of this information benefit me?**

A study will help to answer questions raised by many of you regarding the possible health risks of working for this company. The program assures that careful attention is paid to you and your health in order to provide the safest possible work environment.

**11. Who may participate?**

All employees may participate and are encouraged to do so.

**12. What happens if I leave the company?**

The company wants you to continue follow-up in the program "if you are retiring/if you have been employed with the company for over one year".

Current address information will be requested.

### INDIVIDUAL IDENTITY SUMMARY

1. THE FIRST PAGE IS FOR COMPLETION BY THE EMPLOYEE/INDIVIDUAL THEMSELVES TO GIVE UNIQUE IDENTIFYING INFORMATION.

IT IS DESIGNED FOR COMPLETION:

- A) BY NEW EMPLOYEES JOINING A COMPANY
- B) BY PRESENT/CURRENT EMPLOYEES IF A NEW DATA BASE (OR SPECIFIC STUDY) IS BEING SET UP
- C) BY COMPANY STAFF FROM A FILE REVIEW OF PAST EMPLOYEE FILES
- D) BY RESEARCHERS/STUDY ORGANIZERS (EPIDEMIOLOGISTS) WHEN SETTING UP A STUDY TO FOLLOW-UP A CERTAIN COHORT/GROUP WITH A SPECIAL DISEASE OR EXPOSURE
- E) BY RESEARCHERS COLLECTING INFORMATION FOR EMERGENCY FOLLOW UP OF ACCIDENTAL EXPOSURES
- F) BY PERSONS COLLECTING IDENTIFYING INFORMATION FOR HEALTH, DISEASE, DEMOGRAPHIC OR OTHER FOLLOW-UP.

IT IS SUGGESTED THAT THE HEADINGS 'ORGANIZATION' AND 'WORKSITE' ON THE FIRST PAGE BE DECIDED ON AND PRE-PRINTED AHEAD OF PASSING THE FORM TO THE INDIVIDUAL TO COMPLETE.

THE "OFFICE USE ONLY" SECTION CAN BE USED FOR ENTERING CODES READY FOR DATA CAPTURE INTO A MASTER COMPUTER FILE.

THE REVERSE SIDE HAS EXPLANATORY NOTES TO CLARIFY SOME COMMON QUESTIONS.

2. THE SECOND PAGE IS FOR THE EMPLOYER OR STUDY ORGANIZER TO INCLUDE ADDITIONAL INFORMATION IMPORTANT WHEN UNDERTAKING A FILE REVIEW TO EXTRACT INFORMATION ON PAST EMPLOYEES, OR FOR OTHER TYPES OF STUDY GROUPS.
3. THE THIRD PAGE IS ENCLOSED FOR COLLECTION OF INFORMATION ON CHILDREN IF IT IS DECIDED TO INCLUDE THESE ON THE HEALTH RECORD FILE.
4. THE QUESTIONNAIRE CAN BE SET UP ON YOUR OWN COMPANY LETTER-HEAD.





INDIVIDUAL IDENTITY SUMMARY  
CONFIDENTIAL WHEN COMPLETED

ORGANIZATION \_\_\_\_\_  
WORKSITE/GROUP IDENTIFIER \_\_\_\_\_

DATE COMPLETED:   /  /      Year    Month(Spell)    Day

See Notes Overleaf. Enter 'NOT APPLICABLE' Where Appropriate.	PLEASE PRINT	OFFICE USE ONLY
1) EMPLOYEE OR CASE NUMBER - - - - ->	_____	_____
2) SURNAME (Last Name) - - - - ->	_____	_____
3) MAIDEN SURNAME (Women Only) - - ->	_____	_____
4) OTHER SURNAME(S) EVER USED- - ->	_____	_____
5) FIRST GIVEN NAME (In Full)- - ->	_____	_____
6) SECOND GIVEN NAME (In Full) - - ->	_____	_____
7) THIRD GIVEN NAME (In Full)- - ->	_____	_____
8) USUAL NAME OR NICKNAME - - - - -> (IF DIFFERENT FROM 5 ABOVE)	_____ TITLE: _____	_____
9) SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
10) MARITAL STATUS (Present)- - - - ->	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married/Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	_____
11) BIRTH DATE - - - - ->	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> Year <u>  </u> Month (Spell) <u>  </u> Day	_____
12) BIRTH PLACE - - - - ->	City/Town _____ Prov _____ (or Country if not Canada)	_____
13) FATHER'S BIRTH SURNAME- - - - ->	_____	_____
14) FATHER'S FIRST NAME (In Full) - ->	_____	_____
15) FATHER'S SECOND NAME (In Full)- ->	_____	_____
16) FATHER'S BIRTH PLACE - - - - ->	City/Town _____ Prov _____ (or Country if not Canada)	_____
17) FATHER'S BIRTH DATE: <input type="checkbox"/> Estimated	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> Year <u>  </u> Month(Spell) <u>  </u> Day	_____
18) MOTHER'S MAIDEN SURNAME - - - - ->	_____	_____
19) MOTHER'S FIRST NAME (In Full) - ->	_____	_____
20) MOTHER'S SECOND NAME (In Full)- ->	_____	_____
21) MOTHER'S BIRTH PLACE - - - - ->	City/Town _____ Prov _____ (or Country if not Canada)	_____
22) MOTHER'S BIRTH DATE: <input type="checkbox"/> Estimated	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> Year <u>  </u> Month(Spell) <u>  </u> Day	_____
23) SPOUSE'S BIRTH SURNAME - - - - ->	_____	_____
24) SPOUSE'S FIRST NAME (In Full) - ->	_____	_____
25) SPOUSE'S SECOND NAME (In Full)- ->	_____	_____
26) SPOUSE'S BIRTH PLACE - - - - ->	City/Town _____ Prov _____ (or Country if not Canada)	_____
27) SPOUSE'S BIRTH DATE: <input type="checkbox"/> Estimated	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> Year <u>  </u> Month(Spell) <u>  </u> Day	_____
28) MARRIAGE - - - - ->	Prov _____ (or Country if not Canada)	_____
29) MARRIAGE DATE:	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> Year <u>  </u> Month(Spell) <u>  </u> Day	_____
30) SOCIAL INSURANCE NUMBER - - - - ->	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u>	_____
31) PROV. HEALTH INSURANCE NUMBER - ->	Prov _____ Number _____	_____
32) PERMANENT HOME ADDRESS - - - - ->	No. and Street _____ Apt. No. _____ City/Town/Village/Place _____ Prov/Country _____ Postal Code _____	_____

**INDIVIDUAL IDENTITY SUMMARY  
FORM COMPLETION NOTES**

DATA ELEMENT	FORM COMPLETION INSTRUCTIONS
1 EMPLOYEE/CASE NUMBER ...	If no employee number, enter not known or not applicable.
4 OTHER SURNAME .....	Refers to last names ever used including other married surname, alternate spelling of surname, legal changes, aliases etc.
5-7 GIVEN NAMES .....	Spell out full given names as entered on legal documents (eg. birth certificate) even if a nickname or short form of name is normally used. See (8) below. Omit any baptismal names such as Joseph or Mary.
8 NICKNAME .....	Refers to any names that are frequently used if different from first given name. May be nickname, short form of given name, second given name, or anglicized short form of a given European or Oriental name.
TITLE .....	Refers to a title or suffix associated with a surname.
12 BIRTH PLACE .....	Refers to city, town or village with appropriate province or country of birth if born outside Canada. If rural or farm birth, enter nearest village or town as shown on birth certificate
<b>13-22 PARENTAL INFORMATION:</b>	
13 & 18 SURNAMES .....	Refers to last name at birth or adoption even if deceased.
14-15 GIVEN NAMES ..... 19-20	Spell out in full as entered on legal documents even if a nickname or short form of name is normally used.
16 & 21 BIRTH PLACE	
City .....	Refers to city, town or village of birth. See (12) above. If exact place not known, enter nearest town.
Prov/Country .....	Refers to specific province if born in Canada or to specific country if born outside Canada.
17 & 22 BIRTH DATE .....	Enter the year, including the century. Spell out the month to avoid confusion with the day. If not known exactly, enter closest estimate, and mark estimated.
<b>23-29 SPOUSAL INFORMATION:</b>	
23 SPOUSE'S BIRTH SURNAME .....	Include partner by marriage or common-law. Refers to present spouse, or last spouse if widowed, divorced or separated.  Refers to last name at birth or adoption for present or last spouse, or common-law partner.
28 MARRIAGE PROVINCE .....	Refers to place of marriage for present or last marriage. i.e. province or country if outside Canada.
29 MARRIAGE DATE .....	Refers to present or last marriage.
<b>31 PROVINCIAL HEALTH INSURANCE NO.</b>	
Province .....	Refers to the Province of your Health Insurance plan.
Number .....	Refers to the policy number of the health plan used in your province. eg: In Ontario record O.H.I.P. number.
32 PERMANENT HOME ADDRESS	Provide complete address. If rural, give exact location rather than mailing address of post office or rural route: i.e. give section, township, range and meridian, or lot and concession.

# INDIVIDUAL IDENTITY SUMMARY

THIS PAGE IS TO BE COMPLETED BY EMPLOYER/STUDY ORGANIZER

WORKSITE/GROUP IDENTIFIER \_\_\_\_\_

SURNAME \_\_\_\_\_

EMPLOYEE OR CASE NUMBER \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

33) PENSION PLAN NUMBER - - - - -> \_\_\_\_\_

## WORK HISTORY:

34) FIRST HIRE DATE - - - - -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month    |\_|\_|\_| Day

35) TERMINATION DATE -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month    |\_|\_|\_| Day

REHIRE DATE - - - - -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month    |\_|\_|\_| Day

TERMINATION DATE -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month    |\_|\_|\_| Day

REHIRE DATE - - - - -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month    |\_|\_|\_| Day

TERMINATION DATE -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month    |\_|\_|\_| Day

CONTINUE ON SEPARATE PAGE IF NECESSARY

36) VITAL STATUS - - - - -> \_\_\_\_\_

☐ Known Alive    ☐ Known Dead    ☐ Status Unknown

37) SOURCE OF INFORMATION - - - - -> \_\_\_\_\_

☐ Pension Records    ☐ Current Files    ☐ Vital Statistics  
☐ Personal Contact    ☐ Other Source \_\_\_\_\_

38) LAST KNOWN YEAR ALIVE - - - - -> \_\_\_\_\_

|\_|\_|\_| Year

39) LAST KNOWN ADDRESS - - - - -> \_\_\_\_\_  
(IF DIFFERENT FROM 32 ON PREVIOUS PAGE)

No. and Street

Apt. No.

