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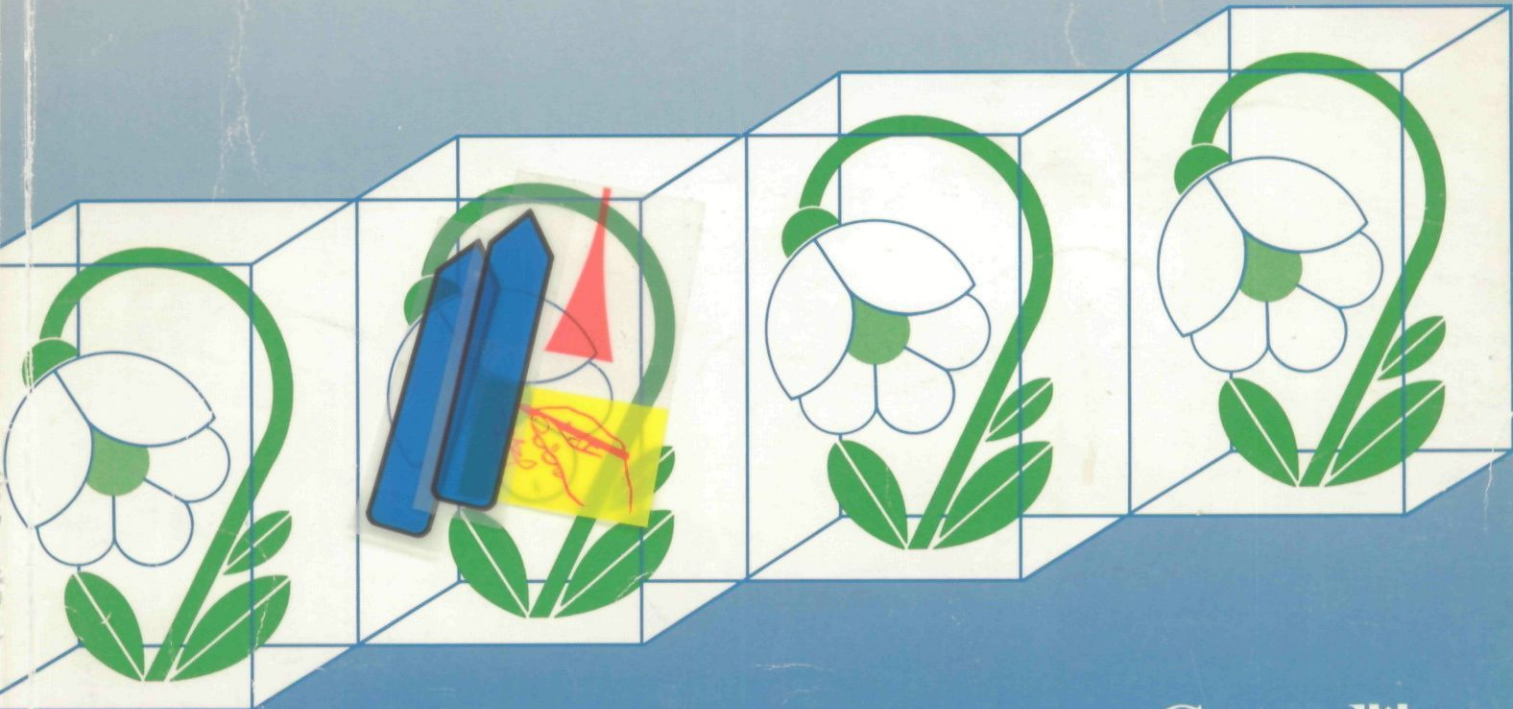
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1988

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The Health and Activity Limitation Survey



Canada

The Health and Activity Limitation Survey

USER'S GUIDE

**Disability Database Program
Statistics Canada
Ottawa, Ontario
June, 1988**

Ce document est offert en français

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1. Background

In May 1980, the Special Parliamentary Committee on the Disabled and the Handicapped was formed with the mandate to report to the House of Commons on the needs and concerns of disabled persons in Canada. In February 1981, the Committee published its findings in the report titled *Obstacles*. This report included 130 recommendations for action on the part of the Government of Canada.

It was noted throughout the Committee's investigations that there was a lack of national data on disabled persons. The Committee directed Statistics Canada, through Recommendation 113, "to give a high priority to the development and implementation of long-term strategy which will generate comprehensive data on disabled persons in Canada..."¹

Statistics Canada responded with an action plan which outlined the major activities to be undertaken to build a national data base on disability - a data base that would include all types of disabilities and all geographic areas in Canada.

Representatives from federal, provincial and territorial departments, agencies, crown corporations, and associations of and for disabled persons were contacted to determine their specific data requirements.

Statistics Canada then undertook three major data collection activities. They were:

- (1) the conduct of the Canadian Health and Disability Survey (CHDS) as a supplement to the Labour Force Survey in October 1983 and June 1984;
- (2) the addition of a question on activity limitation on the 1986 Census of Population questionnaire to assist Statistics Canada in designing a sample frame from which to select individuals for participation in the post-censal survey, the Health and Activity Limitation Survey; and
- (3) the conduct of the Health and Activity Limitation Survey (HALS) which was completed in households in the fall of 1986 and in institutions in the spring of 1987.

2. Objectives of HALS

The objectives of HALS were:

- (1) to extend the coverage of the survey to include disabled persons residing in the Yukon, the Northwest Territories, on Indian reserves and in institutions;
- (2) to interview a sufficient number of disabled persons to enable the release of data for sub-provincial areas (such as large municipalities and groups of small municipalities) as well as data on disabilities with a low prevalence (such as Alzheimer's disease); and
- (3) to extend the definition of disability to include individuals whose disability was due solely to the presence of a psychiatric condition.

3. Disability Defined

*"In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being"*²

With the development of the International Classification of Impairments, Disabilities and Handicaps, the World Health Organization has developed a framework within which one can measure the consequence of disease. The "disability" concept was operationalized through a series of questions that has come to be known as "Activities of Daily Living".³

¹ *Obstacles*, Report of the Special Parliamentary Committee on the Disabled and the Handicapped, February, 1981 - page 131.

² *International Classification of Impairments, Disabilities, and Handicaps*, World Health Organization, 1980 - page 143.

³ *Special Study No. 5, Measuring Disability*, O.E.C.D., 1982.

For the purpose of the national data base on disability, the functional limitation approach has been utilized for the adult population (aged 15 and older) through the use of a modified version of the "Activities of Daily Living" questions. Individuals are not considered disabled if they use a technical aid and that aid completely eliminates the limitation, e.g. - an individual who uses a hearing aid and states that he has no limitation when using the aid would not be included in the data base. The concept of time has also been added as an additional parameter - the limitation has to be of a minimum six months duration, i.e. has lasted or is expected to last six months or more.

For children under the age of 15, the two surveys (CHDS and HALS) used a general limitation approach along with a list of chronic conditions and a list of technical aids. A positive response in any one of these three categories indicates a disability.

4. Summary of HALS Methodology

4.1 SAMPLE DESIGN

The target population of the Health and Activity Limitation Survey (HALS) consisted of all persons with a physical or psychological disability who were living in Canada at the time of the 1986 Census. This definition includes residents of the Northwest Territories and the Yukon, persons living on Indian reserves, and permanent residents of most collective dwellings and health-care institutions. Penal institutions and correctional facilities were excluded for operational reasons.

HALS is comprised of two surveys - the household survey, which was conducted immediately following the 1986 Census of Population and the institutions survey, which was conducted in the spring of 1987.

The Household Survey

The household survey⁴ took place in two stages. The first stage consisted of Question 20 about activity limitations and disabilities included on the Census long form, which was asked of every fifth household. The second stage was the completion of the HALS household questionnaire.

⁴ The sample design has been documented and is available from HALS, Ottawa, (613)951-0025

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

At home?

No, I am not limited

Yes, I am limited

At school or at work?

No, I am not limited

Yes, I am limited

Not applicable

In other activities, e.g., transportation to or from work, leisure time activities?

No, I am not limited

Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

No

Yes

The purpose of this question was to identify, prior to the survey, a large part of the potential disabled population, in order to focus survey resources on the target group as much as possible.

Identification of eligible respondents for the household component of HALS was an integral part of the 1986 Census field operation. As part of their responsibilities, 23,530 Census Representatives were trained to review the completed Census questionnaires and to create a list of individuals (for selected age groups) who had responded positively to the disability question on the Census form. Two major strata were formed - Indian reserves and all other areas. All Indian reserves were included in the survey and a sample of the remaining areas was selected. Approximately 112,000 individuals in total were selected for the "Yes" sample.

Prior to the conduct of the 1986 Census, a small field test was conducted to determine if all disabled persons, as defined by the screening questions used in the CHDS, would identify themselves by answering "Yes" to the 1986 Census disability question. The results of this test indicated that many persons with a mild disability, as well as some of the elderly, would not answer positively to the Census question. For that reason, it was decided to select from the 1986

Census data, a sample of individuals who responded negatively to the disability question. This became the "No" sample.

Approximately 72,500 individuals were selected and an interview was conducted with each selected person. If a positive response was obtained to one or more of the HALS screening questions, then the entire questionnaire was completed. Of those individuals contacted, 5% converted from a "No" to a "Yes"; that is, 3,500 additional persons became part of the sample of disabled persons.

The HALS sample was chosen in such a way as to generate estimates for characteristics of disabled persons in up to 237 subprovincial areas throughout Canada (refer to Appendix C for list). Some collapsing of these sub-provincial areas may be required for selected sub-populations. In addition, estimates were insured at the provincial level for native persons living on reserves. The size of the household survey sample was approximately 184,500 persons

The Institutions Survey

The 1986 Census of Population provided the list of institutions in Canada which was used for the first stage of selection for the institutions survey. From this list, five types of institutions were chosen for inclusion in HALS. They were:

- orphanages and children's homes;
- special care homes and institutions for the elderly and chronically ill;
- general hospitals;
- psychiatric institutions; and
- treatment centres and institutions for the physically handicapped.

Institutions were grouped into three strata - small (having thirty permanent residents or less), medium and large. The definition of large varies from province to province. A sample of institutions was selected based on type and size.

Within each selected institution, a sample of residents was selected, based on a listing provided by the institution. Residents were included in the list if they were living in the institution on March 1, 1987 and had been in an institution for a continuous period of six months or more.

The preferred collection methodology was a personal interview with the selected individual. If,

however, the selected individual was unable to respond for him/herself, an interview was conducted with a staff member or next-of-kin. Experienced Statistics Canada interviewers were used for this survey.

Other collective dwellings were covered by the household survey (except penal institutions and correctional facilities). The sample is representative in terms of the sizes and categories of institutions and allows for estimates regarding the characteristics of disabled residents at the provincial or territorial level. For the purposes of the survey, 1,100 institutions were selected and the sample of residents was made up of 19,100 persons.

4.2 DATA COLLECTION

Data collection for the household survey took place in the summer of 1986 immediately following the completion of the field work for the 1986 Census. Approximately 1,200 Census Representatives were retained to conduct the interviews and they received additional training on the survey content and procedures. For the part of the sample made up of persons who had indicated they had limitations in response to Question 20 on the Census long form (i.e. the "Yes" sample), in most cases the data were collected by means of personal interviews. For the "No" sample, telephone interviews were usually conducted.

For children, the interview was to be done with a parent or other adult. For adults, the interview was to be done with the selected respondent. However, in some situations, the interview was conducted with another member of the household; for example, when the respondent's physical or psychological state prevented him or her from participating in the survey. Approximately 12% of the interviews with adults were done this way.

The response rate for the household survey was 90%. A further breakdown was as follows:

Category	Rate %
Response	90
Refused	3
No contact	6
Other	1
Total	100

The data collection operations for the institutions survey were carried out in March and April 1987. Only personal interviews were acceptable for the purposes of this survey. Although the interviewers were instructed to try to obtain an interview with the subject in the case of adult residents, this was possible in only 42% of the cases, owing in large part to the severity of the condition of many residents. All the other interviews were done with the help of the institutional staff or next-of-kin. The response rate for the institutions survey was 97%.

4.3 DATA PROCESSING AND ESTIMATION

Data capture for the household and institutions surveys was done in Statistics Canada regional offices. The data were then transmitted to Statistics Canada headquarters in Ottawa for subsequent processing. When capture was completed, the survey questionnaires were shipped to Ottawa.

All HALS data base records were subjected to complex computer editing in which the validity and consistency of the responses were checked. Missing or erroneous data were identified as "unknown", or in some cases, were imputed using the other information contained in the same questionnaire.

One of the advantages of a post-censal survey is that the survey data can be linked to the Census data for each of the survey respondents. This link was done for the household survey only; consequently, each record for that portion of HALS now contains survey data as well as the corresponding Census data for that individual. *(Please refer to Section 5 for further details.)*

In a sample survey such as HALS, each respondent in the sample represents a subset of persons in the population being studied. Consequently, each data base record is assigned a weight corresponding to the number of persons represented. In addition, the weight is further modified to offset non-response and discrepancies between the population studied and the target population. The results of the survey are then multiplied by the numerical weight to provide an estimate of what the response would be in the entire population. HALS records were weighted to represent the Canadian population excluding persons not eligible for the survey, which were those in penal institutions and correctional facilities, and on Indian reserves not enumerated in the 1986 Census.

4.4 DATA LIMITATIONS

Statistics from the HALS data base are estimates based on a sample survey of a portion of the Canadian population (approximately 1 out of every 25 persons in the "yes" sample and 1 out of every 300 persons in the "no" sample). As a result, the statistics are subject to two types of error: sampling and non-sampling errors.

Sampling error is the difference between the estimate derived from a sample and the result that would have been obtained from a population census using the same data collection procedures. For a sample survey such as HALS, this error can be estimated from the survey data. The degree of error reflects the standard deviation of the estimate. When a sampling error is more than 25% of the estimate itself, it is considered to be too unreliable to be published. In such a case, the symbol "--" appears in statistical tables in place of the estimate. When the sampling error is between 16.5% and 25%, the corresponding estimate is accompanied by the symbol "*" in a table. Such estimates should be used with caution. Finally, all estimates with a sampling error of less than 16.5% can be used without restriction.

All other types of errors (observation, response, processing and non-response errors) are called non-sampling errors. Identifying and evaluating the importance of many of these errors can be difficult.

Observation errors arise when there is a difference between the target population and the sample population. Integrating HALS with the census of population has made it possible to greatly reduce this type of error. Only a certain portion of Indian reserves and collective dwellings were systematically ignored in the sampling process, but their importance is negligible compared to the total population. Consequently, observation errors should not have a significant influence on the HALS data.

All statistical surveys are susceptible to a certain percentage of non-response among the selected sample. A total non-response occurs when, for one reason or another, a selected respondent could not be interviewed. The non-response is said to be partial if only part of the questionnaire is complete. The impact of non-response errors on estimates depends on the level of non-response and particularly, on any differences between the characteristics of respondents and non-respondents. In principle, the more marked these differences, the greater the impact on the accuracy of the estimates.

With respect to HALS, the response rate (90%) compares favourably with the rate generally observed for this type of survey. In addition, various methods have been used to reduce the bias caused by any total non-responses, notably by adjusting the data to reflect the distribution of certain demographic characteristics obtained by the census. As well, response rates were higher for most specific questions. In tables, non-responses appear in the column labelled "Unknown" or "Not Stated".

It is anticipated that further in-depth studies will follow concerning data quality. Those interested in obtaining future study results should contact the HALS project team.

5. Census Data Linked to HALS

Since the HALS sample was drawn from the 1986 Census data base, the Census data were later linked to the HALS data to provide more comprehensive information for each selected person in the household survey. This was done for both the "Yes" and "No" samples.

Available Census data include person-level variables as well as household and family variables for each person. Census person-level variables provide a wide range of information such as marital status, education, place of birth, citizenship, ethnic origin, mother tongue, language spoken at home, etc.

Household variables include size and type of household, as well as data pertaining to the dwelling in which the household resides (e.g. dwelling owned/rented by household member, type of dwelling and when it was constructed, number of rooms, rent or mortgage costs, etc.).

Since the Census divides the household into both "economic" and "Census" families, information is available for both of these entities (e.g. structure of the family, selected person's status within the family, etc.).

Because of the link to the 1986 Census of Population, it will also be possible to make comparisons between the disabled and non-disabled populations for those variables collected on the 1986 Census of Population.

The list of selected 1986 Census variables is contained in Appendix B.

There were no additional Census data available for the institutions survey respondents because persons were selected for inclusion in the survey from lists of current residents provided by the institution rather than from the Census data base. Basic demographic information was collected as part of the institutions survey.

6. Disability Data Products

Canadian Health and Disability Survey (1983 - 1984)

The following publications may be purchased by mail order from Publication Sales, Room 1710, Main Building, Statistics Canada, Ottawa K1A 0T6 or phone 613-951-7276.

Please enclose cheque or money order payable to the Receiver General for Canada/Publications and provide full information on publications required (catalogue number, title, language preference).

Publications may also be ordered through Advisory Services in any Statistics Canada Regional Reference Centre or from authorized bookstore agents or other booksellers.

A national toll-free telephone order is now in operation at Statistics Canada. The toll free line (1-800-267-6677) can be used by Canadian customers for the ordering of Statistics Canada products and services.

- Report of the Canadian Health and Disability Survey, Catalogue number 82-555, English or French, \$15.00 in Canada, \$16.00 other countries.
- Highlights from the Canadian Health and Disability Survey, Catalogue number 82-563, English or French, \$7.00 in Canada, \$8.00 other countries.

A microdata file is available from Health Division, Statistics Canada, Ottawa, Ontario, K1A 0T6 for a fee of \$1,000.

Health and Activity Limitation Survey (1986 - 1987)

The initial release of HALS data occurred on May 31, 1988 in the form of an addendum to the Statistics Canada Daily and included highlights of the data. The products listed below may be ordered through Advisory Services in any Statistics Canada Regional Reference Centre or by contacting HALS staff at:

The Health and Activity Limitation Survey
 Statistics Canada
 3D-2 Jean Talon Building
 Tunney's Pasture
 Ottawa, Ontario
 KIA 0T6
 Phone (613) 951-0025

• Selected Data for Canada, Provinces and Territories

This package of statistical tables was produced from the HALS data base and includes a variety of tables for the following groups at the provincial level:

- total disabled population of Canada
- disabled children (aged 0 to 14)
- disabled adults (aged 15 and older)
- disabled adults (aged 15 to 64)
- disabled adults (aged 65 and older)

Catalogue number 41034, English or French, \$15.00.

• **Highlights Report**

This report is scheduled for release in the Fall of 1988 and contains summary data in the form of tables and charts as well as initial analysis and findings.

• **Special Topic Reports**

These reports are a series of publications which provide more detailed analysis of specific issues of concern to the disabled population.

• **Microdata File**

The microdata file contains individual HALS data as well as the corresponding Census data, screened for confidentiality. Census data include person, household and family variables for all persons selected for the survey (i.e. both "Yes" and "No" samples), thus providing the opportunity for disabled/non-disabled comparisons.

• **Special Request Service**

Data from the survey can be made available on micro-computer diskettes for use with spreadsheet software packages or on paper output. Both will be produced on a cost-recovery basis. Detailed specifications are required (please see Appendix D: How to Prepare Table Specifications).

7. The Questionnaires

7.1 OVERVIEW

There were six questionnaires used for HALS — four for the household survey and two for the institutions survey, which were used as indicated on the next page.

The content of the questionnaires was defined through extensive consultation with public officials involved with the delivery of programs for disabled persons as well as individuals in the private sector involved in associations of and for disabled persons.

The content of Form 02 is the most complete representation of the data needs as articulated during the consultations. Form 04 is a reduced version of Form 02 and represents those data which were appropriate to the geographic location of the individuals. Where possible the questions are identical to those on the Form 02.

The two remaining household survey questionnaires are for children age 14 and younger. Form 03 is for areas covered by Adult Form 02, and Form 05 is for the remainder of the household survey as covered by Adult Form 04. The content of Form 03 is the most complete representation of data needs for disabled children.

The two questionnaires for the institutions survey (Forms 06 and 07) are similar in content to Forms 02 and 03 but reduced in scope to reflect the institutional environment.

Further details on questionnaire content are provided in Sections 7.2 and 7.3.

In addition to the data collected on HALS, the final data base will also include selected variables from the 1986 Census of Population for the surveyed individual and for the household within which the selected individual resides.

A list of the Census data available on the HALS data base is provided in Appendix B.

**7.2 CONTENT RATIONALE -
QUESTIONNAIRES FOR ADULTS**

This summary is based on the format and content of the Form 02 because it is the most complete adult's questionnaire. Forms 04 and 06 are reduced versions of the Form 02 and some reordering of questions occurred as well.

Section A - Screening Questions

The questions in this section are used to determine if respondents are limited in their day to day activities (Activities of Daily Living) because of a condition or health problem which is expected to last six months or more. The respondents are asked to indicate whether they have problems performing these activities even when using a special aid such as glasses, hearing aids, brace, etc. Other questions are asked about limitations due to learning disabilities and long-term emotional, psychological, nervous and mental health conditions or problems.

Section B - Special Aids

The purpose of this section is to identify special aids used or needed by the respondent to help him/her get around and to do things on his/her own. Questions are also asked about the respondent's use of prescription and non-prescription drugs or medication.

Section C - Social Services

The purpose of this section is to obtain information on how the respondent's condition or health problem affects his/her ability to carry out everyday household activities such as preparing meals, shopping, doing

housework and heavy household chores, managing personal finances, etc. This will determine the level of support needed by disabled persons to continue to live independently.

Section D - Employment

The objective of the questions in this section is to provide some insights into the barriers faced by disabled persons relative to their status in the labour force as well as how these barriers have influenced disabled persons who are working, looking for work or who have stopped looking for work.

Section E - Education

The intent of this section is to determine the impact that long-term physical conditions and health problems have on a person's educational experience.

Section F - Transportation

The questions in this section address the problems faced by disabled persons in using the local transportation system and the difficulties experienced while travelling longer distances by plane, bus, train or car.

Section G - Accommodation

This section asks questions about special features the respondent uses or needs for entering, leaving and moving about inside the residence.

Section H - Recreation and Lifestyles

This section deals with the respondent's participation in physical and leisure activities as well as his/her smoking, drinking and eating habits. The questions

Distribution of HALS Questionnaires		
	ADULTS (15 years of age and over)	CHILDREN (less than 15 years of age)
HOUSEHOLD SURVEY		
southern areas of the provinces, selected urban centres in the Yukon and Northwest Territories, and Indian reserves in the southern areas of the provinces	FORM 02	FORM 03

northern areas of the provinces, the Yukon and Northwest Territories excluding selected urban centres, and remote Indian reserves	FORM 04	FORM 05
INSTITUTIONS SURVEY		
	FORM 06	FORM 07

attempt to get a general understanding of the extent of the respondent's activities and some of the problems preventing or limiting participation in these activities.

Section I - Economic Characteristics

The purpose of this section is to obtain information about the extra "out-of-pocket" expenses incurred and the amount of disability income received by the respondent.

7.3 CONTENT RATIONALE - QUESTIONNAIRES FOR CHILDREN

This summary is based on the format and content of the Form 03 because it is the most complete children's questionnaire. Forms 05 and 07 are reduced versions of the Form 03 and some reordering of questions occurred as well.

Section A - Screening Questions

This section identifies diseases or illnesses, chronic conditions, the use of special aids, and limitations experienced by children with a condition or health problem at home, school or play. Limitation questions are intended to determine if the child has trouble doing an activity even while using an aid such as glasses or a brace.

Section B - Education

The purpose for this section is to determine the impact of a child's long-term condition or health problem on his/her education including the obstacles faced in obtaining an education.

Section C - Transportation

The questions in this section address the problems faced by a child with a long-term condition or health problem in taking short local trips and in travelling longer distances by plane, bus, train or car.

Section D - Accommodation

This section asks questions about special features the child uses or needs for entering, leaving and for moving about inside the residence.

Section E - Physical Activities

Questions are asked about the prescription and non-prescription drugs taken by the child due to his/her condition. Other questions address the problems encountered by disabled children (aged 10 to 14), in doing physical activities such as walking, swimming, bicycling or playing baseball.

Please note that for children aged 0 through 5 years inclusive, the only information collected was the nature of disability (Section A of the questionnaire).

**APPENDIX A:
Survey Forms**

Health and Activity Limitation Survey (Adults - 15 and over)

Form 02

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

INTRODUCTION

STATISTICS CANADA IS CONDUCTING A SPECIAL SURVEY TO PROVIDE INFORMATION ON THOSE CANADIANS, WHO, FOR HEALTH-RELATED REASONS, ARE LIMITED IN THE KIND AND AMOUNT OF ACTIVITY THEY CAN PERFORM ON A DAY-TO-DAY BASIS. THE INFORMATION GATHERED IN THE HEALTH AND ACTIVITY LIMITATION SURVEY WILL HELP IDENTIFY THE PROBLEMS THESE CANADIANS FACE WHEN DEALING WITH SUCH MATTERS AS EMPLOYMENT, EDUCATION, TRANSPORTATION, HOUSING AND LEISURE ACTIVITY.

Final Status

- Fully Completed 1
- Partial 2
- Refusal 3
- No Contact 4
- Other 5

CONFIDENTIAL WHEN COMPLETED

PROV	FED No.	EA No.	VN	Hhld. No.	Form 0 2	Person No.
------	---------	--------	----	-----------	--------------------	------------

- Yes Sample 1
- No Sample 2

Name		Telephone number
..... Last name	..... Given name and initial	

Address		
..... Street and No. or lot and concession or exact location		
..... City, town, village, municipality, Indian reserve	..... Province or territory	..... Postal Code

Date of birth			Sex	
<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Male 1 <input type="radio"/>	Female 2 <input type="radio"/>

Information Source

- | | | |
|-------------------------------------------------|------------|-------------------------------------------------|
| Non-proxy - Respondent 1 <input type="radio"/> | Reason
 | Respondent hospitalized 1 <input type="radio"/> |
| OR | | Respondent unable 2 <input type="radio"/> |
| Proxy - parent or child 2 <input type="radio"/> | | Absent on last visit 3 <input type="radio"/> |
| - other family 3 <input type="radio"/> | | Other 4 <input type="radio"/> |
| - other 4 <input type="radio"/> | | |

Record of Visits/Calls

Visit/ Call No.	Date	Time of call or visit	Interview time			Comments
			Began	Ended	Time elapsed	
1						
2						
3						
4						
5						
6						
7						
8						
9						
TOTAL ELAPSED TIME (Minutes)						

Interviewer's Signature Date

SECTION A - SCREENING QUESTIONS

<p>I would like to ask you about your ability to do certain activities, even when using a special aid. Please report only those problems which you expect to last six months or more.</p>	<p>Screening Column Yes</p>
<p>1 DO YOU HAVE ANY TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON?</p> <p style="text-align: right;">Yes, has trouble 1○</p> <p style="text-align: right;">No trouble 2○ → Go to 2</p>	<p>1○</p> <p>Go to 1a</p>
<p>1a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>1b Are you completely unable to do this?</p> <p>Yes, completely unable 3○</p> <p>No, able 4○</p>	
<p>1c What is the main condition or health problem which causes you trouble hearing what is said in a normal conversation with one other person?</p> <p>Specify <input style="width: 100%;" type="text"/></p>	
<p>1d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<p>2 DO YOU HAVE ANY TROUBLE HEARING WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE?</p> <p style="text-align: right;">Yes, has trouble 5○</p> <p style="text-align: right;">No trouble 6○ → Go to 3</p>	<p>5○</p> <p>Go to 2a</p>
<p>2a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>2b Are you completely unable to do this?</p> <p>Yes, completely unable 7○</p> <p>No, able 8○</p>	
<p>2c What is the main condition or health problem which causes you trouble hearing what is said in a group conversation with at least three other people?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> → Go to 3</p> <p>Specify <input style="width: 100%;" type="text"/></p>	
<p>2d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>3 INTERVIEWER CHECK ITEM</p> <p>If "Yes" is checked in question 1 or 2,</p> <p>then 1○ → Go to 3a</p> <p>Otherwise 2○ → Go to 4</p> </div>	

<p>3a Are you able to understand what is being said over a normal telephone, with a hearing aid if used? Yes <input type="radio"/> No <input type="radio"/></p>	<p>Screening Column Yes</p>
<p>3b I would like to ask you about your use of technical aids for the hearing impaired. Do you now use ...</p> <p style="text-align: center;">INTERVIEWER: Read list. Mark all that apply.</p> <p>a hearing aid? <input type="radio"/> 1</p> <p>a Telecommunications Device for the Deaf (T.D.D.), for example: T.T.Y., visual ear? <input type="radio"/> 2</p> <p>a telecaption decoder? <input type="radio"/> 3</p> <p>a special amplification system, for example: personal F.M. system? <input type="radio"/> 4</p> <p>a volume control telephone? <input type="radio"/> 5</p> <p>other aid(s) for the hearing impaired? <input type="radio"/> 6 (specify) _____</p> <p>none <input type="radio"/> 7</p>	
<p>3c Are there any aids for the hearing impaired which you need but do not have? Yes <input type="radio"/> No <input type="radio"/> → Go to 3f</p>	
<p>3d Which aids do you need?</p> <p style="text-align: center;">INTERVIEWER: Do not read list. Mark all that apply.</p> <p>Hearing aid? <input type="radio"/> 1</p> <p>Telecommunications Device for the Deaf (T.D.D.), for example: T.T.Y., Visual Ear? <input type="radio"/> 2</p> <p>Telecaption decoder? <input type="radio"/> 3</p> <p>Special amplification system, for example: personal F.M. system? <input type="radio"/> 4</p> <p>Volume control telephone? <input type="radio"/> 5</p> <p>Other aid(s) for the hearing impaired? <input type="radio"/> 6 (specify) _____</p>	
<p>3e What is the main reason you do not have this (these) aid(s)?</p> <p style="text-align: center;">INTERVIEWER: Do not read list. Mark only one.</p> <p>Condition wasn't serious enough <input type="radio"/> 1</p> <p>Didn't know where to obtain it <input type="radio"/> 2</p> <p>Too costly/couldn't afford it <input type="radio"/> 3</p> <p>Wasn't available <input type="radio"/> 4</p> <p>Never prescribed <input type="radio"/> 5</p> <p>No special reason <input type="radio"/> 6</p> <p>Other reason <input type="radio"/> 7</p>	
<p>3f This question deals with certain communication skills which you may have. Are you able to ...</p> <p style="text-align: center;">INTERVIEWER: Read list. Mark all that apply.</p> <p>use sign language? <input type="radio"/> 1</p> <p>lip read? <input type="radio"/> 2</p> <p>neither of the above <input type="radio"/> 3</p>	
<p>3g Are there any of these two skills which you need but do not have? Yes <input type="radio"/> No <input type="radio"/></p>	

4 DO YOU HAVE ANY TROUBLE READING ORDINARY NEWSPRINT, WITH GLASSES IF NORMALLY WORN?

Screening Column Yes

Yes, has trouble 1

No trouble 2 → Go to 5

Go to 4a

4a At what age did you first have trouble doing this?
Age (if age less than 1 year, enter 00)

4b Are you completely unable to do this?
Yes, completely unable 3
No, able 4

4c What is the main condition or health problem which causes you trouble reading ordinary newsprint?
Same condition as question 0 c → Go to 5
Specify

4d Which of these selections is the best description of your condition?
INTERVIEWER: Show "Q" card. Enter appropriate number.

5 DO YOU HAVE ANY TROUBLE SEEING CLEARLY THE FACE OF SOMEONE FROM 12 FEET/4 METRES (example: across a room), WITH GLASSES IF NORMALLY WORN?

5

Yes, has trouble 5

No trouble 6 → Go to 6

Go to 5a

5a At what age did you first have trouble doing this?
Age (if age less than 1 year, enter 00)

5b Are you completely unable to do this?
Yes, completely unable 7
No, able 8

5c What is the main condition or health problem which causes you trouble seeing clearly the face of someone from 12 feet/4 metres?
Same condition as question 0 c → Go to 6
Specify

5d Which of these selections is the best description of your condition?
INTERVIEWER: Show "Q" card. Enter appropriate number.

6 INTERVIEWER CHECK ITEM

If "Yes" is checked in question 4 or 5,

then 1 → Go to 6a

Otherwise 2 → Go to 7

Screening
Column
Yes

6a Have you been diagnosed by an eye specialist as being legally blind?

Yes 3

No 4 → Go to 6c

Don't know/Not sure 5

6b Are you able to recognize a hand in front of your eyes and count the number of fingers being shown?

Yes 6

No 7

6c I would like to ask you about your use of special aids for the visually impaired. Do you now use ...

INTERVIEWER: Read list. Mark all that apply.

glasses/spectacles/contact lenses? 1

hand-held magnifiers? 2

recording equipment (tape, cassette, etc.)? 3

a white cane? 4

other aid(s) for the visually impaired? 5

(specify) _____

none 6

6d Are there any aids for the visually impaired which you need but do not have?

Yes 7

No 8

→ Go to 7

6e Which aid(s) do you need?

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

Glasses/spectacles/contact lenses 1

Hand-held magnifiers 2

Other aid(s) for the visually impaired 3

(specify) _____

6f What is the main reason you do not have this (these) aid(s)?

INTERVIEWER: Do not read list. Mark only one.

Condition wasn't serious enough 1

Didn't know where to obtain it 2

Too costly/Couldn't afford it 3

Wasn't available 4

Never prescribed 5

No special reason 6

Other reason 7

7 DO YOU HAVE ANY TROUBLE SPEAKING AND BEING UNDERSTOOD?

Yes, has trouble 1○

No trouble 2○ → Go to 8

Screening Column
Yes
1○
Go to 7a

7a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

7b How well are you able to make yourself understood when speaking with

	Completely	Partially	Not at all
(a) members of your own family?	1○	2○	3○
(b) your friends?	4○	5○	6○
(c) other people?	7○	8○	9○

7c What is the main condition or health problem which causes you trouble speaking and being understood?

Same condition as question 0 c → Go to 8

Specify

7d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

8 DO YOU HAVE ANY TROUBLE WALKING 400 YARDS /400 METRES WITHOUT RESTING (about three city blocks)?

Yes, has trouble 3○

No trouble 4○ → Go to 9

3○
Go to 8a

8a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

8b Are you completely unable to do this?

Yes, completely unable 5○

No, able 6○

8c What is the main condition or health problem which causes you trouble walking 400 yards/ 400 metres without resting?

Same condition as question 0 c → Go to 9

Specify

8d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

9 DO YOU HAVE ANY TROUBLE WALKING UP AND DOWN A FLIGHT OF STAIRS (about 12 steps)?

Yes, has trouble 7

No trouble 8 → Go to 10

Screening Column Yes

7

Go to 9a

9a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

9b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

9c What is the main condition or health problem which causes you trouble walking up and down a flight of stairs?