City/Town/Village/Place    Prov/Country

|\_|\_|\_|\_|\_|\_|\_| Postal Code

40) DATE OF DEATH - - - - -> \_\_\_\_\_

|\_|\_|\_| Year    |\_|\_|\_| Month (Spell)    |\_|\_|\_| Day

41) PLACE OF DEATH - - - - -> \_\_\_\_\_

City/Town \_\_\_\_\_ Prov \_\_\_\_\_  
(or Country if not Canada)

42) CAUSE(S) OF DEATH - - - - -> \_\_\_\_\_

1. If Official Documentation or Death Certificate Held:

DEATH CERTIFICATE NUMBER \_\_\_\_\_

a) Immediate Cause: \_\_\_\_\_

b) Antecedent Causes Stating  
Underlying Cause Last: \_\_\_\_\_

c) Other Significant Contributing Conditions:  
\_\_\_\_\_  
\_\_\_\_\_

2. If No Official Documentation Held:

Other Known Information: \_\_\_\_\_  
\_\_\_\_\_



# INDIVIDUAL IDENTITY SUMMARY

WORKSITE/GROUP IDENTIFIER \_\_\_\_\_

SURNAME \_\_\_\_\_

EMPLOYEE OR CASE NUMBER \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

## LIST ALL CHILDREN RELATED BY BLOOD, MARRIAGE OR COMMON LAW

43) FIRST CHILD'S SURNAME - - - - ->	_____	44) SURNAME AT BIRTH (If Different) _____
45) FIRST CHILD'S FIRST NAME - - - - ->	_____	
46) FIRST CHILD'S SECOND NAME - - - - ->	_____	
47) FIRST CHILD'S SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	
48) FIRST CHILD'S BIRTH DATE - - - - ->	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month (Spell) Day	
49) FIRST CHILD'S BIRTH PLACE - - - - ->	City/Town/Village/Place _____	PROV: _____ (Or Country If Not Canada)
50) FIRST CHILD'S PARENTS - - - - -> (As Named On Child's Birth or Adoption Certificate)	<input type="checkbox"/> Self and Spouse As Noted On First Page	<input type="checkbox"/> Self Only As Noted On First Page <input type="checkbox"/> Spouse Only As Noted On First Page <input type="checkbox"/> Other
51) FIRST CHILD'S RELATIONSHIP TO YOU:	<input type="checkbox"/> Blood Related	<input type="checkbox"/> Not Blood Related
52) SECOND CHILD'S SURNAME - - - - ->	_____	53) SURNAME AT BIRTH (If Different) _____
54) SECOND CHILD'S FIRST NAME - - - - ->	_____	
55) SECOND CHILD'S SECOND NAME - - - - ->	_____	
56) SECOND CHILD'S SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	
57) SECOND CHILD'S BIRTH DATE - - - - ->	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month (Spell) Day	
58) SECOND CHILD'S BIRTH PLACE - - - - ->	City/Town/Village/Place _____	PROV: _____ (Or Country If Not Canada)
59) SECOND CHILD'S PARENTS - - - - -> (As Named On Child's Birth or Adoption Certificate)	<input type="checkbox"/> Self and Spouse As Noted On First Page	<input type="checkbox"/> Self Only As Noted On First Page <input type="checkbox"/> Spouse Only As Noted On First Page <input type="checkbox"/> Other
60) SECOND CHILD'S RELATIONSHIP TO YOU:	<input type="checkbox"/> Blood Related	<input type="checkbox"/> Not Blood Related
61) THIRD CHILD'S SURNAME - - - - ->	_____	62) SURNAME AT BIRTH (If Different) _____
63) THIRD CHILD'S FIRST NAME - - - - ->	_____	
64) THIRD CHILD'S SECOND NAME - - - - ->	_____	
65) THIRD CHILD'S SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	
66) THIRD CHILD'S BIRTH DATE - - - - ->	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month (Spell) Day	
67) THIRD CHILD'S BIRTH PLACE - - - - ->	City/Town/Village/Place _____	PROV: _____ (Or Country If Not Canada)
68) THIRD CHILD'S PARENTS - - - - -> (As Named On Child's Birth or Adoption Certificate)	<input type="checkbox"/> Self and Spouse As Noted On First Page	<input type="checkbox"/> Self Only As Noted On First Page <input type="checkbox"/> Spouse Only As Noted On First Page <input type="checkbox"/> Other
69) THIRD CHILD'S RELATIONSHIP TO YOU:	<input type="checkbox"/> Blood Related	<input type="checkbox"/> Not Blood Related

# INDIVIDUAL IDENTITY SUMMARY

WORKSITE/GROUP IDENTIFIER \_\_\_\_\_

SURNAME \_\_\_\_\_

EMPLOYEE OR CASE NUMBER \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

## LIST ALL CHILDREN RELATED BY BLOOD, MARRIAGE OR COMMON LAW

70) FOURTH CHILD'S SURNAME - - - - ->	_____	71) SURNAME AT BIRTH _____ (If Different)
72) FOURTH CHILD'S FIRST NAME - - - - ->	_____	
73) FOURTH CHILD'S SECOND NAME - - - - ->	_____	
74) FOURTH CHILD'S SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	
75) FOURTH CHILD'S BIRTH DATE - - - - ->	<input type="text"/> Year <input type="text"/> Month (Spell) <input type="text"/> Day	
76) FOURTH CHILD'S BIRTH PLACE - - - - ->	City/Town/Village/Place _____	PROV: _____ (Or Country If Not Canada)
77) FOURTH CHILD'S PARENTS - - - - -> (As Named On Child's Birth or Adoption Certificate)	<input type="checkbox"/> Self and Spouse As Noted On First Page	<input type="checkbox"/> Self Only As Noted On First Page <input type="checkbox"/> Spouse Only As Noted On First Page <input type="checkbox"/> Other
78) FOURTH CHILD'S RELATIONSHIP TO YOU:	<input type="checkbox"/> Blood Related	<input type="checkbox"/> Not Blood Related
79) FIFTH CHILD'S SURNAME - - - - ->	_____	80) SURNAME AT BIRTH _____ (If Different)
81) FIFTH CHILD'S FIRST NAME - - - - ->	_____	
82) FIFTH CHILD'S SECOND NAME - - - - ->	_____	
83) FIFTH CHILD'S SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	
84) FIFTH CHILD'S BIRTH DATE - - - - ->	<input type="text"/> Year <input type="text"/> Month (Spell) <input type="text"/> Day	
85) FIFTH CHILD'S BIRTH PLACE - - - - ->	City/Town/Village/Place _____	PROV: _____ (Or Country If Not Canada)
86) FIFTH CHILD'S PARENTS - - - - -> (As Named On Child's Birth or Adoption Certificate)	<input type="checkbox"/> Self and Spouse As Noted On First Page	<input type="checkbox"/> Self Only As Noted On First Page <input type="checkbox"/> Spouse Only As Noted On First Page <input type="checkbox"/> Other
87) FIFTH CHILD'S RELATIONSHIP TO YOU:	<input type="checkbox"/> Blood Related	<input type="checkbox"/> Not Blood Related
88) SIXTH CHILD'S SURNAME - - - - ->	_____	89) SURNAME AT BIRTH _____ (If Different)
90) SIXTH CHILD'S FIRST NAME - - - - ->	_____	
91) SIXTH CHILD'S SECOND NAME - - - - ->	_____	
92) SIXTH CHILD'S SEX - - - - ->	<input type="checkbox"/> Male <input type="checkbox"/> Female	
93) SIXTH CHILD'S BIRTH DATE - - - - ->	<input type="text"/> Year <input type="text"/> Month (Spell) <input type="text"/> Day	
94) SIXTH CHILD'S BIRTH PLACE - - - - ->	City/Town/Village/Place _____	PROV: _____ (Or Country If Not Canada)
95) SIXTH CHILD'S PARENTS - - - - -> (As Named On Child's Birth or Adoption Certificate)	<input type="checkbox"/> Self and Spouse As Noted On First Page	<input type="checkbox"/> Self Only As Noted On First Page <input type="checkbox"/> Spouse Only As Noted On First Page <input type="checkbox"/> Other
96) SIXTH CHILD'S RELATIONSHIP TO YOU:	<input type="checkbox"/> Blood Related	<input type="checkbox"/> Not Blood Related

\*FOR ADDITIONAL CHILDREN CONTINUE LISTING AFTER ITEM 96.

### RECORD LAYOUT AND DATA DICTIONARY

A SUGGESTED COMPUTER DATA BASE RECORD LAYOUT AND CODING MANUAL IN THE FORM OF A DATA DICTIONARY TO BE USED WHEN ENTERING THE DATA INTO A COMPUTER FILE. AN APPENDIX IS INCLUDED FOR CODING INFORMATION COLLECTED ON CHILDREN.





INDIVIDUAL IDENTITY SUMMARY

## COMPUTER DATA FILE CODING INFORMATION

These guidelines are for use by individuals who will be coding and keying the information collected on the Individual Identity Summary forms. They contain a suggested ideal computer data file record layout followed by an explanation or "Dictionary" consisting of a page for each record item in the order of the record layout. Each page includes a suggested field length, the field type (alphabetic or numeric), an explanation of the item, the code(s) to be used and the suggested edits that can be carried out to ensure a valid entry has been made in the data base.

Optional additional fields for CHILDREN have been included in a separate Appendix for organizations who wish to collect and include these details.

Each organization can adapt, add to or omit items from these suggestions depending on its own situation. However, it is recommended that the items identified with asterisks (\*) be given high priority. The minimum information needed to allow for a health study using the Canadian Mortality Data Base (CMDB) is:

LAST NAME  
FULL FIRST GIVEN NAME  
SEX  
FULL DATE OF BIRTH (DAY, MONTH AND YEAR)

However, each additional identifying item assists in assessing the quality of possible matches that occur when searching the CMDB. Additional items can also increase the quantity of matches.

We have suggested a minimum length for each field. You may increase this to any reasonable length, but ensure that all records on the file have the same length for any specific field.

GENERAL GUIDELINES FOR PREPARATION OF MACHINE READABLE  
RECORDS

1. Use a fixed field format.
2. Each data item must have its own field i.e. Surname, Alternate Surname, First Given Name, Second Given Name, etc.
3. Field length must be kept the same length throughout the file.
4. Use only UPPER CASE for alphabetic information.
5. Left justify all alphabetic fields.
6. Right justify all numeric fields (may add leading zeros).
7. Where no information, or information does not fill the field, leave the field, or remainder of the field, blank.

INDIVIDUAL IDENTITY SUMMARY  
COMPUTER DATA FILE CODING INFORMATION  
RECORD LAYOUT AND DATA DICTIONARY  
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## FIELD DESCRIPTION

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## R E C O R D - L A Y O U T

RECOMMENDED FOR COHORT STARTING POINT FILES WHICH NEED TO  
BE LINKED TO THE MORTALITY DATA BASE

=====						AVAILABLE		
=====						=====		
	PAGE	FIELD	SIZE	POSITION	TYPE	TITLE	YES	NO
=====						=====	=====	=====
	18	1	1	1	A/N	WORKSITE CODE/COHORT CODE		
*	19	2	9	2-10	A/N	EMPLOYEE NUMBER/CASE NUMBER		
	20	3	1	11	N	CONTROL CODE DIGIT		
*	21	4	21	12-32	A	SURNAME		
*	23	5	21	ETC.	A	MAIDEN SURNAME		
*	24	6	21		A	OTHER SURNAME (S) USED		
*	25	7	9		A	FIRST GIVEN NAME		
*	26	8	7		A	SECOND GIVEN NAME		
*	27	9	7		A	THIRD GIVEN NAME		
*	28	10	7		A	NICKNAME		
	29	11	3		A	TITLE		
*	30	12	1		N	SEX		
*	31	13	1		N	MARITAL STATUS		
*	32	14	8		N	BIRTH DATE (YEAR,MONTH,DAY)		
*	33	15	2		N	BIRTH PLACE CODE		
	36	16	10		A	BIRTH CITY		
*	38	17	10		A	FATHER'S SURNAME		
*	39	18	9		A	FATHER'S FIRST GIVEN NAME		
*	40	19	7		A	FATHER'S SECOND GIVEN NAME		
*	41	20	2		N	FATHER'S BIRTH PLACE CODE		
	42	21	10		A	FATHER'S BIRTH CITY		
+	43	22	8		N	FATHER'S BIRTH DATE		

# R E C O R D - L A Y O U T (CONTINUED)

						AVAILABLE	
						YES	NO
	PAGE	FIELD	SIZE	POSITION	TYPE	TITLE	
*	44	23	10		A	MOTHER'S MAIDEN SURNAME	
*	45	24	9		A	MOTHER'S FIRST GIVEN NAME	
*	46	25	7		A	MOTHER'S SECOND GIVEN NAME	
*	47	26	2		N	MOTHER'S BIRTH PLACE CODE	
	48	27	10		A	MOTHER'S BIRTH CITY	
+	49	28	8		N	MOTHER'S BIRTH DATE	
*	50	29	10		A	SPOUSE'S BIRTH SURNAME	
*	51	30	9		A	SPOUSE'S FIRST GIVEN NAME	
*	52	31	7		A	SPOUSE'S SECOND GIVEN NAME	
	53	32	2		N	SPOUSE'S BIRTH PLACE CODE	
	54	33	10		A	SPOUSE'S BIRTH CITY	
	55	34	8		N	SPOUSE'S BIRTH DATE	
	56	35	2		N	MARRIAGE PLACE CODE	
	57	36	8		N	MARRIAGE DATE	
	58	37	9		N	SOCIAL INSURANCE NUMBER	
	59	38	12		N	PROVINCIAL HEALTH INSURANCE NUMBER	
*	60	39	2		N	PERMANENT HOME PROVINCE CODE	
*	61	40	46		A/N	PERMANENT HOME ADDRESS	
	62	41	8		A/N	PENSION PLAN NUMBER	
#	63	42	6		N	WORK HISTORY - HIRE DATE	

# R E C O R D - L A Y O U T (CONTINUED)

COUNT/NO.

							AVAILABLE	
							=====	=====
	PAGE	FIELD	SIZE	POSITION	TYPE	TITLE	YES	NO
#	64	43	6		N	WORK HISTORY - TERMINATION DATE	_____	_____
	65	44	1		N	VITAL STATUS	_____	_____
	66	45	1		N	SOURCE OF INFORMATION	_____	_____
*	67	46	4		N	LAST KNOWN YEAR ALIVE	_____	_____
*	68	47	2		N	LAST KNOWN PROVINCE/COUNTRY CODE	_____	_____
	69	48	46		A/N	LAST KNOWN ADDRESS	_____	_____
*	70	49	8		N	DATE OF DEATH	_____	_____
	71	50	2		N	PLACE OF DEATH CODE	_____	_____
	72	51	10		A	CITY OF DEATH	_____	_____
	73	52	10		A	DEATH CERTIFICATE NUMBER.	_____	_____
	74	53	4		A/N	CAUSE OF DEATH	_____	_____
						OTHER FIELDS	_____	_____

## NOTES:

- \* TOP PRIORITY SHOULD BE GIVEN TO COLLECTING THE ITEMS IDENTIFIED WITH ASTERISKS (\*). BIRTH DATE IS ONE OF THE MORE IMPORTANT ITEMS AND EXTRA EFFORT SHOULD BE MADE TO COLLECT THIS ITEM.  
THE MINIMUM INFORMATION NEEDED TO ALLOW FOR A HEALTH STUDY USING THE CANADIAN MORTALITY DATA BASE (CMDB) IS: LAST NAME, FIRST GIVEN NAME, SEX AND FULL DATE OF BIRTH (DAY, MONTH AND YEAR)
- + FOR GENETIC STUDIES ADDITIONAL PARENTAL VARIABLES WILL BE REQUIRED PARTICULARLY THOSE DENOTED WITH AN (+).
- # WORK HISTORY DATES ARE VERY IMPORTANT FOR USE IN THE ANALYSIS OF ANY OCCUPATIONAL HEALTH STUDY, ESPECIALLY THE HIRE DATE YEAR OR THE YEAR THE EXPOSURE STARTED, AND THE TERMINATION YEAR OR THE YEAR THE EXPOSURE/FOLLOW-UP ENDED. THESE VARIABLES ARE USED IN THE MONSON AND OTHER ROUTINES.

FIELD: WORKSITE CODE/COHORT CODE

SUGGESTED FIELD LENGTH: 1

TYPE: NUMERIC/ALPHABETIC

---

REFERS TO A VALID COMPANY WORKSITE CODE, AN ASSIGNED  
WORKSITE CODE, A COHORT CODE OR A SURVEY IDENTIFIER.

ENSURE NUMBERS ARE UNIQUE.

CODE IS USEFUL TO IDENTIFY DIFFERENT SUBGROUPS OR  
TYPES OF WORKERS ON A FILE.



FIELD: EMPLOYEE NUMBER/CASE STUDY NUMBER

SUGGESTED FIELD LENGTH: 9

TYPE: ALPHABETIC/NUMERIC

---

REFERS EITHER TO A VALID EMPLOYEE NUMBER OR AN ASSIGNED STUDY NUMBER. MAY BE NUMERIC OR COMBINATION OF ALPHABETIC AND NUMERIC.

ENSURE NUMBERS ARE UNIQUE TO EACH INDIVIDUAL AND NOT REUSED FOR SOMEONE ELSE.

IF USING LESS THAN 9 CHARACTERS, CHANGE SIZE OF FIELD FROM 9 TO MAXIMUM USED.

---

EDITS:

MUST BE UNIQUE NUMBER FOR EACH INDIVIDUAL.

**FIELD: CONTROL CODE DIGIT**

**SUGGESTED FIELD LENGTH: 1**

**TYPE: NUMERIC**

---

IDENTIFIES THE TYPE OF SURNAME STORED IN THE SURNAME FIELD.  
ENTER A CODE '1' TO INDICATE THIS RECORD IS AN "ORIGINAL  
ENTRY" AND IS THE FIRST ENTRY FOR THIS INDIVIDUAL.

IF MORE THEN ONE RECORD IS REQUIRED FOR AN INDIVIDUAL (eg  
AN ALTERNATE SPELLING OF SURNAME.) THEN ENTER A CODE '2'  
ON SUBSEQUENT RECORDS. ENSURE THAT THE "EMPLOYEE NUMBER"  
IS IDENTICAL ON ALL RECORDS.

---

**EDITS:**

MUST BE VALID NUMERIC CODE 1 OR 2.

**FIELD: SURNAME**

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAMES INCLUDED)

TYPE: ALPHABETIC

---

REFERS TO RESPONDENT'S LAST NAME.

CODING INSTRUCTIONS:

KEY AT LEAST 10 CHARACTERS FOR ALL SURNAMES HAVING 10 OR MORE.

USE UPPER CASE ONLY.

DOUBLE SURNAMES -

KEY AN "ORIGINAL" ENTRY RECORD USING THE HYPHENATED FORM  
(I.e. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

PREFIXED SURNAMES -

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST;  
SAINTE TO STE

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

SUFFIXED SURNAMES -

OMIT ALTOGETHER SUFFIXES SUCH AS JR AND SR FROM THIS FIELD. IF  
NECESSARY CREATE A SEPARATE "TITLE" FIELD TO STORE THIS INFORMATION  
(SEE PAGE 29).

(ESPECIALLY, DO NOT CONFUSE SUFFIXES WITH GIVEN NAMES OR INITIALS).

CONT'D....

TITLES -

DROP ALL TITLES SUCH AS DR. OR REV. FROM THE SURNAME FIELD. IF NEEDED CREATE A SEPARATE "TITLE" FIELD (SEE PAGE 29).

RELIGIOUS TITLES AND NAMES -

IF CREATING A "TITLE" FIELD DROP ALL TITLES FROM SURNAME FIELD AND INCLUDE THESE IN THE TITLE FIELD ONLY (SEE PAGE 29).

IF NOT CREATING A SEPARATE TITLE FIELD INCLUDE THE RELIGIOUS TITLE IN THE SURNAME FIELD, BUT DO NOT TREAT IT AS A PREFIX I.E. ENTER A SPACE BETWEEN TITLE AND NAME.

IF A LAST NAME IS GIVEN, KEY THE RELIGIOUS TITLE AND LAST NAME IN THE SURNAME FIELD.

EXAMPLE: SURNAME - SR ADAMS  
GIVEN1 - RUTH

IF NO SURNAME IS GIVEN ENTER THE RELIGIOUS TITLE IN THE SURNAME FIELD WITH THE CHURCH NAME.

EXAMPLE: SR MARY

ENTER ALL OTHER GIVEN NAMES IN THE APPROPRIATE GIVEN NAME FIELDS.

EXAMPLE: A NUN WITH A RELIGIOUS NAME OF MARY AND GIVEN NAMES OF ALICE ELAINE WOULD BE KEYED AS:  
SURNAME - SR MARY  
GIVEN1 - ALICE  
GIVEN2 - ELAINE

NOTE: THE BIRTH SURNAME SHOULD APPEAR ALONE (i.e. WITHOUT THE TITLE) IN FATHER'S SURNAME FIELD FOR ADDITIONAL IDENTIFICATION.

---

EDITS:

- MUST BE ALPHABETIC.
- ALL UPPER CASE.
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED. THE FIELD LENGTH WILL NEED TO BE LONG ENOUGH TO INCLUDE THE SECOND NAME. ENSURE AT LEAST 10 CHARACTERS OF EACH PART ARE ENTERED. TRUNCATE REMAINING CHARACTERS IN EACH PART IF NECESSARY.
- ENSURE JR OR SR AND TITLES ARE NOT ENTERED (EXCEPT RELIGIOUS TITLES WHERE NO SEPARATE TITLE FIELD IS CREATED).

FIELD: MAIDEN SURNAME

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAMES INCLUDED)

TYPE: ALPHABETIC

---

REFERS TO MAIDEN SURNAME AT BIRTH OR ADOPTION FOR WOMEN ONLY.

DOUBLE SURNAMES -

KEY USING THE HYPHENATED FORM (i.e. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

PREFIXED SURNAMES -

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

---

EDITS:

- MAY BE ALPHABETIC OR BLANK.
- ALL UPPER CASE.
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED.

**FIELD: OTHER SURNAME (S) USED**

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAMES INCLUDED)

TYPE: ALPHABETIC

---

REFERS TO OTHER SURNAME(S) EVER USED. FOR FEMALES THIS FIELD MAY CONTAIN A PREVIOUS MARRIED SURNAME. FOR MALES THIS FIELD MAY INCLUDE SURNAME CHANGES THROUGH ADOPTION, LEGAL CHANGES ETC.

ADD ADDITIONAL RECORDS IF MORE THAN ONE "OTHER SURNAME" HAS EVER BEEN USED EG: RE-MARRIED WOMEN.

DOUBLE SURNAMES -

KEY AN "ORIGINAL" ENTRY RECORD USING THE HYPHENATED FORM (i.e. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

PREFIXED SURNAMES -

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

---

**EDITS:**

- MAY BE ALPHABETIC OR BLANK.
- ALL UPPER CASE.
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED. ENSURE 10 CHARACTERS OF EACH PART ARE ENTERED. TRUNCATE REMAINING CHARACTERS IN EACH PART IF NECESSARY.

FIELD: FIRST GIVEN NAME (GIVEN1)

SUGGESTED FIELD LENGTH: 9

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF FIRST GIVEN NAME AS ENTERED ON LEGAL DOCUMENTS.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE FIRST GIVEN NAME -

OMIT ANY HYPHENS.

IF GIVEN2 IS BLANK, CODE SECOND PART OF FIRST GIVEN NAME IN GIVEN2.  
INCLUDE DOUBLE NAME, WITH SPACE, IN GIVEN1 IF GIVEN2 IS NOT BLANK.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

---

EDITS:

-MUST BE ALPHABETIC.

-IGNORE ANY PERIODS.

-ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE SEPARATED BY BLANKS AND RECORDED IN THEIR RESPECTIVE FIELDS.

-CHECK THAT SEX CODE AND GIVEN NAMES ARE COMPATIBLE (EG: WATCH OUT FOR A FEMALE 'MRS. JOHN DOE')

FIELD: SECOND GIVEN NAME (GIVEN2)

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF SECOND GIVEN NAME.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE SECOND GIVEN NAME -

CODE DOUBLE NAME, WITH SPACE, IN GIVEN2 UNLESS THIRD GIVEN NAME BLANK.

IF THIRD GIVEN NAME IS BLANK, MOVE SECOND PART OF SECOND GIVEN NAME TO GIVEN3.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

---

**EDITS:**

- MUST BE ALPHABETIC OR BLANK.
- IGNORE ANY PERIODS.
- ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE SEPARATED BY BLANKS AND RECORDED IN THEIR RESPECTIVE FIELDS.
- CHECK THAT SEX CODE AND GIVEN NAMES ARE COMPATIBLE.