Same condition as question 0 c → Go to 10

Specify

9d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

10 DO YOU HAVE ANY TROUBLE CARRYING AN OBJECT OF 10 POUNDS FOR 30 FEET /5KG FOR 10 METRES (example: carrying a bag of groceries)?

Yes, has trouble 3

No trouble 4 → Go to 11

3

Go to 10a

10a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

10b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

10c What is the main condition or health problem which causes you trouble carrying an object of 10 pounds for 30 feet?

Same condition as question 0 c → Go to 11

Specify

10d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

11 DO YOU HAVE ANY TROUBLE MOVING FROM ONE ROOM TO ANOTHER?

Screening
Column
Yes

Yes, has trouble 7

No trouble 8 → Go to 12

Go to 11a

11a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

11b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

11c What is the main condition or health problem which causes you trouble moving from one room to another?

Same condition as question c → Go to 12

Specify

11d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

12 DO YOU HAVE ANY TROUBLE STANDING FOR LONG PERIODS OF TIME, THAT IS, MORE THAN 20 MINUTES? REMEMBER, I AM ASKING ABOUT PROBLEMS EXPECTED TO LAST 6 MONTHS OR MORE.

Yes, has trouble 3

No trouble 4 → Go to 13

Go to 12a

12a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

12b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

12c What is the main condition or health problem which causes you trouble standing for long periods of time?

Same condition as question c → Go to 13

Specify

12d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

13 WHEN STANDING, DO YOU HAVE ANY TROUBLE BENDING DOWN AND PICKING UP AN OBJECT FROM THE FLOOR (example: a shoe)?

Screening
Column
Yes

Yes, has trouble 7

No trouble 8 → Go to 14

Go to 13a

13a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

13b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

13c What is the main condition or health problem which causes you trouble bending down and picking up an object from the floor?

Same condition as question c → Go to 14

Specify

13d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

14 DO YOU HAVE ANY TROUBLE DRESSING AND UNDRRESSING YOURSELF?

Yes, has trouble 3

No trouble 4 → Go to 15

Go to 14a

14a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

14b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

14c What is the main condition or health problem which causes you trouble dressing and undressing yourself?

Same condition as question c → Go to 15

Specify

14d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

15 DO YOU HAVE ANY TROUBLE GETTING IN AND OUT OF BED?

Screening
Column
Yes

Yes, has trouble 7

No trouble 8 → Go to 16

Go to 15a

15a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

15b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

15c What is the main condition or health problem which causes you trouble getting in and out of bed?

Same condition as question c → Go to 16

Specify

15d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

16 DO YOU HAVE ANY TROUBLE CUTTING YOUR OWN TOENAILS?

Yes, has trouble 3

No trouble 4 → Go to 17

Go to 16a

16a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

16b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

16c What is the main condition or health problem which causes you trouble cutting your own toenails?

Same condition as question c → Go to 17

Specify

16d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

17 DO YOU HAVE ANY TROUBLE USING YOUR FINGERS TO GRASP OR HANDLE?

Yes, has trouble 7

No trouble 8 → Go to 18

Screening Column
Yes

7

Go to 17a

17a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

17b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

17c What is the main condition or health problem which causes you trouble using your fingers to grasp or handle?

Same condition as question c → Go to 18

Specify

17d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

18 DO YOU HAVE ANY TROUBLE REACHING IN ANY DIRECTION (example: above your head)?

Yes, has trouble 3

No trouble 4 → Go to 19

3

Go to 18a

18a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

18b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

18c What is the main condition or health problem which causes you trouble reaching?

Same condition as question c → Go to 19

Specify

18d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

<p>19 DO YOU HAVE ANY TROUBLE CUTTING YOUR OWN FOOD?</p> <p style="text-align: right;">Yes, has trouble 7 ○</p> <p style="text-align: right;">No trouble 8 ○ → Go to 20</p>	<p>Screening Column Yes</p>
<p>19a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (if age less than 1 year, enter 00)</p>	<p>Go to 19a</p> <p>←</p>
<p>19b Are you completely unable to do this?</p> <p>Yes, completely unable 1 ○</p> <p>No, able 2 ○</p>	
<p>19c What is the main condition or health problem which causes you trouble cutting your own food?</p> <p>Same condition as question <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> c → Go to 20</p> <p>Specify <input style="width: 100%; height: 15px;" type="text"/></p>	
<p>19d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>	
<p>20 BECAUSE OF A LONG-TERM PHYSICAL CONDITION OR HEALTH PROBLEM, THAT IS, ONE THAT IS EXPECTED TO LAST 6 MONTHS OR MORE, ARE YOU LIMITED IN THE KIND OR AMOUNT OF ACTIVITY YOU CAN DO...</p> <p style="text-align: center;">(i) AT HOME?</p> <p style="text-align: right;">Yes, is limited 3 ○</p> <p style="text-align: right;">No 4 ○</p> <p style="text-align: center;">(ii) AT SCHOOL OR AT WORK?</p> <p style="text-align: right;">Yes, is limited 5 ○</p> <p style="text-align: right;">No 6 ○</p> <p style="text-align: right;">Not applicable 7 ○</p> <p style="text-align: center;">(iii) IN OTHER ACTIVITIES SUCH AS, TRAVEL, SPORTS, OR LEISURE?</p> <p style="text-align: right;">Yes, is limited 8 ○</p> <p style="text-align: right;">No 9 ○</p>	<p>3 ○</p> <p>5 ○</p> <p>8 ○</p>
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>20a INTERVIEWER CHECK ITEM</p> <p>If any "Yes" is checked in 20(i), 20(ii) or 20(iii)</p> <p>then 1 ○ → Go to 20b</p> <p>Otherwise 2 ○ → Go to 21</p> </div>	

23	BECAUSE OF A LONG-TERM EMOTIONAL, PSYCHOLOGICAL, NERVOUS, OR MENTAL HEALTH CONDITION OR PROBLEM, ARE YOU LIMITED IN THE KIND OR AMOUNT OF ACTIVITY YOU CAN DO ...	Screening Column Yes
	<p style="text-align: center;">(i) AT HOME?</p> <p>Yes, is limited 1○</p> <p>No 2○</p>	
	<p style="text-align: center;">(ii) AT SCHOOL OR AT WORK?</p> <p>Yes, is limited 3○</p> <p>No 4○</p> <p>Not applicable 5○</p>	
	<p style="text-align: center;">(iii) IN OTHER ACTIVITIES SUCH AS, TRAVEL, SPORTS, OR LEISURE?</p> <p>Yes, is limited 6○</p> <p>No 7○</p>	

23a INTERVIEWER CHECK ITEM

If any "Yes" is checked in 23(i), 23(ii) or 23(iii)

then **1** → Go to 23b

Otherwise **2** → Go to 24

23b At what age did you first start having this activity limitation?

Age (if age less than 1 year, enter 00)

23c What is the main condition or health problem which limits you in your activity?

Same condition as question

Specify

24 INTERVIEWER CHECK ITEM

If any "Yes" is checked in the screening column on pages 2 to 14

then **1** → Go to Section B

Otherwise **2** → **END OF INTERVIEW**
Complete Front Cover

SECTION B - SPECIAL AIDS

The following questions are about the impact of your condition or health problem on the way you carry out your everyday activities. These questions were designed for a broad range of conditions and some may not seem to apply to your own situation.

B1 Do you use or need any aids to help you move about, such as crutches or a wheelchair, or to support, replace or assist you in the use of your hands or arms, for example, an arm brace?
 Yes 1 No 2 → Go to B7

B2 What aids do you use?
INTERVIEWER: Read list. Mark all that apply.

Back or leg brace 01

Orthopedic footwear 02

Artificial foot or leg 03

Cane (other than a white cane) 04

Crutches 05

Wheelchair 06

Walker 07

Other mobility aids 08
 (specify) _____

Artificial hand or arm 09

Arm brace 10

Other aids for hands or arms 11
 (specify) _____

B3 Are there any aids which you need to help you move about or assist you in the use of your hands or arms, but which you do not have?
 Yes 3 No 4 → Go to B6

B4 What aids do you need but do not have?
INTERVIEWER: Do not read list. Mark all that apply.

Back or leg brace 01

Orthopedic footwear 02

Artificial foot or leg 03

Cane (other than a white cane) 04

Crutches 05

Wheelchair 06

Walker 07

Other mobility aids 08
 (specify) _____

Artificial hand or arm 09

Arm brace 10

Other aids for hands or arms 11
 (specify) _____

B5 What is the main reason you do not have this (these) aid(s)?

INTERVIEWER: Do not read list. Mark only one.

- Condition wasn't serious enough 1
- Didn't know where to obtain it 2
- Too costly/couldn't afford it 3
- Wasn't available 4
- Never prescribed 5
- No special reason 6
- Other reason 7

B6 Do you need any information about special aids or equipment to help you with your condition?
 Yes 5 No 6

B7 Because of your condition, do you use any prescription or non-prescription drugs or medication on a regular basis, in other words, at least once a week?
 Yes 7 No 8 → Go to B10

B8 How many different kinds of prescription drugs or medication are you now using each day?
 (if none, enter 00)

B9 How many different kinds of non-prescription drugs or medication are you now using each week?
 (if none, enter 00)

B10 Do you need information, or more information, about your condition or health problem?
 Yes 1 No 2

GO TO SECTION C

SECTION C - SOCIAL SERVICES

The next group of questions deals with how you manage everyday activities.

<p>C1 Who usually prepares your meals?</p> <p>INTERVIEWER: Read list. Mark only one.</p> <p>Yourself alone 1 <input type="radio"/> → Go to C9</p> <p>Yourself and someone else 2 <input type="radio"/></p> <p>Someone else 3 <input type="radio"/></p>	<p>C14 Are you helped by a friend or a neighbour?</p> <p>Yes 4 <input type="radio"/> → C15 How often does he/she help you?</p> <p>No 5 <input type="radio"/></p> <p>every day 6 <input type="radio"/></p> <p>once a week or more 7 <input type="radio"/></p> <p>less than once a week 8 <input type="radio"/></p>
<p>C2 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="radio"/> No 5 <input type="radio"/> → Go to C10</p>	<p>C16 Are you helped by someone else, for example, home care, attendant care or privately employed help?</p> <p>Yes 1 <input type="radio"/> → C17 How often do you receive this service?</p> <p>No 2 <input type="radio"/></p> <p>every day 3 <input type="radio"/></p> <p>once a week or more 4 <input type="radio"/></p> <p>less than once a week 5 <input type="radio"/></p>
<p>C3 Are you helped by your spouse, parent, child or some other relative?</p> <p>Yes 6 <input type="radio"/> → C4 How often does he/she help you?</p> <p>No 7 <input type="radio"/></p> <p>every day 1 <input type="radio"/></p> <p>once a week or more 2 <input type="radio"/></p> <p>less than once a week 3 <input type="radio"/></p>	<p>C18 Because of your condition, do you need help or additional help in shopping for groceries or other necessities?</p> <p>Yes 6 <input type="radio"/> No 7 <input type="radio"/></p>
<p>C5 Are you helped by a friend or neighbour?</p> <p>Yes 4 <input type="radio"/> → C6 How often does he/she help you?</p> <p>No 5 <input type="radio"/></p> <p>every day 6 <input type="radio"/></p> <p>once a week or more 7 <input type="radio"/></p> <p>less than once a week 8 <input type="radio"/></p>	<p>C19 Who usually does your normal everyday housework?</p> <p>INTERVIEWER: Read list. Mark only one.</p> <p>Yourself alone 1 <input type="radio"/> → Go to C27</p> <p>Yourself and someone else 2 <input type="radio"/></p> <p>Someone else 3 <input type="radio"/></p>
<p>C7 Are you helped by someone else, for example, home care, meals-on-wheels or privately employed help?</p> <p>Yes 1 <input type="radio"/> → C8 How often do you receive this service?</p> <p>No 2 <input type="radio"/></p> <p>every day 3 <input type="radio"/></p> <p>once a week or more 4 <input type="radio"/></p> <p>less than once a week 5 <input type="radio"/></p>	<p>C20 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="radio"/> No 5 <input type="radio"/> → Go to C28</p>
<p>C9 Because of your condition, do you need help or additional help in preparing your meals?</p> <p>Yes 6 <input type="radio"/> No 7 <input type="radio"/></p>	<p>C21 Are you helped by your spouse, parent, child or some other relative?</p> <p>Yes 6 <input type="radio"/> → C22 How often does he/she help you?</p> <p>No 7 <input type="radio"/></p> <p>every day 1 <input type="radio"/></p> <p>once a week or more 2 <input type="radio"/></p> <p>less than once a week 3 <input type="radio"/></p>
<p>C10 Who usually does your shopping for groceries or other necessities?</p> <p>INTERVIEWER: Read list. Mark only one.</p> <p>Yourself alone 1 <input type="radio"/> → Go to C18</p> <p>Yourself and someone else 2 <input type="radio"/></p> <p>Someone else 3 <input type="radio"/></p>	<p>C23 Are you helped by a friend or neighbour?</p> <p>Yes 4 <input type="radio"/> → C24 How often does he/she help you?</p> <p>No 5 <input type="radio"/></p> <p>every day 6 <input type="radio"/></p> <p>once a week or more 7 <input type="radio"/></p> <p>less than once a week 8 <input type="radio"/></p>
<p>C11 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="radio"/> No 5 <input type="radio"/> → Go to C19</p>	<p>C25 Are you helped by someone else for example, home care service or privately employed help?</p> <p>Yes 1 <input type="radio"/> → C26 How often do you receive this service?</p> <p>No 2 <input type="radio"/></p> <p>every day 3 <input type="radio"/></p> <p>once a week or more 4 <input type="radio"/></p> <p>less than once a week 5 <input type="radio"/></p>
<p>C12 Are you helped by your spouse, parent, child or some other relative?</p> <p>Yes 6 <input type="radio"/> → C13 How often does he/she help you?</p> <p>No 7 <input type="radio"/></p> <p>every day 1 <input type="radio"/></p> <p>once a week or more 2 <input type="radio"/></p> <p>less than once a week 3 <input type="radio"/></p> <p>Go to C14</p>	

C27 Because of your condition, do you need help or additional help doing your normal everyday housework?
 Yes 1 No 2

C28 Who usually does your heavy household chores such as, washing walls, yard work or snow removal?
INTERVIEWER: Read list. Mark only one.
 No one 3 } Go to C31
 Yourself alone 4 }
 Yourself and someone else 5 } Go to C29
 Someone else 6 }
 Not applicable 7 → Go to C32

C29 Is this because of your condition or health problem?
 Yes 8 No 9 → Go to C32

C30 Who usually helps you?
INTERVIEWER: Read list. Mark all that apply.
 Your spouse, parent, child, or some other relative 1
 A friend or neighbour 2
 Someone else, for example, landlord or condominium corporation, or privately employed help 3

C31 Because of your condition, do you need help or additional help doing your heavy household chores?
 Yes 4 No 5

C32 Who usually looks after your personal finances, such as banking or paying bills?
INTERVIEWER: Read list. Mark only one.
 Yourself alone 1 → Go to C40
 Yourself and someone else 2
 Someone else 3

C33 Is this because of your condition or health problem?
 Yes 4 No 5 → Go to C41

C34 Are you helped by your spouse, parent, child or some other relative?
 Yes 6 → **C35** How often does he/she help you?
 No 7 ↓
 once a week or more 8
 less than once a week 9

C36 Are you helped by a friend or neighbour?
 Yes 1 → **C37** How often does he/she help you?
 No 2 ↓
 once a week or more 3
 less than once a week 4
 Go to C38

C38 Are you helped by someone else, including a legal or accounting service?
 Yes 5 → **C39** How often do you receive this service?
 No 6 ↓
 once a week or more 7
 less than once a week 8

C40 Because of your condition, do you need help or additional help looking after your personal finances?
 Yes 1 No 2

C41 Because of your condition, do you get help with personal care, such as washing, grooming, dressing and feeding yourself?
 Yes 3 No 4 → Go to C51

C42 Are you helped by your spouse, parent, child or some other relative?
 Yes 5 → **C43** On average, how many days a week does he/she help you?
 No 6 ↓
 days
C44 On average, how many hours a day does he/she help you?
 hours

C45 Are you helped by a friend or neighbour?
 Yes 7 → **C46** On average, how many days a week does he/she help you?
 No 8 ↓
 days
C47 On average, how many hours a day does he/she help you?
 hours

C48 Are you helped by someone else, for example, home care, attendant care or privately employed help?
 Yes 1 → **C49** On average, how many days a week do you receive this service?
 No 2 ↓
 days
C50 On average, how many hours a day do you receive this service?
 hours

C51 Because of your condition, do you need help or additional help with personal care?
 Yes 3 No 4

C52 How do you move about within your own residence?

INTERVIEWER: Read list. Mark only one.

By yourself 1 ○ → Go to C59

Sometimes by yourself and sometimes with the help of another person 2 ○

Only with the help of another person 3 ○

Not at all, because of your condition or health problem 4 ○ → Go to C59

} Go to C53

C53 Are you helped by your spouse, parent, child or some other relative?

Yes 5 ○ → **C54 How often does he/she help you?**

No 6 ○ ↓

every day 7 ○

once a week or more 8 ○

less than once a week 9 ○

C55 Are you helped by a friend or neighbour?

Yes 1 ○ → **C56 How often does he/she help you?**

No 2 ○ ↓

every day 3 ○

once a week or more 4 ○

less than once a week 5 ○

C57 Are you helped by someone else, for example home care, attendant care, or privately employed help?

Yes 1 ○ → **C58 How often do you receive this service?**

No 2 ○ ↓

every day 3 ○

once a week or more 4 ○

less than once a week 5 ○

C59 Because of your condition, do you need help or additional help moving about within your own residence?

Yes 6 ○ No 7 ○

C60 How many times have you been hospitalized in the last 12 months?

(if none, enter 00)

C61 Because of your condition or health problem, how often in the last three months have you seen a ...

INTERVIEWER: Read list. Mark all that apply.

Number of times (if none, enter 00)

physician/medical doctor?

chiropractor?

nurse?

physio/occupational/speech/therapist?

other health professional or technician, such as dietitian, psychologist, X-ray or lab technician, optician, dentist?

GO TO SECTION D

D1 INTERVIEWER CHECK ITEM:

Copy date of birth from the front page.

Day Month Year

If date of birth is before June 3, 1921, then 1 → Go to Section F

Otherwise 2 → Go to D2

D2 The following questions deal with the effects of your condition on employment.

Last week, how many hours did you work at a job or business not including housework, maintenance or repairs for your own home? Include as work, working without pay at a family farm or business.

Number of hours, to the nearest hour → Go to D8

None 99

D3 Last week, were you ...

INTERVIEWER: Read list. Mark only one.

on temporary layoff from a job or business to which you expect to return? 3 → Go to D49

on vacation, ill, on strike or locked out or absent for other reasons? 4 → Go to D8

Neither of the above 5

D4 Last week, did you have definite arrangements to start a new job within the next four weeks?

Yes 6 No 7 → Go to D6

D5 Could you have started work last week had a job been available?

INTERVIEWER: Read list. Mark only one.

Yes, could have started work 1

No, already had a job 2

No, temporary illness or disability 3 } Go to D49

No, personal or family responsibilities 4

No, going to school 5 } Go to Section E

No, other reasons 6

D6 Did you look for work during the past four weeks? For example, did you contact a Canada Employment Centre, check with employers, place or answer newspaper ads?

Yes 1 No 2 → Go to D63

D7 Could you have started work last week had a job been available?

INTERVIEWER: Read list. Mark only one.

Yes, could have started work 1

No, temporary illness or disability 3 } Go to D45

No, personal or family responsibilities 4

No, going to school 5 } Go to Section E

No, other reasons 6

EMPLOYED	
<p>D8 How many hours do you usually work per week?</p> <p>Number of hours <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>	<p>D15 In this work, what are your most important activities or duties?</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>D9 Is this a full-time or part-time job?</p> <p>Full-time <input type="radio"/> Part-time <input type="radio"/></p>	<p>D16 In this job are you mainly ...</p> <p>working for wages, salary, tips or commission? <input type="radio"/> 5</p> <p>working without pay for your spouse or another relative in a farm or business? <input type="radio"/> 6</p> <p>self-employed alone or in partnership? <input type="radio"/> 7</p>
<p>D10 Were you working with your current employer on June 3, 1986?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p>	<p>D17 Because of your condition, have you ever changed jobs, or the kind or amount of work you did at a job or business?</p> <p>Yes <input type="radio"/> 8 No <input type="radio"/> 9</p>
<p>D11 For whom do you now work?</p> <p>Name of firm, government agency, etc.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Number Street</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>City, town, village, township, other municipality or Indian reserve</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>County Province or territory</p>	<p>D18 Does the condition you have now make it difficult for you to change jobs or get a better job?</p> <p>Yes <input type="radio"/> 1 No <input type="radio"/> 2</p>
<p>D12 What kind of business, industry or service is this? For example, a wheat farm, road maintenance, retail shoe store.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>D19 Are you limited in the kind or amount of work you can do at your present job or business because of your condition or health problem?</p> <p>Yes <input type="radio"/> 3 No <input type="radio"/> 4 → Go to D27</p>
<p>D13 Were you doing the same kind of work on June 3, 1986 as you are doing now?</p> <p>Yes <input type="radio"/> 3 No <input type="radio"/> 4</p>	<p>D20 Were you employed with your present employer at the time your condition began to limit the kind or amount of work you could do?</p> <p>Yes <input type="radio"/> 5 → Go to D22 No <input type="radio"/> 6</p>
<p>D14 What kind of work are you doing? For example, accounting clerk, secondary school-teacher, food processing labourer.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>D21 Did you work at some other job or business at the time your condition started to limit the kind or amount of work you could do?</p> <p>Yes <input type="radio"/> 7 No <input type="radio"/> 8 → Go to D26</p>
	<p>D22 Are you now doing the same kind or amount of work as you were doing at the time this condition started to limit you?</p> <p>Yes <input type="radio"/> 1 → Go to D26 No <input type="radio"/> 2</p>
	<p>D23 Is your condition the reason you are doing a different kind or amount of work?</p> <p>Yes <input type="radio"/> 3 No <input type="radio"/> 4</p>

D24 Compared with the work you were doing before your condition started to limit you, would you say that the work you are doing now is ...

more important? 5

less important? 6

about the same? 7

D25 Compared with the work you were doing before your condition started to limit you, would you say that you are ...

doing more work now? 1

doing less work now? 2

doing about the same amount of work? 3

D26 At your present job, how often does your condition cause you difficulty doing each of the following?

	Always/ fre- quent- ly	Occa- sion- ally	Sel- dom/ never	Not re- quired on the job
Moving about	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Using stairs or inclines	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
Standing for long periods	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Standing, crouching, or kneeling	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
Using the telephone	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
Sitting for long periods	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
Lifting or carrying heavy objects	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
Writing or typing	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
Reading	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Speaking and being understood	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>

D27 Does your present employer offer any on-the-job training or courses?

Self-employed, not applicable 1 → Go to D40

Yes 2 →

No 3 }

Don't know 4 }

D28 Does your condition limit or prevent you from taking these courses?

Yes 5

No 6

D29 Does your employer provide a sheltered workshop, that is, a place where work is provided specifically for people with disabilities?

Yes 7 →

No 8 }

Don't know 9 }

D30 Because of your condition, are you employed in this sheltered workshop?

Yes 1

No 2

D31 In terms of job security, would you describe your present job as ...

excellent? 3 }

good? 4 } → Go to D33

fair? 5 }

poor? 6 }

D32 Is your job security fair or poor because of your condition?

Yes 7

No 8

D33 How would you describe your chances for advancement at your present job? Would you say your chances for advancement are ...

excellent? 1 }

good? 2 } → Go to D35

fair? 3 }

poor? 4 }

D34 Are your chances fair or poor because of your condition?

Yes 5

No 6

D35 Does your employer have a special program to increase the employment of disabled persons, such as an employment equity or an affirmative action program?

Yes 7 No 8

Don't know 9

D36 Because of your condition, have any special equipment, facilities or arrangements, including parking, been made available to you at your present job?

Yes 1 No 2 → Go to D38

D37 What has been made available to you?

INTERVIEWER: Read list. Mark all that apply.

Help from someone 1

Special equipment 2

Special hours/days 3

Special or free parking 4

Special architectural features
such as, handrails or accessible
washrooms 5

Modified/different duties 6

Other 7

D38 Because of your condition, do you need any special equipment, facilities or arrangements not already provided by your employer?

Yes 9 No 9 → Go to D40

D39 What do you need?

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

Help from someone 1

Special equipment 2

Special hours/days 3

Special or free parking 4

Special architectural features
such as handrails or accessible
washrooms 5

Modified/different duties 6

Other 7

D40 During your last week worked, what was the principal method of transportation that you used to get to work? By this I mean the method you used to travel the greatest distance.

INTERVIEWER: Do not read list. Mark only one.

- None, worked at home 1
- Private motor vehicle 2
- Rapid transit/subway/
metro/regular bus 3
- Special bus/van service
for the disabled 4
- Commuter train 5
- Taxi 6
- Bicycle 7
- Walked to work 8
- Other 9

D41 In the past five years, have you been refused employment because of your condition?

- Yes 1 →
- No 2

D42 How many times?

- Once 5
- 2 to 4 times 6
- 5 times or
more 7

D43 During the past 12 months have you looked for another job?

- Yes 3 →
- No 4

D44 Was the main reason that you looked for another job related to your condition?

- Yes 8
- No 9

GO TO SECTION E

UNEMPLOYED

D45 What are your chances of getting a job in the next six months?

Excellent 1 }
Good 2 } Go to D47

Fair 3 }
Poor 4 } → **D46** Are your chances at getting a job fair or poor because of your condition or health problem?
Yes 5
No 6

D47 Do you want a full-time or part-time job?

Either full-time or part-time 7 }
Full-time only 8 } Go to D49

Part-time only 9 → **D48** Is this because of your condition?
Yes 1
No 2

D49 When did you last work, even for a few days not including housework, maintenance or repairs for your own home? Include as work, working without pay at a family farm or business.

Year

Never worked 99 → Go to D55

D50 INTERVIEWER CHECK ITEM:

If last worked before 1981, then 1 → Go to D55

Otherwise 2 → Go to D51

D51 For whom did you last work?

Name of firm, government agency, etc.

Address

Number Street

City, town, village, township, other municipality or Indian reserve

County Province or territory

D52 What kind of business, industry or service was this? For example, a wheat farm, road maintenance, retail shoe store.

D53 What kind of work were you doing? For example, accounting clerk, secondary school teacher, food processing labourer.

D54 In this work what were your most important activities or duties?

D55 Are you limited in the kind or amount of work you could do at a job or business because of a condition or health problem?

Yes 3 No 4 → Go to Section E

D56 Were you working at a job or business at the time your condition started to limit the kind or amount of work you could do?

Yes 5 →

No 6 ↓

D57 Is your condition the reason you are not working now?

Yes 7

No 8

D58 Does your condition affect your ability to look for work?

Yes 1 No 2

D59 In the past five years, have you been refused employment because of your condition?

Yes 3 →

No 4 ↓

D60 How many times?

Once 5

2 to 4 times 6

5 times or more 7

D61 Because of your condition, do any of the following make it difficult for you to find work?

INTERVIEWER: Read list. Mark all that apply.

- Physical access to buildings 1
- Lack of special aids, equipment or assistance 2
- Inadequate transportation 3
- Lack of suitable employment 4
- Other 5
(specify) _____
- None of the above 6

D62 Because of your condition, have you ever taken any courses or training to improve your chances of getting a job?

Yes 7

No 8

GO TO NEXT SECTION E

NOT IN THE LABOUR FORCE

D63 When did you last work at a job or business, even for a few days, not including housework, maintenance or repairs for your own home? Include as work, working without pay at a family farm or business.

Year

1	9		
---	---	--	--

Never worked 99 → Go to D69

D64 INTERVIEWER CHECK ITEM:

If last worked before 1981, then 1 → Go to D69

Otherwise 2 → Go to D65

D65 For whom did you last work?

Name of firm, government agency, etc.

Address

Number Street

City, town, village, township, other municipality or Indian reserve

County Province or territory

D66 What kind of business, industry or service was this? For example, a wheat farm, road maintenance, retail shoe store.

D67 What kind of work were you doing? For example, accounting clerk, secondary school teacher, food processing labourer.

D68 In this work what were your most important activities or duties?

D69 Does your condition or health problem completely prevent you from working at a job or business?
 Yes 3 → Go to Section E
 No 4

D70 In the past five years, have you been refused a job because of your condition?
 Yes 3 → **D71** How many times?
 No 4 ↓

D71 How many times?
 Once 5
 2 to 4 times ... 6
 5 times or more 7

D72 Because of your condition, do any of the following make it difficult for you to find work?
INTERVIEWER: Read List. Mark all that apply.

- Physical access to buildings 1
- Lack of special aids, equipment or assistance 2
- Inadequate transportation 3
- Lack of suitable employment 4
- Other 5
(specify) _____
- None of the above 6

D73 Does your condition or health problem limit the kind or amount of work you could do at a job or business?
 Yes 5 No 6 → Go to Section E

D74 Have you looked for work in the last two years?
 Yes 7 No 8 → Go to Section E

D75 Was the main reason you stopped looking for work related to your condition?
 Yes 1 No 2

D76 Because of your condition have you ever taken any courses or training to improve your chances of getting a job?
 Yes 7 No 8

D77 Last week, did you want a job?
 Yes 1 No 2 → Go to D80

D78 Did you want a full-time or part-time job?
 Either full-time or part-time 3 } Go to D80
 Full-time only 4 }
 Part-time only 5 → **D79** Is this because of your condition?
 Yes 6
 No 7

D80 Do you think you will look for work at any time in the next six months?
 Yes 8 No 9 → Go to Section E

D81 In your opinion what are your chances of finding a job in the next six months?
 Excellent 1 } Go to Section E
 Good 2 }
 Fair 3 } → **D82** Are your chances fair or poor because of your condition?
 Poor 4 }
 Yes 5
 No 6

GO TO SECTION E

SECTION E - EDUCATION

The next few questions are on education.

E1 In April 1986, were you enrolled at a school, college or university
 Yes 1 No 2 → Go to E16

E2 Was this in Canada?
 Yes 3 No 4

E3 Were you enrolled as a full-time or part-time student?
 Full-time 5
 Part-time 6

E4 Were you taking any courses by correspondence or home study in April 1986?
 Yes 7 No 8

E5 In what kind of school were you enrolled?
INTERVIEWER: Read list. Mark only one.
 Special school for persons with a condition or health problem 1 → Go to E8
 Regular primary or secondary school 2 → Go to E6
 Community college, CEGEP, technical institute, hospital school of nursing or medical technology 3 → Go to E10
 University or teachers' college.. 4 → Go to E12
 Other 5 → Go to E13

E6 In what type of program were you enrolled?
INTERVIEWER: Read list. Mark only one.
 Mainly academic 4
 Mainly trade or vocational .. 5
 Other 6

E7 At that primary/secondary school were you enrolled in...
INTERVIEWER: Read list. Mark only one.
 only special classes for persons with a condition or health problem? 1
 only regular classes? 2 → Go to E9
 some regular classes and some special classes for persons with a condition or health problem? 3

E8 What type of training were you receiving at that school?

INTERVIEWER: Read list. Mark all that apply.

Daily living skills 6
 Physical/communication therapy 7
 Academic subjects 8
 Trade or vocational 9

E9 In what grade were you enrolled in April 1986?

Grade } Go to E13
 Non-graded 99

E10 In what type of program were you enrolled?

INTERVIEWER: Read list. Mark only one.

Certificate program 7
 Diploma program 8
 No diploma or certificate sought 9 → Go to E13

E11 What is the length of the program in which you were enrolled?

1 year or less 1
 13 months to 2 years 2
 Over 2 years 3 } Go to E13

E12 What type of degree, diploma or certificate were you seeking?

INTERVIEWER: Read list. Mark only one.

Diploma/certificate including teaching certificate 4
 Bachelor's degree 5
 Post-graduate degree (masters, doctorate, post-doctorate) 6
 No degree, diploma or certificate sought 7

E13 Because of your condition, did you use any special equipment or make use of any special arrangements such as parking, provided by that school, college or university?

Yes 8 No 9

E14 Because of your condition, did you need any special arrangements or equipment which were not provided by that school?

Yes 1 No 2

E15 Last April, what was the principal method of transportation that you used to get to school? By this, I mean the method you used to travel the greatest distance?

INTERVIEWER: Do not read list. Mark only one.

None, studied at home 1

Private motor vehicle 2

Regular school bus 3

Regular bus/subway/streetcar ... 4

Special bus/van service for the disabled 5

Bicycle 6

Walked to school 7

Other 8

Go to E20

E16 How many years of formal education have you completed?

Years → Go to E18

or

None 99

E17 Is your condition or health problem the main reason you have no formal schooling?

Yes 3

No 4

Go to Section F

E18 Did you have your condition before completing all your formal education or training?

Yes 1

No 2 → Go to Section F

E19 Did you discontinue your formal education or training because of your present condition or health problem?

Yes 3 No 4

E20 The following questions are about the effects of your condition or health problem on your education. Because of your present condition ...

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

E21 Did it take you longer to achieve your present level of education because of your condition?

Yes 5 No 6 → Go to E23

E22 How much longer?

Years

Unable to assess 99

E23 How much of your formal education did you receive in Canada?

INTERVIEWER: Read list. Mark only one.

All of it 1

Most of it 2

About half of it 3

Some of it 4

None of it 5

GO TO SECTION F

SECTION F - TRANSPORTATION

I would now like to ask you about the means of transportation which you use for local travel. This includes trips to work, shopping, or any other local trips under 50 miles (80 km)

F1 Are you prevented from leaving your residence to take short trips because of your condition or health problem, that is, are you housebound?

Yes 1 No 2 → Go to F3

F2 Some communities have special bus or van service for people who have difficulty using regular transportation. When using this special service, people can call ahead and ask to be picked up at their home. If this special service were available in your area, would you be able to take short distance trips?

Yes 3 }
No 4 } Go to F16

F3 Because of your condition, do you require an attendant or companion to accompany you on short trips?

Yes 5 No 6

F4 Do you have any trouble using a private motor vehicle because of your condition ...

	Yes	No	Don't know
as a driver?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
as a passenger?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

F5 Some communities have special bus or van service for people who have difficulty using regular local public transportation. When using this special service, people can call ahead and ask to be picked up at their home. Do you need such a service?

Yes 7 No 8 }
Don't know 9 } Go to F9

F6 Is this special service available in your area?

Yes 1 No 2 }
Don't know 3 } Go to F9

F7 How often do you use this service?