FIELD: THIRD GIVEN NAME (GIVEN3)

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF THIRD GIVEN NAME.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE THIRD GIVEN NAME -

CODE DOUBLE NAME, WITH SPACE, IN GIVEN3. TRUNCATE IF TOO LONG.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS  
AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

---

**EDITS:**

- MUST BE ALPHABETIC OR BLANK.
- IGNORE ANY PERIODS.
- ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE SEPARATED BY BLANKS AND RECORDED IN THEIR RESPECTIVE FIELDS.
- CHECK THAT SEX CODE AND GIVEN NAMES ARE COMPATIBLE.

FIELD: NICKNAME

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO ANY NAMES THAT ARE FREQUENTLY USED IF DIFFERENT FROM FIRST GIVEN NAME. MAY BE NICKNAMES, SHORT FORM OF GIVEN NAME OR ANGLICIZED SHORT FORM OF A GIVEN EUROPEAN OR ORIENTAL NAME.

LEFT JUSTIFY ALL ENTRIES.

---

EDITS:

MAY BE ALPHABETIC OR BLANK.

FIELD: TITLE

SUGGESTED FIELD LENGTH: 3

TYPE: ALPHABETIC

---

REFERS TO A TITLE OR SUFFIX THAT IS OFTEN ASSOCIATED  
WITH THE SURNAME.

EXAMPLES:

JR - JUNIOR  
SR - SENIOR  
REV - REVEREND  
SIS - FEMALE RELIGIOUS TITLE (OR NUN)  
DR - DOCTOR  
I - THE FIRST  
II - THE SECOND  
III - THE THIRD  
FR - MALE RELIGIOUS TITLE (BROTHER, FRIAR, FRERE)  
PR - PRIEST, PERE

---

EDITS:

MAY BE ALPHABETIC OR BLANK.

FIELD: SEX

SUGGESTED FIELD LENGTH: 1

TYPE: NUMERIC

---

REFERS TO THE GENDER OF THE RESPONDENT.

IF POSSIBLE, ENSURE CODES '1' OR '2' ARE ENTERED.

CODE	DESCRIPTION
1	MALE
2	FEMALE
BLANK	NOT STATED/UNKNOWN

---

EDITS:

MUST BE CODES 1,2 OR BLANK.

FIELD: MARITAL STATUS

SUGGESTED FIELD LENGTH: 1

TYPE: NUMERIC

---

REFERS TO THE CURRENT MARITAL STATUS OF THE RESPONDENT.

CODE	DESCRIPTION
1	SINGLE/NEVER MARRIED
2	MARRIED/COMMON-LAW
3	WIDOWED
4	DIVORCED
5	SEPARATED
BLANK	NOT STATED

---

**EDITS:**

MUST BE NUMERIC CODES 1 TO 5 OR BLANK.

**FIELD: BIRTH DATE**

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

REFERS TO BIRTH DATE OF THE RESPONDENT.

YEAR - 4 NUMERIC CHARACTERS  
- FIRST 2-DIGITS OF YEAR MUST BE THE CENTURY I.E. '19' OR '18'  
- BLANK IF UNKNOWN

MONTH - 2 NUMERIC CHARACTERS

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

DAY - 2 NUMERIC CHARACTERS  
- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE  
- MUST BE IN THE RANGE 01-31  
- BLANK IF UNKNOWN

---

**EDITS:**

-MAY BE NUMERIC OR BLANK.  
-BE ALERT TO MONTHS EXCEEDING 12.  
-CHECK FOR INTERCHANGES OF MONTH AND DAY.  
-ENSURE THAT DAYS DO NOT EXCEED 31.

FIELD: BIRTH PLACE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO RESPONDENT'S BIRTH PROVINCE/COUNTRY CODE.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE BIRTH PROVINCE/COUNTRY. SEE THE FOLLOWING STATISTICS CANADA PROVINCE/COUNTRY CODES.\*

\*A MORE EXTENSIVE CODING LIST IS AVAILABLE WHEN A LARGE NUMBER OF BIRTH COUNTRIES ARE UNFAMILIAR. FOR A COPY PLEASE CONTACT:  
OCCUPATIONAL AND ENVIRONMENTAL HEALTH RESEARCH UNIT,  
VITAL STATISTICS AND DISEASE REGISTRIES SECTION, HEALTH DIVISION,  
18TH FLOOR, R.H. COATS BUILDING, TUNNEY'S PASTURE, OTTAWA,  
ONTARIO. K1A 0T6

---

EDITS:

MUST BE A VALID NUMERIC CODE OR BLANK.

PROVINCE/COUNTRY CODES: (NUMERICAL)  
 (FOR ALPHABETICAL LIST SEE PAGE 35)

## CANADA

01 PEI	05 Ontario	09 BC	17 Canada
02 Nova Scotia	06 Manitoba	10 Yukon	(Province
03 New Brunswick	07 Saskatchewan	11 NWT	Unspecified)
04 Quebec	08 Alberta	12 Newfoundland	

## BRITISH: WESTERN HEMISPHERE

18 Other British possessions in America

## BRITISH ISLES

20 Britain	22 N. Ireland	24 Scotland	26 Lesser Isles
21 England	23 Irish Free State		25 Wales

## BRITISH POSSESSIONS AND OTHER COMMONWEALTH COUNTRIES

31 Australia & Terr	35 India
32 New Zealand	35 Pakistan
33 S&SW Africa	36 Other British Asia
34 Other British Africa	37 Other British

## AMERICAN COUNTRIES

41 U.S.A.	43 Other N. Amer.	45 South American
42 Mexico	44 Central American	

## EUROPEAN COUNTRIES

51 Albania	58 Finland	64 Iceland	71 Roumania
52 Austria	59 France	65 Italy	72 Spain
53 Belgium	60 Germany	66 Latvia	73 Sweden
54 Bulgaria	61 Greece	67 Lithuania	74 Switzerland
55 Czechoslovakia	62 Holland	68 Norway	75 Yugoslavia
56 Denmark	(Netherlands)	69 Poland	76 Other Europe
57 Estonia	63 Hungary	70 Portugal	77 U.S.S.R.

## ASIATIC COUNTRIES

82 China	84 Syria	86 Other Asiatic
83 Japan	85 Turkey	

## AFRICAN &amp; OTHER

91 African (not British)	93 Other countries	98 At Sea
	96 Palestine, Israel	

Blank - Not Stated



N.B.:

ALL VITAL STATISTICS PLACE CODES ARE IN THE PROCESS OF CHANGING OVER TO THE STANDARD GEOGRAPHIC CODE (SGC) FROM 1989. THIS MEANS A CHANGE TO A FIELD LENGTH OF 3 (NUMERIC).

THE NEXT UPDATE OF THIS PACKAGE WILL CONTAIN THE NEW SGC CODES FOR USE FOR ALL PLACE CODES.

YOU MAY WISH TO SET UP YOUR FILE ACCORDINGLY.



PROVINCE/COUNTRY CODES: (ALPHABETICAL)  
 (FOR NUMERICAL LIST SEE PAGE 34)

CANADA

08 Alberta	03 New Brunswick	05 Ontario	10 Yukon
09 BC	12 Newfoundland	01 PEI	
17 Canada	02 Nova Scotia	04 Quebec	
06 Manitoba	11 NWT	07 Saskatchewan	

BRITISH: WESTERN HEMISPHERE

18 Other British Possessions in America

BRITISH ISLES

20 Britain	23 Irish Free State	22 N. Ireland	25 Wales
21 England	26 Lesser Isles	24 Scotland	

BRITISH POSSESSIONS AND OTHER COMMONWEALTH COUNTRIES

31 Australia & Terr	34 Other British Africa
35 India	36 Other British Asia
32 New Zealand	35 Pakistan
37 Other British	33 S&W Africa

AMERICAN COUNTRIES

44 Central Amer.	43 Other N. Amer.	41 U.S.A.
42 Mexico	45 South American	

EUROPEAN COUNTRIES

51 Albania	58 Finland	64 Iceland	70 Portugal
52 Austria	59 France	65 Italy	71 Roumania
53 Belgium	60 Germany	66 Latvia	72 Spain
54 Bulgaria	61 Greece	67 Lithuania	73 Sweden
55 Czechoslovakia	62 Holland	68 Norway	74 Switzerland
56 Denmark	(Netherlands)	76 Other Europe	77 U.S.S.R.
57 Estonia	63 Hungary	69 Poland	75 Yugoslavia

ASIATIC COUNTRIES

82 China	84 Syria	86 Other Asiatic
83 Japan	85 Turkey	

AFRICAN & OTHER

91 African (not British)	93 Other countries	98 At Sea
	96 Palestine, Israel	

Blank - Not Stated

FIELD: BIRTH CITY

SUGGESTED FIELD LENGTH: 10

TYPE: ALPHABETIC

---

REFERS TO RESPONDENT'S BIRTH CITY.

ENTER BIRTH CITY IN FULL. KEY IN A MAXIMUM OF 10 CHARACTERS.

SEE THE STATISTICS CANADA PLACE NAME ABBREVIATIONS ON PAGE 37.

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS  
AND CONCATENATE REMAINDER OF NAME.

---

**EDITS:**

MUST BE ALPHABETIC OR BLANK.  
MUST BE UPPER CASE.

PLACE NAME ABBREVIATIONS

B	BAY, BAIE	L	LAKE, LAC	PR	PRINCE
CEN	CENTRAL	LOW	LOWER	R	RIVER, RIVIERE
E	EAST, EST	MID	MIDDLE	ST	SAINT
FT	FORT	MT	MOUNT, MONT	STE	SAINTE
F	FRONT	N	NORTH, NORD	S	SOUTH, SUD
GR	GRAND, GRANDE	ND	NOTRE DAME	T	TOWNSHIP
IR	INDIAN RESERVE	O	QUEST	UPP	UPPER
I	ISLE, ILE,	PNT	POINT	W	WEST
	ISLAND	PT	PORT		

## Examples:

E YORK  
 FT MCMURRAY  
 PNT CLAIRE  
 PR ALBERT  
 ST BONIFACE

**FIELD: FATHER'S SURNAME**

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAME INCLUDED)

TYPE: ALPHABETIC

---

REFERS TO FATHER'S SURNAME.

**DOUBLE SURNAMES -**

KEY USING THE HYPHENATED FORM (i.e. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

**PREFIXED SURNAMES -**

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

**SUFFIXED SURNAMES -**

OMIT ALTOGETHER SUFFIXES SUCH AS JR AND SR.  
(ESPECIALLY, DO NOT CONFUSE THESE WITH GIVEN NAMES OR INITIALS).

---

**EDITS:**

- MUST BE ALPHABETIC.
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED.

FIELD: FATHER'S FIRST GIVEN NAME

SUGGESTED FIELD LENGTH: 9

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF FIRST GIVEN NAME AS ENTERED ON LEGAL DOCUMENTS.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE FIRST GIVEN NAME -

OMIT ANY HYPHENS.

IF GIVEN2 IS BLANK, CODE SECOND PART OF FIRST GIVEN NAME IN GIVEN2.

INCLUDE DOUBLE NAME, WITH SPACE, IN GIVEN1 IF GIVEN2 IS NOT BLANK.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: IF INITIALS ONLY ARE AVAILABLE FOR THIS FIELD, FOR ALL RECORDS IN THE FILE, ENTER INITIAL AND REDUCE THIS FIELD LENGTH TO 1.

---

**EDITS:**

-MUST BE ALPHABETIC OR BLANK.

-ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE RECORDED IN THEIR RESPECTIVE FIELDS.

-IGNORE ANY PERIODS.

FIELD: FATHER'S SECOND GIVEN NAME

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF SECOND GIVEN NAME.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE SECOND GIVEN NAME -

CODE DOUBLE NAME, WITH SPACE, IN GIVEN2.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC  
CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

NOTE: IF INITIALS ONLY ARE AVAILABLE FOR THIS FIELD, FOR ALL  
RECORDS IN THE FILE, ENTER INITIAL AND REDUCE THIS FIELD  
LENGTH TO 1.

---

EDITS:

- MUST BE ALPHABETIC OR BLANK.
- ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE  
RECORDED IN THEIR RESPECTIVE FIELDS.
- IGNORE ANY PERIODS.



FIELD: FATHER'S BIRTH PLACE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO BIRTH PROVINCE/COUNTRY CODE OF RESPONDENT'S FATHER.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE BIRTH PROVINCE/COUNTRY. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

MUST BE A VALID NUMERIC CODE OR BLANK.

FIELD: FATHER'S BIRTH CITY

SUGGESTED FIELD LENGTH: 10

TYPE: ALPHABETIC

---

REFERS TO BIRTH CITY OF RESPONDENT'S FATHER.

ENTER BIRTH CITY IN FULL. KEY IN A MAXIMUM OF 10 CHARACTERS.  
SEE THE STATISTICS CANADA PLACE NAME ABBREVIATIONS ON PAGE 37.

---

EDITS:

MUST BE ALPHABETIC.

FIELD: FATHER'S BIRTH DATE

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

REFERS TO BIRTH DATE OF RESPONDENT'S FATHER.

YEAR - 4 NUMERIC CHARACTERS

- FIRST 2 DIGITS OF YEAR MUST BE THE CENTURY I.E. '19' OR '18'
- BLANK IF UNKNOWN

MONTH - 2 NUMERIC CHARACTERS

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

DAY - 2 NUMERIC CHARACTERS

- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE
- VALUES 01-31

NOTE: IF FATHER'S BIRTH DATE IS AN ESTIMATE, ENTER THE INFORMATION THAT IS AVAILABLE IN THE PROPER LOCATION AND LEAVE THE OTHER POSITIONS BLANK. (EG: IF ONLY MONTH AND DAY ARE ENTERED, LEAVE THE YEAR BLANK).

---

EDITS:

- MUST BE NUMERIC OR BLANK.
- BE ALERT TO MONTHS EXCEEDING 12.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.
- ENSURE THAT DAYS DO NOT EXCEED 31.

**FIELD: MOTHER'S MAIDEN SURNAME**

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAMES INCLUDED)

TYPE: ALPHABETIC

---

REFERS TO MOTHER'S SURNAME AT BIRTH OR ADOPTION.

DOUBLE SURNAMES -

KEY USING THE HYPHENATED FORM (i.e. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

PREFIXED SURNAMES -

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

---

**EDITS:**

- MUST BE ALPHABETIC.
- ALL UPPER CASE
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED.

FIELD: MOTHER'S FIRST GIVEN NAME

SUGGESTED FIELD LENGTH: 9

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF FIRST GIVEN NAME AS ENTERED ON LEGAL DOCUMENTS.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE FIRST GIVEN NAME -

OMIT ANY HYPHENS.

IF GIVEN2 IS BLANK, CODE SECOND PART OF FIRST GIVEN NAME IN GIVEN2.

INCLUDE DOUBLE NAME, WITH SPACE, IN GIVEN1 IF GIVEN2 IS NOT BLANK.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

NOTE: IF INITIALS ONLY ARE AVAILABLE FOR THIS FIELD, FOR ALL RECORDS IN THE FILE, ENTER INITIAL AND REDUCE THIS FIELD LENGTH TO 1.

---

**EDITS:**

-MUST BE ALPHABETIC OR BLANK.

-ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE RECORDED IN THEIR RESPECTIVE FIELDS.

-IGNORE ANY PERIODS.

FIELD: MOTHER'S SECOND GIVEN NAME

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF SECOND GIVEN NAME.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE SECOND GIVEN NAME -

CODE DOUBLE NAME, WITH SPACE, IN GIVEN2.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC  
CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

NOTE: IF INITIALS ONLY ARE AVAILABLE FOR THIS FIELD, FOR ALL  
RECORDS IN THE FILE, ENTER INITIAL AND REDUCE THIS FIELD  
LENGTH TO 1.

---

**EDITS:**

- MUST BE ALPHABETIC OR BLANK.
- ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE  
RECORDED IN THEIR RESPECTIVE FIELDS.
- IGNORE PERIODS.

FIELD: MOTHER'S BIRTH PLACE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO BIRTH PROVINCE/COUNTRY CODE OF RESPONDENT'S MOTHER.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE BIRTH PROVINCE/COUNTRY. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

MUST BE VALID NUMERIC CODE OR BLANK.

FIELD: MOTHER'S BIRTH CITY

SUGGESTED FIELD LENGTH: 10

TYPE: ALPHABETIC

---

REFERS TO BIRTH CITY OF RESPONDENT'S MOTHER.

ENTER BIRTH CITY IN FULL. KEY IN A MAXIMUM OF 10 CHARACTERS.  
SEE THE STATISTICS CANADA PLACE NAME ABBREVIATIONS ON PAGE 37.

---

EDITS:

MUST BE ALPHABETIC OR BLANK.



**FIELD: MOTHER'S BIRTH DATE**

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

REFERS TO BIRTH DATE OF RESPONDENT'S MOTHER.

YEAR - 4 NUMERIC CHARACTERS

- FIRST 2 DIGITS OF YEAR MUST BE THE CENTURY I.E. '19' OR '18'
- BLANK IF UNKNOWN

MONTH - 2 NUMERIC CHARACTERS

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

DAY - 2 NUMERIC CHARACTERS

- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE
- VALUES 01-31

NOTE: IF MOTHER'S BIRTH DATE IS ONLY PARTIALLY AVAILABLE, ENTER THE INFORMATION THAT IS AVAILABLE IN THE PROPER LOCATION AND LEAVE THE OTHER POSITIONS BLANK. (EG: IF ONLY MONTH AND DAY ARE AVAILABLE, LEAVE THE YEAR BLANK).

---

**EDITS:**

- MUST BE NUMERIC OR BLANK.
- BE ALERT TO MONTHS EXCEEDING 12.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.
- ENSURE THAT DAYS DO NOT EXCEED 31.

**FIELD: SPOUSE'S BIRTH SURNAME**

**SUGGESTED FIELD LENGTH: MINIMUM 10**  
**(MINIMUM 21 IF DOUBLE SURNAMES INCLUDED)**

**TYPE: ALPHABETIC**

---

REFERS TO BIRTH SURNAME OF RESPONDENT'S SPOUSE.

**DOUBLE SURNAMES -**

KEY USING THE HYPHENATED FORM (i.e. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

**PREFIXED SURNAMES -**

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

---

**EDITS:**

- MUST BE ALPHABETIC.
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED.

FIELD: SPOUSE'S FIRST GIVEN NAME

SUGGESTED FIELD LENGTH: 9

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF FIRST GIVEN NAME AS ENTERED ON LEGAL DOCUMENTS.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE FIRST GIVEN NAME -

OMIT ANY HYPHENS.

IF GIVEN2 IS BLANK, CODE SECOND PART OF FIRST GIVEN NAME IN GIVEN2.

INCLUDE DOUBLE NAME, WITH SPACE, IN GIVEN1 IF GIVEN2 IS NOT BLANK.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

NOTE: IF INITIALS ONLY ARE AVAILABLE FOR THIS FIELD, FOR ALL RECORDS IN THE FILE, ENTER INITIAL AND REDUCE THIS FIELD LENGTH TO 1.

---

EDITS:

-MUST BE ALPHABETIC OR BLANK.

-ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE RECORDED IN THEIR RESPECTIVE FIELDS.

-IGNORE ANY PERIODS.

FIELD: SPOUSE'S SECOND GIVEN NAME

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF SECOND GIVEN NAME.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE SECOND GIVEN NAME -

CODE DOUBLE NAME, WITH SPACE, IN GIVEN2.

WITH PREFIXES -

OMIT ANY HYPHENS, APOSTROPHES OR OTHER NON-ALPHABETIC CHARACTERS AND CONCATENATE REMAINDER OF NAME.

EXAMPLE: O'HANNES BECOMES OHANNES  
MAC KENZIE BECOMES MACKENZIE  
LE ROY BECOMES LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE BECOMES JOANNE

IF INITIAL ONLY IS AVAILABLE ENTER THIS IN FIRST COLUMN.

NOTE: IF INITIALS ONLY ARE AVAILABLE FOR THIS FIELD, FOR ALL RECORDS IN THE FILE, ENTER INITIAL AND REDUCE THIS FIELD LENGTH TO 1.

---

EDITS:

- MUST BE ALPHABETIC OR BLANK.
- ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE RECORDED IN THEIR RESPECTIVE FIELDS.
- IGNORE ANY PERIODS.

FIELD: SPOUSE'S BIRTH PLACE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO BIRTH PROVINCE/COUNTRY CODE OF RESPONDENT'S SPOUSE.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE BIRTH PROVINCE/COUNTRY. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

MUST BE VALID NUMERIC CODE OR BLANK.

FIELD: SPOUSE'S BIRTH CITY

SUGGESTED FIELD LENGTH: 10

TYPE: ALPHABETIC

---

REFERS TO BIRTH CITY OF RESPONDENT'S SPOUSE.

ENTER BIRTH CITY IN FULL. KEY IN A MAXIMUM OF 10 CHARACTERS.  
SEE THE STATISTICS CANADA PLACE NAME ABBREVIATIONS ON PAGE 37.

---

EDITS:

MUST BE ALPHABETIC OR BLANK.

**FIELD: SPOUSE'S BIRTH DATE**

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

REFERS TO BIRTH DATE OF RESPONDENT'S SPOUSE.

- YEAR - 4 NUMERIC CHARACTERS
- FIRST 2 DIGITS OF YEAR MUST BE THE CENTURY I.E. '19' OR '18'
  - BLANK IF UNKNOWN

MONTH - 2 NUMERIC CHARACTERS

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

- DAY - 2 NUMERIC CHARACTERS
- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE
  - VALUES 01-31

NOTE: IF SPOUSE'S BIRTH DATE IS ONLY PARTIALLY AVAILABLE, ENTER THE INFORMATION THAT IS AVAILABLE IN THE PROPER LOCATION AND LEAVE THE OTHER POSITIONS BLANK. (EG: IF ONLY MONTH AND DAY ARE AVAILABLE, LEAVE THE YEAR BLANK).

---

**EDITS:**

- MUST BE NUMERIC OR BLANK.
- BE ALERT TO MONTHS EXCEEDING 12.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.
- ENSURE THAT DAYS DO NOT EXCEED 31.

FIELD: MARRIAGE PLACE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO MARRIAGE PROVINCE IF IN CANADA, OR COUNTRY IF NOT CANADA.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE PROVINCE/COUNTRY. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

**EDITS:**

MUST BE A VALID NUMERIC CODE OR BLANK.



**FIELD: MARRIAGE DATE**

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

REFERS TO MARRIAGE DATE OF RESPONDENT.

YEAR - 4 NUMERIC CHARACTERS

- FIRST 2 DIGITS OF YEAR MUST BE THE CENTURY I.E. '19' OR '18'
- BLANK IF UNKNOWN

MONTH - 2 NUMERIC CHARACTERS

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

DAY - 2 NUMERIC CHARACTERS

- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE
- VALUES 01-31

---

**EDITS:**

- MUST BE NUMERIC OR BLANK.
- BE ALERT TO MONTHS EXCEEDING 12.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.
- ENSURE THAT DAYS DO NOT EXCEED 31.

FIELD: SOCIAL INSURANCE NUMBER

SUGGESTED FIELD LENGTH: 9

TYPE: NUMERIC

---

REFERS TO SOCIAL INSURANCE NUMBER OF RESPONDENT.

KEY IN 9 NUMERIC CHARACTERS. IGNORE HYPHENS IN THE NUMBER  
EG: KEY 999-999-999 AS 999999999.

---

**EDITS:**

- MUST BE NUMERIC OR BLANK.
- MUST BE VALID SOCIAL INSURANCE NUMBER.
- IF POSSIBLE INCLUDE AN EDIT PROGRAM TO CHECK THAT A VALID SOCIAL INSURANCE NUMBER HAS BEEN ENTERED.