INTERVIEWER: Read list. Mark only one.

Almost every day throughout the year 1 }
Almost every day throughout some part of the year 2 } Go to F9
Frequently 3 }
Occasionally 4 }
Seldom/never 5 }

F8 Why don't you use this special bus or van service more often?

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

Service not needed more often 1
Not eligible for this service 2
On the waiting list for service 3
Service too expensive 4
Impractical scheduling for my needs 5
Area covered by service not large enough 6
Other 7

F9 Is local public transportation, for example, bus, rapidtransit, subway, metro, available in your area?

Yes 8 No 9 → Go to F13

F10 How often do you use the local public transportation service?

INTERVIEWER: Read list. Mark only one.

Almost every day throughout the year 1
Almost every day throughout some part of the year 2
Frequently 3
Occasionally 4
Seldom/never 5

F11 Do you have any trouble using your local public transportation service, because of your condition?

Yes 6 No 7 → Go to F13

F12 What kind of trouble do you have?

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

Getting to the stop 1
Waiting at the stop 2
Getting on and off 3
Insufficient space to sit or stand in the vehicle 4
Standing in the vehicle while it is moving 5
Obtaining information about timetables, schedules and routes .. 6
Staff unsupportive 7
Other 8

F13 Is there a taxi service in your area?

Yes 1 No 2 → Go to F16

F14 How often do you use this taxi service?

INTERVIEWER: Read list. Mark only one.

Almost every day throughout the year 1

Almost every day throughout some part of the year 2

Frequently 3

Occasionally 4

Seldom/never 5

F15 Is this because of your condition or health problem?

Yes 1 No 2

F16 I would like to ask you about the means of transportation that you use for long distance travel. By this I mean transportation that you use for any trips of 50 miles (80 km) or more.

Are you prevented from taking any long distance trips because of your condition or health problem?

Yes 3 No 4

F17 Is this because long distance transportation services are not suitable for your condition?

Yes 5 → Go to F26

No 6 → Go to Section G

F18 Because of your condition, do you require an attendant or companion to accompany you on long distance trips?

Yes 7 No 8

F19 Because of your condition, do you require any special transportation services or facilities for long distance travel?

Yes 1 No 2 Don't know 3

F20 Can you easily obtain information about special transportation services and facilities which you need for long distance travel?

Yes 4 No 5

F21 Because of your condition, do you have any trouble using an airplane, bus or train as a means of long distance travel?

Yes 6 No 7 Don't know 8 } Go to F25

F22 Do you have trouble travelling by:

	Yes	No	Don't know
airplane?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
bus?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
train?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

F23 What kind of trouble do you have?

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

Lack of appropriate transportation to and from terminal 01

Moving around the terminal 02

Boarding or disembarking 03

Hearing announcements 04

Seating on board 05

Seeing signs or notices 06

Washroom facilities 07

Staff unsupportive 08

Transporting wheelchair or other special aids 09

Carrier rules and regulations 10

Flight/ride aggravates condition 11

Other 12

F24 Do these problems limit the amount of long distance travel that you do?

Yes 1 No 2

F25 How many long distance trips have you taken between April 1 and June 30, 1986 by ... (if none, enter 00)

airplane?	<input type="text"/>	<input type="text"/>	} Go to Section G
bus?	<input type="text"/>	<input type="text"/>	
train?	<input type="text"/>	<input type="text"/>	
car, small truck or van?	<input type="text"/>	<input type="text"/>	

F26 What kind of trouble do you have using an airplane, bus or train as a means of long distance travel?

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

Lack of appropriate transportation to and from terminal 01

Moving around the terminal 02

Boarding or disembarking 03

Hearing announcements 04

Seating on board 05

Seeing signs or notices 06

Washroom facilities 07

Staff unsupportive 08

Transporting wheelchair or other special aids 09

Carrier rules and regulations 10

Flight/ride aggravates condition 11

Other 12

None 13

GO TO SECTION G

SECTION G - ACCOMMODATION

<p>G1 Because of your condition, do you use any special features to enter or leave your present residence, such as access ramps or a street level entrance?</p> <p>Yes <input type="radio"/> 1 No <input type="radio"/> 2 → Go to G3</p>	<p>G8 Which special features do you need but do not have?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Do not read list. Mark all that apply. </div> <p>Hand rails (including bathroom) <input type="radio"/> 1</p> <p>Elevator or lift device <input type="radio"/> 2</p> <p>Widened doorways or hallways <input type="radio"/> 3</p> <p>Doors which open automatically <input type="radio"/> 4</p> <p>Some other special feature <input type="radio"/> 5</p>																																
<p>G2 Which special features do you use?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Read list. Mark all that apply. </div> <p>Access ramps <input type="radio"/> 1</p> <p>Widened doorways <input type="radio"/> 2</p> <p>A street level entrance <input type="radio"/> 3</p> <p>An entrance that opens automatically <input type="radio"/> 4</p> <p>An elevator or lift device <input type="radio"/> 5</p> <p>Accessible parking <input type="radio"/> 6</p> <p>Some other architectural feature <input type="radio"/> 7</p>	<p>G9 In your residence, do you have difficulty using any of the following fixtures by yourself?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:15%; text-align: center;">Difficulty</th> <th style="width:15%; text-align: center;">No difficulty</th> <th style="width:10%; text-align: center;">Does not have this fixture</th> </tr> </thead> <tbody> <tr> <td>Kitchen stove 01</td> <td style="text-align: center;"><input type="radio"/> 01</td> <td style="text-align: center;"><input type="radio"/> 02</td> <td style="text-align: center;"><input type="radio"/> 03</td> </tr> <tr> <td>Kitchen sink and counters 04</td> <td style="text-align: center;"><input type="radio"/> 04</td> <td style="text-align: center;"><input type="radio"/> 05</td> <td style="text-align: center;"><input type="radio"/> 06</td> </tr> <tr> <td>Kitchen cabinets 07</td> <td style="text-align: center;"><input type="radio"/> 07</td> <td style="text-align: center;"><input type="radio"/> 08</td> <td style="text-align: center;"><input type="radio"/> 09</td> </tr> <tr> <td>Refrigerator 10</td> <td style="text-align: center;"><input type="radio"/> 10</td> <td style="text-align: center;"><input type="radio"/> 11</td> <td style="text-align: center;"><input type="radio"/> 12</td> </tr> <tr> <td>Bathroom tub 13</td> <td style="text-align: center;"><input type="radio"/> 13</td> <td style="text-align: center;"><input type="radio"/> 14</td> <td style="text-align: center;"><input type="radio"/> 15</td> </tr> <tr> <td>Bathroom toilet 16</td> <td style="text-align: center;"><input type="radio"/> 16</td> <td style="text-align: center;"><input type="radio"/> 17</td> <td style="text-align: center;"><input type="radio"/> 18</td> </tr> <tr> <td>Bathroom basin 19</td> <td style="text-align: center;"><input type="radio"/> 19</td> <td style="text-align: center;"><input type="radio"/> 20</td> <td style="text-align: center;"><input type="radio"/> 21</td> </tr> </tbody> </table>		Difficulty	No difficulty	Does not have this fixture	Kitchen stove 01	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	Kitchen sink and counters 04	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	Kitchen cabinets 07	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	Refrigerator 10	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	Bathroom tub 13	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	Bathroom toilet 16	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	Bathroom basin 19	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21
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<p>G3 Do you need any special features to enter or leave your present residence, which you do not already have?</p> <p>Yes <input type="radio"/> 3 No <input type="radio"/> 4 → Go to G5</p>	<p>G10 Because of your condition were any of the following fixtures modified?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%; text-align: center;">Yes</th> <th style="width:15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Kitchen sink and counters 01</td> <td style="text-align: center;"><input type="radio"/> 01</td> <td style="text-align: center;"><input type="radio"/> 02</td> </tr> <tr> <td>Kitchen cabinets 03</td> <td style="text-align: center;"><input type="radio"/> 03</td> <td style="text-align: center;"><input type="radio"/> 04</td> </tr> <tr> <td>Bathroom tub 05</td> <td style="text-align: center;"><input type="radio"/> 05</td> <td style="text-align: center;"><input type="radio"/> 06</td> </tr> <tr> <td>Bathroom toilet 07</td> <td style="text-align: center;"><input type="radio"/> 07</td> <td style="text-align: center;"><input type="radio"/> 08</td> </tr> <tr> <td>Bathroom basin 09</td> <td style="text-align: center;"><input type="radio"/> 09</td> <td style="text-align: center;"><input type="radio"/> 10</td> </tr> </tbody> </table>		Yes	No	Kitchen sink and counters 01	<input type="radio"/> 01	<input type="radio"/> 02	Kitchen cabinets 03	<input type="radio"/> 03	<input type="radio"/> 04	Bathroom tub 05	<input type="radio"/> 05	<input type="radio"/> 06	Bathroom toilet 07	<input type="radio"/> 07	<input type="radio"/> 08	Bathroom basin 09	<input type="radio"/> 09	<input type="radio"/> 10														
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<p>G4 Which special features do you need but do not have?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Do not read list. Mark all that apply. </div> <p>Access ramps <input type="radio"/> 1</p> <p>Widened doorways <input type="radio"/> 2</p> <p>A street level entrance <input type="radio"/> 3</p> <p>An entrance that opens automatically <input type="radio"/> 4</p> <p>An elevator or lift device <input type="radio"/> 5</p> <p>Accessible parking <input type="radio"/> 6</p> <p>Some other architectural feature <input type="radio"/> 7</p>	<p>G11 In the past 12 months have you ever been refused rental accommodation because of your condition?</p> <p>Yes <input type="radio"/> 6 No <input type="radio"/> 7</p>																																
<p>G5 Because of your condition, do you use any special features, such as hand rails, to move about inside your residence?</p> <p>Yes <input type="radio"/> 5 No <input type="radio"/> 6 → Go to G7</p>	<p>G12 If you were denied accommodation or employment solely due to your condition or health problem, would you know where to find information about your rights?</p> <p>Yes <input type="radio"/> 8 No <input type="radio"/> 9</p>																																
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<p>G7 Do you need any special features to move about inside your residence which you do not already have?</p> <p>Yes <input type="radio"/> 7 No <input type="radio"/> 8 → Go to G9</p>																																	

SECTION H - RECREATION AND LIFESTYLES

H1 Now I would like to ask you some questions about activities you do in your leisure time. How many hours per week do you usually spend doing the following activities in your residence?

	0 hours	1 to 7 hours per week	8 hours or more per week
Watching television, listening to radio, records or tapes, or reading	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Talking on the telephone	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Arts, crafts, gardening or other hobbies	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
Social activities with family or friends....	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

H2 How often per month do you usually participate in the following activities outside your residence?

	Never	1 to 4 times a month	5 times or more a month
Visiting friends or relatives	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Attending sporting events, concerts, plays or movies	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Going to museums, historic sites, libraries or art galleries	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
Taking courses, attending seminars	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Shopping	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Attending religious activities or doing volunteer work	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
Visiting national or provincial parks....	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
Other activities such as going to bingos or clubs, or playing cards	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

H3 Regarding these leisure activities outside your residence, are you satisfied with the amount you are doing or would you like to do more?

Satisfied 1 → Go to H5
 Would like to do more 2

H4 What prevents you from doing more of these leisure activities?

INTERVIEWER: Read list. Mark all that apply.

Need someone's help	1 <input type="radio"/>
Need special aid, such as a brace or wheelchair	2 <input type="radio"/>
Inadequate transportation	3 <input type="radio"/>
Location too far away	4 <input type="radio"/>
Facilities not suitable to condition or health problem	5 <input type="radio"/>
Physically unable to do more	6 <input type="radio"/>
Cost too high	7 <input type="radio"/>
Other	8 <input type="radio"/>

H5 Now I would like to ask you some questions about physical activity, sports or exercise that you do during your leisure time, for example, walking, jogging, swimming, or bicycling.

Do you take part in some physical activity during your leisure time?

Yes 3 No 4 → Go to H7

H6 How often do you usually take part in some physical activity during your leisure time?

INTERVIEWER: Read list. Mark only one.

Less than once a month	5 <input type="radio"/>
1 to 3 times a month	6 <input type="radio"/>
1 or 2 times a week	7 <input type="radio"/>
3 times a week or more	8 <input type="radio"/>

H7 Do you want to participate in more physical activities than you do now?

Yes 1 No 2 → Go to H9

H8 What prevents you from doing more physical activity? Name at most three reasons.

INTERVIEWER: Show "Q" Card.

Self conscious/ill at ease	1 <input type="radio"/>
Lack of support of family or friends ...	2 <input type="radio"/>
Lack of nearby facilities or programs.	3 <input type="radio"/>
Facilities, equipment or programs not adapted to my needs	4 <input type="radio"/>
Inadequate transportation	5 <input type="radio"/>
Physically unable to do more	6 <input type="radio"/>
Cost too high	7 <input type="radio"/>
Other	8 <input type="radio"/>

H9 Do you smoke cigarettes?

INTERVIEWER: Read list. Mark only one.

Not at all	3 <input type="radio"/>
Regularly, that is usually every day...	4 <input type="radio"/>
Occasionally, not every day	5 <input type="radio"/>

H10 In the past twelve months, have you taken a drink of beer, wine or other alcoholic beverage?

INTERVIEWER: Read list. Mark only one.

No: Never	1 <input type="radio"/>
Yes: Every day	2 <input type="radio"/>
4 to 6 times a week	3 <input type="radio"/>
2 to 3 times a week	4 <input type="radio"/>
Once a week	5 <input type="radio"/>
Once or twice a month	6 <input type="radio"/>
Less than once a month	7 <input type="radio"/>

H11 In general, would you say that your eating habits are ...

INTERVIEWER: Read list. Mark only one.

- excellent? 1
- very good? 2
- good? 3
- fair? 4
- poor? 5
- don't know 6

H12 What could you do, if anything, to improve your eating habits?

INTERVIEWER: Read list. Mark only one.

- Eat more food 1
- Eat less food 2
- Eat a greater variety of foods 3
- Eat at more regular intervals 4
- Nothing 5
- Don't know 6

SECTION I - ECONOMIC CHARACTERISTICS

11 People sometimes have extra OUT-OF-POCKET expenses as a result of their condition or health problem. In 1985, did you have any extra expenses for your drugs, medical services, education, transportation, accommodation, special aids or clothing, personal services, etc., for which you were NOT completely reimbursed by any insurance or government program?

- Yes 1 No 2 → Go to 13

12 For each of the following items, please give your best estimate of these extra OUT-OF-POCKET expenses due to your condition, for the year 1985.

			Amount
Prescription and non-prescription drugs	None 1 <input type="radio"/>	or	\$ <input type="text"/> .00
Purchase and maintenance of special clothing, aids, medical supplies and equipment for home, school, work, travel, etc.	None 2 <input type="radio"/>	or	\$ <input type="text"/> .00
Health and medical services not covered by any insurance plan, for example additional hospital or physician fees	None 3 <input type="radio"/>	or	\$ <input type="text"/> .00
Out-of-pocket expenses for modifications to your residence because of your condition	None 4 <input type="radio"/>	or	\$ <input type="text"/> .00
Transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services; or extra expenses due to the need for more costly transportation	None 5 <input type="radio"/>	or	\$ <input type="text"/> .00
Personal services, for example, attendant, home care, housekeeping, yard and home maintenance services	None 6 <input type="radio"/>	or	\$ <input type="text"/> .00
Other (specify) _____	None 7 <input type="radio"/>	or	\$ <input type="text"/> .00

13 Which number on the "Q" card refers to your income from all sources before taxes during the year 1985? Please include income from wages, salaries, self-employment, tips, pensions, investments, unemployment insurance and any income which you receive because of your condition or health problem?

INTERVIEWER: Show "Q" Card. Enter appropriate number.

- or Don't know 98
R 99

14 Because of your condition or health problem, did you receive any benefits or pension in 1985?

- Yes 1 → Go to 15 No 2 → END OF INTERVIEW
Complete Front Cover

OFFICE USE ONLY

Do not use

I6 Which number on the "Q" card refers to the total income you received from these sources?

INTERVIEWER: Show "Q" Card. Enter appropriate number.

or

Don't know 98

R 99

} **END OF INTERVIEW**
Complete Front Cover

I7 Did this include any one-time, lump-sum payment?

Yes 3

No 4 → Go to I9

R 5 → **END OF INTERVIEW**
Complete Front Cover

I8 What was the amount you received?

\$.00

or

Don't know 6

} Go to I9

R 7 → **END OF INTERVIEW**
Complete Front Cover

I5 From which of the following sources did you receive these benefits or this pension?

INTERVIEWER: Read list. Mark all that apply.

Disability pension from
Canada Pension Plan 01

Disability pension from
Quebec Pension Plan 02

Worker's Compensation 03

Unemployment Insurance
sickness benefits 04

Provincial auto insurance 05

Private disability insurance
plan 06

Social assistance/welfare 07

Veteran's Disability Pension 08

War Veteran's Allowance 09

Veteran's pension from
another country 10

Other sources such as federal
or provincial financial
assistance to the disabled
or pensions not previously
listed from other countries 11

I9 For each of the income sources which you mentioned, give your best estimate of the amount you received in 1985.

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

...\$.00

END OF INTERVIEW
Complete Front Cover

HEALTH AND ACTIVITY LIMITATION SURVEY

SECTION A - SCREEN

Best description of your condition:

MY CONDITION...

01 existed AT BIRTH

02 is a DISEASE or illness

MY CONDITION WAS CAUSED BY...

03 a DISEASE or illness (including its treatment)

04 my WORK ENVIRONMENT

05 a STROKE

06 a VIOLENT ACT (war, crime)

07 AGING

08 an ACCIDENT AT WORK

09 a MOTOR VEHICLE ACCIDENT

10 other ACCIDENT

11 other cause

12 don't know

Question 22c

22c What condition causes you these problems?

1. Effects of a stroke
2. Disease or illness affecting the brain, such as brain tumor, meningitis
3. Injury to the brain
4. Alzheimer's disease diagnosed by a physician
5. Condition related to aging
6. Developmentally delayed (mental retardation)
7. Learning disability
8. Other (specify)
9. Don't know

Question H8

H8 Reasons for not doing more physical activity:
(Name at most three reasons)

1. Self-conscious/ill at ease
2. Lack of support of family or friends
3. Lack of nearby facilities or programs
4. Facilities, equipment or programs not adapted to my needs
5. Inadequate transportation
6. Physically unable to do more
7. Cost too high
8. Other

QUESTION I3

I3 Total income from all sources:

1. none
2. 1 - 4,999
3. 5,000 - 9,999
4. 10,000 - 14,999
5. 15,000 - 19,999
6. 20,000 - 24,999
7. 25,000 - 29,999
8. 30,000 and more

QUESTION I6

I6 Total annual income from these sources:

1. 1 - 199
2. 200 - 499
3. 500 - 999
4. 1,000 - 1,999
5. 2,000 - 4,999
6. 5,000 - 9,999
7. 10,000 - 19,999
8. 20,000 and more

Health and Activity Limitation Survey (Children - under 15)

Form 03

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

INTRODUCTION

STATISTICS CANADA IS CONDUCTING A SPECIAL SURVEY TO PROVIDE INFORMATION ON THOSE CANADIANS, WHO, FOR HEALTH-RELATED REASONS, ARE LIMITED IN THE KIND AND AMOUNT OF ACTIVITY THEY CAN PERFORM ON A DAY-TO-DAY BASIS. THE INFORMATION GATHERED IN THE HEALTH AND ACTIVITY LIMITATION SURVEY WILL HELP IDENTIFY THE PROBLEMS THESE CANADIANS FACE WHEN DEALING WITH SUCH MATTERS AS EMPLOYMENT, EDUCATION, TRANSPORTATION, HOUSING AND LEISURE ACTIVITY.

Final Status

Fully Completed 1○
 Partial 2○
 Refusal 3○
 No Contact 4○
 Other 5○

Yes Sample 1○
 No Sample 2○

CONFIDENTIAL WHEN COMPLETED

PROV	FED No.	EA No.	VN	Hhld. No.	Form 0 3	Person No.
------	---------	--------	----	-----------	-------------	------------

Name		Telephone number
..... Last name	..... Given name and initial	

Address		
..... Street and No. or lot and concession or exact location		
..... City, town, village, municipality, Indian reserve	..... Province or territory	..... Postal Code

Date of birth	Sex												
<table border="1"> <tr> <td> </td><td> </td><td>1</td><td>9</td><td> </td><td> </td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td> </tr> </table>			1	9			Day	Month	Year				Male 1○ Female 2○
		1	9										
Day	Month	Year											

Information Source	
Proxy - parent or guardian	1○
- other family	2○
- other	3○

Record of Visits/Calls

Visit/ Call No.	Date	Time of call or visit	Interview time			Comments
			Began	Ended	Time elapsed	
1						
2						
3						
4						
5						
6						
7						
8						
9						
TOTAL ELAPSED TIME (Minutes)						

_____	_____
Interviewer's Signature	Date

SECTION A - SCREENING QUESTIONS

I would like to ask you about ...'s ability to do certain activities, even when using a special aid. Please report only those problems which you expect to last six months or more.		Screening Column Yes
1 WHICH OF THE FOLLOWING AIDS DOES ... NOW USE? PLEASE REPORT ONLY THOSE AIDS WHICH ARE USED FOR SIX MONTHS OR MORE?		
WHEELCHAIR?	Yes No 02 <input type="radio"/>	01 <input type="radio"/>
CRUTCHES OR OTHER WALKING AID?	Yes No 04 <input type="radio"/>	03 <input type="radio"/>
MEDICALLY PRESCRIBED FOOTWEAR?	Yes No 06 <input type="radio"/>	05 <input type="radio"/>
ARTIFICIAL LEG, ARM, HAND OR FOOT?	Yes No 08 <input type="radio"/>	07 <input type="radio"/>
HEARING AID?	Yes No 10 <input type="radio"/>	09 <input type="radio"/>
VISION AID OTHER THAN GLASSES OR CONTACT LENSES?	Yes No 12 <input type="radio"/>	11 <input type="radio"/>
ANY KIND OF BRACE OTHER THAN BRACES FOR TEETH?	Yes No 14 <input type="radio"/>	13 <input type="radio"/>
2 DOES ... USE ANY OTHER KIND OF AID?	Yes (specify) _____ No 2 <input type="radio"/>	1 <input type="radio"/>
3 DOES ... HAVE ANY LONG-TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY, OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?	Yes No 4 <input type="radio"/> → Go to 4	3 <input type="radio"/> Go to 3a ↓
3a At what age did this limitation begin? Age <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (if age less than 1 year, enter 00)		
3b What is the MAIN condition or health problem which limits or prevents ... from participating in these activities? Specify <input style="width: 100%; height: 15px;" type="text"/>		
3c Which of these selections is the best description of this condition? <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px 0;">INTERVIEWER: Show "Q" card. Enter appropriate number.</div> <input style="width: 20px; height: 15px; margin-left: 100px;" type="text"/>		

4 DOES ... ATTEND A SPECIAL SCHOOL OR SPECIAL CLASSES AT SCHOOL BECAUSE OF A LONG-TERM CONDITION OR HEALTH PROBLEM?

Yes 5

No 6 → Go to 5

Screening Column
Yes

5

Go to 4a

←

4a What is the MAIN condition or health problem which requires ... to attend a special school or special classes?

Same condition as question 0 → Go to 5

Specify

4b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

5 DOES ... HAVE ANY OF THESE LONG-TERM CONDITIONS OR HEALTH PROBLEMS?

ALLERGIES OF ANY KIND Yes 01
No 02

ASTHMA Yes 03
No 04

BRONCHITIS Yes 05
No 06

OTHER LUNG CONDITION OR DISEASE Yes 07
No 08

HEART CONDITION OR DISEASE Yes 09
No 10

KIDNEY CONDITION OR DISEASE Yes 11
No 12


CANCER Yes 13
No 14

DIABETES Yes 15
No 16

EPILEPSY Yes 17
No 18

CEREBRAL PALSY Yes 19
No 20

INTERVIEWER: List of long-term conditions continues on Page 4.

5 DOES ... HAVE ANY OF THESE LONG-TERM CONDITIONS OR HEALTH PROBLEMS? (Continued)	Screening Column Yes
MULTIPLE SCLEROSIS Yes No 22 <input type="radio"/>	21 <input type="radio"/>
CYSTIC FIBROSIS Yes No 24 <input type="radio"/>	23 <input type="radio"/>
MUSCULAR DYSTROPHY Yes No 26 <input type="radio"/>	25 <input type="radio"/>
PARALYSIS OF ANY KIND Yes No 28 <input type="radio"/>	27 <input type="radio"/>
ARTHRITIS OR RHEUMATISM OF A SERIOUS NATURE Yes No 30 <input type="radio"/>	29 <input type="radio"/>
HIGH BLOOD PRESSURE Yes No 32 <input type="radio"/>	31 <input type="radio"/>
MENTAL HANDICAP INCLUDING DEVELOPMENTALLY DELAYED/ MENTALLY RETARDED Yes No 34 <input type="radio"/>	33 <input type="radio"/>
LEARNING DISABILITY Yes No 36 <input type="radio"/>	35 <input type="radio"/>
MISSING ARMS, LEGS, FINGERS OR TOES Yes No 38 <input type="radio"/>	37 <input type="radio"/>
<hr/>	
6 DOES ... HAVE VISION TROUBLE NOT CORRECTED BY GLASSES OR CONTACT LENSES? Yes No 2 <input type="radio"/> → Go to 7	1 <input type="radio"/> Go to 6a
6a What is the MAIN condition or health problem which causes ... vision trouble? Same condition as question <input type="text" value="0"/> <input type="text"/> <input type="text"/> → Go to 6c Specify <input type="text"/>	
6b Which of these selections is the best description of this condition? [INTERVIEWER: Show "Q" card. Enter appropriate number.] <input type="text"/>	
6c Has ... been diagnosed by an eye specialist as being legally blind? Yes 3 <input type="radio"/> No 4 <input type="radio"/> → Go to 7	
6d Is ... able to recognize a hand in front of his/her eyes and count the number of fingers being shown? Yes 6 <input type="radio"/> No 7 <input type="radio"/> Don't know/not applicable 8 <input type="radio"/>	

	<p>7 INTERVIEWER CHECK ITEM:</p> <p>Copy date of birth from the front page.</p> <p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p style="text-align: center;">Day Month Year</p> <p>If date of birth is after June 3rd, 1981,</p> <p>then 1 <input type="radio"/> → Go to 8</p> <p>Otherwise 2 <input type="radio"/> → Go to 10</p>	<p>Screening Column Yes</p>	
<p>8 DOES ... HAVE HEARING TROUBLE?</p> <p style="text-align: right;">Yes 3 <input type="radio"/></p> <p style="text-align: right;">No 4 <input type="radio"/> → Go to 9</p>			<p>3 <input type="radio"/></p> <p>Go to 8a</p>
<p>8a What is the MAIN condition or health problem which causes ... hearing trouble?</p> <p>Same condition as question 0 <input style="width: 20px; height: 20px;" type="text"/> → Go to 9</p> <p>Specify <input style="width: 100%; height: 20px;" type="text"/></p>			<p>↓</p>
<p>8b Which of these selections is the best description of this condition?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input type="checkbox"/></p>			
<p>9 DOES ... HAVE ANY OTHER LONG-TERM CONDITION OR HEALTH PROBLEM NOT PREVIOUSLY MENTIONED WHICH IS EXPECTED TO LAST 6 MONTHS OR MORE?</p> <p style="text-align: right;">Yes 6 <input type="radio"/></p> <p style="text-align: right;">No 7 <input type="radio"/></p> <p style="text-align: right; margin-right: 50px;">↓ END OF INTERVIEW. Complete Front Cover.</p>			<p>6 <input type="radio"/></p> <p>Go to 9a</p>
<p>9a What is this long-term condition or health problem?</p> <p>Specify <input style="width: 100%; height: 20px;" type="text"/></p>			<p>↓</p>
<p>9b Which of these selections is the best description of this condition?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input type="checkbox"/></p>			
<p style="border: 1px solid black; padding: 5px; display: inline-block;">END OF INTERVIEW. Complete Front Cover.</p>			

<p>10 DOES ... HAVE HEARING TROUBLE?</p> <p style="text-align: right;">Yes 3 <input type="radio"/></p> <p style="text-align: right;">No 4 <input type="radio"/> → Go to 11</p>	<p>Screening Column Yes</p> <p>3 <input type="radio"/></p> <p>Go to 10a</p>																
<p>10a What is the MAIN condition or health problem which causes ... hearing trouble?</p> <p>Same condition as question 0 <input type="text"/> <input type="text"/> <input type="text"/> → Go to 10c</p> <p>Specify <input style="width: 100%;" type="text"/></p>	<p>↓</p>																
<p>10b Which of these selections is the best description of this condition?</p> <p>INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input type="checkbox"/></p>																	
<p>10c Is ... able to hear what is said over a normal telephone, with a hearing aid, if used?</p> <p>Yes 3 <input type="radio"/></p> <p>No 4 <input type="radio"/></p> <p>Don't know 5 <input type="radio"/></p>																	
<p>10d This question deals with communication skills which ... may have. Is he/she able to:</p> <p>INTERVIEWER: Read list. Mark all that apply.</p> <p>use sign language? 1 <input type="radio"/></p> <p>lip read? 2 <input type="radio"/></p> <p>neither of the above 3 <input type="radio"/></p>																	
<p>11 DOES ... HAVE ANY TROUBLE SPEAKING AND BEING UNDERSTOOD BECAUSE OF A CONDITION OR HEALTH PROBLEM?</p> <p>Yes 5 <input type="radio"/> → Go to 11a</p> <p>No 6 <input type="radio"/> → Go to 12</p>																	
<p>11a What is the MAIN condition or health problem which causes ... trouble speaking and being understood?</p> <p>Same condition as question <input type="text"/> <input type="text"/> <input type="text"/> → Go to 11c</p> <p>Specify <input style="width: 100%;" type="text"/></p>																	
<p>11b Which of these selections is the best description of this condition?</p> <p>INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input type="checkbox"/></p>																	
<p>11c How well do you feel that ... is able to make himself/herself understood when speaking with:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">Completely</th> <th style="width: 15%; text-align: center;">Partially</th> <th style="width: 10%; text-align: center;">Not at all</th> </tr> </thead> <tbody> <tr> <td>(i) members of his/her family?</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>(ii) his/her friends?</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> <tr> <td>(iii) other people?</td> <td style="text-align: center;">7 <input type="radio"/></td> <td style="text-align: center;">8 <input type="radio"/></td> <td style="text-align: center;">9 <input type="radio"/></td> </tr> </tbody> </table>		Completely	Partially	Not at all	(i) members of his/her family?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	(ii) his/her friends?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	(iii) other people?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	
	Completely	Partially	Not at all														
(i) members of his/her family?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>														
(ii) his/her friends?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>														
(iii) other people?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>														

SECTION B - EDUCATION

<p>B1 Does ... require special education because of his/her condition or health problem?</p> <p>Yes <input type="radio"/> 1 → B2 Is this special education available through the regular school system in your area?</p> <p>No <input type="radio"/> 2 ↓</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 100px;"> <p>Yes <input type="radio"/> 3 No <input type="radio"/> 4</p> </div>	<p>B9 In what grade was ... enrolled in April, 1986?</p> <p>Grade <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>Non-graded <input type="radio"/> 99</p>
<p>B3 In April, 1986 was ... going to school or being tutored through the school system?</p> <p>Yes <input type="radio"/> 1 → Go to B6</p> <p>No <input type="radio"/> 2</p>	<p>B10 Last April what was the principal means of transportation that ... used to get to school? By this, I mean the kind of transportation ... used to travel the greatest distance.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>INTERVIEWER: Do not read list. Mark only one.</p> </div> <p>None, studied at home <input type="radio"/> 1</p> <p>Private motor vehicle <input type="radio"/> 2</p> <p>Regular school bus <input type="radio"/> 3</p> <p>Regular bus/subway/streetcar <input type="radio"/> 4</p> <p>Special bus/van service for the disabled <input type="radio"/> 5</p> <p>Taxi <input type="radio"/> 9</p> <p>Bicycle <input type="radio"/> 6</p> <p>Walked to school <input type="radio"/> 7</p> <p>Other <input type="radio"/> 8</p>
<p>B4 Before April, 1986 did ... ever go to school?</p> <p>Yes <input type="radio"/> 3 → Go to B11</p> <p>No <input type="radio"/> 4</p>	<p>B11 Before April, 1986 did ... ever attend a special school for children with conditions or health problems?</p> <p>Yes <input type="radio"/> 1 No <input type="radio"/> 2</p>
<p>B5 Was this because of his/her condition or health problem?</p> <p>Yes <input type="radio"/> 5 } No <input type="radio"/> 6 } Go to Section C</p>	<p>B12 Did ... begin his/her first year of school later than most children of the same age, because of his/her condition?</p> <p>Yes <input type="radio"/> 1 No <input type="radio"/> 2</p>
<p>B6 What type of school was ... attending?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>INTERVIEWER: Read list. Mark only one.</p> </div> <p>A special school for children with conditions or health problems. <input type="radio"/> 1 → Go to B8</p> <p>A regular school with special classes for children with conditions or health problems <input type="radio"/> 6</p> <p>A regular school <input type="radio"/> 2</p>	<p>B13 Was ...'s schooling ever interrupted for long periods of time because of his/her condition?</p> <p>Yes <input type="radio"/> 3 No <input type="radio"/> 4</p>
<p>B7 At this regular school, what type of classes was ... attending?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>INTERVIEWER: Read list. Mark only one.</p> </div> <p>Only special classes for children with a condition or health problem <input type="radio"/> 1</p> <p>Only regular classes <input type="radio"/> 2 → Go to B9</p> <p>Some regular classes and some special classes for children with a condition or health problem <input type="radio"/> 3</p>	<p>B14 Because of his/her condition, did it take ... longer to achieve his/her present level of education?</p> <p>Yes <input type="radio"/> 5</p> <p>No <input type="radio"/> 6 → Go to Section C</p>
<p>B8 What type of education, training or therapy was ... receiving at this school or in these special classes?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>INTERVIEWER: Read list. Mark all that apply.</p> </div> <p>Physical therapy or communication therapy <input type="checkbox"/> 7</p> <p>Daily living skills <input type="checkbox"/> 8</p> <p>Academic subjects <input type="checkbox"/> 9</p> <p>Trade or vocational <input type="checkbox"/> 9</p>	<p>B15 How much longer?</p> <p>Years <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>Not able to estimate <input type="radio"/> 99</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>GO TO SECTION C</p> </div>	

SECTION C - TRANSPORTATION

C1 I would now like to ask you about the means of transportation that ... uses for local travel. This includes trips to the doctor, the movies or any other local trips under 50 miles/80km.