FIELD: PROVINCIAL HEALTH INSURANCE NUMBER

SUGGESTED FIELD LENGTH: 12 (2+10)

TYPE: NUMERIC

---

REFERS TO THE RESPONDENT'S HEALTH OR HOSPITAL INSURANCE PLAN NUMBER.

KEY THE FIRST 2 DIGITS AS THE PROVINCE CODE (SEE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35).

ENTER THE HEALTH INSURANCE NUMBER IN THE FOLLOWING POSITIONS. THE LENGTH OF THIS FIELD WILL DEPEND ON THE RELEVANT PROVINCIAL NUMBERS. ADJUST FIELD LENGTH AS NECESSARY.

LEFT JUSTIFY THE ENTRY.

---

EDITS:

MUST BE NUMERIC, A VALID NUMERIC CODE OR BLANK.

FIELD: PERMANENT HOME ADDRESS PROVINCE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO PROVINCE/COUNTRY CODE OF INDIVIDUAL'S PERMANENT HOME ADDRESS.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE HOME ADDRESS PROVINCE. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

-MUST BE VALID NUMERIC CODE OR BLANK.

FIELD: PERMANENT HOME ADDRESS

SUGGESTED FIELD LENGTH: 46 (20+10+10+6)

TYPE: ALPHABETIC/NUMERIC

---

REFERS TO RESPONDENT'S PERMANENT HOME ADDRESS.

IF USING THE SUGGESTED FIELD LENGTHS, DATA ENTER AS FOLLOWS:

STREET - 20 ALPHA/NUMERIC

- KEY 20 POSITIONS AS THE STREET ADDRESS
- LEFT JUSTIFY THE ENTRY AND IF THE STREET ADDRESS DOES NOT FILL 20 POSITIONS LEAVE THE REMAINDER BLANK

CITY - 10 ALPHA

- ENTER THE CITY OF RESIDENCE IN THE NEXT 10 POSITIONS
- KEY IN A MAXIMUM OF 10 CHARACTERS
- LEFT JUSTIFY
- IF LESS THAN 10 CHARACTERS LEAVE REMAINDER BLANK

PROV - 10 ALPHA

- ENTER THE PROVINCE OR COUNTRY OF RESIDENCE IN THE NEXT 10 POSITIONS
- KEY IN A MAXIMUM OF 10 CHARACTERS
- LEFT JUSTIFY
- IF LESS THAN 10 CHARACTERS LEAVE REMAINDER BLANK

POSTAL CODE - 6 ALPHA/NUMERIC

- ENTER THE POSTAL CODE IN THE REMAINING 6 POSITIONS

---

EDITS:

- MUST BE ALPHABETIC, NUMERIC OR BLANK.
- ENSURE ENTRIES ARE MADE IN CORRECT PART OF FIELD.

FIELD: PENSION PLAN NUMBER

SUGGESTED FIELD LENGTH: 8?

TYPE: ALPHABETIC/NUMERIC?

---

REFERS TO THE COMPANY OR ORGANIZATION PENSION PLAN NUMBER.

LENGTH AND TYPE WILL BE UNIQUE TO INDIVIDUAL COMPANIES.

**FIELD: WORK HISTORY - HIRE DATES****SUGGESTED FIELD LENGTH: 6 (2+2+2)****TYPE: NUMERIC**

---

IF MORE THAN ONE EMPLOYMENT PERIOD WITH THE ORGANIZATION,  
MAY NEED MORE THAN ONE HIRE FIELD.  
ENTER IN CHRONOLOGICAL SEQUENCE BEGINNING WITH THE FIRST  
PERIOD.

**YEAR - 2 NUMERIC CHARACTERS**  
- ENTER A 2 DIGIT NUMBER FOR HIRE YEAR  
- IGNORE THE CENTURY

**MONTH - 2 NUMERIC CHARACTERS**

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

**DAY - 2 NUMERIC CHARACTERS**  
- ENTER A 2 DIGIT NUMBER FOR HIRE DAY WITH LEADING ZERO  
WHERE 09 OR LESS.  
- VALUES 01-31

IF ANY INFORMATION IS UNKNOWN, LEAVE THE APPROPRIATE POSITIONS  
BLANK.

---

**EDITS:**

-MUST BE NUMERIC OR BLANK.  
-BE ALERT TO MONTHS EXCEEDING 12.  
-CHECK FOR INTERCHANGES OF MONTH AND DAY.  
-ENSURE THAT DAYS DO NOT EXCEED 31.

**FIELD: WORK HISTORY - TERMINATION DATES**

SUGGESTED FIELD LENGTH: 6 (2+2+2)

TYPE: NUMERIC

---

IF MORE THAN ONE EMPLOYMENT PERIOD WITH THE ORGANIZATION,  
MAY NEED MORE THAN ONE TERMINATION FIELD.  
ENTER IN CHRONOLOGICAL SEQUENCE BEGINNING WITH THE FIRST  
PERIOD.

- YEAR    - 2 NUMERIC CHARACTERS  
         - ENTER A 2 DIGIT NUMBER FOR TERMINATION YEAR  
         - IGNORE THE CENTURY
- MONTH   - 2 NUMERIC CHARACTERS  
         - ENTER A 2 DIGIT CODE FOR TERMINATION MONTH  
         - SEE MONTH CODES IN THE HIRE DATE FIELD: PAGE 63
- DAY     - 2 NUMERIC CHARACTERS  
         - ENTER A 2 DIGIT NUMBER FOR TERMINATION DAY WITH LEADING  
            ZERO WHERE 09 OR LESS.

IF ANY INFORMATION IS UNKNOWN, LEAVE THE APPROPRIATE POSITIONS  
BLANK.

THIS DATE MAY ALSO BE USED AS THE LAST KNOWN ALIVE DATE.

---

**EDITS:**

- MUST BE NUMERIC OR BLANK.
- MONTHS MUST NOT EXCEED 12.
- DAYS MUST NOT EXCEED 31.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.



FIELD: VITAL STATUS

SUGGESTED LENGTH: 1

TYPE: NUMERIC

---

REFERS TO THE VITAL STATUS OF THE RESPONDENT.

<u>CODE</u>	<u>DESCRIPTION</u>
1	KNOWN ALIVE
2	KNOWN DEAD
9	STATUS UNKNOWN

NOTE: OTHER CODES MAY BE ADDED AS NECESSARY, FOR EXAMPLE:  
CODE 3 - SUSPECTED DEAD.

---

EDITS:

MUST BE VALID NUMERIC CODE (E.G. 1,2 OR 9).

FIELD: SOURCE OF INFORMATION

SUGGESTED LENGTH: 1

TYPE: NUMERIC

---

REFERS TO THE SOURCE OF THE VITAL STATUS INFORMATION.

<u>CODE</u>	<u>DESCRIPTION</u>
1	COMPANY PENSION RECORDS
2	CURRENT COMPANY FILES (PERSONNEL OR OTHER)
3	VITAL STATISTICS SOURCE (EG: DEATH CERTIFICATE)
4	PERSONAL CONTACT
5	OTHER SOURCE: SPECIFY (EG: VEHICLE REGISTRATION - YEAR OF ISSUE OR DRIVERS LICENCE)

NOTE: - IF MORE THAN ONE SOURCE APPLIES, ENTER THE MORE RELIABLE  
ONE.  
- ADD OTHER SOURCE CODES AS NECESSARY.

---

EDITS:

MUST BE VALID NUMERIC RANGE OF CODES (EG: 1-5).

FIELD: LAST KNOWN YEAR ALIVE

SUGGESTED FIELD LENGTH: 4

TYPE: NUMERIC

---

ENTER LAST KNOWN YEAR OF CONTACT.  
INCLUDE 2 DIGITS FOR CENTURY AND 2 DIGITS FOR YEAR.

IN MOST CASES THIS WILL BE THE DATE OF TERMINATION.

IF CONTACT HAS BEEN MADE WITH AN EMPLOYEE AFTER TERMINATION  
ENTER THAT YEAR.

IF EMPLOYEE IS KNOWN DEAD, RECORD YEAR OF DEATH.

---

EDITS:

-MUST BE NUMERIC OR BLANK.

FIELD: LAST KNOWN ADDRESS PROVINCE/COUNTRY CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO PROVINCE/COUNTRY CODE OF INDIVIDUAL'S LAST KNOWN ADDRESS.

IF ADDRESS IS THE SAME AS PERMANENT HOME ADDRESS IN FIELDS 39-40 (PAGES 60-61) THEN LEAVE BLANK.

OTHERWISE PREPARE A PROGRAM TO AUTOMATICALLY CODE THE PROVINCE/COUNTRY OF THE LAST KNOWN ADDRESS.  
SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

-MUST BE VALID NUMERIC CODE OR BLANK

**FIELD: LAST KNOWN ADDRESS**

SUGGESTED FIELD LENGTH: 46 (20+10+10+6)

TYPE: ALPHABETIC/NUMERIC

---

ENTER LAST KNOWN ADDRESS. IF ADDRESS IS THE SAME AS PERMANENT HOME ADDRESS ENTERED IN FIELD 40 (PAGE 61), THEN LEAVE BLANK.

IF USING THE SUGGESTED FIELD LENGTHS, DATA ENTER AS FOLLOWS:

STREET - 20 ALPHA/NUMERIC

- KEY 20 POSITIONS AS THE STREET ADDRESS
- LEFT JUSTIFY THE ENTRY AND IF THE STREET ADDRESS DOES NOT FILL 20 POSITIONS LEAVE THE REMAINDER BLANK

CITY - 10 ALPHA

- ENTER THE CITY OF RESIDENCE IN THE NEXT 10 POSITIONS
- KEY IN A MAXIMUM OF 10 CHARACTERS
- LEFT JUSTIFY
- IF LESS THAN 10 CHARACTERS LEAVE REMAINDER BLANK

PROV - 10 ALPHA

- ENTER THE PROVINCE OR COUNTRY OF RESIDENCE IN THE NEXT 10 POSITIONS
- KEY IN A MAXIMUM OF 10 CHARACTERS
- LEFT JUSTIFY
- IF LESS THAN 10 CHARACTERS LEAVE REMAINDER BLANK

POSTAL CODE - 6 ALPHA/NUMERIC

- ENTER THE POSTAL CODE IN THE REMAINING 6 POSITIONS

---

**EDITS:**

- MUST BE ALPHABETIC, NUMERIC OR BLANK.
- ENSURE ENTRIES ARE MADE IN CORRECT PART OF FIELD.

**FIELD: DATE OF DEATH**

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

ENTER RESPONDENT'S DATE OF DEATH.

**YEAR - 4 NUMERIC CHARACTERS**

- FIRST 2 DIGITS OF YEAR MUST BE THE CENTURY I.E. '19', '18'  
OR '20'
- BLANK IF UNKNOWN

**MONTH - 2 NUMERIC CHARACTERS**

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

**DAY - 2 NUMERIC CHARACTERS**

- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE
- VALUES 01-31

IF ONLY YEAR IS AVAILABLE, CODE FIRST 4 DIGITS FOR YEAR AND  
LEAVE REMAINING 4 POSITIONS BLANK.

---

**EDITS:**

- MUST BE NUMERIC OR BLANK.
- BE ALERT TO MONTHS EXCEEDING 12.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.
- ENSURE THAT DAYS DO NOT EXCEED 31.

FIELD: PLACE OF DEATH CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO RESPONDENT'S PROVINCE/COUNTRY OF DEATH WHERE KNOWN.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE DEATH PROVINCE/COUNTRY. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

MUST BE VALID NUMERIC CODE OR BLANK.