Because of his/her condition or health problem, is ... prevented from leaving his/her residence to take short trips, that is, is ... housebound?

Yes 1 → Go to C13

No 2

C2 Some communities have a special bus or van service for people who have difficulty using regular local public transportation. When using this special service, people can call ahead and ask to be picked up at their home.

Does ... need such a service?

Yes 7 No 8 } Go to C6

Don't know 9

C3 Is this special service available in your area?

Yes 1 No 2 } Go to C6

Don't know 3

C4 How often does ... use this service?

INTERVIEWER: Read list. Mark only one.

Almost every day throughout the year 4

Almost every day throughout some part of the year 5 } Go to C6

Frequently 6

Occasionally 7

Seldom/never 8

C5 Why doesn't ... use this special bus or van service more often?

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

Service not needed more often 1

Not eligible for this service 2

On the waiting list for service 3

Service too expensive 4

Impractical scheduling for ...'s needs 5

Area covered by service not large enough 6

Other 7

C6 Is local public transportation available in your area, for example, bus, rapid transit, subway, metro? Do not include school buses.

Yes 8 No 9 → Go to C10

C7 How often does ... use the local public transportation service?

INTERVIEWER: Read list. Mark only one.

Almost every day throughout the year 1

Almost every day throughout some part of the year 2

Frequently 3

Occasionally 4

Seldom/never 5

C8 Does ... have any trouble using the local public transportation service, because of his/her condition or health problem?

Yes 6 No 7 } Go to C10

Don't know/not applicable 8

C9 What kind of trouble does ... have?

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

Getting to the stop 1

Waiting at the stop 2

Getting on and off 3

Insufficient space to sit or stand in the vehicle 4

Standing in the vehicle while it is moving 5

Obtaining information about timetables, schedules and routes 6

Staff unsupportive 7

Other 8

C10 Is there a taxi service in your area?

Yes 1 No 2 → Go to C13

C11 How often does ... use the taxi service?

Almost every day throughout the year 3

Almost every day throughout some part of the year 4

Frequently 5

Occasionally 6

Seldom/never 7

C12 Is this because of his/her condition or health problem?

Yes 8 No 9

C13 I would like to ask you about the means of transportation that ... uses for long-distance travel. By this I mean transportation that he/she uses for any trips of 50 miles (80 km.) or more.

Is he/she prevented from taking any long-distance trips because of his/her condition or health problem?

Yes 3 →

No 4 ↓

C14 Is this because long distance transportation services are not suitable for ...'s condition?

Yes 5 → Go to C20

No 6 → Go to Section D

C15 Because of ...'s condition does he/she have trouble using an airplane, bus or train as a means of long-distance travel?

Yes 7 No 8 Don't know 9 } Go to C19

C16 Does ... have trouble travelling by:

	Yes	No	Don't know
airplane?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
bus?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
train?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

C17 What kind of trouble does ... have?

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

- Lack of appropriate transportation to and from terminal 01
- Moving around the terminal 02
- Boarding or disembarking 03
- Hearing announcements 04
- Seating on board 05
- Seeing signs or notices 06
- Washroom facilities 07
- Staff unsupportive 08
- Transporting wheelchair or other special aids 09
- Carrier rules and regulations 10
- Flight/ride aggravates condition 11
- Other 12

C18 Do these problems limit the amount of long distance travel that ... does?

Yes 1 No 2

C19 How many long distance trips has ... taken between April 1 and June 30, 1986 by:
(If none, enter 00)

airplane?	<input type="text"/>	}	Go to Section D
bus?	<input type="text"/>		
train?	<input type="text"/>		
car, small truck or van?	<input type="text"/>		

C20 What kind of trouble does ... have using an airplane, bus or train as a means of long distance travel?

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

- Lack of appropriate transportation to and from terminal 01
- Moving around the terminal 02
- Boarding or disembarking 03
- Hearing announcements 04
- Seating on board 05
- Seeing signs or notices 06
- Washroom facilities 07
- Staff unsupportive 08
- Transporting wheelchair or other special aids 09
- Carrier rules and regulations 10
- Flight/ride aggravates condition 11
- Other 12
- None 13

GO TO SECTION D.

SECTION D - ACCOMMODATION

D1 Because of his/her condition, does ... use any special features to enter or leave his/her present residence, such as access ramps or a street level entrance?
 Yes 1 No 2 → Go to D3

D2 Which special features does he/she use?
INTERVIEWER: Read list. Mark all that apply.

Access ramps 1
 Widened doorways 2
 A street level entrance 3
 An entrance that opens automatically 4
 An elevator or lift device 5
 Accessible parking 6
 Some other architectural feature 7

D3 Does ... need any special features to enter or leave his/her present residence, which he/she does not already have?
 Yes 3 No 4 → Go to D5

D4 Which special features does he/she need but does not have?
INTERVIEWER: Do not read list. Mark all that apply.

Access ramps 1
 Widened doorways 2
 Street level entrance 3
 Entrance which opens automatically 4
 Elevator or lift device 5
 Accessible parking 6
 Some other architectural feature 7

D5 Because of his/her condition, does ... use any special features, such as hand rails, to move about inside his/her residence.
 Yes 5 No 6 → Go to D7

D6 Which special features does he/she use?
INTERVIEWER: Read list. Mark all that apply.

Hand rails (including bathroom) 1
 Elevator or lift device 2
 Widened doorways or hallways 3
 Doors which open automatically 4
 Some other feature 5

D7 Does ... need any special features to get around inside his/her residence which he/she does not already have?
 Yes 7 No 8 → Go to D9

D8 Which special features does he/she need but does not have?
INTERVIEWER: Do not read list. Mark all that apply.

Hand rails (including bathroom) 1
 Elevator or lift device 2
 Widened doorways or hallways 3
 Doors which open automatically 4
 Some other special feature 5

D9 In his/her residence, does ... have difficulty using any of the following fixtures?

	Difficulty	No difficulty	Does not have this fixture
Bathroom tub	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
toilet	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
basin	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>

D10 Were any of the following fixtures modified?

	Yes	No
Bathroom tub	05 <input type="radio"/>	06 <input type="radio"/>
toilet	07 <input type="radio"/>	08 <input type="radio"/>
basin	09 <input type="radio"/>	10 <input type="radio"/>

D11 In the past 12 months, have you ever been refused rental accommodation because of ...'s condition?
 Yes 7 No 8

D12 If you were denied accommodation solely due to ...'s condition or health problem, would you know where to find information about your rights?
 Yes 3 No 4

GO TO SECTION E

SECTION E - PHYSICAL ACTIVITIES

<p>E1 Because of his/her condition, does ... take any prescription or non-prescription drugs or medication on a regular basis, in other words, at least once a week?</p> <p>Yes <input type="radio"/> 80 →</p> <p>No <input type="radio"/> 90</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>E2 How many different kinds of prescription drugs or medication is ... now using each day?</p> <p align="center"><input type="text"/> <input type="text"/> (if none, enter 00)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>E3 How many different kinds of non-prescription drugs or medication is ... now using each week?</p> <p align="center"><input type="text"/> <input type="text"/> (if none, enter 00)</p> </div>	<p>E5 Now I would like to ask you some questions about physical activity, sports or exercise done during ...'s leisure time, for example, going for a walk, bicycling, swimming or baseball.</p> <p>Because of ...'s condition or health problem, is he/she prevented from taking part in some physical activity during leisure time?</p> <p>Yes <input type="radio"/> 30 → Go to Section F</p> <p>No <input type="radio"/> 40</p>
<p>E4 INTERVIEWER CHECK ITEM:</p> <p>Copy date of birth from the front page.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p align="center">Day Month Year</p> <p>If date of birth is after June 3rd, 1976,</p> <p>then <input type="radio"/> 10 → Go to Section F</p> <p>Otherwise <input type="radio"/> 20 → Go to E5</p>	<p>E6 What stops ... from doing more physical activity? Select at most three reasons.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <p>INTERVIEWER: Show "Q" Card.</p> </div> <p>Feels self-conscious, ill at ease <input type="radio"/> 10</p> <p>Lack of nearby facilities or programs <input type="radio"/> 20</p> <p>Facilities, equipment or programs not adapted to ...'s needs <input type="radio"/> 30</p> <p>Inadequate transportation <input type="radio"/> 40</p> <p>Physically unable to do more <input type="radio"/> 50</p> <p>Cost too high <input type="radio"/> 60</p> <p>Not interested in doing more <input type="radio"/> 70</p> <p>Other <input type="radio"/> 80</p>

SECTION F - ECONOMIC CHARACTERISTICS

F1 People sometimes have extra "OUT-OF-POCKET" expenses as a result of their child's condition or health problem. In 1985, did you have any extra expenses for ...'s medical services, drugs, education, transportation, accommodation, special equipment or clothing, personal services, etc., for which the family was NOT completely reimbursed by any insurance or government program?

Yes 10 No 20 → **END OF INTERVIEW. Complete Front Cover.**

F2 For each of the following items, we would like your best estimate of these extra "OUT-OF-POCKET" expenses due to ...'s condition, for the year 1985.

		Amount
Prescription and non-prescription drugs	None <input type="radio"/> 10	or \$ <input type="text"/> .00
Purchase and maintenance of special clothing, aids, medical supplies and equipment, for home, school, travel etc.	None <input type="radio"/> 20	or \$ <input type="text"/> .00
Health and medical services not covered by any insurance plan, for example, additional hospital or physician fees.	None <input type="radio"/> 30	or \$ <input type="text"/> .00
Out-of-pocket expenses for modifications to your residence because of ...'s condition	None <input type="radio"/> 40	or \$ <input type="text"/> .00
Extra or special tuition or residence fees	None <input type="radio"/> 50	or \$ <input type="text"/> .00
Transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services; or extra expenses due to the need for more costly transportation	None <input type="radio"/> 60	or \$ <input type="text"/> .00
Personal services, for example, attendant, special babysitter, home care	None <input type="radio"/> 70	\$ <input type="text"/> .00
Other (specify)	None <input type="radio"/> 80	or \$ <input type="text"/> .00

**END OF INTERVIEW.
Complete Front Cover.**

"Q" CARD CHILDREN'S QUESTIONNAIRE

HEALTH AND ACTIVITY LIMITATION SURVEY

SECTION A - SCREEN

Best description of child's condition:

THE CONDITION:

1. existed **AT BIRTH**
2. is a **DISEASE** or illness
3. was **CAUSED BY A DISEASE** or illness (including its treatment)
4. was caused by an **ACCIDENT**
5. other cause
6. don't know

QUESTION E 6

**E6 Reasons for not doing more physical activity:
(Name at most three reasons)**

1. Feels self-conscious, ill at ease
2. Lack of nearby facilities or programs
3. Facilities, equipment or programs not adapted to child's needs
4. Inadequate transportation
5. Physically unable to do more
6. Cost too high
7. Not interested in doing more
8. Other

Health and Activity Limitation Survey (Adults - 15 and over) FOR NORTHERN AREAS

Form 04

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

INTRODUCTION

STATISTICS CANADA IS CONDUCTING A SPECIAL SURVEY TO PROVIDE INFORMATION ON THOSE CANADIANS, WHO, FOR HEALTH-RELATED REASONS, ARE LIMITED IN THE KIND AND AMOUNT OF ACTIVITY THEY CAN PERFORM ON A DAY-TO-DAY BASIS. THE INFORMATION GATHERED IN THE HEALTH AND ACTIVITY LIMITATION SURVEY WILL HELP IDENTIFY THE PROBLEMS THESE CANADIANS FACE WHEN DEALING WITH SUCH MATTERS AS EMPLOYMENT, EDUCATION, TRANSPORTATION, HOUSING AND LEISURE ACTIVITY.

Final Status

- Fully Completed 1
 - Partial 2
 - Refusal 3
 - No Contact 4
 - Other 5
-
- Yes Sample 1
 - No Sample 2

CONFIDENTIAL WHEN COMPLETED

PROV	FED No.	EA No.	VN	Hhld. No.	Form 0 4	Person No.
------	---------	--------	----	-----------	--------------------	------------

Name		Telephone number
..... Last name	..... Given name and initial	

Address		
..... Street and No. or lot and concession or exact location		
..... City, town, village, municipality, Indian reserve	..... Province or territory	..... Postal Code

Date of birth			Sex	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Male	1 <input type="radio"/>
Day	Month	Year	Female	2 <input type="radio"/>

Information Source

- | | | | | |
|-------------------------|-------------------------|----------|-------------------------|-------------------------|
| Non-proxy - Respondent | 1 <input type="radio"/> | Reason → | Respondent hospitalized | 1 <input type="radio"/> |
| OR | | | Respondent unable | 2 <input type="radio"/> |
| Proxy - parent or child | 2 <input type="radio"/> | | Absent on last visit | 3 <input type="radio"/> |
| - other family | 3 <input type="radio"/> | | Other | 4 <input type="radio"/> |
| - other | 4 <input type="radio"/> | | | |

Record of Visits/Calls

Visit/ Call No.	Date	Time of call or visit	Interview time			Comments
			Began	Ended	Time elapsed	
1						
2						
3						
4						
5						
6						
7						
8						
9						
TOTAL ELAPSED TIME (Minutes)						

Interviewer's Signature	Date
-------------------------	------

SECTION A - SCREENING QUESTIONS

<p>I would like to ask you about your ability to do certain activities, even when using a special aid. Please report only those problems which you expect to last six months or more.</p>	<p>Screening Column Yes</p>
<p>1 DO YOU HAVE ANY TROUBLE HEARING WHAT IS SAID IN A NORMAL CONVERSATION WITH ONE OTHER PERSON?</p> <p style="text-align: right;">Yes, has trouble 1 <input type="radio"/></p> <p style="text-align: right;">No trouble 2 <input type="radio"/> → Go to 2</p>	<p>1 <input type="radio"/></p> <p>Go to 1a</p>
<p>1a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>1b Are you completely unable to do this?</p> <p>Yes, completely unable 3 <input type="radio"/></p> <p>No, able 4 <input type="radio"/></p>	
<p>1c What is the main condition or health problem which causes you trouble hearing what is said in a normal conversation with one other person?</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>1d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<p>2 DO YOU HAVE ANY TROUBLE HEARING WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE?</p> <p style="text-align: right;">Yes, has trouble 5 <input type="radio"/></p> <p style="text-align: right;">No trouble 6 <input type="radio"/> → Go to 3</p>	<p>5 <input type="radio"/></p> <p>Go to 2a</p>
<p>2a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>2b Are you completely unable to do this?</p> <p>Yes, completely unable 7 <input type="radio"/></p> <p>No, able 8 <input type="radio"/></p>	
<p>2c What is the main condition or health problem which causes you trouble hearing what is said in a group conversation with at least three other people?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> c → Go to 3</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>2d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<p>3 INTERVIEWER CHECK ITEM</p> <p>If "Yes" is checked in question 1 or 2,</p> <p>then 1 <input type="radio"/> → Go to 3a</p> <p>Otherwise 2 <input type="radio"/> → Go to 4</p>	

<p>3a Are you able to understand what is being said over an ordinary telephone, with a hearing aid if used?</p> <p>Yes 3 <input type="radio"/> No 4 <input type="radio"/></p>	<p>Screening Column Yes</p>
<p>3b I would like to ask you about your use of special aids for persons with hearing problems. Do you now use ...</p> <p style="text-align: center;">INTERVIEWER: Read list. Mark all that apply.</p> <p>a hearing aid? 1 <input type="radio"/></p> <p>a volume control telephone? 2 <input type="radio"/></p> <p>other aid(s) for persons with hearing problems? 3 <input type="radio"/></p> <p>(specify) _____</p> <p>none 4 <input type="radio"/></p>	
<p>3c Are there any aids for persons with hearing problems which you need but do not have?</p> <p>Yes 5 <input type="radio"/> No 6 <input type="radio"/> → Go to 4</p>	
<p>3d Which aids do you need?</p> <p style="text-align: center;">INTERVIEWER: Do not read list. Mark all that apply.</p> <p>Hearing aid? 1 <input type="radio"/></p> <p>Volume control telephone? 2 <input type="radio"/></p> <p>Other aid(s) for persons with hearing problems? 3 <input type="radio"/></p> <p>(specify) _____</p>	
<p>3e What is the main reason you do not have this (these) aid(s)?</p> <p style="text-align: center;">INTERVIEWER: Do not read list. Mark only one.</p> <p>Condition wasn't serious enough 1 <input type="radio"/></p> <p>Didn't know where to obtain it 2 <input type="radio"/></p> <p>Too costly/couldn't afford it 3 <input type="radio"/></p> <p>Wasn't available 4 <input type="radio"/></p> <p>Never prescribed 5 <input type="radio"/></p> <p>No special reason 6 <input type="radio"/></p> <p>Other reason 7 <input type="radio"/></p>	

<p>4 DO YOU HAVE ANY TROUBLE SEEING CLEARLY THE PRINT ON THIS PAGE?</p> <p style="text-align: right;">Yes, has trouble 1 <input type="radio"/></p> <p style="text-align: right;">No trouble 2 <input type="radio"/> → Go to 5</p>	<p>Screening Column Yes</p> <p>1 <input type="radio"/></p> <p>Go to 4a</p> <p>↓</p>
<p>4a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>4b Are you completely unable to do this?</p> <p>Yes, completely unable 3 <input type="radio"/></p> <p>No, able 4 <input type="radio"/></p>	
<p>4c What is the main condition or health problem which causes you trouble seeing clearly the print on this page?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> c → Go to 5</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>4d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<p>5 DO YOU HAVE ANY TROUBLE SEEING CLEARLY THE FACE OF SOMEONE FROM 12 FEET/4 METRES (example: across a room), WITH GLASSES IF NORMALLY WORN?</p> <p style="text-align: right;">Yes, has trouble 5 <input type="radio"/></p> <p style="text-align: right;">No trouble 6 <input type="radio"/> → Go to 6</p>	<p>5 <input type="radio"/></p> <p>Go to 5a</p> <p>↓</p>
<p>5a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>5b Are you completely unable to do this?</p> <p>Yes, completely unable 7 <input type="radio"/></p> <p>No, able 8 <input type="radio"/></p>	
<p>5c What is the main condition or health problem which causes you trouble seeing clearly the face of someone from 12 feet/4 metres?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> c → Go to 6</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>5d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	

6 INTERVIEWER CHECK ITEM

If "Yes" is checked in question 4 or 5,

then 1 → Go to 6a

Otherwise 2 → Go to 7

Screening
Column
Yes

6a Have you been diagnosed by an eye specialist as being legally blind?

Yes 3

No 4 → Go to 6a

Don't know/Not sure 5

6b Are you able to recognize a hand in front of your eyes and count the number of fingers being shown?

Yes 6

No 7

6c I would like to ask you about your use of special aids for persons with sight problems. Do you now use ...

INTERVIEWER: Read list. Mark all that apply.

glasses/spectacles/contact lenses? 1

hand-held magnifiers? 2

other aid(s) such as white cane? 3

(specify) _____

none 4

6d Are there any aids for persons with sight problems which you need but do not have?

Yes 7

No 8

→ Go to 7

6e Which aids do you need?

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

Glasses/spectacles/contact lenses 1

Hand-held magnifiers 2

Other aids for persons with sight problems? 3

(specify) _____

6f What is the main reason you do not have this (these) aid(s)?

INTERVIEWER: Do not read list. Mark only one.

Condition wasn't serious enough 1

Didn't know where to obtain it 2

Too costly/Couldn't afford it 3

Wasn't available 4

Never prescribed 5

No special reason 6

Other reason 7

7 DO YOU HAVE ANY TROUBLE SPEAKING AND BEING UNDERSTOOD BECAUSE OF A CONDITION OR HEALTH PROBLEM?

Yes, has trouble 1

No trouble 2 → Go to 8

Screening Column Yes

1

Go to 7a

7a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

7b How well are you able to make yourself understood when speaking with

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

7c What is the main condition or health problem which causes you trouble speaking and being understood?

Same condition as question 0 c → Go to 8

Specify

7d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

8 DO YOU HAVE ANY TROUBLE WALKING 400 YARDS/400 METRES WITHOUT RESTING (about a quarter of a mile)?

Yes, has trouble 3

No trouble 4 → Go to 9

3

Go to 8a

8a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

8b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

8c What is the main condition or health problem which causes you trouble walking 400 yards/400 metres without resting?

Same condition as question 0 c → Go to 9

Specify

8d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

9 DO YOU HAVE ANY TROUBLE WALKING UP AND DOWN A FLIGHT OF STAIRS, THAT IS ABOUT 12 STEPS?

Yes, has trouble 7○
No trouble 8○ → Go to 10

Screening
Column
Yes

Go to 9a



9a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

9b Are you completely unable to do this?

Yes, completely unable 1○

No, able 2○

9c What is the main condition or health problem which causes you trouble walking up and down a flight of stairs?

Same condition as question 0 c → Go to 10

Specify

9d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

10 DO YOU HAVE ANY TROUBLE CARRYING AN OBJECT OF 10 POUNDS FOR 30 FEET /5KG FOR 10 METRES (example: carrying a 10 pound bag of flour)?

Yes, has trouble 3○
No trouble 4○ → Go to 11

Go to 10a



10a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

10b Are you completely unable to do this?

Yes, completely unable 5○

No, able 6○

10c What is the main condition or health problem which causes you trouble carrying an object of 10 pounds for 30 feet?

Same condition as question 0 c → Go to 11

Specify

10d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

11 DO YOU HAVE ANY TROUBLE MOVING FROM ONE ROOM TO ANOTHER OR MOVING ABOUT IN A ROOM?

Screening Column Yes

Yes, has trouble 7○

No trouble 8○ → Go to 12

Go to 11a

11a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

11b Are you completely unable to do this?

Yes, completely unable 1○

No, able 2○

11c What is the main condition or health problem which causes you trouble moving from one room to another or moving about in a room?

Same condition as question c → Go to 12

Specify

11d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

12 DO YOU HAVE ANY TROUBLE STANDING FOR LONG PERIODS OF TIME, THAT IS, MORE THAN 20 MINUTES? REMEMBER, I AM ASKING ABOUT PROBLEMS EXPECTED TO LAST 6 MONTHS OR MORE.

Yes, has trouble 3○

No trouble 4○ → Go to 13

Go to 12a

12a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

12b Are you completely unable to do this?

Yes, completely unable 5○

No, able 6○

12c What is the main condition or health problem which causes you trouble standing for long periods of time?

Same condition as question c → Go to 13

Specify

12d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

13 WHEN STANDING, DO YOU HAVE ANY TROUBLE BENDING DOWN AND PICKING UP AN OBJECT FROM THE FLOOR (example: a shoe)?

Yes, has trouble 7

No trouble 8 → Go to 14

Screening
Column
Yes

Go to 13a



13a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

13b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

13c What is the main condition or health problem which causes you trouble bending down and picking up an object from the floor?

Same condition as question c → Go to 14

Specify

13d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

14 DO YOU HAVE ANY TROUBLE DRESSING AND UNDESSING YOURSELF?

Yes, has trouble 3

No trouble 4 → Go to 15

Go to 14a



14a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

14b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

14c What is the main condition or health problem which causes you trouble dressing and undressing yourself?

Same condition as question c → Go to 15

Specify

14d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

<p>15 DO YOU HAVE ANY TROUBLE GETTING IN AND OUT OF BED?</p> <p style="text-align: right;">Yes, has trouble 7 <input type="radio"/></p> <p style="text-align: right;">No trouble 8 <input type="radio"/> → Go to 16</p>	<p style="text-align: center;">Screening Column Yes</p> <p style="text-align: center;">7 <input type="radio"/></p> <p style="text-align: center;">Go to 15a</p>
<p>15a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>15b Are you completely unable to do this?</p> <p>Yes, completely unable 1 <input type="radio"/></p> <p>No, able 2 <input type="radio"/></p>	
<p>15c What is the main condition or health problem which causes you trouble getting in and out of bed?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> c → Go to 16</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>15d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<p>16 DO YOU HAVE ANY TROUBLE CUTTING YOUR OWN TOENAILS OR TYING YOUR OWN SHOELACES?</p> <p style="text-align: right;">Yes, has trouble 3 <input type="radio"/></p> <p style="text-align: right;">No trouble 4 <input type="radio"/> → Go to 17</p>	<p style="text-align: center;">3 <input type="radio"/></p> <p style="text-align: center;">Go to 16a</p>
<p>16a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>16b Are you completely unable to do this?</p> <p>Yes, completely unable 5 <input type="radio"/></p> <p>No, able 6 <input type="radio"/></p>	
<p>16c What is the main condition or health problem which causes you trouble cutting your own toenails or tying your own shoelaces?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> c → Go to 17</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>16d Which of these selections is the best description of your condition?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	

17 DO YOU HAVE ANY TROUBLE USING YOUR FINGERS TO GRASP OR HANDLE, FOR EXAMPLE USING SCISSORS OR PLIERS?

Yes, has trouble 7

No trouble 8 → Go to 18

Screening Column Yes

7

Go to 17a

17a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

17b Are you completely unable to do this?

Yes, completely unable 1

No, able 2

17c What is the main condition or health problem which causes you trouble using your fingers to grasp or handle?

Same condition as question c → Go to 18

Specify

17d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

18 DO YOU HAVE ANY TROUBLE REACHING IN ANY DIRECTION (example: above your head)?

Yes, has trouble 3

No trouble 4 → Go to 19

3

Go to 18a

18a At what age did you first have trouble doing this?

Age (if age less than 1 year, enter 00)

18b Are you completely unable to do this?

Yes, completely unable 5

No, able 6

18c What is the main condition or health problem which causes you trouble reaching?

Same condition as question c → Go to 19

Specify

18d Which of these selections is the best description of your condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

<p>19 DO YOU HAVE ANY TROUBLE CUTTING YOUR OWN FOOD?</p> <p style="text-align: right;">Yes, has trouble 7 <input type="radio"/></p> <p style="text-align: right;">No trouble 8 <input type="radio"/> → Go to 20</p>	<p>Screening Column Yes</p> <p>Go to 19a</p>
<p>19a At what age did you first have trouble doing this?</p> <p>Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	
<p>19b Are you completely unable to do this?</p> <p>Yes, completely unable 1 <input type="radio"/></p> <p>No, able 2 <input type="radio"/></p>	
<p>19c What is the main condition or health problem which causes you trouble cutting your own food?</p> <p>Same condition as question <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> c → Go to 20</p> <p>Specify <input style="width: 100px;" type="text"/></p>	
<p>19d Which of these selections is the best description of your condition?</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: fit-content;"> <p>INTERVIEWER: Show "Q" card. Enter appropriate number.</p> </div> <p style="text-align: center;"><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
<p>20 BECAUSE OF A LONG-TERM PHYSICAL CONDITION OR HEALTH PROBLEM, THAT IS, ONE THAT IS EXPECTED TO LAST 6 MONTHS OR MORE, ARE YOU LIMITED IN THE KIND OR AMOUNT OF ACTIVITY YOU CAN DO...</p> <p style="text-align: center;">(i) AT HOME?</p> <p style="text-align: right;">Yes, is limited 3 <input type="radio"/></p> <p style="text-align: right;">No 4 <input type="radio"/></p> <p style="text-align: center;">(ii) AT SCHOOL, AT WORK OR SUPPORTING YOURSELF BY SUCH ACTIVITIES AS FISHING, TRAPPING OR CRAFTS?</p> <p style="text-align: right;">Yes, is limited 5 <input type="radio"/></p> <p style="text-align: right;">No 6 <input type="radio"/></p> <p style="text-align: right;">Not applicable 7 <input type="radio"/></p> <p style="text-align: center;">(iii) IN OTHER ACTIVITIES SUCH AS, TRAVEL, SPORTS, OR LEISURE?</p> <p style="text-align: right;">Yes, is limited 8 <input type="radio"/></p> <p style="text-align: right;">No 9 <input type="radio"/></p>	
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>20a INTERVIEWER CHECK ITEM</p> <p>If any "Yes" is checked in 20(i), 20(ii), or 20(iii)</p> <p>then 1 <input type="radio"/> → Go to 20b</p> <p>Otherwise 2 <input type="radio"/> → Go to 21</p> </div>	

<p>20b At what age did you first start having this activity limitation? Age <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> (if age less than 1 year, enter 00)</p>	<p>Screening Column Yes</p>																				
<p>20c What is the main condition or health problem which limits you in your activity? Same condition as question <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> c → Go to 21 Specify <input style="width: 40px; height: 15px; border: 1px solid black;" type="text"/></p>																					
<p>20d Which of these selections is the best description of your condition? <div style="border: 1px solid black; padding: 5px; display: inline-block;">INTERVIEWER: Show "Q" card. Enter appropriate number.</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p>																					
<p>21 HAS A SCHOOL OR HEALTH PROFESSIONAL EVER TOLD YOU THAT YOU HAVE A LEARNING DISABILITY?</p> <p style="text-align: right;">Yes 4 ○ No 5 ○ → Go to 22</p>																					
<p>21a What is your learning disability? Specify <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/></p>	<p>Go to 21a ↓</p>																				
<p>22 FROM TIME TO TIME, EVERYONE HAS TROUBLE REMEMBERING THE NAME OF A FAMILIAR PERSON, OR LEARNING SOMETHING NEW, OR THEY EXPERIENCE MOMENTS OF CONFUSION. HOWEVER, DO YOU HAVE ANY ONGOING PROBLEMS WITH YOUR ABILITY TO REMEMBER OR LEARN?</p> <p style="text-align: right;">Yes 6 ○ No 7 ○ → Go to 23</p>	<p>Go to 22a ↓</p>																				
<p>22a At what age did you first start having these problems? Age <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> (if age less than 1 year, enter 00)</p>																					
<p>22b Are these problems caused by a condition that you had when you were born? Yes 8 ○ No 9 ○</p>																					
<p>22c What condition causes you these problems? <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">INTERVIEWER: Show "Q" card. Mark all that apply.</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Effects of a stroke</td><td style="text-align: right;">1 ○</td></tr> <tr><td>Disease or illness affecting the brain such as a brain tumor, meningitis.....</td><td style="text-align: right;">2 ○</td></tr> <tr><td>Injury to the brain</td><td style="text-align: right;">3 ○</td></tr> <tr><td>Alzheimer's disease diagnosed by a physician</td><td style="text-align: right;">4 ○</td></tr> <tr><td>Condition related to aging</td><td style="text-align: right;">5 ○</td></tr> <tr><td>Developmentally delayed (mental retardation)</td><td style="text-align: right;">6 ○</td></tr> <tr><td>Learning disability</td><td style="text-align: right;">7 ○</td></tr> <tr><td>Other</td><td style="text-align: right;">8 ○</td></tr> <tr><td>(specify) _____</td><td></td></tr> <tr><td>Don't know</td><td style="text-align: right;">9 ○</td></tr> </table> </p>	Effects of a stroke	1 ○	Disease or illness affecting the brain such as a brain tumor, meningitis.....	2 ○	Injury to the brain	3 ○	Alzheimer's disease diagnosed by a physician	4 ○	Condition related to aging	5 ○	Developmentally delayed (mental retardation)	6 ○	Learning disability	7 ○	Other	8 ○	(specify) _____		Don't know	9 ○	
Effects of a stroke	1 ○																				
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Learning disability	7 ○																				
Other	8 ○																				
(specify) _____																					
Don't know	9 ○																				

23	BECAUSE OF A LONG-TERM EMOTIONAL, PSYCHOLOGICAL, NERVOUS, OR MENTAL HEALTH CONDITION OR PROBLEM, ARE YOU LIMITED IN THE KIND OR AMOUNT OF ACTIVITY YOU CAN DO ...	Screening Column Yes
	(i) AT HOME? Yes, is limited <input type="radio"/> 1 No <input type="radio"/> 2	1
	(ii) AT SCHOOL, AT WORK OR SUPPORTING YOURSELF BY SUCH ACTIVITIES AS FISHING, TRAPPING OR CRAFTS? Yes, is limited <input type="radio"/> 3 No <input type="radio"/> 4 Not applicable <input type="radio"/> 5	3
	(iii) IN OTHER ACTIVITIES SUCH AS, TRAVEL, SPORTS, OR LEISURE? Yes, is limited <input type="radio"/> 6 No <input type="radio"/> 7	6

23a INTERVIEWER CHECK ITEM
If any "Yes" is checked in 23(i), 23(ii), or 23(iii)
then 1 → Go to 23b
Otherwise 2 → Go to 24

23b At what age did you first start having this activity limitation?
Age (if age less than 1 year, enter 00)

23c What is the main condition or health problem which limits you in your activity?
Same condition as question
Specify

24 INTERVIEWER CHECK ITEM
If any "Yes" is checked in the screening column on pages 2 to 14,
then 1 → Go to Section B
Otherwise 2 → **END OF INTERVIEW.**
Complete Front Cover.

SECTION B - SPECIAL AIDS

The following questions are about the impact of your condition or health problem on the way you carry out your everyday activities. These questions were designed for a broad range of conditions and some may not seem to apply to your own situation.

B1 Do you use or need any aids to help you move about such as crutches or a wheelchair, or to support, replace or assist you in the use of your hands or arms, for example an arm brace?
 Yes No → Go to B7

B2 What aids do you use?
INTERVIEWER: Read list. Mark all that apply.

Back or leg brace 01
 Medically prescribed footwear 02
 Artificial foot or leg 03
 Cane (other than a white cane) 04
 Crutches 05
 Wheelchair 06
 Walker 07
 Other aids to help you move 08
 about (specify) _____
 Artificial hand or arm 09
 Arm brace 10
 Other aids for hands or arms 11
 (specify) _____

B3 Are there any aids which you need to help you move about or assist you in the use of your hands or arms, but which you do not have?
 Yes No → Go to B6

B4 What aids do you need but do not have?
INTERVIEWER: Do not read list. Mark all that apply.

Back or leg brace 01
 Medically prescribed footwear 02
 Artificial foot or leg 03
 Cane (other than a white cane) 04
 Crutches 05
 Wheelchair 06
 Walker 07
 Other aids to help you move 08
 about (specify) _____
 Artificial hand or arm 09
 Arm brace 10
 Other aids for hands or arms 11
 (specify) _____

B5 What is the main reason you do not have this (these) aid(s)?
INTERVIEWER: Do not read list. Mark only one.

Condition wasn't serious enough 1
 Didn't know where to obtain it 2
 Too costly/couldn't afford it 3
 Wasn't available 4
 Never prescribed 5
 No special reason 6
 Other reason 7

B6 Do you need any information about special aids or equipment to help you with your condition?
 Yes No

B7 Because of your condition, do you use any prescription or non-prescription drugs or medication on a regular basis, in other words, at least once a week?
 Yes No → Go to B10

B8 How many different kinds of prescription drugs or medication are you now using each day?
 (if none, enter 00)

B9 How many different kinds of non-prescription drugs or medication are you now using each week?
 (if none, enter 00)

B10 Do you need information, or more information, about your condition or health problem?
 Yes No

GO TO SECTION C

SECTION C - SOCIAL SERVICES

The next group of questions deals with how you manage everyday activities.

<p>C1 Who usually prepares your meals?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Read list. Mark only one.</p> <p>Yourself alone 1 <input type="radio"/> → Go to C3 Yourself and someone else 2 <input type="radio"/> Someone else 3 <input type="radio"/></p> <hr/> <p>C2 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="radio"/> No 5 <input type="radio"/></p> <hr/> <p>C3 Who usually does your shopping for food or other necessities?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Read list. Mark only one.</p> <p>Yourself alone 1 <input type="radio"/> → Go to C5 Yourself and someone else 2 <input type="radio"/> Someone else 3 <input type="radio"/></p> <hr/> <p>C4 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="radio"/> No 5 <input type="radio"/></p> <hr/> <p>C5 Who usually does your normal everyday housework?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Read list. Mark only one.</p> <p>Yourself alone 1 <input type="radio"/> → Go to C7 Yourself and someone else 2 <input type="radio"/> Someone else 3 <input type="radio"/></p> <hr/> <p>C6 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="radio"/> No 5 <input type="radio"/></p> <hr/> <p>C7 Who usually does your heavy household chores such as, chopping wood, carrying water or snow removal?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Read list. Mark only one.</p> <p>No one 3 <input type="radio"/> } Go to C9 Yourself alone 4 <input type="radio"/> } Yourself and someone else 5 <input type="radio"/> } Go to C8 Someone else 6 <input type="radio"/> } Not applicable 7 <input type="radio"/> → Go to C9</p> <hr/> <p>C8 Is this because of your condition or health problem?</p> <p>Yes 8 <input type="radio"/> No 9 <input type="radio"/></p> <hr/> <p>C9 Because of your condition, do you get help with personal care, such as washing, grooming, dressing and feeding yourself?</p> <p>Yes 3 <input type="radio"/> No 4 <input type="radio"/></p>	<p>C10 How do you move about within your own home?</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Read list. Mark only one.</p> <p>By yourself 1 <input type="radio"/></p> <p>Sometimes by yourself and sometimes with the help of another person 2 <input type="radio"/></p> <p>Only with the help of another person 3 <input type="radio"/></p> <p>Not at all, because of your condition or health problem 4 <input type="radio"/></p> <hr/> <p>C11 How many times have you been hospitalized in the last 12 months?</p> <p><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> (if none, enter 00)</p> <hr/> <p>C12 Because of your condition or health problem, how often in the last three months have you seen a ...</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">INTERVIEWER: Read list. Mark all that apply.</p> <p style="text-align: right;">Number of times (if none, enter 00)</p> <p>physician/medical doctor? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>nurse? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>physio/occupational/speech/therapist? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>other health professional or technician, such as psychologist, optician, dentist, health counsellor? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <hr/> <p style="text-align: center; border: 1px solid black; padding: 5px;">GO TO SECTION D</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SECTION D - EMPLOYMENT

D1 INTERVIEWER CHECK ITEM:

Copy date of birth from the front page.

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Day	Month	Year	

If date of birth is before June 3, 1921,

then ———> Go to Section F

Otherwise ———> Go to D2

D2 The following questions deal with the effects of your condition on working at a job or business, or in other activities to support your family such as fishing, trapping or crafts.

Because of your condition, have you ever changed jobs, or the kind or amount of work you did at a job or other activity that you did to support your family?

Yes No

Not applicable

D3 Does your condition or health problem completely prevent you from working at a job, business or other activity to support your family?

Yes No

SECTION E - EDUCATION

The next few questions are on education.

E1 In April 1986, were you enrolled at a school, trade or vocational institute, college or university, including taking courses by correspondence?

Yes No ———> Go to E6

E4 Because of your condition, did you use any special equipment, such as a speaking book, or make use of any special arrangements, such as special individual help, provided by that school?

Yes No

E2 Were you taking any courses by correspondence in April 1986?

Yes No

E5 Because of your condition, did you need any special arrangements or equipment which were not provided by that school?

Yes No

E3 In what kind of school were you enrolled?

INTERVIEWER: Read list. Mark only one.

Special school for persons with a condition or health problem ...

Regular primary or secondary school

Community college, technical institute, hospital school of nursing or medical technology

University or teachers' college..

Other

E6 How many years of formal education have you completed?

Years ———> Go to Section F

or

None

E7 Is your condition or health problem the main reason you have no formal schooling?

Yes No

GO TO SECTION F

SECTION F - TRANSPORTATION

I would now like to ask you about the means of transportation which you use for local travel. This includes trips to visit friends, shopping, or any other local trips under 50 miles (80 km)

F1 Are you prevented from leaving your home to take short trips because of your condition or health problem, that is, are you housebound?
 Yes 1 → Go to F3 No 2

F2 Do you have any trouble using a car, truck, snowmobile or boat because of your condition ...

	Yes	No	Don't know
as a driver?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
as a passenger?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

F3 I would like to ask you about the means of transportation that you use for long distance travel. By this I mean transportation that you use for any trips of 50 miles (80 km) or more.

Are you prevented from taking any long distance trips because of your condition or health problem?

Yes 3 → **F4** Is this because long distance transportation services are not suitable for your condition?
 No 4

↓

Yes 5 → Go to F9
 No 6 → Go to Section G

F5 Because of your condition, do you have any trouble using an airplane, bus or train as a means of long distance travel?

Yes <input type="radio"/> 5	No <input type="radio"/> 7	} Go to F8
Don't know <input type="radio"/> 8		

F6 Do you have trouble travelling by ...

	Yes	No	Don't know
airplane?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
bus?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
train?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

F7 What kind of trouble do you have?

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

- Lack of appropriate transportation to and from terminal 01
- Moving around the terminal 02
- Boarding or disembarking 03
- Hearing announcements 04
- Seating on board 05
- Seeing signs or notices 06
- Washroom facilities 07
- Staff unsupportive 08
- Transporting wheelchair or other special aids 09
- Carrier rules and regulations 10
- Flight/ride aggravates condition 11
- Other 12

F8 How many long distance trips have you taken between April 1 and June 30, 1986 by ... (if none, enter 00)

airplane?	<input type="text"/>	<input type="text"/>	} Go to Section G
bus?	<input type="text"/>	<input type="text"/>	
train?	<input type="text"/>	<input type="text"/>	
car, truck, boat or snowmobile?	<input type="text"/>	<input type="text"/>	

F9 What kind of trouble do you have using an airplane, bus or train as a means of long distance travel?

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

- Lack of appropriate transportation to and from terminal 01
- Moving around the terminal 02
- Boarding or disembarking 03
- Hearing announcements 04
- Seating on board 05
- Seeing signs or notices 06
- Washroom facilities 07
- Staff unsupportive 08
- Transporting wheelchair or other special aids 09
- Carrier rules and regulations 10
- Flight/ride aggravates condition 11
- Other 12
- None 13

GO TO SECTION G

SECTION G - INFORMATION

G1 If you were denied accommodation or employment solely due to your condition or health problem, would you know where to find information about your rights?

Yes 8 No 9

SECTION H - RECREATION AND LIFESTYLES

H1 Now I would like to ask you some questions about activities you do in your leisure time. How many hours per week do you usually spend doing the following activities in your home?

	0 hours	1 to 7 hours per week	8 hours or more per week
Watching television, listening to radio, records or tapes, or reading	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Talking on the telephone	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Arts, crafts, or other hobbies	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
Social activities with family or friends	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

H4 What prevents you from doing more of these leisure activities?

INTERVIEWER: Read list. Mark all that apply.

Need someone's help 1

Need special aid, such as a brace or wheelchair 2

Inadequate transportation 3

Location too far away 4

Facilities not suitable to condition or health problem 5

Physically unable to do more 6

Cost too high 7

Other 8

H2 How often per month do you usually take part in the following activities outside your home?

	Never	1 to 4 times a month	5 times or more a month
Visiting friends or relatives	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Attending sporting events or movies	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Taking courses	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Shopping	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
Attending religious activities or doing volunteer work	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
Visiting national or provincial parks	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
Other activities such as going to bingo or clubs, or playing cards	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

H5 Now I would like to ask you some questions about physical activity, sports or exercise that you do during your leisure time, for example, bowling, playing hockey or broomball.

Do you take part in some physical activity during your leisure time?

Yes 3 No 4 → Go to H7

H3 Regarding these leisure activities outside your home, are you satisfied with the amount you are doing or would you like to do more?

Satisfied 1 → Go to H5

Would like to do more 2

H6 How often do you usually take part in some physical activity during your leisure time?

INTERVIEWER: Read list. Mark only one.

Less than once a month 5

1 to 3 times a month 6

1 or 2 times a week 7

3 times a week or more 8

H7 Do you want to take part in more physical activities than you do now?

Yes 1 No 2 → Go to H9

H8 What prevents you from doing more physical activity? Name at most three reasons.

INTERVIEWER: Show "Q" Card.

- Self conscious/ill at ease 1
- Lack of support of family or friends ... 2
- Lack of nearby facilities or programs. 3
- Facilities, equipment or programs
not adapted to my needs 4
- Inadequate transportation 5
- Physically unable to do more 6
- Cost too high 7
- Other 8

H9 Do you smoke cigarettes?

INTERVIEWER: Read list. Mark only one.

- Not at all 3
- Regularly, that is usually every day . 4
- Occasionally, not every day 5

H10 In the past twelve months, have you taken a drink of beer, wine or other alcoholic beverage?

INTERVIEWER: Read list. Mark only one.

- No: Never 1
- Yes: Every day 2
- 4 to 6 times a week 3
- 2 to 3 times a week 4
- Once a week 5
- Once or twice a month 6
- Less than once a month 7

H11 In general, would you say that your eating habits are ...

INTERVIEWER: Read list. Mark only one.

- excellent? 1
- very good? 2
- good? 3
- fair? 4
- poor? 5
- don't know 6

H12 What could you do, if anything, to improve your eating habits?

INTERVIEWER: Read list. Mark only one.

- Eat more food 1
- Eat less food 2
- Eat a greater variety of foods 3
- Eat at more regular intervals 4
- Nothing 5
- Don't know 6

GO TO SECTION I

SECTION 1 - ECONOMIC CHARACTERISTICS

<p>11 People sometimes have extra OUT-OF-POCKET expenses as a result of their condition or health problem. In 1985, did you have any extra expenses for your medical services, drugs, education, transportation, accommodation, special aids or clothing, personal services, etc., for which you were NOT completely paid back by any insurance or government program?</p> <p>Yes <input type="radio"/> No <input type="radio"/> → Go to I3</p>	<p>OFFICE USE ONLY</p> <p>Do not use</p>
<p>12 What were your total "out-of-pocket" expenses as a result of your condition or health problem?</p> <p>\$ <input style="width: 80px;" type="text"/> .00</p>	
<p>13 Which number on the "Q" card refers to your income from all sources before taxes during the year 1985? Please include income from wages, salaries, self-employment, tips, pensions, investments, unemployment insurance and any income which you receive because of your condition or health problem?</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>INTERVIEWER: Show "Q" Card. Enter appropriate number.</p> </div> <p><input style="width: 40px;" type="text"/> OR</p> <p>R 98 <input type="radio"/></p> <p>Don't know . 99 <input type="radio"/></p>	<p>16 Which number on the "Q" card refers to the total income you received from these sources?</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>INTERVIEWER: Show "Q" Card. Enter appropriate number.</p> </div> <p><input style="width: 40px;" type="text"/></p> <p>OR</p> <p>R 98 <input type="radio"/></p> <p>Don't know 99 <input type="radio"/></p>
<p>14 Because of your condition or health problem, did you receive any benefits or pension in 1985?</p> <p>Yes <input type="radio"/> No <input type="radio"/> → END OF INTERVIEW. Complete Front Cover.</p>	<p style="text-align: right;">} END OF INTERVIEW. Complete Front Cover.</p>
<p>15 From which of the following sources did you receive these benefits or pension?</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>INTERVIEWER: Read list. Mark all that apply.</p> </div> <ul style="list-style-type: none"> Disability pension from Canada Pension Plan 01 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Disability pension from Quebec Pension Plan 02 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Worker's Compensation 03 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Unemployment Insurance sickness benefits 04 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Provincial auto insurance 05 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Private disability insurance plan 06 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Social assistance/welfare 07 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Veteran's Disability Pension 08 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 War Veteran's Allowance 09 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Veteran's pension from another country 10 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 Other sources such as federal provincial, or territorial financial assistance to the disabled or pensions not previously listed from other countries 11 <input type="radio"/> \$ <input style="width: 80px;" type="text"/> .00 	<p>17 For each of the income sources which you mentioned, give your best estimate of the amount you received in 1985.</p>
	<p>END OF INTERVIEW. Complete Front Cover.</p>

HEALTH AND ACTIVITY LIMITATION SURVEY

SECTION A - SCREEN

Best description of your condition:

MY CONDITION ...

01 existed **AT BIRTH**

02 is a **DISEASE** or illness

MY CONDITION WAS CAUSED BY ...

03 a **DISEASE** or illness (including its treatment)

04 my **WORK ENVIRONMENT**

05 a **STROKE**

06 a **VIOLENT ACT** (war, crime)

07 **AGING**

08 an **ACCIDENT AT WORK**

09 a **MOTOR VEHICLE ACCIDENT**

10 other **ACCIDENT**

11 other cause

12 don't know

Question 22c

22c What condition causes you these problems?

1. Effects of a stroke
2. Disease or illness affecting the brain, such as brain tumor, meningitis
3. Injury to the brain
4. Alzheimer's disease diagnosed by a physician
5. Condition related to aging
6. Developmentally delayed (mental retardation)
7. Learning disability
8. Other (specify)
9. Don't know

Question H8

H8 Reasons for not doing more physical activity:
(Name at most three reasons)

1. Self-conscious/ill at ease
2. Lack of support of family or friends
3. Lack of nearby facilities or programs
4. Facilities, equipment or programs not adapted to my needs
5. Inadequate transportation
6. Physically unable to do more
7. Cost too high
8. Other

QUESTION I3

I3 Total income from all sources:

1. none
2. 1 - 4,999
3. 5,000 - 9,999
4. 10,000 - 14,999
5. 15,000 - 19,999
6. 20,000 - 24,999
7. 25,000 - 29,999
8. 30,000 and more

QUESTION I6

I6 Total annual income from these sources:

1. 1 - 199
2. 200 - 499
3. 500 - 999
4. 1,000 - 1,999
5. 2,000 - 4,999
6. 5,000 - 9,999
7. 10,000 - 19,999
8. 20,000 and more



Health and Activity Limitation Survey (Children - under 15) FOR NORTHERN AREAS

Form 05

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

INTRODUCTION

STATISTICS CANADA IS CONDUCTING A SPECIAL SURVEY TO PROVIDE INFORMATION ON THOSE CANADIANS, WHO, FOR HEALTH-RELATED REASONS, ARE LIMITED IN THE KIND AND AMOUNT OF ACTIVITY THEY CAN PERFORM ON A DAY-TO-DAY BASIS. THE INFORMATION GATHERED IN THE HEALTH AND ACTIVITY LIMITATION SURVEY WILL HELP IDENTIFY THE PROBLEMS THESE CANADIANS FACE WHEN DEALING WITH SUCH MATTERS AS EMPLOYMENT, EDUCATION, TRANSPORTATION, HOUSING AND LEISURE ACTIVITY.

Final Status

- Fully Completed 1
- Partial 2
- Refusal 3
- No Contact 4
- Other 5

CONFIDENTIAL WHEN COMPLETED

PROV	FED No.	EA No.	VN	Hhld. No.	Form 0 5	Person
------	---------	--------	----	-----------	--------------------	--------

- Yes Sample 1
- No Sample 2

Name		Telephone number
..... Last name	..... Given name and initial	

Address		
..... Street and No. or lot and concession or exact location		
..... City, town, village, municipality, Indian reserve	..... Province or territory	..... Postal Code

Date of birth			Sex	
<input type="text"/>	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	Male	<input type="radio"/> 1
Day	Month	Year	Female	<input type="radio"/> 2

Information Source	
Proxy - parent or guardian	<input type="radio"/> 1
- other family	<input type="radio"/> 2
- other	<input type="radio"/> 3

Record of Visits/Calls

Visit/ Call No.	Date	Time of call or visit	Interview time			Comments
			Began	Ended	Time elapsed	
1						
2						
3						
4						
5						
6						
7						
8						
9						

TOTAL ELAPSED TIME (Minutes)

..... Interviewer's Signature Date
----------------------------------	---------------

SECTION A - SCREENING QUESTIONS

I would like to ask you about ...'s ability to do certain activities, even when using a special aid. Please report only those problems which you expect to last six months or more.		Screening Column Yes
1 WHICH OF THE FOLLOWING AIDS DOES ... NOW USE? PLEASE REPORT ONLY THOSE AIDS WHICH ARE USED FOR SIX MONTHS OR MORE.		
WHEELCHAIR?	Yes 01 No 02	01
CRUTCHES OR OTHER WALKING AID?	Yes 03 No 04	03
MEDICALLY PRESCRIBED FOOTWEAR?	Yes 05 No 06	05
ARTIFICIAL LEG, ARM, HAND OR FOOT?	Yes 07 No 08	07
HEARING AID?	Yes 09 No 10	09
VISION AID OTHER THAN GLASSES OR CONTACT LENSES?	Yes 11 No 12	11
ANY KIND OF BRACE OTHER THAN BRACES FOR TEETH?	Yes 13 No 14	13
2 DOES ... USE ANY OTHER KIND OF AID?	Yes 10 (specify) _____ No 2	10
3 DOES ... HAVE ANY LONG-TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY, OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?		
Yes 30 No 40 → Go to 4		30 Go to 3a
3a At what age did this limitation begin?		
Age <input type="text"/> <input type="text"/> (if age less than 1 year, enter 00)		
3b What is the MAIN condition or health problem which limits or prevents ... from participating in these activities?		
Specify <input type="text"/>		
3c Which of these selections is the best description of this condition?		
INTERVIEWER: Show "Q" card. Enter appropriate number. <input type="text"/>		

Screening
Column
Yes

4 DOES ... ATTEND A SPECIAL SCHOOL OR SPECIAL CLASSES AT SCHOOL BECAUSE OF A LONG-TERM CONDITION OR HEALTH PROBLEM?

Yes 5○

No 6○ → Go to 5

Go to 4a

4a What is the MAIN condition or health problem which requires ... to attend a special school or special classes?

Same condition as question → Go to 5

or specify

4b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

5 DOES ... HAVE ANY OF THESE LONG-TERM CONDITIONS OR HEALTH PROBLEMS?

- | | | |
|---------------------------------|---------------|--|
| ALLERGIES OF ANY KIND | Yes 01○ | |
| | No 02○ | |
| ASTHMA | Yes 03○ | |
| | No 04○ | |
| BRONCHITIS | Yes 05○ | |
| | No 06○ | |
| OTHER LUNG CONDITION OR DISEASE | Yes 07○ | |
| | No 08○ | |
| HEART CONDITION OR DISEASE | Yes 09○ | |
| | No 10○ | |
| KIDNEY CONDITION OR DISEASE | Yes 11○ | |
| | No 12○ | |
| CANCER | Yes 13○ | |
| | No 14○ | |
| DIABETES | Yes 15○ | |
| | No 16○ | |
| EPILEPSY | Yes 17○ | |
| | No 18○ | |
| CEREBRAL PALSY | Yes 19○ | |
| | No 20○ | |

INTERVIEWER: List of long-term conditions continues on Page 4.

5. DOES ... HAVE ANY OF THESE LONG-TERM CONDITIONS OR HEALTH PROBLEMS? (continued)		Screening Column Yes
MULTIPLE SCLEROSIS	Yes 21○ No 22○	21○
CYSTIC FIBROSIS	Yes 23○ No 24○	23○
MUSCULAR DYSTROPHY	Yes 25○ No 26○	25○
PARALYSIS OF ANY KIND	Yes 27○ No 28○	27○
ARTHRITIS OR RHEUMATISM OF A SERIOUS NATURE	Yes 29○ No 30○	29○
HIGH BLOOD PRESSURE	Yes 31○ No 32○	31○
MENTAL HANDICAP INCLUDING DEVELOP MENTALLY DELAYED/ MENTALLY RETARDED	Yes 33○ No 34○	33○
LEARNING DISABILITY	Yes 35○ No 36○	35○
MISSING ARMS, LEGS, FINGERS OR TOES	Yes 37○ No 38○	37○
6. DOES ... HAVE VISION TROUBLE NOT CORRECTED BY GLASSES OR CONTACT LENSES?		
	Yes 1○ No 2○ → Go to 7	1○ Go to 6a
6a What is the MAIN condition or health problem which causes ... vision trouble?		
Same condition as question <input type="text" value="0"/> <input type="text"/> → Go to 6c		
or specify <input type="text"/>		
6b Which of these selections is the best description of this condition?		
<input type="text" value="INTERVIEWER: Show 'Q' card. Enter appropriate number."/>		
<input type="text"/>		
6c Has ... been diagnosed by an eye specialist as being legally blind?		
Yes 3○ No 4○ → Go to 7		
6d Is ... able to recognize a hand in front of his/her eyes and count the number of fingers being shown?		
Yes 6○ No 7○ Don't know/not applicable 8○		

<p>7 INTERVIEWER CHECK ITEM:</p> <p>Copy date of birth from the front page.</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Day </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Month </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Year </div> </div> <p>If date of birth is after June 3rd, 1981,</p> <p>then 1 <input type="radio"/> → Go to 8</p> <p>Otherwise 2 <input type="radio"/> → Go to 10</p>	<p>Screening Column Yes</p>
<p>8 DOES ... HAVE HEARING TROUBLE?</p> <p style="text-align: right;">Yes 3 <input type="radio"/></p> <p style="text-align: right;">No 4 <input type="radio"/> → Go to 9</p>	<p>3 <input type="radio"/></p> <p>Go to 8a</p> <p>↓</p>
<p>8a What is the MAIN condition or health problem which causes ... hearing trouble?</p> <p>Same condition as question 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> → Go to 9</p> <p>or specify <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<p>←</p>
<p>8b Which of these selections is the best description of this condition?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>INTERVIEWER: Show "Q" card. Enter appropriate number.</p> </div> <p style="text-align: center;"><input type="checkbox"/></p>	
<p>9 DOES ... HAVE ANY OTHER LONG-TERM CONDITION OR HEALTH PROBLEM NOT PREVIOUSLY MENTIONED WHICH IS EXPECTED TO LAST 6 MONTHS OR MORE?</p> <p style="text-align: right;">Yes 6 <input type="radio"/></p> <p style="text-align: right;">No 7 <input type="radio"/> ↓</p> <p style="text-align: center;">END OF INTERVIEW. Complete Front Cover.</p>	<p>6 <input type="radio"/></p> <p>Go to 9a</p> <p>↓</p>
<p>9a What is this long-term condition or health problem?</p> <p>Specify <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<p>←</p>
<p>9b Which of these selections is the best description of this condition?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>INTERVIEWER: Show "Q" card. Enter appropriate number.</p> </div> <p style="text-align: center;"><input type="checkbox"/></p>	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>END OF INTERVIEW. Complete Front Cover.</p> </div>	

Screening
Column
Yes

10 DOES ... HAVE HEARING TROUBLE?

Yes 3○
No 4○ → Go to 11

Go to 10a

10a What is the MAIN condition or health problem which causes ... hearing trouble?

Same condition as question → Go to 10c

or specify

10b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

10c Is ... able to hear what is said over a normal telephone, with a hearing aid, if used?

Yes 3○

No 4○

Don't know 5○

11 DOES ... HAVE ANY TROUBLE SPEAKING AND BEING UNDERSTOOD BECAUSE OF A CONDITION OR HEALTH PROBLEM?

Yes 5○ → Go to 11a

No 6○ → Go to 12

11a What is the MAIN condition or health problem which causes ... trouble speaking and being understood?

Same condition as question → Go to 11c

or specify

11b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

11c How well do you feel that ... is able to make himself/herself understood when speaking with:

	Completely	Partially	Not at all
(i) members of his/her family?	1○	2○	3○
(ii) his/her friends?	4○	5○	6○
(iii) other people?	7○	8○	9○

<p>12 FROM TIME TO TIME, CHILDREN MAY EXPERIENCE THE OCCASIONAL EMOTIONAL OR NERVOUS PROBLEM. HOWEVER, DOES ... HAVE A LONG-TERM EMOTIONAL, PSYCHOLOGICAL, NERVOUS OR MENTAL HEALTH CONDITION OR PROBLEM WHICH LIMITS THE KIND OR AMOUNT OF ACTIVITY THAT HE/SHE CAN DO AT HOME, AT SCHOOL OR AT PLAY?</p> <p style="text-align: right;">Yes, is limited <input type="radio"/> 1</p> <p style="text-align: right;">No <input type="radio"/> 2 → Go to 13</p>	<p>Screening Column Yes</p>
<p>12a At what age did ... first start having this activity limitation at home, at school or at play?</p> <p>Age <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (if age less than 1 year, enter 00)</p>	<p>Go to 12a</p>
<p>12b What is the MAIN condition or health problem which limits ... in his/her activity at home, at school or at play?</p> <p>Same as question <input style="width: 30px; height: 20px;" type="text"/></p> <p>or specify <input style="width: 300px; height: 20px;" type="text"/></p>	
<p>13 DOES ... HAVE ANY OTHER LONG-TERM CONDITION OR HEALTH PROBLEM NOT PREVIOUSLY MENTIONED, WHICH IS EXPECTED TO LAST SIX MONTHS OR MORE?</p> <p style="text-align: right;">Yes <input type="radio"/> 6</p> <p style="text-align: right;">No <input type="radio"/> 7 → Go to 14</p>	<p>Go to 13a</p>
<p>13a What is this long-term condition or health problem?</p> <p>Specify <input style="width: 300px; height: 20px;" type="text"/></p>	
<p>13b Which of these selections is the best description of this condition?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>INTERVIEWER: Show "Q" card. Enter appropriate number.</p> <p style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></p> </div>	
<div style="border: 1px solid black; padding: 10px;"> <p>14 INTERVIEWER CHECK ITEM:</p> <p>If any "Yes" is checked in the screening column on pages 2 to 7,</p> <p>then <input type="radio"/> 8 → Go to Section B</p> <p>Otherwise <input type="radio"/> 9 → END OF INTERVIEW. Complete Front Cover.</p> </div>	

SECTION B - EDUCATION

<p>B1 Does ... require special education because of his/her condition or health problem?</p> <p>Yes 1 <input type="radio"/> →</p> <p>No 2 <input type="radio"/> ↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 100px;"> <p>B2 Is this special education available through the regular school system in your area?</p> <p>Yes 3 <input type="radio"/> No 4 <input type="radio"/></p> </div>	<p>B7 At this regular school, what type of classes was ... attending?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>INTERVIEWER: Read list. Mark only one.</p> </div> <p>Only special classes for children with a condition or health problem 1 <input type="radio"/></p> <p>Only regular classes 2 <input type="radio"/></p> <p>Some regular classes and some special classes for children with a condition or health problem 3 <input type="radio"/></p>
<p>B3 In April, 1986 was ... going to school or being tutored through the school system?</p> <p>Yes 1 <input type="radio"/> → Go to B6</p> <p>No 2 <input type="radio"/></p>	<p>B8 Before April, 1986 did ... ever attend a special school for children with conditions or health problems?</p> <p>Yes 1 <input type="radio"/> No 2 <input type="radio"/></p>
<p>B4 Before April, 1986 did ... ever go to school?</p> <p>Yes 3 <input type="radio"/> → Go to B8</p> <p>No 4 <input type="radio"/></p>	<p>GO TO SECTION C</p>
<p>B5 Was this because of his/her condition or health problem?</p> <p>Yes 5 <input type="radio"/> } → Go to Section C</p> <p>No 6 <input type="radio"/> }</p>	
<p>B6 What type of school was ... attending?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p>INTERVIEWER: Read list. Mark only one.</p> </div> <p>A special school away from home for children with conditions or health problems 1 <input type="radio"/> → Go to Section C</p> <p>A regular school with special classes for children with conditions or health problems 6 <input type="radio"/></p> <p>A regular school 2 <input type="radio"/></p>	

SECTION C - TRANSPORTATION

C1 I would now like to ask you about the means of transportation that ... uses for local travel. This includes trips to the doctor, to visit family or friends or any other local trips under 50 miles/80km.

Because of his/her condition or health problem, is ... prevented from leaving his/her residence to take short trips, that is, is ... housebound?

Yes 1 No 2

C2 I would like to ask you about the means of transportation that ... uses for long-distance travel. By this I mean transportation that he/she uses for any trips of 50 miles (80 km.) or more.

Is he/she prevented from taking any long-distance trips because of his/her condition or health problem?

Yes 3 →
No 4 ↓

C3 Is this because long distance transportation services are not suitable for ...'s condition?

Yes 5 → Go to C8
No 6 → Go to Section D

C4 Because of ...'s condition does he/she have trouble using an airplane, bus or train as a means of long-distance travel?

Yes 7 No 8 Don't know 9 } Go to C7

C5 Does ... have trouble travelling by:

	Yes	No	Don't know
airplane?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
bus?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
train?	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

C6 What kind of trouble does ... have?

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

- Lack of appropriate transportation to and from terminal 01
- Moving around the terminal 02
- Boarding or disembarking 03
- Hearing announcements 04
- Seating on board 05
- Seeing signs or notices 06
- Washroom facilities 07
- Staff unsupportive 08
- Transporting wheelchair or other special aids 09
- Carrier rules and regulations 10
- Flight/ride aggravates condition 11
- Other 12

C7 How many long distance trips has ... taken between April 1 and June 30, 1986 by: (if none, enter 00)

airplane?	<input type="text"/>	<input type="text"/>	}	Go to Section D
bus?	<input type="text"/>	<input type="text"/>		
train?	<input type="text"/>	<input type="text"/>		
car, truck, boat or snowmobile?	<input type="text"/>	<input type="text"/>		

C8 What kind of trouble does ... have using an airplane, bus or train as a means of long distance travel?

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

- Lack of appropriate transportation to and from terminal 01
- Moving around the terminal 02
- Boarding or disembarking 03
- Hearing announcements 04
- Seating on board 05
- Seeing signs or notices 06
- Washroom facilities 07
- Staff unsupportive 08
- Transporting wheelchair or other special aids 09
- Carrier rules and regulations 10
- Flight/ride aggravates condition 11
- Other 12
- None 13

GO TO SECTION D

SECTION D - INFORMATION

D1 If you were denied accommodation solely due to ...'s condition or health problem, would you know where to find information about your rights?

Yes 3 No 4

SECTION E - PHYSICAL ACTIVITIES

E1 Because of his/her condition, does ... take any prescription or non-prescription drugs or medication on a regular basis, in other words, at least once a week?

Yes 8 No 9

→ E2 How many different kinds of prescription drugs or medication is ... now using each day?

(if none, enter 00)

E3 How many different kinds of non-prescription drugs or medication is ... now using each week?

(if none, enter 00)

E5 Now I would like to ask you some questions about physical activity, sports or exercise done during ...'s leisure time, for example, baseball, broomball or skating.

Because of ...'s condition or health problem, is he/she prevented from taking part in some physical activity during leisure time?

Yes 3 → Go to Section F
No 4

E4 **INTERVIEWER CHECK ITEM:**

Copy date of birth from the front page.

 1 9

Day Month Year

If date of birth is after June 3rd, 1976,

then 1 → Go to Section F

Otherwise 2 → Go to E5.

E6 What stops ... from doing any or more physical activity? Select at most three reasons.

INTERVIEWER: Show "Q" Card.

Feels self-conscious, ill at ease 1

Lack of nearby facilities or programs 2

Facilities, equipment or programs not adapted to ...'s needs 3

Inadequate transportation 4

Physically unable to do more 5

Cost too high 6

Not interested in doing more 7

Other 8

SECTION F - ECONOMIC CHARACTERISTICS

F1 People sometimes have extra "OUT-OF-POCKET" expenses as a result of their child's condition or health problem. In 1985, did you have any extra expenses for ...'s medical services, drugs, education, transportation, accommodation, special equipment or clothing, personal services, etc., for which the family was NOT completely reimbursed by any insurance or government program?

Yes 1 No 2 → **END OF INTERVIEW.**
Complete front cover.

F2 What were your total "OUT OF POCKET" expenses as a result of ...'s condition or health problem?

\$.00

END OF INTERVIEW.
Complete Front Cover.

"Q" CARD CHILDREN'S QUESTIONNAIRE

HEALTH AND ACTIVITY LIMITATION SURVEY

SECTION A - SCREEN

Best description of child's condition:

THE CONDITION:

1. existed **AT BIRTH**
2. is a **DISEASE** or illness
3. was **CAUSED BY A DISEASE** or illness (including its treatment)
4. was caused by an **ACCIDENT**
5. other cause
6. don't know

QUESTION E 6

E6 Reasons for not doing more physical activity:
(Name at most three reasons)

1. Feels self-conscious, ill at ease
2. Lack of nearby facilities or programs
3. Facilities, equipment or programs not adapted to child's needs
4. Inadequate transportation
5. Physically unable to do more
6. Cost too high
7. Not interested in doing more
8. Other

SECTION A - ACTIVITIES OF DAILY LIVING

This section contains questions about your ability to do certain activities, even when using a special aid. Please report only those problems which are expected to last six months or more. These questions were designed for a broad range of conditions and some may not seem to apply to your situation.