**FIELD: CITY OF DEATH**

**SUGGESTED FIELD LENGTH: 10**

**TYPE: ALPHABETIC**

---

**REFERS TO RESPONDENT'S CITY OF DEATH.**

**ENTER THE CITY IN FULL. KEY IN A MAXIMUM OF 10 CHARACTERS. SEE THE  
STATISTICS CANADA PLACE NAME ABBREVIATIONS ON PAGE 37.**

---

**EDITS:**

**MUST BE ALPHABETIC OR BLANK.**



FIELD: DEATH CERTIFICATE NUMBER

SUGGESTED FIELD LENGTH: 10 (2 + 2 + 6)

TYPE: NUMERIC

---

ENTER THE DEATH CERTIFICATE NUMBER WHERE AVAILABLE.  
IT MAY BE NECESSARY TO OBTAIN THIS INFORMATION FROM THE PERSONNEL  
BENEFITS DEPARTMENT.

DEATH CERTIFICATE NUMBER -

- ENTER FIRST 2 DIGITS AS YEAR OF DEATH (VALID NUMBERS 00-99)
- ENTER NEXT 2 DIGITS AS PROVINCE OF DEATH CODED (SEE PROVINCE/  
COUNTRY CODES PAGES 34-35).
- ENTER THE CERTIFICATE NUMBER IN REMAINING 6 POSITIONS

---

EDITS:

MUST BE NUMERIC OR BLANK.

**FIELD: CAUSE OF DEATH**

SUGGESTED FIELD LENGTH: 4 (MINIMUM)

TYPE: NUMERIC (IF CODED)  
 ALPHABETIC (IF TEXT USED)

ENTER THE UNDERLYING CAUSE OF DEATH IF KNOWN.  
 IF YOU WISH TO MAINTAIN ADDITIONAL CAUSES OF DEATH, EXTEND THE  
 FIELD LENGTH ACCORDINGLY.  
 IT MAY BE NECESSARY TO OBTAIN THIS INFORMATION FROM THE PERSONNEL  
 BENEFITS DEPARTMENT.

UNDERLYING CAUSE OF DEATH (ICD CODE\*) - 4 NUMERIC  
 - CODE THE UNDERLYING CAUSE SHOWN ON THE DEATH CERTIFICATE  
 USING THE RULES AND DEFINITIONS FOUND IN THE INTERNATIONAL  
 CLASSIFICATION OF DISEASE (ICD) MANUALS.

ASSUME AND OMIT THE DECIMAL BETWEEN THE THIRD AND FOURTH  
 DIGIT  
 EG: ENTER 162.1 AS 1621

WHERE THE ICD CODE IS 3 DIGITS LEAVE THE 4TH COLUMN  
 BLANK  
 I.E. FOR 436 ENTER 436

WHERE THE ICD CODE INCLUDES LEADING ZEROES ENTER THESE  
 I.E. FOR 048 ENTER 048  
 FOR 002.0 ENTER 0020  
 FOR 062.2 ENTER 0622

IF DATA COLLECTION IS ON-GOING, USE THE ICD VERSION IN  
 USE AT THE TIME THE DATA IS COLLECTED. IF A STUDY IS  
 RETROSPECTIVE YOU MAY PREFER TO CODE AND USE ONLY ONE ICD  
 VERSION THROUGH THE ENTIRE FILE REVIEW PROCESS.

IF ICD CODES ARE NOT KNOWN OR UNAVAILABLE,  
 - EXTEND THE LENGTH OF THE FIELD AND ENTER THE OFFICAL  
 CAUSES OF DEATH IN FULL, IN DEATH CERTIFICATE FORMAT, OR  
 - ENTER IN FULL ANY CAUSE OF DEATH KNOWN INFORMALLY AND  
 FLAG THIS ACCORDINGLY.

\*SEE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, VOLUME 1,  
 WORLD HEALTH ORGANIZATION.

**FIELD: CAUSE OF DEATH (CONTINUED)**

SUGGESTED FIELD LENGTH: 4 (MINIMUM)

TYPE: NUMERIC (IF CODED)  
 ALPHABETIC (IF TEXT USED)

**ACCIDENT, INJURY OR POISONING:**

IF DEATH IS DUE TO AN ACCIDENT, INJURY OR POISONING:  
 USE THE EXTERNAL CAUSE "E" CODES IN THE RANGE E800-E999  
 (4 NUMERIC - OMIT THE "E" WHEN CODING) ALONG WITH THE NATURE OF  
 INJURY CODES FROM THE INJURY AND POISONING CHAPTER 800-999  
 (4 NUMERIC) AND EXTEND THE FIELD LENGTH ACCORDINGLY

EG: FOR DEATH FROM A "CRANE CAUSING CRUSHING OF MULTIPLE  
 SITES AT A CONSTRUCTION SITE" ENTER:

(E) 9192	3	9290
EXTERNAL CAUSE	*PLACE OF	NATURE OF INJURY CODE
(OMIT "E" AND	OCCURRENCE	(OMIT DECIMAL POINT)
DECIMAL POINT)		

**\*NOTE:**

PLACE OF OCCURRENCE:  
 USE 1 DIGIT CLASSIFICATION WITH CATEGORIES E850 - E869 AND  
 E880 - E928 TO DENOTE THE PLACE WHERE THE ACCIDENT OR POISONING  
 OCCURRED.

.. SEE CODES AFTER E848, PAGE 569 IN ICD9 VOLUME 1 MANUAL.

**EDITS:**

IF CODED: MUST BE NUMERIC OR BLANK, OR NUMERIC WITH LAST DIGIT BLANK.  
 ENSURE IF CODING ACCIDENT ETC. THAT THE "E" CODES (PAGE 547  
 ICD9, VOLUME 1) ARE USED. ENSURE NO DECIMAL POINT INCLUDED.  
 IF TEXT USED: MUST BE ALPHABETIC OR BLANK.

**N.B: THE CANADIAN MORTALITY DATA BASE HOLDS:**

UNDERLYING CAUSE OF DEATH (4 NUMERIC)  
 OR, IF DEATH IS DUE TO AN ACCIDENT, INJURY OR POISONING:  
 THE EXTERNAL CAUSE OF DEATH (4 NUMERIC)  
 THE PLACE OF OCCURRENCE (1 NUMERIC)  
 AND THE NATURE OF INJURY (4 NUMERIC)



**APPENDIX A**  
**CHILDREN**

## INDIVIDUAL IDENTITY SUMMARY

## DATA DICTIONARY - CHILDREN

## TABLE OF CONTENTS

FIELD DESCRIPTION	PAGE NO.	FIELD NO.
RECORD LAYOUT	79	
CHILD'S SURNAME	80	1
CHILD'S SURNAME AT BIRTH	81	2
CHILD'S FIRST GIVEN NAME	82	3
CHILD'S SECOND GIVEN NAME	83	4
CHILD'S SEX	84	5
CHILD'S BIRTH DATE	85	6
CHILD'S BIRTH PLACE CODE	86	7
CHILD'S BIRTH PLACE CITY	87	8
CHILD'S PARENTS	88	9
CHILD'S RELATIONSHIP TO YOU	89	10

## R E C O R D - L A Y O U T

RECOMMENDED FOR COHORT FILES WHICH NEED TO BE LINKED TO THE  
MORTALITY DATA BASE

PAGE	FIELD	SIZE	POSITION	TYPE	TITLE
80	1	21	1-21	A	FIRST CHILD'S SURNAME
81	2	21	22-42	A	FIRST CHILD'S SURNAME AT BIRTH
82	3	9	43-51	A	FIRST CHILD'S FIRST GIVEN NAME
83	4	7	52-58	A	FIRST CHILD'S SECOND GIVEN NAME
84	5	1	ETC.	N	FIRST CHILD'S SEX
85	6	8		N	FIRST CHILD'S BIRTH DATE
86	7	2		N	FIRST CHILD'S BIRTH PLACE CODE
87	8	10		A/N	FIRST CHILD'S BIRTH PLACE CITY
88	9	1		N	FIRST CHILD'S PARENTS
89	10	1		N	FIRST CHILD'S RELATIONSHIP TO YOU
CONTINUE ADDING CHILDREN TO THE END OF THE RECORD FORMAT					

**FIELD: CHILD'S SURNAME**

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAME)

TYPE: ALPHABETIC

---

REFERS TO CHILD'S PRESENT SURNAME.

CODING INSTRUCTIONS:

KEY AT LEAST 10 CHARACTERS FOR ALL SURNAMES HAVING 10 OR MORE.

USE UPPER CASE ONLY.

DOUBLE SURNAMES -

KEY USING THE HYPHENATED FORM (I.E. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

PREFIXED SURNAMES -

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

---

**EDITS:**

-MUST BE ALPHABETIC.

-IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED.



FIELD: CHILD'S SURNAME AT BIRTH

SUGGESTED FIELD LENGTH: MINIMUM 10  
(MINIMUM 21 IF DOUBLE SURNAME)

TYPE: ALPHABETIC

REFERS TO CHILD'S SURNAME AS SHOWN ON CHILD'S BIRTH CERTIFICATE IF DIFFERENT FROM PRESENT SURNAME. IF THIS FIELD IS NOT KNOWN THIS FIELD MAY INCLUDE EARLIEST SURNAME KNOWN THROUGH ADOPTION, LEGAL CHANGES ETC.

DOUBLE SURNAMES -

KEY USING THE HYPHENATED FORM (I.E. THE TWO NAMES JOINED TOGETHER WITH A HYPHEN).

EXAMPLE: WILSON-TAYLOR

PREFIXED SURNAMES -

KEY WITHOUT SPACING OR PUNCTUATION. ABBREVIATE SAINT TO ST, SAINTE TO STE.

EXAMPLE: VON WILLIAMS	BECOMES	VONWILLIAMS
O'REILLY	BECOMES	OREILLY
DE LUCA	BECOMES	DELUCA
MacDONALD	BECOMES	MACDONALD
ST JEAN	BECOMES	STJEAN

EDITS:

- MUST BE ALPHABETIC.
- IF VALID HYPHENATED SURNAMES (EG: SMITH-JONES) ENSURE HYPHEN IS ENTERED.

FIELD: CHILD'S FIRST GIVEN NAME

SUGGESTED FIELD LENGTH: 9

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF FIRST GIVEN NAME AS ENTERED ON LEGAL DOCUMENTS.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE FIRST GIVEN NAMES -

OMIT ANY HYPHENS.

CODE WITH SPACE AS WRITTEN UP TO 9 CHARACTERS.

CODE IN GIVEN1 UNLESS GIVEN2 IS BLANK. IF BLANK,

CODE SECOND PART OF FIRST GIVEN NAME IN GIVEN2.

WITH PREFIXES -

OMIT ANY HYPHENS OR APOSTROPHES AND CONCATENATE REMAINDER OF NAME.

EXAMPLE:	O'HANNES	BECOMES	OHANNES
	MAC KENZIE	BECOMES	MACKENZIE
	LE ROY	BECOMES	LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE      BECOMES JOANNE

---

**EDITS:**

-MUST BE ALPHABETIC OR BLANK.

-IGNORE PERIODS.

-ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE SEPARATED BY BLANKS AND RECORDED IN THEIR RESPECTIVE FIELDS.

FIELD: CHILD'S SECOND GIVEN NAME

SUGGESTED FIELD LENGTH: 7

TYPE: ALPHABETIC

---

REFERS TO FULL SPELLING OF SECOND GIVEN NAME.

DO NOT ABBREVIATE NAMES.

LEFT JUSTIFY THE ENTRY.

DOUBLE SECOND GIVEN NAMES -

OMIT ANY HYPHENS.

CODE WITH SPACE AS WRITTEN UP TO 7 CHARACTERS.

WITH PREFIXES -

OMIT ANY HYPHENS OR APOSTROPHES AND CONCATENATE REMAINDER OF NAME.

EXAMPLE:	O'HANNES	BECOMES	OHANNES
	MAC KENZIE	BECOMES	MACKENZIE
	LE ROY	BECOMES	LEROY

NOTE: REGARD 'JO' AS A PREFIX AND CONCATENATE AS ABOVE -

EXAMPLE: JO ANNE      BECOMES JOANNE

---

EDITS:

-MUST BE ALPHABETIC OR BLANK.

-IGNORE ANY PERIODS.