	Yes column	
1. Do you have any trouble walking 400 yards/400 metres without resting (about three city blocks)? Yes, has trouble 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 2	↗ 3 <input type="checkbox"/>	1a. Are you completely unable to do this? Yes, completely unable 5 <input type="checkbox"/> No, able 6 <input type="checkbox"/> } Go to 2
2. Do you have any trouble walking up and down a flight of stairs (about 12 steps)? Yes, has trouble 7 <input type="checkbox"/> No 8 <input type="checkbox"/> → Go to 3	↗ 7 <input type="checkbox"/>	2a. Are you completely unable to do this? Yes, completely unable 1 <input type="checkbox"/> No, able 2 <input type="checkbox"/> } Go to 3
3. Do you have any trouble carrying an object of 10 pounds for 30 feet/5 kilograms for 10 metres (example: carrying a bag of groceries)? Yes, has trouble 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 4	↗ 3 <input type="checkbox"/>	3a. Are you completely unable to do this? Yes, completely unable 5 <input type="checkbox"/> No, able 6 <input type="checkbox"/> } Go to 4
4. Do you have any trouble moving from one room to another? Yes, has trouble 7 <input type="checkbox"/> No 8 <input type="checkbox"/> → Go to 5	↗ 7 <input type="checkbox"/>	4a. Are you completely unable to do this? Yes, completely unable 1 <input type="checkbox"/> No, able 2 <input type="checkbox"/> } Go to 5
5. Do you have any trouble standing for long periods of time, that is, more than 20 minutes? Remember, I am asking about problems expected to last 6 months or more. Yes, has trouble 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 6	↗ 3 <input type="checkbox"/>	5a. Are you completely unable to do this? Yes, completely unable 5 <input type="checkbox"/> No, able 6 <input type="checkbox"/> } Go to 6
6. When standing, do you have any trouble bending down and picking up an object from the floor (example: a shoe)? Yes, has trouble 7 <input type="checkbox"/> No 8 <input type="checkbox"/> → Go to 7	↗ 7 <input type="checkbox"/>	6a. Are you completely unable to do this? Yes, completely unable 1 <input type="checkbox"/> No, able 2 <input type="checkbox"/> } Go to 7
7. Do you have any trouble dressing and undressing yourself? Yes, has trouble 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 8	↗ 3 <input type="checkbox"/>	7a. Are you completely unable to do this? Yes, completely unable 5 <input type="checkbox"/> No, able 6 <input type="checkbox"/> } Go to 8
8. Do you have any trouble getting in and out of bed? Yes, has trouble 7 <input type="checkbox"/> No 8 <input type="checkbox"/> → Go to 9	↗ 7 <input type="checkbox"/>	8a. Are you completely unable to do this? Yes, completely unable 1 <input type="checkbox"/> No, able 2 <input type="checkbox"/> } Go to 9
9. Do you have any trouble cutting your own toenails? Yes, has trouble 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 10	↗ 3 <input type="checkbox"/>	9a. Are you completely unable to do this? Yes, completely unable 5 <input type="checkbox"/> No, able 6 <input type="checkbox"/> } Go to 10
10. Do you have any trouble using your fingers to grasp or handle? Yes, has trouble 7 <input type="checkbox"/> No 8 <input type="checkbox"/> → Go to 11	↗ 7 <input type="checkbox"/>	10a. Are you completely unable to do this? Yes, completely unable 1 <input type="checkbox"/> No, able 2 <input type="checkbox"/> } Go to 11
11. Do you have any trouble reaching in any direction (example: above your head)? Yes, has trouble 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 12	↗ 3 <input type="checkbox"/>	11a. Are you completely unable to do this? Yes, completely unable 5 <input type="checkbox"/> No, able 6 <input type="checkbox"/> } Go to 12

	Yes column	
<p>12. Do you have any trouble cutting your own food?</p> <p>Yes, has trouble 7 <input type="checkbox"/></p> <p>No 8 <input type="checkbox"/> → Go to 13</p>	<p>7 <input type="checkbox"/></p>	<p>12a. Are you completely unable to do this?</p> <p>Yes, completely unable 1 <input type="checkbox"/></p> <p>No, able 2 <input type="checkbox"/> } Go to 13</p>
<p>13. Do you have any trouble hearing what is said in a normal conversation with one other person?</p> <p>Yes, has trouble 3 <input type="checkbox"/></p> <p>No 4 <input type="checkbox"/> → Go to 14</p>	<p>3 <input type="checkbox"/></p>	<p>13a. Are you completely unable to do this?</p> <p>Yes, completely unable 5 <input type="checkbox"/></p> <p>No, able 6 <input type="checkbox"/> } Go to 14</p>
<p>14. Do you have any trouble hearing what is said in a group conversation with at least three other people?</p> <p>Yes, has trouble 7 <input type="checkbox"/></p> <p>No 8 <input type="checkbox"/> → Go to 15</p>	<p>7 <input type="checkbox"/></p>	<p>14a. Are you completely unable to do this?</p> <p>Yes, completely unable 1 <input type="checkbox"/></p> <p>No, able 2 <input type="checkbox"/> } Go to 15</p>
<p>15. Are you able to understand what is being said over a normal telephone, with a hearing aid if used?</p> <p>Yes 3 <input type="checkbox"/></p> <p>No 4 <input type="checkbox"/> } Go to 16</p> <p>Don't know 5 <input type="checkbox"/></p>		
<p>16. Do you have any trouble seeing clearly the print on this page, with glasses if normally worn?</p> <p>Yes, has trouble 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/> → Go to 17</p>	<p>1 <input type="checkbox"/></p>	<p>16a. Are you completely unable to do this?</p> <p>Yes, completely unable 3 <input type="checkbox"/></p> <p>No, able 4 <input type="checkbox"/> } Go to 17</p>
<p>17. Do you have any trouble seeing clearly the face of someone from 12 feet/4 metres (example: across a room), with glasses if normally worn?</p> <p>Yes, has trouble 5 <input type="checkbox"/></p> <p>No 6 <input type="checkbox"/> → Go to 18</p>	<p>5 <input type="checkbox"/></p>	<p>17a. Are you completely unable to do this?</p> <p>Yes, completely unable 7 <input type="checkbox"/></p> <p>No, able 8 <input type="checkbox"/> } Go to 18</p>
<p>18. INTERVIEWER CHECK ITEM:</p> <p>If "Yes" is checked in question 16 or 17,</p> <p>Then 1 <input type="checkbox"/></p> <p>Otherwise 2 <input type="checkbox"/> → Go to 19</p>	<p>1 <input type="checkbox"/></p>	<p>18a. Have you been diagnosed by an eye specialist as being legally blind?</p> <p>Yes 3 <input type="checkbox"/> → Go to 18b</p> <p>No 4 <input type="checkbox"/> → Go to 18c</p> <p>Don't know/Not sure 5 <input type="checkbox"/> → Go to 18b</p>
		<p>18b. Are you able to recognize a hand in front of your eyes and count the number of fingers being shown?</p> <p>Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/></p>
		<p>18c. This question is about aids for the visually impaired. Do you now use ...</p> <p>glasses/spectacles/ contact lenses? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/></p> <p>hand-held magnifiers? Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/></p> <p>a white cane? Yes 5 <input type="checkbox"/> No 6 <input type="checkbox"/></p> <p>other aid(s) for the visually impaired? Yes ... 7 <input type="checkbox"/> No 8 <input type="checkbox"/></p> <p>(specify) _____</p>

	Yes column																										
<p>19. Do you have any trouble speaking and being understood? Yes, has trouble 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/> → Go to 20</p>	<p style="text-align: center;">↗</p>	<p>19a. How well are you able to make yourself understood when speaking with:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Completely</th> <th style="text-align: center;">Partially</th> <th style="text-align: center;">Not at all</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>i) members of your own family?</td> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> <td style="text-align: center;">03 <input type="checkbox"/></td> <td style="text-align: center;">04 <input type="checkbox"/></td> </tr> <tr> <td>ii) your freinds?</td> <td style="text-align: center;">05 <input type="checkbox"/></td> <td style="text-align: center;">06 <input type="checkbox"/></td> <td style="text-align: center;">07 <input type="checkbox"/></td> <td style="text-align: center;">08 <input type="checkbox"/></td> </tr> <tr> <td>iv) staff in residence/institution?</td> <td style="text-align: center;">09 <input type="checkbox"/></td> <td style="text-align: center;">10 <input type="checkbox"/></td> <td style="text-align: center;">11 <input type="checkbox"/></td> <td style="text-align: center;">12 <input type="checkbox"/></td> </tr> <tr> <td>v) other people?</td> <td style="text-align: center;">13 <input type="checkbox"/></td> <td style="text-align: center;">14 <input type="checkbox"/></td> <td style="text-align: center;">15 <input type="checkbox"/></td> <td style="text-align: center;">16 <input type="checkbox"/></td> </tr> </tbody> </table>		Completely	Partially	Not at all	Don't know	i) members of your own family?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	ii) your freinds?	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	iv) staff in residence/institution?	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	v) other people?	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
	Completely	Partially	Not at all	Don't know																							
i) members of your own family?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>																							
ii) your freinds?	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>																							
iv) staff in residence/institution?	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>																							
v) other people?	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>																							
<p>20. INTERVIEWER CHECK ITEM: If any "Yes" is checked in the screening column for questions 1 to 19</p> <p>Then 1 <input type="checkbox"/> → Go to 20a</p> <p>Otherwise 2 <input type="checkbox"/> → Go to 21</p>																											
<p>20a. What is the main condition or health problem which gives you trouble performing any of the activities just stated?</p> <p>Specify <input type="text"/></p>																											
<p>20b. Which of these selections is the best description of your condition?</p> <p style="text-align: center;">INTERVIEWER: Show "Q" card. Enter appropriate number <input type="text"/></p>																											
<p>20c. Is there any other condition or health problem which causes you trouble performing any of these activities?</p> <p>Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> → Go to 21</p>																											
<p>20d. What is this condition or health problem?</p> <p>Specify <input type="text"/></p>																											
<p>20e. Which of these selections is the best description of this condition?</p> <p style="text-align: center;">INTERVIEWER: Show "Q" card. Enter appropriate number <input type="text"/></p>																											
<p>21. Because of a long-term physical condition or health problem, that is, one that is expected to last 6 months or more, are you limited in the kind or amount of activities you can do:</p> <p>(i) in the residence/institution? Yes, is limited 3 <input type="checkbox"/> No 4 <input type="checkbox"/></p> <p>(ii) outside the residence/institution such as, travel recreation, or leisure? Yes, is limited 5 <input type="checkbox"/> No 6 <input type="checkbox"/></p>																											
<p>21a. INTERVIEWER CHECK ITEM: If any "Yes" is checked in 21(i) or 21(ii) Then 1 <input type="checkbox"/> → Go to 21b Otherwise 2 <input type="checkbox"/> → Go to 22</p>																											
<p>21b. What is the main condition or health problem which limits you in your activity?</p> <p>Specify <input type="text"/></p>																											
<p>21c. Which of these selections is the best description of your condition?</p> <p style="text-align: center;">INTERVIEWER: Show "Q" card. Enter appropriate number <input type="text"/></p>																											
<p>21d. Is there any other long-term physical condition or health problem which limits the kind or amount of activity that you can do?</p> <p style="text-align: right;">Yes 3 <input type="checkbox"/> → Go to 21e No 4 <input type="checkbox"/> → Go to 22</p>																											

21e. What is this long-term condition or health problem?
Specify

21f. Which of these selections is the best description of this condition?
INTERVIEWER: Show "Q" card. Enter appropriate number

22. From time to time, everyone has trouble remembering the name of a familiar person, or learning something new, or they experience moments of confusion. However, do you have any ongoing problems with your ability to remember or learn?
Yes 6 → Go to 22a
No 7 → Go to 23

22a. Are these problems caused by a condition that you had at birth?
Yes 8
No 9

22b. What condition causes these problems?
INTERVIEWER: Show "Q" card. Mark all that apply.
Effects of a stroke 1
Disease or illness affecting the brain such as a brain tumor, meningitis 2
Injury to the brain 3
Alzheimer's disease diagnosed by a physician 4
Condition related to aging 5
Developmentally delayed (mental retardation) 6
Learning disability 7
Other 8
(specify) _____
Don't know 9

23. Because of a long-term emotional, psychological, nervous or mental health condition or problem, are you limited in the kind or amount of activity you can do:
(i) in the residence/institution?
Yes, is limited 1 No 2
(ii) outside the residence/institution such as, travel, sports, or leisure?
Yes, is limited 3 No 4

23a. **INTERVIEWER CHECK ITEM:**
If any "Yes" is checked in 23(i) or 23(ii)
Then 1 → Go to 23b
Otherwise 2 → Go to 24

23b. What is the main condition or health problem which limits you in your activity?
Specify

24. What is your date of birth?

Day Month Year

25. Were you living in this residence/institution on Census Day, June 3rd 1986?
Yes 3 No 4

26. **INTERVIEWER CHECK ITEM:**
Sex: Male 1 Female 2

GO TO SECTION B

SECTION B - SPECIAL AIDS AND ASSISTANCE

This section is about assistance which you may require in order to do certain activities	
<p>B1 Do you use any of the following special aids?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Read list. Mark all that apply. </div> <p>A hearing aid 01 <input type="checkbox"/></p> <p>Other aid(s) for the hearing impaired..... 02 <input type="checkbox"/></p> <p>Back or leg brace 03 <input type="checkbox"/></p> <p>Orthopedic footwear 04 <input type="checkbox"/></p> <p>Artificial foot or leg 05 <input type="checkbox"/></p> <p>Cane (other than a white cane) 06 <input type="checkbox"/></p> <p>Crutches 07 <input type="checkbox"/></p> <p>Manual wheelchair 08 <input type="checkbox"/></p> <p>Electric wheelchair 09 <input type="checkbox"/></p> <p>Walker 10 <input type="checkbox"/></p> <p>Other mobility aid(s) 11 <input type="checkbox"/></p> <p>(specify) _____</p> <p>Any aids for hands or arms such as prosthesis or arm brace 12 <input type="checkbox"/></p> <p>(specify) _____</p> <p>None of the above 13 <input type="checkbox"/></p>	<p>B7 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="checkbox"/> No 5 <input type="checkbox"/> → Go to B11</p> <hr/> <p>B8 Are you helped by someone else working or living in the residence/institution including a volunteer?</p> <p>Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/></p> <hr/> <p>B9 Are you helped with your personal finances by a legal or accounting service outside the residence/institution?</p> <p>Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 3 <input type="checkbox"/></p> <hr/> <p>B10 Are you helped by someone from outside the residence/institution, for example, spouse, parent, child or some other relative, or a friend?</p> <p>Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/></p> <hr/> <p>B11 Because of your condition, do you get help with personal care, such as washing, grooming, dressing and feeding yourself?</p> <p>Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> → Go to B14</p> <hr/> <p>B12 On average, how many days a week do you get help with this personal care?</p> <p><input type="text"/></p> <hr/> <p>B13 On average, how many hours of help per day do you get with this personal care?</p> <p><input type="text"/></p> <hr/> <p>B14 How do you move about within the residence?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Read list. Mark only one. </div> <p>By yourself 1 <input type="checkbox"/></p> <p>Sometimes by yourself and sometimes with the help of another person 2 <input type="checkbox"/></p> <p>Only with the help of another person 3 <input type="checkbox"/></p> <p>Not at all, because of your condition or health problem 4 <input type="checkbox"/></p>
<p>B2 Who usually does your shopping for clothing or other necessities?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Read list. Mark only one. </div> <p>yourself alone 1 <input type="checkbox"/> → Go to B6</p> <p>yourself and someone else 2 <input type="checkbox"/></p> <p>someone else 3 <input type="checkbox"/></p>	
<p>B3 Is this because of your condition or health problem?</p> <p>Yes 4 <input type="checkbox"/> No 5 <input type="checkbox"/> → Go to B6</p>	
<p>B4 Are you helped by someone working or living in the residence/institution including a volunteer?</p> <p>Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/></p>	
<p>B5 Are you helped by someone from outside the residence/institution, for example, spouse, parent, child or some other relative, or a friend?</p> <p>Yes 8 <input type="checkbox"/> No 9 <input type="checkbox"/></p>	
<p>B6 Who usually looks after your personal finances, such as banking or paying bills?</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> INTERVIEWER: Read list. Mark only one. </div> <p>yourself alone 1 <input type="checkbox"/> → Go to B11</p> <p>yourself and someone else 2 <input type="checkbox"/></p> <p>someone else 3 <input type="checkbox"/></p>	
GO TO SECTION C	

SECTION C - TRANSPORTATION

This section is about the means of transportation which you use for local travel. This includes trips shopping, to medical appointments or any other local trips under 50 miles (80km).

C1 Are you unable to leave the residence/ institution to take short trips because of your condition or health problem?
 Yes 1 No 2 → Go to C3

C9 Is local public transportation, for example, bus, rapidtransit, subway, or metro, available in this area?
 Yes 08 No 09 } Go to C13
 ↓ Don't know 10 }

C2 Some communities have a special bus or van service for people who have difficulty using regular transportation. When using this special service, people can call ahead and ask to be picked up at the residence/institution. If this special service were available in the area, would you be able to take short distance trips?
 Yes 3 } Go to Section D
 No 4 }

C10 How often do you use the local public transportation service?

INTERVIEWER: Read list. Mark only one.

- Almost every day throughout the year 1
- Almost every day throughout some part of the year 2
- Frequently 3
- Occasionally 4
- Seldom/never 5

C3 Because of your condition, do you require an attendant or a companion to accompany you on short trips?
 Yes 5 No 6

C11 Do you have any trouble using the local public transportation service, because of your condition?

Yes 6 No 7 → Go to C13

C4 Do you have any trouble as a passenger using a private motor vehicle because of your condition?
 Yes 4 No 5 Don't know 6

C12 What kind of trouble do you have?

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

- Getting to the stop 1
- Waiting at the stop 2
- Getting on and off 3
- Insufficient space to sit or stand in the vehicle 4
- Standing in the vehicle while it is moving..... 5
- Obtaining information about timetables, schedules and routes 6
- Public transportation staff unsupportive 7
- Other 8
- Don't know 9

C5 Some communities have special bus or van service for people who have difficulty using regular local public transportation. When using this special service, people can call ahead and ask to be picked up at their residence/institution. Do you need such a service?
 Yes 7 No 8 } Go to C9
 ↓ Don't know 9 }

C6 Is this special service available in the area?
 Yes 1 No 2 } Go to C9
 ↓ Don't know ... 3 }

C13 Is there a taxi service in this area?
 Yes 1 No 2 } Go to Section D
 ↓ Don't know ... 3 }

C7 How often do you use this service?
INTERVIEWER: Read list. Make only one.
 Almost every day throughout the year 1 } Go to C9
 Almost every day throughout some part of the year 2 }
 Frequently 3 }
 Occasionally 4 }
 Seldom/never 5 }

C14 How often do you use this taxi service?

INTERVIEWER: Read list. Mark only one.

- Almost every day throughout the year 1
- Almost every day throughout some part of the year 2
- Frequently 3
- Occasionally 4
- Seldom/never 5

C8 Why don't you use this special bus or van service more often?

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

- Service not needed more often 1
- Not eligible for this service 2
- On the waiting list for service 3
- Service too expensive 4
- Impractical scheduling for your needs 5
- Area covered by service not large enough 6
- Other 7

C15 Is this because of your condition or health problem?

Yes 1 No 2

GO TO SECTION D

SECTION D - ACCOMMODATION - EDUCATION AND EXPENSES

D1 Because of your condition, do you need any special features to enter or leave this residence/institution or move about inside it?
 Yes 1 No 2 —————> Go to D3

D2 What special features do you need to enter or leave this residence/institution or move about inside it?
INTERVIEWER: Read list. Mark all that apply.

Access ramps	01 <input type="checkbox"/>	Accessible parking	06 <input type="checkbox"/>
Widened doorways or hallways	02 <input type="checkbox"/>	Some other architectural feature	07 <input type="checkbox"/>
A street level entrance	03 <input type="checkbox"/>	Hand rails (including bathroom)	08 <input type="checkbox"/>
Doors that open automatically	04 <input type="checkbox"/>	Some other feature	09 <input type="checkbox"/>
An elevator or lift device	05 <input type="checkbox"/>		

D3 a. What is the highest grade of secondary or elementary school you ever attended?
 Highest grade or year (1 to 13) of secondary or elementary school or 90 Never attended school or attended kindergarten only —————> Go to D5

D3 b. How many years of education have you ever completed at university?
 89 None 90 Less than 1 year (of completed courses)
 Number of completed years at university

D3 c. How many years of schooling have you ever completed at an institution other than a university, secondary (high) or elementary school? Include years of schooling at community colleges, institutes of technology, CEGEPS (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.
 89 None 90 Less than 1 year (of completed courses)
 Number of completed years

D4 What degrees, certificates or diplomas have you ever obtained?
INTERVIEWER: Read list. Mark all that apply.

None	01 <input type="checkbox"/>	Bachelor's degree(s) (e.g. BA, B.Sc., B.A. Sc., LL.B.)	06 <input type="checkbox"/>
Secondary (high) school graduation certificate	02 <input type="checkbox"/>	University certificate or diploma above bachelor level	07 <input type="checkbox"/>
Trades certificate or diploma	03 <input type="checkbox"/>	Master's degree (e.g. MA, M.Sc., M.Ed.)	08 <input type="checkbox"/>
Other non-university certificate or diploma (obtained at a community college, CEGEP, institute of technology, etc.)	04 <input type="checkbox"/>	Degree in medicine, dentistry, veterinary medicine or optometry (MD, DDS, DMD, DVM OD)	09 <input type="checkbox"/>
University certificate or diploma below bachelor level	05 <input type="checkbox"/>	Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)	10 <input type="checkbox"/>

D5 People sometimes have extra **Out-of-pocket** expenses as a result of their condition or health problem. In 1986 did you have any extra expenses for your drugs, medical services, education, transportation, accommodation special aids or clothing, personal services, etc. for which you were **not** completely reimbursed by any insurance or government program?
 Yes 1 No 2 —————> **END OF INTERVIEW** (Complete front cover)

D6 For each of the following items please give your best estimate of these extra **Out-of-pocket** expenses due to your condition, for the year 1986.

	None		Amount
Prescription and non-prescription drugs	1 <input type="checkbox"/>	or \$	<input type="text"/> .00
Purchase and maintenance of special clothing, aids, medical supplies and equipment for home, work, travel, etc.	2 <input type="checkbox"/>	or \$	<input type="text"/> .00
Health and medical services not covered by any insurance plan, for example additional hospital or physician fees	3 <input type="checkbox"/>	or \$	<input type="text"/> .00
Transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services, or extra expenses due to the need for more costly transportation	4 <input type="checkbox"/>	or \$	<input type="text"/> .00
Other (specify)	5 <input type="checkbox"/>	or \$	<input type="text"/> .00

END OF INTERVIEW (Complete front cover)

"Q" CARD ADULT QUESTIONNAIRE

SECTION A - SCREEN

Best description of your condition:

MY CONDITION . . .

- 01 existed **AT BIRTH**
- 02 is a **DISEASE** or illness

OR

MY CONDITION WAS CAUSED BY . .

- 03 a **DISEASE** or illness (including its treatment)
- 04 my **WORK ENVIRONMENT**
- 05 a **STROKE**
- 06 a **VIOLENT ACT** (crime)
- 07 **AGING**
- 08 an **ACCIDENT AT WORK**
- 09 a **MOTOR VEHICLE ACCIDENT**
- 10 a **WAR INJURY**
- 11 other **ACCIDENT**
- 12 other cause
- 13 don't know

Question 22b

22b What condition causes you these problems?

- 1. Effects of a stroke
- 2. Disease or illness affecting the brain, such as brain tumor, meningitis
- 3. Injury to the brain
- 4. Alzheimer's disease diagnosed by a physician
- 5. Condition related to aging
- 6. Developmentally delayed (mental retardation)
- 7. Learning disability
- 8. Other (specify)
- 9. Don't know

SECTION A - DESCRIPTION OF LIMITATIONS

This section contains questions about ...'s ability to do certain activities, even when using a special aid. Please report only those problems which are expected to last six months or more. These questions were designed for a broad range of conditions and some may not seem to apply to ...'s situation.

1 Which of the following aids does ... now use? Please report only those aids which are used for six months or more.

- | | | |
|--------------------------------------------------------|---------------------------------|--------------------------------|
| Manual wheelchair? | Yes 01 <input type="checkbox"/> | No 02 <input type="checkbox"/> |
| Electric wheelchair? | Yes 03 <input type="checkbox"/> | No 04 <input type="checkbox"/> |
| Crutches or other walking aid? | Yes 05 <input type="checkbox"/> | No 06 <input type="checkbox"/> |
| Medically prescribed footwear? | Yes 07 <input type="checkbox"/> | No 08 <input type="checkbox"/> |
| Artificial leg, arm, hand or foot? | Yes 09 <input type="checkbox"/> | No 10 <input type="checkbox"/> |
| Hearing aid? | Yes 11 <input type="checkbox"/> | No 12 <input type="checkbox"/> |
| Vision aid other than glasses or contact lenses? | Yes 13 <input type="checkbox"/> | No 14 <input type="checkbox"/> |
| Any kind of brace other than braces for teeth? | Yes 15 <input type="checkbox"/> | No 16 <input type="checkbox"/> |

2 Does ... use any other kind of aid?

- Yes 1 _____ (specify) _____
- No 2

3 Does ... have any long-term condition or health problem which prevents or limits his/her participation in school, at play, or any other activity normal for a child of his/her age?

- Yes 3 No 4 _____ Go to 4

3a What is the main condition or health problem which limits or prevents ... from participating in these activities?

Specify

3b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

4 Does ... attend a special school or special classes at school because of a long-term condition or health problem?

- Yes 1 No 2 _____ Go to 5

4a What is the main condition or health problem which requires ... to attend a special school or special classes?

Specify

4b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

5 Does . . . have any of these long-term conditions or health problems?

Allergies of any kind	Yes 01 <input type="checkbox"/>	No 02 <input type="checkbox"/>
Asthma	Yes 03 <input type="checkbox"/>	No 04 <input type="checkbox"/>
Bronchitis	Yes 05 <input type="checkbox"/>	No 06 <input type="checkbox"/>
Other lung condition or disease	Yes 07 <input type="checkbox"/>	No 08 <input type="checkbox"/>
Heart condition or disease	Yes 09 <input type="checkbox"/>	No 10 <input type="checkbox"/>
Kidney condition or disease	Yes 11 <input type="checkbox"/>	No 12 <input type="checkbox"/>
Cancer	Yes 13 <input type="checkbox"/>	No 14 <input type="checkbox"/>
Diabetes	Yes 15 <input type="checkbox"/>	No 16 <input type="checkbox"/>
Epilepsy	Yes 17 <input type="checkbox"/>	No 18 <input type="checkbox"/>
Cerebral palsy	Yes 19 <input type="checkbox"/>	No 20 <input type="checkbox"/>
Multiple sclerosis	Yes 21 <input type="checkbox"/>	No 22 <input type="checkbox"/>
Cystic fibrosis	Yes 23 <input type="checkbox"/>	No 24 <input type="checkbox"/>
Muscular dystrophy	Yes 25 <input type="checkbox"/>	No 26 <input type="checkbox"/>
Paralysis of any kind	Yes 27 <input type="checkbox"/>	No 28 <input type="checkbox"/>
Arthritis or rheumatism of a serious nature	Yes 29 <input type="checkbox"/>	No 30 <input type="checkbox"/>
High blood pressure	Yes 31 <input type="checkbox"/>	No 32 <input type="checkbox"/>
Mental handicap including developmentally delayed/mentally retarded/brain injured	Yes 33 <input type="checkbox"/>	No 34 <input type="checkbox"/>
Learning disability	Yes 35 <input type="checkbox"/>	No 36 <input type="checkbox"/>
Missing arms, legs, fingers or toes	Yes 37 <input type="checkbox"/>	No 38 <input type="checkbox"/>

6 Does . . . have vision trouble not corrected by glasses or contact lenses?

Yes 1 No 2 —————> Go to 7

6a What is the main condition or health problem which causes . . . vision trouble?

Specify

6b Which of these selections is the best description of this condition?

6c Has . . . been diagnosed by an eye specialist as being legally blind?

Yes 3 No 4 —————> Go to 7

6d Is . . . able to recognize a hand in front of his/her eyes and count the number of fingers being shown?

Yes 5 No 6 Don't know/not applicable 7

7 Does ... have hearing trouble?
 Yes 3 No 4 → Go to 8

7a What is the main condition or health problem which causes ... hearing trouble?
 Specify

7b Which of these selections is the best description of this condition?
 INTERVIEWER: Show "Q" card. Enter appropriate number.

7c Is ... able to hear what is said over a normal telephone, with a hearing aid, if used?
 Yes 3 No 4 Don't know 5

8 Sex:
 Male 1 Female 2

9 Was he/she living in this residence/institution on Census Day June 3rd 1986?
 Yes 3 No 4

10 What is ...'s date of birth?

 Day Month Year

11 INTERVIEWER CHECK ITEM:
 If date of birth is after March 1st 1982,
 then 1 → Go to 12
 Otherwise 2 → Go to 13

12 Does ... have any other long-term condition or health problem not previously mentioned which is expected to last 6 months or more?
 Yes 5 No 6 → END OF INTERVIEW.
 Complete front cover.

12a What is this long-term condition or health problem?
 Specify

12b Which of these selections is the best description of this condition?
 INTERVIEWER: Show "Q" card. Enter appropriate number. → END OF INTERVIEW.
 Complete front cover.

13 Does ... have any trouble speaking and being understood because of a condition or health problem?
 Yes 4 No 5 → Go to 14

13a How well do you feel that ... is able to make himself/herself understood when speaking with:

	Completely	Partially	Not at all
(i) members of his/her family?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
(ii) his/her friends?	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
(iii) staff in residence/institution?	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>
(iv) other people?	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>

14 From time to time, children may experience the occasional emotional or nervous problem. However, does ... have a long-term emotional, psychological, nervous or mental health condition or problem which limits the kind or amount of activity that he/she can do in this residence, at school or at play?

Yes, is limited 1 No 2 → Go to 15

14a What is the main condition or health problem which limits ... in his/her activity in this residence/institution, at school or at play?

Specify

15 Does ... have any other long-term condition or health problem not previously mentioned, which is expected to last six months or more?

Yes 3 No 4 → Go to Section B

15a What is this long-term condition or health problem?

Specify

15b Which of these selections is the best description of this condition?

INTERVIEWER: Show "Q" card. Enter appropriate number.

SECTION B - EDUCATION

B1 Does ... require special education because of his/her condition or health problem?

Yes 1 No 2

B2 What type of education, training or therapy was ... receiving in September 1986?

INTERVIEWER: Read list. Mark all that apply.

Physical therapy or communication therapy 06

Daily living skills 07

Academic subjects 08

Trade or vocational 09

None 10 → Go to B4

B3 In what grade was ... enrolled in September, 1986?

Grade → Go to Section C

Non-graded 99 → Go to B4

B4 What is the highest grade of secondary or elementary school he/she has ever attended?

Highest grade or year (1 to 13) of secondary or elementary school

or

90 Never attended school or attended kindergarten only

GO TO SECTION C

SECTION C - TRANSPORTATION

<p>C1 I would now like to ask you about the means of transportation that ... uses for local travel. This includes trips to the doctor, the movies or any other local trips under 50 miles/80km.</p> <p>Because of his/her condition or health problem, is ... unable to leave this residence/institution to take short trips?</p> <p>Yes 1 <input type="checkbox"/> → Go to Section D</p> <p>No 2 <input type="checkbox"/></p>	<p>C6 Is local public transportation available in your area, for example, bus, rapid transit, subway, metro? Do not include school buses.</p> <p>Yes 8 <input type="checkbox"/> No 9 <input type="checkbox"/> → Go to Section D</p> <p style="text-align: center;">↓</p>
<p>C2 Some communities have a special bus or van service for people who have difficulty using regular local public transportation. When using this special service, people can call ahead and ask to be picked up at their home.</p> <p>Does ... need such a service?</p> <p>Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> } Go to C6</p> <p style="margin-left: 100px;">Don't know 5 <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>C7 How often does ... use the local public transportation service?</p> <p style="border: 1px solid black; padding: 2px; margin: 5px 0;">INTERVIEWER: Read list. Mark only one.</p> <p>Almost every day throughout the year 1 <input type="checkbox"/></p> <p>Almost every day throughout some part of the year 2 <input type="checkbox"/></p> <p>Frequently 3 <input type="checkbox"/></p> <p>Occasionally 4 <input type="checkbox"/></p> <p>Seldom/never 5 <input type="checkbox"/></p>
<p>C3 Is this special service available in your area?</p> <p>Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> } Go to C6</p> <p style="margin-left: 100px;">Don't know 3 <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>C8 Does ... have any trouble using the local public transportation service, because of his/her condition or health problem?</p> <p>Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/> } Go to Section D</p> <p style="margin-left: 100px;">Don't know/ not applicable 8 <input type="checkbox"/></p> <p style="text-align: center;">↓</p>
<p>C4 How often does ... use this service?</p> <p style="border: 1px solid black; padding: 2px; margin: 5px 0;">INTERVIEWER: Read list. Mark only one.</p> <p>Almost every day throughout the year 4 <input type="checkbox"/> } Go to C6</p> <p>Almost every day throughout some part of the year 5 <input type="checkbox"/></p> <p>Frequently 6 <input type="checkbox"/></p> <p>Occasionally 7 <input type="checkbox"/></p> <p>Seldom/never 8 <input type="checkbox"/></p>	<p>C9 What kind of trouble does ... have?</p> <p style="border: 1px solid black; padding: 2px; margin: 5px 0;">INTERVIEWER: Do not read list. Mark all that apply.</p> <p>Getting to the stop 1 <input type="checkbox"/></p> <p>Waiting at the stop 2 <input type="checkbox"/></p> <p>Getting on and off 3 <input type="checkbox"/></p> <p>Insufficient space to sit or stand in the vehicle 4 <input type="checkbox"/></p> <p>Standing in the vehicle while it is moving 5 <input type="checkbox"/></p> <p>Obtaining information about time-tables, schedules and routes 6 <input type="checkbox"/></p> <p>Staff unsupportive 7 <input type="checkbox"/></p> <p>Other 8 <input type="checkbox"/></p>
<p>C5 Why doesn't ... use this special bus or van service more often?</p> <p style="border: 1px solid black; padding: 2px; margin: 5px 0;">INTERVIEWER: Do not read list. Mark all that apply.</p> <p>Service not needed more often 1 <input type="checkbox"/></p> <p>Not eligible for this service 2 <input type="checkbox"/></p> <p>On the waiting list for service 3 <input type="checkbox"/></p> <p>Service too expensive 4 <input type="checkbox"/></p> <p>Impractical scheduling for ...'s needs 5 <input type="checkbox"/></p> <p>Area covered by service not large enough 6 <input type="checkbox"/></p> <p>Other 7 <input type="checkbox"/></p>	<p>GO TO SECTION D</p>

SECTION D - ACCOMMODATION - EXPENSES

D1 Because of his/her condition, does . . . need any special features to enter or leave this residence/ institution, such as access ramps or a street level entrance?

Yes 1 No 2 —————> Go to D3

D2 Which special features does he/she need to enter or leave this residence/institution?

INTERVIEWER: Read list. Mark all that apply.

Access ramps 1

Widened doorways 2

A street level entrance 3

An entrance that opens automatically 4

An elevator or lift device 5

Accessible parking 6

Some other architectural feature 7

D3 Because of his/her condition, does . . . use any special features, such as hand rails, to move about inside the residence/institution?

Yes 1 No 2 —————> Go to D5

D4 Which special features does he/she need to move inside this residence/institution?

INTERVIEWER: Read list. Mark all that apply.

Hand rails (including bathroom) 1

Elevator or lift device 2

Widened doorways or hallways 3

Doors which open automatically 4

Some other feature 5

D5 People sometimes have extra **Out-of-pocket** expenses as a result of their child's condition or health problem. In 1986 were there any extra expenses for . . . 's medical services, drugs, education, transportation, special equipment or clothing, etc., for which the family was **not** completely reimbursed by any insurance or government program?

Yes 1 No 2 —————> **END OF INTERVIEW**
Complete front cover

D6 For each of the following items please give your best estimate of these extra **Out-of-pocket** expenses due to . . . 's condition, for the year 1986.

				Amount
Prescription and non-prescription drugs	None	1 <input type="checkbox"/>	or	\$ <input type="text"/> .00
Purchase and maintenance of special clothing, aids, medical supplies and equipment for home, school, travel, etc.	None	2 <input type="checkbox"/>	or	\$ <input type="text"/> .00
Health and medical services not covered by any insurance plan, for example, additional hospital or physician fees	None	3 <input type="checkbox"/>	or	\$ <input type="text"/> .00
Extra or special tuition or residence fees	None	4 <input type="checkbox"/>	or	\$ <input type="text"/> .00
Transportation, for example, travel to and from treatment, therapy or other medical or rehabilitation services, or extra expenses due to the need for more costly transportation	None	5 <input type="checkbox"/>	or	\$ <input type="text"/> .00
Other	None	6 <input type="checkbox"/>	or	\$ <input type="text"/> .00

(specify) _____

END OF INTERVIEW
Complete front cover

“Q” CARD CHILDREN’S QUESTIONNAIRE

SECTION A

Best description of child's condition:

THE CONDITION:

1. existed **AT BIRTH**
2. is a **DISEASE** or illness
3. was **CAUSED BY A DISEASE** or illness (including its treatment)
4. was caused by an **ACCIDENT**
5. other cause
6. don't know

**APPENDIX B:
List of Selected 1986 Census
Variables**

List of Selected 1986 Census Variables

1. Household Variables:

#UNITS	- No. of persons for each household
BUILT	- Period dwelling constructed
CDWEL	- Collective dwelling type
CMA	- CMA/CA current place of residence 1986
CMA5	- CMA/CA place of residence 5 years ago 1981
CONSTR	- Dwelling under construction
DOCTP	- Document type classification
DTYPE	- Type of dwelling
FARMPop	- Household in farm population
FOPIND	- Farm Operator dwelling indicator
GROSRT	- Gross rent
HHNUM	- Household number (indicates type of
MORTG	- Actual mortgage charges
OW RT	- Person in household responsible for payments
RENT	- Actual rent charges
ROOMS	- Number of rooms
RUINDFG	- Rural - Urban Indicator
RUSIZE	- Rural Urban size codes
TAXES	- Actual charges for taxes
TENUR1	- Tenure of dwelling
VALUE	- Value of dwelling

2. Person Variables

AGE	- Single years of age
AGE IMM	- Age at immigration
BIRT PL	- Place of Birth
CFAMST	- Census family status
CFINC	- Census family total income
CHDCR	- Child Tax Credit
CITIZEN	- Derived country of citizenship
COWD	- Class of worker derived
CQPPB	- Canada/Quebec pension plan benefits
DG MFSR	- Major field of study
DGREER	- Highest degree
EFAMST	- Economic family status
EFINC	- Economic family total income
EIEFS	- Economic family status (for income)
EMPIN	- Employment income
ETO123	- Ethnic origin single/multiple indicator
ETO25-	
ETO42	- Ethnic origin
FAMAL	- Family allowances
FARMI	- Farm self-employment income
FARMO	- Farm operator
FPTIM	- Full or part-time work in 1985
GOVTI	- Other government income
HGRADR	- Highest grade of elementary or secondary
HHINC	- Household total income
HLNSM	- Home language: single/multiple flag
HLN43-	
HLN48	- Home language
HLOS	- Highest grade
HMAIN	- Person responsible for payments
HOURS	- Hours worked
HWCLPR	- Husband/Wife or common law partner present
IMMYEAR	- Year of immigration
IND70	- 1970 Industry Classification
IND80	- 1980 Industry Classification
INVST	- Investment income

LFTAG	- Labour force activity
LOINC	- Low income status
LSTWK	- When last worked
MARST	- Marital status
MOB5	- Mobility status 5 years ago
MTNSM	- Mother tongue single/multiple flag
MTN27-	
MTN32	- Mother tongue
OASGI	- OAS/GIS
OCC71	- Occupation Based on 1971 Classification
OCC81	- Occupation Based on 1981 Classification
OLN	- Official language
OMP	- Owner's Major Payments
OTINC	- Other income
PRESCH	- Presence of children in family
PS_OTR	- Years of other non-university
PS_UVR	- Years of university
RESDNT	- Resident status of farm operator
RETIR	- Retirement pensions
RLPERS	- Relationship to person one
SELF1	- Non-farm self-employment income
SEX	- Sex
TOTINC	- Total income
TRNUCR	- Trades or other non-university certificate
UICBN	- UIC benefits
WAGES	- Wages and salaries
WEEKS	- Weeks worked
WORKACT	- Work activity

For further description of these variables, please refer to Reference Dictionary, catalogue number 99-101E, \$35.00, available from any Statistics Canada regional reference centre.

**APPENDIX:
Sub-provincial Areas for HALS**

HEALTH AND ACTIVITY LIMITATION SURVEY

DESCRIPTION OF SUB-PROVINCIAL AREAS

NEWFOUNDLAND

SPA	CD	CSD	DESCRIPTION
1	1	519	ST. JOHN'S
2	1	485 490 494 502 513 514 533 537	CONCEPTION BAY SOUTH DIVISION NO. 1, SUBD. R WABANA PORTUGAL COVE ST. PHILLIPS ST. THOMAS HOGAN'S POND PARADISE
3	1	505 507 509 515 526 542 545 551 557 559	POUCH COVE FLATROCK TORBAY ST. JOHN'S METROPOLITAN AREA WEDGEWOOD PARK MOUNT PEARL GOULDS PETTY HARBOUR-MADDOX COVE BAY BULLS WITLESS BAY
4	1	293 304 308 312 316 321 325 328 332 335 339 343 347 352 357 361 365 370	DIVISION NO. 1, SUBD. Y DIVISION NO. 1, SUBD. E WHITEWAY HEART'S DELIGHT-ISLINGTON HEART'S DESIRE DIVISION NO. 1, SUBD. F HEART'S CONTENT NEW PERLICAN WINTERTON HANT'S HARBOUR DIVISION NO. 1, SUBD. G OLD PERLICAN BAY DE VERDE SMALL POINT-BROAD COVE-BLACKHEAD-ADAMS COVE DIVISION NO. 1, SUBD. H SALMON COVE VICTORIA CARBONEAR

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

NEWFOUNDLAND (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		374	DIVISION NO. 1, SUBD. I
		375	BRYANT'S COVE
		377	HARBOUR GRACE
		381	HARBOUR GRACE SOUTH
		385	UPPER ISLAND COVE
		391	DIVISION NO. 1, SUBD. J
		394	BISHOP'S COVE
		397	TILTON
		399	SPANIARD'S BAY
		405	DIVISION NO. 1, SUBD. K
		409	BAY ROBERTS
		415	DIVISION NO. 1, SUBD. L
		421	DIVISION NO. 1, SUBD. M
		426	NORTH RIVER
		429	CLARKE'S BEACH
		434	SOUTH RIVER
		437	CUPIDS
		441	DIVISION NO. 1, SUBD. N
		446	BRIGUS
		452	DIVISION NO. 1, SUBD. O
		456	COLLIERS
		461	CONCEPTION HARBOUR
		464	AVONDALE
		469	HARBOUR MAIN-CHAPEL COVE-LAKEVIEW
		472	HOLYROOD
5	1	101	DIVISION NO. 1, SUBD. V
		105	PORTUGAL COVE SOUTH
		109	BISCAY BAY
		113	TREPASSEY
		120	ST. SHOTT'S
		124	DIVISION NO. 1. SUBD. U
		131	RENEWS-CAPPAHAYDEN
		136	FERMEUSE
		140	PORT KIRWAN
		144	AQUAFORTE
		149	FERRYLAND
		155	DIVISION NO. 1, SUBD. W
		169	ST. VINCENT'S - ST. STEPHENS - PETER'S RIVER
		174	GASKIERS-POINT LA HAYE
		178	ST. MARY'S
		181	RIVERHEAD
		186	ADMIRAL'S BEACH
		192	ST. JOSEPH'S
		197	MOUNT CARMEL-MITCHELL'S BROOK-ST. CATHERINE'S

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

NEWFOUNDLAND (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		203	DIVISION NO. 1, SUBD. X
		207	COLINET
		214	DIVISION NO. 1, SUBD. C
		219	BRANCH
		225	POINT LANCE
		228	ST. BRIDE'S
		234	DIVISION NO. 1. SUBD. B
		239	PLACENTIA
		243	FRESHWATER
		246	JERSEY SIDE, PLACENTIA BAY
		250	DUNVILLE
		254	FOX HARBOUR
		259	DIVISION NO. 1, SUBD. A
		263	LONG HARBOUR-MOUNT ARLINGTON HEIGHTS
		267	SOUTHERN HARBOUR
		270	ARNOLD'S COVE
		274	COME-BY-CHANCE
		277	SUNNYSIDE
		281	CHANCE COVE
		285	NORMAN'S COVE-LONG COVE
		289	CHAPEL ARM
		298	WHITBOURNE
6	2		DIVISION NO. 2
7	3		DIVISION NO. 3
	4		DIVISION NO. 4
8	5		DIVISION NO. 5
9	6		DIVISION NO. 6
10	7		DIVISION NO. 7
11	8		DIVISION NO. 8
12	9		DIVISION NO. 9

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

NEWFOUNDLAND (CONCLUDED)

(1)	SPA	CD	CSD	DESCRIPTION
	13	10		DIVISION NO. 10 (LABRADOR)

- (1) SPA = SUB-PROVINCIAL AREA
CD = CENSUS DIVISION
CSD = CENSUS SUB-DIVISION

PRINCE EDWARD ISLAND

SPA	CD	CSD	DESCRIPTION
1	1		DIVISION NO. 1, EXCLUDING LOT 38
2	1	051	LOT 38
	2		DIVISION NO. 2, EXCLUDING LOTS 67, 20 AND 21
3	2	036 038 039	LOT 67 LOT 20 LOT 21
	3		PRINCE COUNTY

- (1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

NOVA SCOTIA

(1)

SPA	CD	CSD	DESCRIPTION
1	9	021	HALIFAX
2	9	022	DARTMOUTH
3	9	008 012 029	HALIFAX, SUBD. A HALIFAX, SUBD. C SHUBENACADIE 13
4	9	001 018 019 024	HALIFAX, SUBD. B HALIFAX, SUBD. D COLE HARBOUR 30 BEDFORD
5	9	026 031 036 038 041	HALIFAX, SUBD. E HALIFAX, SUBD. F HALIFAX, SUBD. G SHEET HARBOUR 36 HALIFAX, SUBD. H
6	1		SHELBURNE COUNTY
	2		YARMOUTH COUNTY
7	3		DIGBY COUNTY
	5		ANNAPOLIS COUNTY
8	4		QUEENS COUNTY
	6		LUNENBURG COUNTY
9	7		KINGS COUNTY
10	8		HANTS COUNTY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

NOVA SCOTIA (CONCLUDED)

SPA	CD	CSD	DESCRIPTION
11	10		COLCHESTER COUNTY
12	11		CUMBERLAND COUNTY
13	12		PICTOU COUNTY
14	13		GUYSBOROUGH COUNTY
	14		ANTIGONISH COUNTY
15	15		INVERNESS COUNTY
	16		RICHMOND COUNTY
	18		VICTORIA COUNTY
16	17	014	SYDNEY
		016	CAPE BRETON, SUBD. A
		018	NORTH SYDNEY
		019	SYDNEY MINES
17	17	001	CAPE BRETON, SUBD. C
		004	LOUISBOURG
		006	CAPE BRETON, SUBD. B
		008	MEMBERTOU 28B (SYDNEY)
		009	GLACE BAY
		011	DOMINION
		012	NEW WATERFORD
		020	ESKASONI 3

- (1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

NEW BRUNSWICK

(1)

SPA	CD	CSD	DESCRIPTION
1	1	006	SAINT JOHN
2	7	022	MONCTON
3	10	032	FREDERICTON
4	2		CHARLOTTE COUNTY
5	3		SUNBURY COUNTY
	4		QUEENS COUNTY
6	1	001 002 004 016	SAINT MARTINS ST. MARTINS SIMONDS MUSQUASH (SAINT JOHN COUNTY, EXCLUDING SAINT JOHN)
	5		KINGS COUNTY
7	6		ALBERT COUNTY
8	7		WESTMORLAND COUNTY, EXCLUDING MONCTON
9	8		KENT COUNTY
10	9		NORTHUMBERLAND COUNTY
11	10		YORK COUNTY, EXCLUDING FREDERICTON
12	11		CARLETON COUNTY
	12		VICTORIA COUNTY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

NEW BRUNSWICK (CONCLUDED)

SPA	CD	CSD	DESCRIPTION
13	13		MADAWASKA COUNTY
14	14		RESTIGOUCHE COUNTY
15	15	006 008 010 011 012 013 014 015 016 017 034 036 037 038	ALLARDVILLE BATHURST PABINEAU 11 BATHURST BERESFORD POINTE-VERTE PETIT-ROCHER BERESFORD NEW BANDON SAINT-LEOLIN BELLEDUNE BERTRAND NIGADOO GRANDE-ANSE
16	15	001 002 004 019 020 021 024 026 027 028 029 031 032	SAUMAREZ SHEILA TRACADIE PAQUETVILLE PAQUETVILLE SAINT-ISIDORE INKERMAN CARAQUET BAS-CARAQUET CARAQUET SHIPPAGAN SHIPPAGAN LAMEQUE

- (1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

QUEBEC

(1)	SPA	CD	CSD	DESCRIPTION
	1	65	260 300	MONTREAL WESTMOUNT
	2	64		ILE-JESUS
	3	20	200 230 260 270 830	LORETTEVILLE QUEBEC VANIER NOTRE-DAME-DES-ANGES VILLAGE-DES-HURONS, WENDAKE
	4	79		HULL
	5	94	300 420	CHICOUTIMI JONQUIERE
	6			MRC 100, 110, 120, 130, 140, 150
		1		ILES-DE-LA-MADELEINE
		2		GASPE-EST
		3		GASPE-OUEST
		4		BONAVENTURE
		6	280	CAPUCINS
	7			MRC 160, 170, 180, 190
		5		MATAPEDIA
		6		DIVISION NO. 6, EXCLUDING CAPUCINS

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		7	200	SAINT-CHARLES-GARNIER
			220	SAINT-FRANCOIS-XAVIER-DES-HAUTEURS
			240	TRINITE-DES-MONTS
			250	ESPRIT-SAINT
			350	SAINT-NARCISSE-DE-RIMOUSKI
			360	MONT-LEBEL
			370	SAINT-MARCELLIN
			390	SAINT-GABRIEL
			400	FLEURIAULT
			410	SAINTE-ANGELE-DE-MERICI
			430	SAINTE-ANGELE-DE-MERICI
			460	SAINT-JOSEPH-DE-LEPAGE
			480	MONT-JOLI
			500	SAINT-JEAN-BAPTISTE
			510	SAINTE-FLAVIE
			520	SAINT-DONAT
			530	LUCEVILLE
			540	SAINTE-LUCE
			550	SAINT-ANACLET-DE-LESSARD
			560	SAINTE-ANNE-DE-LA-POINTE-AU-PERE
			570	RIMOUSKI-EST
			580	RIMOUSKI
			600	SAINTE-ODILE-SUR-RIMOUSKI
			620	SAINTE-BLANDINE
			640	SAINT-VALERIEN
			660	BIC
			680	SAINT-FABIEN
			700	SAINT-EUGENE-DE-LADRIERE
			909	RIMOUSKI, PARTIE RIVIERE-PATAPEDIA-EST
			919	RIMOUSKI, PARTIE LAC-DES-EAUX-MORTES
			929	RIMOUSKI, PARTIE LAC-HURON
			970	RIMOUSKI, PARTIE GRAND-LAC-TOURADI
	8			MRC 300, 310, 315, 320, 325
		7	260	BIENCOURT
			280	LAC-DES-AIGLES
			310	SAINT-GUY
			330	SAINT-MEDARD
			720	SAINT-MATHIEU-DE-RIOUX
			740	SAINT-SIMON
			980	RIMOUSKI, PARTIE LAC-BOISBOUSCACHE
		8		RIVIERE-DU-LOUP

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		9		TEMISCOUATA
		10		KAMOURASKA
		13		L'ISLET
	9			MRC 365, 370
		21		LEVIS
	10			MRC 330, 335, 355, 360
		14		MONTMAGNY
		15		BELLECHASSE
		22		DIVISION NO. 22, EXCLUDING SAINT-ODILON-DE-CRANBOURNE
		23	110 120 130 610 620 680 700 720	SAINTE-AURELIE SAINT-ZACHARIE SAINT-ZACHARIE VALLEE-JONCTION L'ENFANT-JESUS SAINTE-MARIE SAINT-ELZEAR SAINT-ELZEAR-DE-BEAUCE
	11			MRC 340, 345, 350, 510
		22	210	SAINT-ODILON-DE-CRANBOURNE
		23	150 170 180 200	LINIERE SAINT-COME-DE-KENNEBEC SAINT-THEOPHILE SAINT-RENE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
			220	SAINT-MARTIN
			230	SHENLEY
			240	SAINT-HONORE
			260	SAINT-EPHREM-DE-TRING
			270	SAINT-EPHREM-DE-BEAUCE
			280	LAC-POULIN
			290	SAINT-BENOIT-LABRE
			300	SAINT-JEAN-DE-LA-LANDE
			310	SAINT-GEORGES-OUEST
			320	AUBERT-GALLION
			330	SAINT-GEORGES
			340	SAINT-GEORGES-EST
			350	SAINT-PHILIBERT
			360	SAINT-SIMON-LES-MINES
			370	NOTRE-DAME-DES-PINS
			380	BEAUCEVILLE
			390	SAINT-FRANCOIS-DE-BEAUCE
			400	SAINT-FRANCOIS-OUEST
			410	SAINT-ALFRED
			420	SAINT-VICTOR
			430	SAINT-VICTOR-DE-TRING
			440	SAINTE-CLOTILDE-DE-BEAUCE
			460	EAST BROUGHTON
			480	EAST BROUGHTON STATION
			500	SACRE-COEUR-DE-JESUS
			520	SAINT-JULES
			530	TRING JONCTION
			550	SAINT-FREDERIC
			560	SAINT-JOSEPH-DES-ERABLES
			580	SAINT-JOSEPH-DE-BEAUCE
			600	SAINT-JOSEPH-DE-BEAUCE
			640	SAINTS-ANGES
			740	SAINT-SEVERIN
			780	SAINT-PIERRE-DE-BROUGHTON
			900	BEAUCE, PARTIE LAC-DU-PORTAGE
		24		FRONTENAC
		26	110	SAINTE-PRAXEDE
			150	STRATFORD
			200	BEAULAC
			250	GARTHBY
			600	DISRAELI
			620	DISRAELI
			640	SAINT-JACQUES-LE-MAJEUR-DE-WOLFESTOWN

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
			660 680	SAINT-JULIEN SAINT-FORTUNAT
		27	110 130 150 170 190 210 220 240 260 280 290 400 420 470	SAINTE-ANNE-DU-LAC SACRE-COEUR-DE-MARIE-PARTIE-SUD ROBERTSONVILLE SAINT-ANTOINE-DE-PONTBRIAND THETFORD-PARTIE-SUD SAINT-JOSEPH-DE-COLERAIN BLACK LAKE THETFORD MINES RIVIERE-BLANCHE SAINT-ADRIEN-D'IRLANDE IRELAND SAINT-JEAN-DE-BREBEUF KINNEAR'S MILLS SAINT-JACQUES-DE-LEEDS
	12			MRC 375, 405, 410
		26	580 690 700	SAINTS-MARTYRS-CANADIENS HAM-NORD NOTRE-DAME-DE-LOURDES-DE-HAM
		27	310 330 350 360 380 390 440 450 510 570 630 690 750 780	VIANNEY BERNIERVILLE HALIFAX-SUD HALIFAX-NORD SAINTE-SOPHIE SAINT-PIERRE-BAPTISTE INVERNESS INVERNESS LYSTER LAURIERVILLE SAINTE-JULIE PLESSISVILLE PLESSISVILLE NOTRE-DAME-DE-LOURDE
		28	110 130 150 180	SAINT-SYLVESTRE SAINT-SYLVESTRE SAINTE-AGATHE SAINTE-AGATHE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1) SPA	CD	CSD	DESCRIPTION
		200	SAINT-PATRICE-DE-BEAURIVAGE
		230	SAINT-NARCISSE-DE-BEAURIVAGE
		250	SAINT-GILLES
		280	SAINT-AGAPIT
		290	SAINT-OCTAVE-DE-DOSQUET
		310	VILLEROY
		340	VAL-ALAIN
		370	SAINT-JANVIER-DE-JOLY
		400	SAINT-FLAVIEN
		420	SAINT-FLAVIEN
		440	LAURIER-STATION
		470	NOTRE-DAME-DU-SACRE-COEUR-D'ISSOUDUN
		490	SAINT-APOLLINAIRE
		510	SAINT-ANTOINE-DE-TILLY
		550	SAINTE-CROIX
		590	SAINTE-CROIX
		630	SAINT-EDOUARD-DE-LOTBINIERE
		660	LOTBINIERE
		680	LECLERCVILLE
		700	SAINTE-EMMELIE
	33	480	SAINT-SAMUEL
	34		DIVISION NO. 34, EXCLUDING TROIS-LACS
	41	120 160	KINGSEY FALLS KINGSEY FALLS
13			MRC 415, 420, 425
	28	710 730 750 760 770 780	SAINTE-FRANCOISE FORTIERVILLE SAINTE-PHILOMENE-DE-FORTIERVILLE SAINT-JACQUES-DE-PARISVILLE DESCHAILLONS-SUR-SAINT-LAURENT DESCHAILLONS
	33		DIVISION NO. 33, EXCLUDING SAINT-SAMUEL
	41		DIVISION NO. 41, EXCLUDING KINGSEY FALLS

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		42	120 200 300 340 420 440 460 480 530 580 640 660 680 700 830	SAINT-JOACHIM-DE-COURVAL SAINT-BONAVENTURE SAINT-GUILLAUME SAINT-GUILLAUME SAINT-PIE-DE-GUIRE SAINT-ELPHEGE SAINT-ZEPHIRIN-DE-COURVAL LA VISITATION-DE-YAMASKA BAIE-DU-FEBVRE PIERREVILLE SAINT-THOMAS-DE-PIERREVILLE NOTRE-DAME-DE-PIERREVILLE SAINT-FRANCOIS-DU-LAC SAINT-FRANCOIS-DU-LAC ODANAK 12
	14			MRC 560
		25	440	WATERVILLE
		36		DIVISION NO. 36, EXCLUDING ASCOT CORNER AND ORFORD
	15			MRC 520, 530, 540, 570, 580
		25		DIVISION NO. 25, EXCLUDING WATERVILLE
		26	300 350 380 400 430 450 480 530 560 710 720 740	FONTAINEBLEAU SAINT-GERARD WEEDON-CENTRE WEEDON BISHOPTON MARBLETON DUDSWELL SAINT-CAMILLE SAINT-JOSEPH-DE-HAM-SUD SAINT-ADRIEN WOTTONVILLE WOTTON
		34	210	TROIS-LACS

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
	35		RICHMOND
	36	250 700	ASCOT CORNER ORFORD
	37		STANSTEAD
	38	140 310 320 340 360 380	POTTON SAINT-BENOIT-DU-LAC AUSTIN EASTMAN BOLTON-EST SAINT-ETIENNE-DE-BOLTON
	39	120 140 400 420 450 540 600 650 700	STUKELY-SUD STUKELY-SUD LAWRENCEVILLE SAINTE-ANNE-DE-LA ROCHELLE BONSECOURS RACINE VALCOURT VALCOURT MARICOURT
16			MRC 600, 645
	38	180 220 280 400 450 500 600 700 780	ABERCORN SUTTON SUTTON BOLTON-OUEST BROME LAC-BROME EAST FARNHAM BRIGHAM BROMONT
	39	160 180 200 240 260	WATERLOO WARDEN SHEFFORD GRANBY SAINT-ALPHONSE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
			280	GRANBY
			320	SAINTE-CECILE-DE-MILTON
			340	ROXTON POND
			360	ROXTON POND
			380	SAINT-JOACHIM-DE-SHEFFORD
	54		140	FRELIGHSBURG
			180	PHILIPSBURG
			200	SAINTE-ARMAND-OUEST
			310	SAINTE-PIERRE-DE-VERONNE-A-PIKE-RIVER
			320	STANBRIDGE STATION
			360	BEDFORD
			380	BEDFORD
			400	STANBRIDGE
			450	DUNHAM
			480	COWANSVILLE
			520	SAINTE-IGNACE-DE-STANBRIDGE
			600	NOTRE-DAME-DE-STANBRIDGE
			700	SAINTE-SABINE
			750	FARNHAM
			780	RAINVILLE
	17			MRC 640, 650, 655
	39		680	BETHANIE
			730	ROXTON FALLS
			750	ROXTON
			780	SAINTE-VALERIE-DE-MILTON
	40			BAGOT
	50		120	SAINTE-MARCEL
			280	SAINTE-LOUIS
	51		120	SAINTE-DAMASE
			160	SAINTE-DAMASE
			200	NOTRE-DAME-DE-SAINTE-HYACINTE
			260	SAINTE-MADELEINE
			280	SAINTE-MARIE-MADELEINE
			400	LA PRESENTATION
			420	SAINTE-THOMAS-D'AQUIN
			460	SAINTE-HYACINTE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		480 520 600 780	SAINT-HYACINTHE-LE-CONFESSEUR SAINT-BARNABE SAINT-JUDE SAINT-BERNARD-PARTIE-SUD
	52		DIVISION NO. 52, EXCLUDING OTTERBURN PARK, AND MONT-SAINT-HILAIRE
18			MRC 660, 665
	42	380 720 740 760 780	SAINT-DAVID SAINT-GERARD-MAJELLA YAMASKA-EST YAMASKA SAINT-MICHEL-D'YAMASKA
	50		DIVISION NO. 50, EXCLUDING SAINT-MARCEL AND SAINT-LOUIS
	56	750	BOUCHERVILLE
	57	280 320 400 520 600 780	SAINTE-JULIE VARENNES SAINT-AMABLE VERCHERES CALIXA-LAVALLEE CONTRECOEUR
19			MRC 635
	51	320 340 700 740	SAINT-CHARLES-SUR-RICHELIEU SAINT-CHARLES SAINT-DENIS SAINT-DENIS
	52	700 780	OTTERBURN PARK MONT-SAINT-HILAIRE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		56	120 200 280 310	CHAMBLY CARIGNAN SAINT-BASILE-LE-GRAND SAINT-BRUNO-DE-MONTARVILLE
		57	110 150 200 480 670	MCMASTERVILLE BELOEIL SAINT-MATHIEU-DE-BELOEIL SAINT-MARC-SUR-RICHELIEU SAINT-ANTOINE-SUR-RICHELIEU
	20			MRC 610, 615
		53		IBERVILLE
		54	220 240 260 280	VENISE-EN-QUEBEC CLARENCEVILLE SAINT-GEORGES-DE-CLARENCEVILLE NOYAN
		55		SAINT-JEAN
		66	120	SAINT-JACQUES-LE-MINEUR
		67		NAPIERVILLE
		68	120 180	HEMMINGFORD HEMMINGFORD
		69	120	SAINTE-CLOTHILDE-DE-CHATEAUGUAY
	21			MRC 620, 625
		68		DIVISION NO. 68, EXCLUDING HEMMINGFORD

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
	69	180 240 300 360 400 660 720 740 780	SAINT-CHRYSOSTOME SAINT-JEAN-CHRYSOSTOME SAINT-URBAIN-PREMIER SAINTE-MARTINE SAINT-PAUL-DE-CHATEAUGUAY HOWICK TRES-SAINT-SACREMENT ORMSTOWN SAINT-MALACHIE-D'ORMSTOWN
	70		BEAUHARNOIS
22			(PART OF QUEBEC CITY REGION)
	20	110 140 170 510	BEAUPORT CHARLESBOURG SAINT-EMILE LAC-SAINT-CHARLES
23			(PART OF QUEBEC CITY REGION)
	20	290 320 350 400 430	ANCIENNE-LORETTE SILLERY CAP-ROUGE SAINTE-FOY VAL-BELAIR
	29	110	SAINT-AUGUSTIN-DE-DESMAURES
24			MRC 632
	66		DIVISION NO. 66, EXCLUDING BROSSARD AND SAINT-JACQUES-LE-MINEUR
	69	480 540 600	MERCIER LERY CHATEAUGUAY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
	25	56	650	MRC 634 LONGUEUIL
	26	56	400 450	MRC 634 SAINT-HUBERT GREENFIELD PARK
	27	56	500 580	MRC 634 LEMOYNE SAINT-LAMBERT
		66	380	BROSSARD
	28	65	200	MONTREAL-NORD
	29	65	220	SAINT-LEONARD
	30	65	160 180	MONTREAL-EST ANJOU
	31	65	320 340	VERDUN LASALLE
	32	65	360 380 400 420 440 500 520	MONTREAL-OUEST HAMPSTEAD SAINT-PIERRE LACHINE COTE-SAINT-LUC DORVAL ILE-DORVAL
	33	65	280 460 480	OUTREMONT MONT-ROYAL SAINT-LAURENT

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
34	65	540 560 580 600 700 720 740	POINTE-CLAIRE ROXBORO DOLLARD-DES-ORMEAUX KIRKLAND PIERREFONDS SAINT-RAPHAEL-DE-L'ILE-BIZARD SAINTE-GENEVIEVE
35			MRC 628, SENNEVILLE, BAIE-D'URFE, STE ANNE-DE-BELLEVUE, BEACONSFIELD
	65	620 640 660 680	BEACONSFIELD BAIE-D'URFE SAINTE-ANNE-DE-BELLEVUE SENNEVILLE
	71		SOULANGES
	72		VAUDREUIL
36			MRC 910, 920, 930, 940, 990
	97		DIVISION NO. 97, EXCLUDING BAIE-SAINTE-CATHERINE AND SAGUENAY, PARTIE SAGARD
	98	450	SCHEFFERVILLE
37			MRC 380, 385, 390, 395, 398
	11		CHARLEVOIX-EST
	12		CHARLEVOIX-OUEST
	16		MONTMORENCY NO. 2

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		17		MONTMORENCY NO. 1
		20	490 530 540 560	LAC-DELAGE SAINT-DUNSTAN-DU-LAC-BEAUPORT SAINT-GABRIEL-DE-VALCARTIER STONEHAM ET TEWKESBURY
		29	130 140 160 180	SAINTE-CATHERINE-DE-LA-JACQUES-CARTIER FOSSAMBAULT-SUR-LE-LAC SHANNON LAC-SAINT-JOSEPH
		97	530 985	BAIE-SAINTE-CATHERINE SAGUENAY, PARTIE SAGARD
	38			MRC 378, 440, 470, 480
		20	750 909 919 929 939 980	LAC-EDOUARD QUEBEC, PARTIE LAC-CROCHE QUEBEC, PARTIE LAC-BLANC QUEBEC, PARTIE LAC-DES-MOIRES QUEBEC, PARTIE LAC-TOURLAY QUEBEC, PARTIE KISKISSINK
		29	200 220 250 270 280 300 320 340 360 380 400 410 420 430 440	PONT-ROUGE SAINTE-JEANNE-DE-PONT-ROUGE NEUVILLE POINTE-AUX-TREMBLES DONNACONA CAP-SANTE SAINT-BASILE-SUD SAINT-BASILE NOTRE-DAME-DE-PORTNEUF PORTNEUF DESCHAMBAULT SAINT-JOSEPH-DE-DESCHAMBAULT GRONDINES SAINT-GILBERT SAINT-MARC-DES-CARRIERES

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		500	SAINT-CASIMIR
		520	SAINT-CASIMIR
		530	SAINT-THURIBE
		540	SAINT-ALBAN
		550	SAINT-ALBAN
		560	SAINTE-CHRISTINE
		580	SAINT-LEONARD-DE-PORTNEUF
		590	LAC-SERGENT
		600	SAINT-RAYMOND
		620	SAINT-RAYMOND
		650	RIVIERE-A-PIERRE
		680	NOTRE-DAME-DE-MONTAUBAN
		720	SAINT-UBALDE
		780	LAC-AUX-SABLES
		900	PORTNEUF, PARTIE LINTON
	32	350	NOTRE-DAME-DU-MONT-CARMEL
		360	SHAWINIGAN-SUD
		380	LAC-A-LA-TORTUE
		430	SAINT-SEVERIN
		440	SAINT-ADELPHE
		460	SAINTE-THECLE
		480	SAINTE-THECLE
		490	SAINT-TITE
		500	SAINT-TITE
		510	HEROUXVILLE
		530	SAINT-GEORGES
		550	GRAND-MERE
		560	SAINT-JEAN-DES-PILES
		570	GRANDES-PILES
		590	SAINT-ROCH-DE-MEKINAC
		630	BOUCHER
		660	HAUTE-MAURICIE
		700	LA TUQUE
		740	LANGELIER
		780	PARENT
		880	WEYMONTACHIE 23
		909	CHAMPLAIN, PARTIE PETIT-LAC-WAYAGAMAC
		919	CHAMPLAIN, PARTIE LAC-LAPEYRERE
		929	CHAMPLAIN, PARTIE LAC-MASKETSI
		959	CHAMPLAIN, PARTIE RIVIERE-WINDIGO
		969	CHAMPLAIN, PARTIE LAC-NORMAND
		979	CHAMPLAIN, PARTIE LAC-DES-CINQ
	43	440	CHARETTE
		480	SAINT-BONIFACE-DE-SHAWINIGAN