-ENSURE THAT IF INITIALS ONLY ARE AVAILABLE THAT THEY ARE SEPARATED BY BLANKS AND RECORDED IN THEIR RESPECTIVE FIELDS.

FIELD: CHILD'S SEX

SUGGESTED FIELD LENGTH: 1

TYPE: NUMERIC

---

REFERS TO THE GENDER OF THE CHILD.

IF POSSIBLE, ENSURE CODES '1' OR '2' ARE ENTERED.

CODE	DESCRIPTION
1	MALE
2	FEMALE
BLANK	NOT STATED/UNKNOWN

---

EDITS:

MUST BE CODES 1, 2 OR BLANK.

**FIELD: CHILD'S BIRTH DATE**

SUGGESTED FIELD LENGTH: 8 (4+2+2)

TYPE: NUMERIC

---

REFERS TO THE FULL BIRTH DATE OF THE CHILD.

YEAR - 4 NUMERIC CHARACTERS

- FIRST 2 DIGITS OF YEAR MUST BE THE CENTURY E.G. '19'
- BLANK IF UNKNOWN

MONTH - 2 NUMERIC CHARACTERS

JANUARY.....01	JULY.....07
FEBRUARY.....02	AUGUST.....08
MARCH.....03	SEPTEMBER.....09
APRIL.....04	OCTOBER.....10
MAY.....05	NOVEMBER.....11
JUNE.....06	DECEMBER.....12
UNKNOWN.....BLANK	

DAY - 2 NUMERIC CHARACTERS

- RIGHT JUSTIFY WITH LEADING ZERO WHERE APPROPRIATE
- VALUES 01-31

---

**EDITS:**

- MAY BE NUMERIC OR BLANK.
- BE ALERT TO MONTHS EXCEEDING 12.
- CHECK FOR INTERCHANGES OF MONTH AND DAY.
- ENSURE THAT DAYS DO NOT EXCEED 31.

FIELD: CHILD'S BIRTH PLACE CODE

SUGGESTED FIELD LENGTH: 2

TYPE: NUMERIC

---

REFERS TO CHILD'S BIRTH PROVINCE/COUNTRY CODE.

IF NECESSARY, PREPARE A PROGRAM TO AUTOMATICALLY CODE THE BIRTH PROVINCE/COUNTRY. SEE THE STATISTICS CANADA PROVINCE/COUNTRY CODES ON PAGES 34-35.

---

EDITS:

MUST BE NUMERIC OR BLANK.

FIELD: CHILD'S BIRTH CITY

SUGGESTED FIELD LENGTH: 10

TYPE: ALPHABETIC

---

REFERS TO CHILD'S BIRTH CITY.

ENTER BIRTH CITY IN FULL UP TO A MAXIMUM OF 10 CHARACTERS.  
SEE THE STATISTICS CANADA PLACE NAME ABBREVIATIONS ON PAGE 37.

---

EDITS:

MUST BE ALPHABETIC OR BLANK.

**FIELD: CHILD'S PARENTS**

SUGGESTED FIELD LENGTH: 1

TYPE: NUMERIC

---

REFERS TO THE CHILD'S PARENTS AS NAMED ON CHILD'S BIRTH OR  
ADOPTION CERTIFICATE.

CODE	DESCRIPTION
1	SELF AND SPOUSE
2	SELF ONLY
3	SPOUSE ONLY
4	OTHER
BLANK	NOT STATED

FROM THESE CODES A PROGRAM CAN BE WRITTEN TO EXTRACT PARENTAL  
INFORMATION FROM THE PREVIOUS ITEMS ON RESPONDENT'S IDENTITY  
SUMMARY, WHERE AVAILABLE.

---

**EDITS:**

MUST BE CODES 1-4 OR BLANK.



FIELD: CHILD'S RELATIONSHIP TO YOU

SUGGESTED FIELD LENGTH: 1

TYPE: NUMERIC

---

REFERS TO TYPE OF RELATIONSHIP TO THE RESPONDENT.

CODE	DESCRIPTION
1	BLOOD RELATED (EG: NATURAL PARENT)
2	NOT BLOOD RELATED (EG: ADOPTIVE/FOSTER PARENT)
BLANK	NOT STATED

---

EDITS:

MUST BE CODES 1-2 OR BLANK.



SAMPLE CODING SHEET

A SAMPLE CODING SHEET FOR CODING THE INFORMATION COLLECTED FROM THE INDIVIDUAL IDENTITY SUMMARY. DIRECT INPUT INTO A DATA FILE USING A MICRO-COMPUTER IS ALSO POSSIBLE.



SAMPLE INDIVIDUAL IDENTITY SUMMARY CODING SHEET  
FOR MICROCOMPUTER SCREEN LAYOUT AND INPUT OR  
MANUAL CODING FOR DATA ENTRY

1) EMPLOYEE WORKSITE/GROUP IDENTIFIER	_
2) EMPLOYEE/CASE NUMBER .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
3) CONTROL CODE .....	_
4) SURNAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
5) MAIDEN SURNAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
6) OTHER SURNAME(S) USED .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
<hr/>	
7) FIRST GIVEN NAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
8) SECOND GIVEN NAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
9) THIRD GIVEN NAME (IF ANY) ...	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
10) USUAL NAME OR NICKNAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
(IF DIFFERENT FROM 5 ABOVE)	
11) TITLE .....	_ _ _ _
<hr/>	
12) SEX .....	_
13) MARITAL STATUS .....	_
14) BIRTH DATE .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
	Year                      Month                      Day
15) BIRTH PLACE CODE .....	Code  _ _ _
16) BIRTH CITY .....	City  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
<hr/>	
17) FATHER'S SURNAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
18) FATHER'S FIRST NAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
19) FATHER'S SECOND NAME .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
20) FATHER'S BIRTH PLACE CODE ...	Code  _ _ _
21) FATHER'S BIRTH CITY .....	City  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
22) FATHER'S BIRTH DATE .....	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
	Year                      Month                      Day

23) MOTHER'S MAIDEN SURNAME . . . . .

\_\_\_\_\_

24) MOTHER'S FIRST NAME .....

1 1 1 1 1 1 1 1 1 1

25) MOTHER'S SECOND NAME .....

1 2 3 4 5 6 7 8

26) MOTHER'S BIRTH PLACE CODE ...

**Code** | \_ | \_ | \_ |

27) MOTHER'S BIRTH CITY .....

City | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

28) MOTHER'S BIRTH DATE .....

|\_|\_|\_|\_|  
 Year      Month      Day

Year

Month

Day

29) SPOUSE'S BIRTH SURNAME .....

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

30) SPOUSE'S FIRST NAME .....

\_\_\_\_\_

31) SPOUSE'S SECOND NAME .....

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

32) SPOUSE'S BIRTH PLACE CODE ...

**Code**                    

33) SPOUSE'S BIRTH CITY .....

City | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

34) SPOUSE'S BIRTH DATE .....

|\_|\_|\_|\_|  
 Year      Month      Day

Year

Month

Day

35) MARRIAGE PLACE CODE .....

**Code** 1-1-1

36) MARRIAGE DATE .....

|\_|\_|\_|\_|    |\_|\_|    |\_|\_|  
 Year      Month      Day

Year

Month

Day

37) SOCIAL INSURANCE NUMBER .....

[illegible]

38) PROV. HEALTH INSURANCE NUMBER

Prov               

Number | | | | | | | | | |

39) PERMANENT HOME PROV CODE .....	Code  __ __
40) PERMANENT HOME ADDRESS .....	Street  __ __ __ __ __ __ __ __ __ __   __ __ __ __ __ __ __ __ __ __  City  __ __ __ __ __ __ __ __ __ __  Prov  __ __ __ __ __ __ __ __ __ __  Postal Code  __ __ __ __ __ __
41) PENSION PLAN NUMBER .....	__ __ __ __ __ __
42) FIRST HIRE DATE .....	__ __   __ __   __ __
(Chronological Order)	Year Month Day
43) TERMINATION DATE .....	__ __   __ __   __ __
	Year Month Day
REHIRE DATE .....	__ __   __ __   __ __
	Year Month Day
TERMINATION DATE .....	__ __   __ __   __ __
	Year Month Day
REHIRE DATE .....	__ __   __ __   __ __
	Year Month Day
TERMINATION DATE .....	__ __   __ __   __ __
	Year Month Day
<hr/>	
44) VITAL STATUS .....	__
45) SOURCE OF INFORMATION .....	__
46) LAST KNOWN YEAR ALIVE .....	__ __ __ __
	Year
47) LAST KNOWN PROV CODE .....	Code  __ __
48) LAST KNOWN ADDRESS .....	Street  __ __ __ __ __ __ __ __ __ __   __ __ __ __ __ __ __ __ __ __  City  __ __ __ __ __ __ __ __ __ __  Prov  __ __ __ __ __ __ __ __ __ __  Postal Code  __ __ __ __ __ __

49) DATE OF DEATH .....

_ _ _ _	_ _	_ _
Year	Month	Day

50) PLACE OF DEATH CODE .....

Code |\_|\_|

51) CITY OF DEATH .....

City |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

52) DEATH CERTIFICATE NUMBER ....

_ _	_ _	_ _ _ _ _ _ _
Year	Prov	Cert. Number

53) CAUSE(S) OF DEATH .....

Immediate Cause Code |\_|\_|\_|\_|

Underlying Cause Code |\_|\_|\_|\_|

Other Cause Code |\_|\_|\_|\_|

Other Known Information:

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

|\_|\_|\_|\_|\_|\_|\_|\_|\_|



RECORD LAYOUT (STARTING POINT FILE)

RECORD LAYOUT TO BE COMPLETED BY EMPLOYER/STUDY ORGANIZER WHEN SUBMITTING A FILE TO STATISTICS CANADA FOR LINKAGE FOR UNDERTAKING A HEALTH STUDY. BY INDICATING THE ITEMS AND % OF RECORDS YOU HAVE AVAILABLE WE CAN ADVISE YOU ON THE SUCCESS OF A LINKAGE.

ALLOW ONLY SPACE FOR DATA FIELDS PRESENT ON YOUR DATA BASE.





RECORD - LAYOUT  
HEALTH STUDY  
(CONTINUED)

[illegible]

RECORD - LAYOUT  
HEALTH STUDY  
(CONTINUED)

[illegible]

NOTES:



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To:

Occupational and Environmental Health Research Section  
Health Division Statistics Canada  
R.H. Coats Building, 18th Floor  
Tunney's Pasture  
Ottawa, Ontario K1A 0T6  
(613) 951-1734

LONG TERM HEALTH FOLLOW UP STUDY  
CANADIAN MORTALITY DATA BASE

Please send me the APPLICATION PACKAGE for undertaking a long term health follow up study.

(Please Print)

NAME: \_\_\_\_\_

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

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE (    ) \_\_\_\_\_

COMMENTS ON THE DATA COLLECTION PACKAGE:



2

2



2

2





**IISP  
INDIVIDUAL IDENTITY SUMMARY PACKAGE**

IISP consists of a user friendly menu system in order to guide the user through the data input screens as suggested on the Individual Identity Summary form in the Data Collection Package. IISP allows the user to set up the records into groups for different studies. It provides extensive help for each data element, includes edits and validity checks when new data is entered or modified, and features many options to simplify the ongoing record keeping such as add or modify records; browse through a collection; create new collections and print records. It also includes an export facility to allow transfer of the data at any time to Statistics Canada for undertaking a long term medical follow up study.

The PC package is distributed in a form of 2 diskettes and a User Guide. It requires an IBM or compatible personal computer with minimum 360K bytes of memory, at least one hard disk drive and MSDOS 2.0 or later.

If you are interested in obtaining additional information on IISP, please feel free to fill in the form below and send it to:

Occupational and Environment Health Research Section  
Health Division  
Statistics Canada  
R.H. Coats Building, 18th Floor  
Tunney's Pasture  
Ottawa, Ontario K1A 0T6  
(613) 951-1734

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NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

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

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TEL. NO.: (    ) \_\_\_\_\_

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