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
			500 540 560 600 700	BAIE-DE-SHAWINIGAN SHAWINIGAN SAINT-GERARD-DES-LAURENTIDES SAINT-MATHIEU SAINT-ELIE
	39			MRC 435
		32	110 130 150 160 180 200 230 260 280 310 330 400 420	LA PERADE SAINTE-ANNE-DE-LA-PERADE SAINT-PROSPER SAINT-FRANCOIS-XAVIER-DE-BATISCAN SAINTE-GENEVIEVE-DE-BATISCAN SAINT-LUC CHAMPLAIN SAINTE-MARTHE-DU-CAP-DE-LA-MADELEINE CAP-DE-LA-MADELEINE SAINT-LOUIS-DE-FRANCE SAINT-AURICE SAINT-NARCISSE SAINT-STANISLAS
		43	120 140 200 400	TROIS-RIVIERES-OUEST TROIS-RIVIERES POINTE-DU-LAC SAINT-ETIENNE-DES-GRES
	40			MRC 450, 678, 680, 690
		43	260 280 320 360 909 919 929 939 949 959 969 979 989	YAMACHICHE SAINTE-ANNE-D'YAMACHICHE SAINT-SEVERE SAINT-BARNABE SAINT-AURICE, PARTIE LAC-WAPIZAGONKE SAINT-AURICE, PARTIE LAC-MARCOTTE SAINT-AURICE, PARTIE LAC-MINAKI SAINT-AURICE, PARTIE RIVIERE-DE-LA-SAVANE SAINT-AURICE, PARTIE LAC-DEVENYNS SAINT-AURICE, PARTIE BAIE-OBAOCA SAINT-AURICE, PARTIE LAC-AKONAPWEHIKAN SAINT-AURICE, PARTIE LAC-WAGWABIKA SAINT-AURICE, PARTIE LAC-PELLERIN

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
	47		MASKINONGE
	49		BERTHIER
	58		JOLIETTE
	61	360	RAWDON
		380	RAWDON
		440	LAC-PARE
		460	CHERTSEY
		510	NOTRE-DAME-DE-LA-MERCI
		530	SAINT-DONAT
		909	MONTCALM, PARTIE LAC-DES-DIX-MILLES
		919	MONTCALM, PARTIE CHUTE-DU-DIABLE
		929	MONTCALM, PARTIE BAIE-DES-CHALOUPE
		939	MONTCALM, PARTIE LAC-SANTE
		948	MONTCALM, PARTIE LAC-DOUAIRE
		958	MONTCALM, PARTIE LAC-LENOTRE
		968	MONTCALM, PARTIE LAC-BRICAULT
41			MRC 676, 682
	61	110	SAINTE-MARIE-SALOME
		200	SAINT-ESPRIT
		220	SAINT-ALEXIS
		240	SAINT-ALEXIS
		280	SAINT-JACQUES
		300	SAINT-JACQUES
		340	SAINT-LIGUORI
		400	SAINTE-JULIENNE
		420	SAINT-CALIXTE
	62	110	SAINT-SULPICE
		140	L'ASSOMPTION
		180	L'ASSOMPTION
		200	REPENTIGNY
		240	LE GARDEUR
		260	CHARLEMAGNE
		360	L'EPIPHANIE
		400	L'EPIPHANIE
		420	SAINT-GERARD-MAJELLA
		480	SAINT-ROCH-DE-L'ACHIGAN

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
			600 700 780	SAINT-ROCH-OUEST LAURENTIDES SAINT-LIN
	42			MRC 673, 674
		62	280 310 510	LACHENAIE MASCOUCHE LA PLAINE
		63	110 130 150 170 190 200 240 250	BOISBRIAND ROSEMERE SAINTE-THERESE LORRAINE BLAINVILLE BOIS-DES-FILION TERREBONNE SAINTE-ANNE-DES-PLAINES
	43			MRC 671, 686, MIRABEL
		73		DIVISION NO. 73, EXCLUDING SAINT-COLOMBAN
		74	110 150 190 230 270 300 320 330 380 410 500 540 580	SAINT-ANDRE-EST CARILLON SAINT-ANDRE-D'ARGENTEUIL LACHUTE BROWNSBURG CHATHAM GRENVILLE CALUMET GRENVILLE HARRINGTON WENTWORTH GORE MILLE-ISLES
	44			MRC 684, 687, 689

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
	61	480 550	ENTRELACS VAL-DES-LACS
	63	270 280 310 330 350 370 390 400 420 440 450 460 480 510 530 550 570 580 590 600 610 620 630 640 660 670 680 700 740 760 780 820	NEW GLASGOW SAINTE-SOPHIE SAINT-ANTOINE SAINT-JEROME LAFONTAINE BELLEFEUILLE SAINTE-ANNE-DES-LACS PREVOST SAINT-SAUVEUR-DES-MONTS SAINT-SAUVEUR MONT-ROLLAND PIEDMONT SAINT-HIPPOLYTE SAINTE-ADELE VAL-MORIN VAL-DAVID ESTEREL SAINTE-MARGUERITE-DU-LAC-MASSON SAINTE-LUCIE-DES-LAURENTIDES LANTIER SAINTE-AGATHE-SUD SAINTE-AGATHE-DES-MONTS SAINTE-AGATHE IVRY-SUR-LE-LAC SAINT-FAUSTIN LAC-CARRE LAC-SUPERIEUR BREBEUF SAINT-JOVITE SAINT-JOVITE MONT-TREMBLANT DONCASTER 17
	73	750	SAINT-COLMBAN
	74	440 460 620 660 680 720	LAC-DES-SEIZE-ILES WENTWORTH-NORD MORIN HEIGHTS SAINT-ADOLPHE-D'HOWARD BARKMERE MONTCALM

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
			760 780	ARUNDEL HUBERDEAU
		75	620	AMHERST
		76	120 150 200 260	LA CONCEPTION LAC-TREMBLANT-NORD LABELLE LA MINERVE
	45			MRC 710, 730, 740, 750, PONTIAC, MASSON, BUCKINGHAM, ANGE-GARDIEN, LA PECHE, VAL-DES-MONTS, N.D.-DE-LA-SALETTE, AYLNER, HULL PARTIE-OUEST
		75		DIVISION NO. 75, EXCLUDING AMHERST
		76	340 360 380 400 420 440 480 500 520 540 560 580 610 620 630 640 650 660 680 690 700 710 780 909	NOTRE-DAME-DU-LAUS NOTRE-DAME-DE-PONTMAIN LAC-DU-CERF SAINT-AIME-DU-LAC-DES-ILES KIAMIKA LAC-NOMININGUE LAC-SAGUAY SAINTE-VERONIQUE L'ANNONCIATION MARCHAND LA MACAZA L'ASCENSION CHUTE-SAINT-PHILIPPE VAL-BARRETTE LAC-DES-ECORCES BEAUX-RIVAGES MONT-LAURIER DES RUISSEAUX LAC-SAINT-PAUL MONT-SAINT-MICHEL SAINTE-ANNE-DU-LAC FERME-NEUVE FERME-NEUVE LABELLE, PARTIE LAC-FERIOLE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		910 929 970	LABELLE, PARTIE LAC-MARIE-LEFRANC LABELLE, PARTIE LAC-ERNEST LABELLE, PARTIE PERODEAU
	78		GATINEAU
	80		PONTIAC
46			MRC 810, 820, 890
	83		TEMISCAMINGUE
	84	260 310 315 320 325 330 340 345 350 360 365 370 380 390 400 410 670 685 700 720 725 730 740 750 960	CADILLAC DUPARQUET RAPIDE-DANSEUR ROQUEMAURE CLERVAL SAINTE-HELENE-DE-MANCEBOURG SAINT-LAURENT SAINTE-GERMAINE-BOULE PALMAROLLE COLOMBOURG MACAMIC MACAMIC POULARIES AUTHIER TASCHEREAU TASCHEREAU SAINT-JANVIER LA SARRE SAINT-JACQUES-DE-DUPUY CLERMONT LA REINE VAL-SAINT-GILLES NORMETAL SAINT-LAMBERT ABITIBI, PARTIE OEIL-DU-NORD
47			MRC 210, 230, 240, 260

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		90		LAC-SAINT-JEAN-OUEST
		93		LAC-SAINT-JEAN-EST
		94		DIVISION NO. 94, EXCLUDING CHICOUTIMI AND JONQUIERE
	48			MRC 830, 850, DIVISION 98 RESIDUAL
		84	180	VAL-D'OR
			190	VAL-SENNEVILLE
			200	SULLIVAN
			210	MALARTIC
			220	VASSAN
			230	LA CORNE
			240	LA MOTTE
			270	PREISSAC
			280	SAINT-NORBERT-DE-MONT-BRUN
			290	SAINT-JOSEPH-DE-CLERICY
			295	LAC-DUFAULT
			300	D'ALEMBERT
			305	DESTOR
			420	LAUNAY
			430	TRECESSON
			433	SAINTE-GERTRUDE-MANNEVILLE
			435	SAINT-MATHIEU
			440	SAINT-MARC-DE-FIGUERY
			445	AMOS
			450	AMOS-EST
			460	SAINT-FELIX-DE-DALQUIER
			470	LANDRIENNE
			490	BARRAUTE
			500	FIEDMONT-ET-BARRAUTE
			505	DUBUISSON
			508	RIVIERE-HEVA
			510	BELCOURT
			520	CHAMPNEUF
			530	SENNETERRE
			540	SENNETERRE
			660	SAINT-DOMINIQUE-DU-ROSAIRE
			665	LA MORANDIERE
			669	ROCHEBAUCOURT
			735	AUTHIER-NORD
			770	BERRY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

QUEBEC (CONCLUDED)

SPA	CD	CSD	DESCRIPTION
		810	OBEDJIWAN 28
		830	LAC SIMON
		860	PIKOGAN
		908	ABITIBI, PARTIE MATCHI-MANITOU
		920	ABITIBI, PARTIE OBEDJIWAN
		939	ABITIBI, PARTIE LAC-DESPINASSY
		945	ABILIBI, PARTIE LAC-BOUSQUET
		949	ABITIBI, PARTIE LAC-FOUILLAC
		959	ABITIBI, PARTIE LAC-SURIMAU
		969	ABITIBI, PARTIE LAC-CHICOBIE
		975	ABITIBI, PARTIE LAC-DUPARQUET
		979	ABITIBI, PARTIE RIVIERE-OJIMA
	98		DIVISION NO. 98, EXCLUDING SCHEFFERVILLE

- (1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION
 MRC = MUNICIPALITE REGIONALE DE COMPTE

ONTARIO

(1)

SPA	CD	CSD	DESCRIPTION
1	20	004	TORONTO
2	20	008	NORTH YORK
3	20	001	SCARBOROUGH
4	21	005	MISSISSAUGA
5	25	018	HAMILTON
6	20	019	ETOBICOKE
7	6	009 011 014	VANIER ROCKCLIFFE PARK OTTAWA
8	39	036	LONDON
9	37	039	WINDSOR
10	21	010	BRAMPTON
11	30	013 016	KITCHENER WATERLOO
12	20	014	YORK
13	53	007	SUDBURY
14	57	061	SAULT STE. MARIE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ONTARIO (CONTINUED)

SPA	CD	CSD	DESCRIPTION
15	58	004	THUNDER BAY
16	26	053	ST. CATHARINES
17	18	013	OSHAWA
18	24	002	BURLINGTON
19	20	006	EAST YORK
20	1		STORMONT, DUNDAS AND GLENGARRY UNITED COUNTIES
	2		PRESCOTT AND RUSSELL UNITED COUNTIES
21	6	001	(OTTAWA-CARLETON REGIONAL MUNICIPALITY EAST, EXCLUDING OTTAWA, VANIER AND ROCKCLIFFE PARK)
		004	
		006	
		018	
22	6	012	(OTTAWA-CARLETON REGIONAL MUNICIPALITY WEST)
		027	
		030	
		042	
23	7		LEEDS AND GRENVILLE UNITED COUNTIES
24	9		LANARK COUNTY
	47		RENFREW COUNTY
25	10		FRONTENAC COUNTY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ONTARIO (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		11		LENNOX AND ADDINGTON COUNTY
	26	12		HASTINGS COUNTY
	27	13		PRINCE EDWARD COUNTY
		14		NORTHUMBERLAND COUNTY
	28	15		PETERBOROUGH COUNTY
	29	16		VICTORIA COUNTY
		44		MUSKOKA DISTRICT MUNICIPALITY
		46		HALIBURTON COUNTY
	30	18		DURHAM REGIONAL MUNICIPALITY, EXCLUDING OSHAWA
	31	19	036 038 044	MARKHAM RICHMOND HILL WHITCHURCH-STOUFFVILLE
	32	19	028 046 048 049 054 070 076	VAUGHAN AURORA NEWMARKET KING EAST GWILLIMBURY GEORGINA GEORGINA ISLAND 33 (YORK REGIONAL MUNICIPALITY EXCLUDING SPA 31)
	33	21	024	PEEL REGIONAL MUNICIPALITY, EXCLUDING BRAMPTON AND MISSISSAUGA
		22		DUFFERIN COUNTY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ONTARIO (CONTINUED)

SPA	CD	CSD	DESCRIPTION
34	23		WELLINGTON COUNTY
35	24	001 009 015	OAKVILLE (HALTON REGIONAL MUNICIPALITY, MILTON EXCLUDING BURLINGTON) HALTON HILLS
36	25	003 009 014 026 030	STONEY CREEK (HAMILTON-WENTWORTH REGIONAL GLANBROOK MUNICIPALITY, EXCLUDING ANCASTER HAMILTON) DUNDAS FLAMBOROUGH
37	26	037 043 047	THOROLD NIAGARA FALLS NIAGARA-ON-THE-LAKE
38	26	003 011 014 021 028 032 057 065	FORT ERIE (NIAGARA REGIONAL MUNICIPALITY, PORT COLBORNE EXCLUDING SPA'S 16 AND 37) WAINFLEET WEST LINCOLN PELHAM WELLAND LINCOLN GRIMSBY
39	28		HALDIMAND-NORFOLK REGIONAL MUNICIPALITY
40	29		BRANT COUNTY
41	30	004 010 020 027 035	NORTH DUMFRIES (WATERLOO REGIONAL MUNICIPALITY, CAMBRIDGE EXCLUDING KITCHENER AND WILMOT WATERLOO) WELLESLEY WOOLWICH
42	31		PERTH COUNTY
	40		HURON COUNTY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ONTARIO (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
	43	32		OXFORD COUNTY
	44	34		ELGIN COUNTY
		39		MIDDLESEX COUNTY, EXCLUDING LONDON
	45	36		KENT COUNTY
	46	37		ESSEX COUNTY, EXCLUDING WINDSOR
	47	38		LAMBTON COUNTY
	48	41		BRUCE COUNTY
		42		GREY COUNTY
	49	43	001 004 006 008 011 012 016 021 022 024 026 041 042	ADJALA TECUMSETH TOTTENHAM BEETON WEST GWILLIMBURY BRADFORD INNISFIL ESSA COOKSTOWN ALLISTON TOSORONTIO VESPRA BARRIE (SIMCOE COUNTY SOUTH PART)
	50	43	029 031 032 034 036 041	NOTTAWASAGA COLLINGWOOD STAYNER CREEMORE SUNNIDALE VESPRA (SIMCOE COUNTY NORTH PART)

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ONTARIO (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		042	BARRIE
		046	ORO
		048	MARA
		049	RAMA
		050	RAMA 32
		051	ORILLIA
		052	ORILLIA
		056	MEDONTE
		058	COLDWATER
		061	FLOS
		062	ELMVALE
		064	WASAGA BEACH
		068	TINY
		069	CHRISTIAN ISLAND 30
		070	CHRISTIAN ISLAND 30A
		071	TAY
		072	PENETANGUISHENE
		074	MIDLAND
		076	PORT MCNICOLL
		078	VICTORIA HARBOUR
		079	MATCHEDASH
51	48		NIPISSING DISTRICT
	54		TIMISKAMING DISTRICT
52	49		PARRY SOUND DISTRICT
	51		MANITOULIN DISTRICT
	52		SUDBURY DISTRICT
	53		SUDBURY REGIONAL MUNICIPALITY, EXCLUDING SUDBURY
53	56		COCHRANE DISTRICT
54	57		ALGOMA DISTRICT, EXCLUDING SAULT STE. MARIE

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ONTARIO (CONCLUDED)

(1)

SPA	CD	CSD	DESCRIPTION
	58		THUNDER BAY DISTRICT, EXCLUDING THUNDER BAY
55	59		RAINY RIVER DISTRICT
	60		KENORA DISTRICT

(1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

MANITOBA

SPA	CD	CSD	DESCRIPTION
1	11		DIVISION NO. 11 (WINNIPEG)
2	7	062	BRANDON
3	1		DIVISION NO. 1
	2		DIVISION NO. 2
4	3		DIVISION NO. 3
	10		DIVISION NO. 10
5	4		DIVISION NO. 4
	5		DIVISION NO. 5
	7		DIVISION NO. 7, EXCLUDING BRANDON
6	8		DIVISION NO. 8
	9		DIVISION NO. 9
7	12		DIVISION NO. 12
	13		DIVISION NO. 13
8	14		DIVISION NO. 14
	18		DIVISION NO. 18
9	6		DIVISION NO. 6

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

MANITOBA (CONTINUED)

(1)	SPA	CD	CSD	DESCRIPTION
		15		DIVISION NO. 15
		16		DIVISION NO. 16
10		17		DIVISION NO. 17
		20		DIVISION NO. 20
11		19		DIVISION NO. 19
		21		DIVISION NO. 21
12		22		DIVISION NO. 22
		23		DIVISION NO. 23

(1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

SASKATCHEWAN

SPA	CD	CSD	DESCRIPTION
1	6	027	REGINA
2	11	066	SASKATOON
3	7	039	MOOSE JAW
4	15	066	PRINCE ALBERT
5	1		DIVISION NO. 1
	2		DIVISION NO. 2
6	3		DIVISION NO. 3
	7		DIVISION NO. 7, EXCLUDING MOOSEJAW
7	4		DIVISION NO. 4
	8		DIVISION NO. 8
8	5		DIVISION NO. 5
9	6		DIVISION NO. 6, EXCLUDING REGINA
10	9		DIVISION NO. 9
11	10		DIVISION NO. 10
12	11		DIVISION NO. 11, EXCLUDING SASKATOON
13	12		DIVISION NO. 12

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

SASKATCHEWAN (CONCLUDED)

(1)

SPA	CD	CSD	DESCRIPTION
	13		DIVISION NO. 13
14	14		DIVISION NO. 14
15	15		DIVISION NO. 15, EXCLUDING PRINCE ALBERT
16	16		DIVISION NO. 16
	17		DIVISION NO. 17
	18		DIVISION NO. 18

(1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

ALBERTA

SPA	CD	CSD	DESCRIPTION
1	6	016	CALGARY
2	11	061	EDMONTON
3	2	012	LETHBRIDGE
4	8	011	RED DEER
5	1	006	MEDICINE HAT
6			(SOUTH EAST ALBERTA)
	1		DIVISION NO. 1, EXCLUDING MEDICINE HAT
	4		DIVISION NO. 4
	7		DIVISION NO. 7
7	2		DIVISION NO. 2, EXCLUDING LETHBRIDGE
8			(SOUTH WEST ALBERTA)
	3		DIVISION NO. 3
	15	001 003 007	IMPROVEMENT DISTRICT NO. 4 IMPROVEMENT DISTRICT NO. 6 CROWNEST PASS
9	5		DIVISION NO. 5
10	6		DIVISION NO. 6, EXCLUDING CALGARY

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ALBERTA (CONTINUED)

(1)

SPA	CD	CSD	DESCRIPTION
11			(CENTRAL WEST ALBERTA)
	9		DIVISION NO. 9
	14		DIVISION NO. 14
	15		DIVISION NO. 15
	18		DIVISION NO. 18
12	8		NEW DIVISION NO. 8, EXCLUDING RED DEER
13	10		DIVISION NO. 10
14	11	052 056	(DIVISION 11 NW) STRATHCONA COUNTY NO. 20 FORT SASKATCHEWAN
15	11	059 062 064 065 066 068 069 805	(DIVISION 11 NE) STURGEON NO. 90 ST. ALBERT GIBBONS REDWATER BON ACCORD MORINVILLE LEGAL ALEXANDER 134
16	11	031 034 036 038 039 041 042 044 045	(DIVISION 11 WEST) DRAYTON VALLEY PARKLAND COUNTY NO. 31 ENTWISTLE SEBA BEACH BETULA BEACH POINT ALISON LAKEVIEW KAPASIWIN WABAMUN

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ALBERTA (CONTINUED)

SPA	CD	CSD	DESCRIPTION
		046 048 049 804 806	EDMONTON BEACH STONY PLAIN SPRUCE GROVE STONY PLAIN 135 WABAMUN 133A
17	11	001 002 003 004 005 006 008 009 011 012 013 014 016 018 019 020 021 022 023 024 026 801 802 803	(DIVISION 11 SOUTH) WETASKIWIN COUNTY NO. 10 WETASKIWIN ARGENTIA BEACH GRANDVIEW POPLAR BAY CRYSTAL SPRINGS MA-ME-O BEACH SILVER BEACH MILLET LEDUC COUNTY NO. 25 BEAUMONT NEW SAREPTA LEDUC DEVON CALMAR SUNDANCE BEACH THORSBY ITASKA BEACH GOLDEN DAYS WARBURG BRETON ERMINESKIN 138 PIGEON LAKE 138A LOUIS BULL 138B
18			NOT USED
19	12		NEW DIVISION NO. 12
20	13		DIVISION NO. 13
21	16		DIVISION NO. 16

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

ALBERTA (CONCLUDED)

(1)	SPA	CD	CSD	DESCRIPTION
		17		NEW DIVISION NO. 17
	22	19		NEW DIVISION NO. 19

- (1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

BRITISH COLUMBIA

SPA	CD	CSD	DESCRIPTION
1	15	018 022 803	UNIVERSITY ENDOWMENT AREA VANCOUVER MUSQUEAM 2
2	15	004 007 801	SURREY WHITE ROCK SEMIAHMOO
3	15	025	BURNABY
4	15	015	RICHMOND
5	17	021	SAANICH
6	15	011 802 810	DELTA TSAWASSEN MUSQUEAM 4
7	53	023	PRINCE GEORGE
8	15	046 051 806 807	NORTH VANCOUVER NORTH VANCOUVER BURNARD INLET 3 MISSION 1
9	33	042	KAMLOOPS
10	15	034 039	COQUITLAM PORT COQUITLAM
11	15	036 043 055 063 065 804	BELCARRA PORT MOODY WEST VANCOUVER GREATER VANCOUVER, SUBD. A LIONS BAY COQUITLAM 2

(PART OF GREATER
VANCOUVER REGIONAL
DISTRICT)

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

BRITISH COLUMBIA (CONTINUED)

(1)

SPA	CD	CSD	DESCRIPTION
		805 808 809	COQUITLAM 1 CAPILANO 5 BARNSTON ISLAND 3
12	15	029	NEW WESTMINSTER
13	17	030 034	OAK BAY VICTORIA
14	17		CAPITAL REGIONAL DISTRICT, EXCLUDING OAK BAY, SAANICH AND VICTORIA
15	1		EAST KOOTENAY REGIONAL DISTRICT
16	3		CENTRAL KOOTENAY REGIONAL DISTRICT
	5		KOOTENAY BOUNDARY REGIONAL DISTRICT
	7		OKANAGAN - SIMILKAMEEN REGIONAL DISTRICT
17			NOT USED
18	9		FRASER-CHEAM REGIONAL DISTRICT
19	11		CENTRAL FRASER VALLEY REGIONAL DISTRICT
20	13		DEWDNEY-ALOUETTE REGIONAL DISTRICT
21			NOT USED
22	19		COWICHAN VALLEY REGIONAL DISTRICT

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

BRITISH COLUMBIA (CONTINUED)

1)	SPA	CD	CSD	DESCRIPTION
		23		ALBERNI-CLAYOQUOT REGIONAL DISTRICT
		21		NANAIMO REGIONAL DISTRICT
	23	25		COMOX-STRATHCONA REGIONAL DISTRICT
		43		MOUNT WADDINGTON REGIONAL DISTRICT
	24	27		POWELL RIVER REGIONAL DISTRICT
		29		SUNSHINE COAST REGIONAL DISTRICT
		31		SQUAMISH-LILLOOET REGIONAL DISTRICT
	25			NOT USED
	26	35		CENTRAL OKANAGAN REGIONAL DISTRICT
	27	33		THOMPSON-NICOLA REG. DIST., EXCLUDING KAMLOOPS
		37		NORTH OKANAGAN REGIONAL DISTRICT
		39		COLUMBIA-SHUSWAP REGIONAL DISTRICT
	28	41		CARIBOO REGIONAL DISTRICT
		51		BULKLEY-NECHAKO REGIONAL DISTRICT
	29	45		CENTRAL COAST REGIONAL DISTRICT
		47		SKEENA-QUEEN CHARLOTTE REGIONAL DISTRICT

SEE FOOTNOTE AT THE END OF THE PROVINCE LIST.

BRITISH COLUMBIA (CONCLUDED)

(1)

SPA	CD	CSD	DESCRIPTION
	49		KITIMAT-STIKINE REGIONAL DISTRICT
30	53		FRASER - FORT GEORGE REGIONAL DISTRICT, EXCLUDING PRINCE GEORGE
	55		PEACE RIVER-LIARD REGIONAL DISTRICT
	57		STIKINE REGION

(1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

YUKON

SPA	CD	CSD	DESCRIPTION
1	1	009	WHITEHORSE
2	1		ALL OF YUKON, EXCLUDING WHITEHORSE

- (1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

NORTHWEST TERRITORIES

(1)

SPA	CD	CSD	DESCRIPTION
1	6	023	YELLOWKNIFE
2	6	001 008 016	FORT SMITH PINE POINT HAY RIVER
3	4		BAFFIN REGION
	5		KEEWATIN REGION
	6		DIVISION NO. 6, EXCLUDING YELLOWKNIFE, FORT SMITH, PINE POINT AND HAY RIVER
	7		INUVIK REGION
	8		KITIKMEOT REGION

(1) SPA = SUB-PROVINCIAL AREA
 CD = CENSUS DIVISION
 CSD = CENSUS SUB-DIVISION

**APPENDIX D:
How to Prepare
Table Specifications**

How to Prepare Table Specifications

When requesting HALS data tables, detailed specifications are required. This helps to eliminate misunderstandings and ensures that the final product meets the user's needs.

Costs

When a client requests data which have not been produced before and are therefore, not readily available, the client is charged for the costs incurred in creating the table.

Charges vary according to the complexity of the table, depending on the manpower and computer costs involved in the production and verification of the data. Additional costs are necessary for geo-coding if data are requested for a non-standard geographic area. Geo-coding involves recoding records from an entirely new user-defined geographic area to allow isolation of the records from that area in data tables.

After receipt of a data request, HALS staff analyze the request and then contact the client regarding costs and scheduling. Tables are forwarded to the client upon completion, followed by an invoice for the costs incurred.

Output Media

Tables can be produced as paper output (computer printouts) or on micro-computer diskette.

If the data are to be provided on diskette, any special requirements regarding labelling and/or layout of the data must be specified in the request.

Reliability and Confidentiality

Statistics Canada reserves the right to refuse to tabulate or to suppress portions of any data tables which are considered to be not reliable or would breach the confidentiality of any individual who participated in HALS. This may occur when the data pertain to a very small geographic area or a small and quite specific segment of the population.

Format of a Table Request

A table request should consist of two parts: the first part is the description of all variables or data items to be used in the table(s) and the second part is the actual specification of the tables.

In the description of variables, all of the variables to be used in the set of tables must be listed. The name of the variable should be followed by a number in brackets which indicates the number of categories into which the variable is broken down including totals and sub-totals. Then the variable "stubs" should be listed. Stubs are the labels or descriptions of the various categories which will appear in the tables.

Example : Age (5)

1. Total age
2. 0 - 14 years
3. 15 - 24 years
4. 25 - 64 years
5. 65 years and over

If a variable is used with the same breakdown of categories in more than one table in the request, it should be listed only once. However, if it is used with different categories, it must be listed a second time to indicate the appropriate breakdown.

Example 1 :

Age (5)

1. Total age
2. 0 - 14 years
3. 15 - 24 years
4. 25 - 64 years
5. 65 years and over

Age (7)

1. Total age
2. 0 - 14 years
3. 15 - 19 years
4. 20 - 24 years
5. 25 - 54 years
6. 55 - 64 years
7. 65 years and over

Example 2 :

Place of birth (4)

1. Total-all birthplaces
2. Born in province of residence
3. Born in other province
4. Born outside Canada

Place of birth (3)

1. Total
2. Canada
3. Outside Canada

If new categories are to be derived by grouping those on the questionnaire, specifications on the desired groupings must be provided.

Example : Question C28 - who does heavy household chores (5)

1. Total heavy chores
2. No one
3. Yourself with/without help
4. Someone else
5. Not applicable

Similarly, if new categories are derived from several variables, the criteria for each new category must be clearly specified.

Example : Disability Status (3)

1. Total Population aged 15 and over
2. Disabled *
3. Not Disabled**

* "Yes" response to one or more of Questions 1,2,4,5,7 through 23, inclusive

** Remainder of the population aged 15 and over

A request for data tables must contain the following information for each table:

- 1) table title;
- 2) unit of count (or universe); and
- 3) geographic area from which the data are to be taken.

(1) Title of the Table

The title contains the unit of count and then all variables to be cross-classified, each preceded by the word "by" and followed by a number in brackets (for example Disabled Persons by Age (5) by Sex (3)). The number in brackets indicates the number of categories into which the variable is broken down and must match an item already defined in the list of variables. Every variable mentioned here is cross-tabulated with every other variable, so that the number of cells in the matrix is easily determined by multiplying the numbers in brackets. For example, a cross-tabulation of Disabled Population in Canada by age (5) by sex (3) by marital status (4) by place of birth (8) will have $5 \times 3 \times 4 \times 8 = 480$ cells.

The user should visualize the layout of the table and determine how it would most easily be used. This is necessary in order to specify which variable should be in the columns across the top of the table and the order in which the variables should appear on the left side of the table. The variable to be used in the columns should be mentioned first in the title, followed by the other variables in the order in which they should appear in the rest of the table.

HALS tables generally contain estimates of persons but could include calculations such as averages, ratios or percentages. This should be mentioned in the title and detailed specifications of how to complete the calculations should be provided with the table request.

(2) Unit of Count (Universe)

The unit of count or "universe" referred to in the title of the table must be specified in detail. This may be, for example:

- disabled population in Canada;
- disabled children under 15 years of age;
- population aged 15 and older residing in institutions;
- disabled persons who use or need aids, etc.

Each of the above is an example of a "unit of count" which can be presented in a table.

(3) Geographic Area

The geographic area(s) for which the table is to be produced must be clearly stated.

Examples:

- Montreal Census Metropolitan Area
- Canada and the Provinces
- selected provinces (Manitoba, Saskatchewan and Alberta)
- sub-provincial areas 1, 2, 3 in Newfoundland

Some HALS data can be released at the province level and in some cases, at the Census Metropolitan Area (CMA) and the sub-provincial level. Release of data is always dependant upon the reliability of the estimates, which decreases as the level of detail increases. The sub-provincial areas defined for this survey are listed in Appendix C.

Sample Request

VARIABLES :

Region (7)

1. Canada
2. Atlantic (Nfld., P.E.I., N.B., and N.S.)
3. Quebec
4. Ontario
5. Prairies (Man., Sask., and Alta.)
6. B.C.
7. Yukon and N.W.T.

Disability Status (3)

1. Total Population Aged 15 and Over
2. Disabled*
3. Not Disabled**

* "Yes" response to one or more of Questions 1,2,4,5,7 through 23, inclusive

** Remainder of the population aged 15 and over

Sex (3)

1. Both Sexes
2. Male
3. Female

Marital Status (5)

1. Total Marital Status
2. Now Married
3. Separated or Divorced
4. Widowed
5. Never Married

TABLE :

Population aged 15 and over residing in households by Region(7) by Disability Status(3) by Sex(3) by Marital Status(5).

Resulting Table

Table 1 : Population aged 15 and over residing in households by Region(7) by Disability Status(3) by Sex(3) by Marital Status (5)

Canada Atlantic Que. Ont. Prairies B.C. Yukon & N.W.T.

TOTAL POPULATION AGED 15 AND OVER

Both sexes

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

Female

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

Male

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

DISABLED

Both Sexes

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married



Female

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

Male

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

NOT DISABLED

Both Sexes

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

Female

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

Male

Total Marital Status
Now Married
Separated or Divorced
Widowed
Never Married

DATE DUE

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Each centre has facilities to retrieve CANSIM and Telichart. A teletype terminal is available outside local calling areas. Manuscripts and reports are written your regional reference centre.

Newfoundland and Labrador

Advisory Services
 Statistics Canada
 3rd floor, Viking Building
 Crosbie Road
 St. John's, Newfoundland
 A1B 3P2

Local calls: 772-4073
 Toll free service: 1-800-563-4255

Maritime Provinces

Advisory Services
 Statistics Canada
 North American Life Centre
 1770 Market Street
 Halifax, Nova Scotia, B3J 3M3

Local calls: 426-5331
 Toll free service: 1-800-565-7192

Quebec

Advisory Services
 Statistics Canada
 Guy Favreau Complex
 Suite 412, East Tower
 200 René Lévesque Blvd. W.
 Montréal, Quebec, H2Z 1X4

Local calls: 283-5725
 Toll free service: 1-800-361-2831

National Capital Region

Advisory Services
 Statistical Reference Centre
 (NCR), Statistics Canada
 Lobby, R.H. Coats Building
 Holland Avenue
 Ottawa, Ontario, K1A 0T6

Local calls: 951-8116
 If outside the local calling area, please dial the toll free number for your province.

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				NOV 26 1993	
				JAN 3 1993	
				JAN 25 1994	
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				FEB 21 1997	
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				FEB 13 2002	

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Manitoba

Advisory Services
 Statistics Canada
 6th floor
 General Post Office Building
 266 Graham Avenue
 Winnipeg, Manitoba, R3C 0K4

Local calls: 983-4020
 Toll free service: 1-800-542-3404

Saskatchewan

Advisory Services
 Statistics Canada
 530 Midtown Centre
 Regina, Saskatchewan
 S4P 2B6

Local calls: 780-5405
 Toll free service: 1-800-667-7164

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Each centre has facilities to retrieve CANSIM and Telichart. A teletype terminal is available outside local calling areas. Manuscripts and reports are written your regional reference centre.

Advisory Services
 Statistics Canada
 90, Station M
 245
 Avenue South East
 Calgary, Alberta
 T2G 2L1
 Local calls: 292-6717
 Toll free service: 1-800-472-9708

Advisory Services
 Statistics Canada
 or
 Centre

11010 - 101 Street
 Edmonton, Alberta
 T5H 4C5
 Local calls: (403) 495-3027
 Toll free service: 1-800-282-3907
 N.W.T. - call collect
 (403) 495-3028

British Columbia and the Yukon

Advisory Services
 Statistics Canada
 Federal Building
 Sinclair Centre
 3rd Floor, Suite 440F
 757 West Hastings Street
 Vancouver, B.C., V6C 3C9
 Local Calls: 666-3691
 Toll free service: 1-800-663-1551
 (except Atlin, B.C.)
 Yukon and Atlin, B.C.
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